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The Joy and Taboo of Menstruation (Body image and Self-Objectification)

Lola Justine Mainieri
Bard College

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The Joy and Taboo of Menstruation [Body image and Self-Objectification]

Senior Project Submitted to

The Division of Science, Math and Computing

Bard College

By

Lola Mainieri

Annandale-on-Hudson, New York

May 2024

Dedication

*This project is dedicated to anyone who has ever felt ashamed, unheard, or isolated
because of their menstrual cycle.*

Acknowledgments

Thank you to my wonderful, supportive, and encouraging advisor Elena Kim. You have given me passion and courage throughout this project and inspired me to go beyond what I could have ever imagined.

To my parents, who have never stopped believing in me and allowed me to chase my wildest dreams. Without your support and kindness I would not have been able to get this far, thank you.

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Abstract

This study strove to understand the correlation between menstrual attitudes, body image, and self objectification. Participants were menstruators that were garnered from the Bard College population. They proceed through a Google Form that was compiled from the the Menstrual Joy Questionnaire (MJQ), the Menstrual Distress Questionnaire (MDQ), the Self-Objectification Questionnaire (SOQ) and finally the Body Appreciation Scale (BAS) (Delaney et al., 1988, Vannuccini et al., 2021, Dahl, 2014, Tylka & Wood-Barcalow, 2015). Participants accrued a score from each questionnaire that was then used to run the four separate correlations. A significant positive correlation was found between the Menstrual Joy and the Body Appreciation scores. Furthermore, a significant negative correlation was found between the Menstrual Distress and the Body Appreciations scores. Although there was no significant correlation found between the Menstrual Joy and the Self-Objectification scores, the correlation between the Menstrual Distress and the Self-Objectification scores approached significance. These findings indicate a direct bridge between menstrual attitudes, body image, and self objectification thus emphasizing the importance of positive preparation, increased education, and encouraged hygienic menstrual health practices.

Keywords: menstruation, menstrual attitudes, body image, self-objectification, hygiene, reproductive health education

The Joy and Taboo of Menstruation [Body image and Self-Objectification]

This study explores the psychology of the reproductive process among menstruators through analyzing the relationship between attitudes, body image, and self objectification. There are four key concepts in relation to menstrual stigma: firstly is self-objectification which is the idea that you are nothing but a physical body (Johnston-Robledo, 2007). This creates an issue wherein you see yourself as a physical body first and a person with emotions second. Secondly, body image which is the subjective image one holds of themselves (Teixeria, 2013). This can be positive or negative, but, either way, it is simply the idea you have of your own body. This can be influenced by outside perspectives such as the media, family, friends etc.. Body dysmorphia is a skewed perception of your body that is also caused by outside factors. Third is, menstrual joy which is the awareness of the positive aspects of one's menstrual cycle and non stigmatizing attitudes (Chrisler, 1994). Lastly, menstrual distress which is the awareness of the negative aspects of one's menstrual cycle and stigmatized attitudes (Vannuccini, 2021).

Menstrual stigma is worrisome because menstruation is a biological process that almost everybody with a uterus experiences at the beginning of their teenage years, yet, although approximately half the population of the world has their period, there is still negativity and shame surrounding it. Every menstruator has a horror story from their teenage years of bleeding through their clothes, terrified to let anyone see that they are on their period. There is so much fear embedded in getting your period that new terms were created to hide the fact: “lady days”, “aunt flo”, “moon time”, “that time of the month”, and “girl flu” to name a few. These terms are used to make menstruation more

palpable for others. Due to stigma, periods have become gross, shameful and dirty. If a woman is menstruating they are seen as moody, untrustworthy, and not themselves nor in control of their emotions. There is also shame around women's bodies during their periods. The natural weight gain and bloat is seen as a negative—instead of someone being able to recognize that their body is doing something healthy, they are shamed into being self-conscious about their looks and attitude. Yet the stigma surrounding periods and how it affects one's relationship with themselves is clearly the larger problem at hand. This is not a new issue, menstrual stigma and the associated indignity has been documented throughout history, which is presented in the next section.

History of Menstrual Stigma

In order to understand the stigmas surrounding menstruation, we must first understand the complex history that menstrual stigma stems from. At the start, the act of menstruating was filled with admiration and curiosity (Delaney, 1988). This process led to the creation of life, something that was seen as a beautiful thing. There was always a bit of fear entangled with menstruation, but this fear did not inspire hatred, rather it inspired worship. Delaney et al. noted that “To reduce the threat of destruction by the unseen forces that directed women's bleeding, early man at first made the womb a goddess.” (1988, p. 3). Then, the primitive world was born which also led to the start of menstrual taboo. With the farming age ahead of us, men created the taboo of menstruation in order to gain control and isolate women. These taboos based in fear, created a new world in which menstruation was a curse. This idea has been carried through from the primitive world to the modern world, leaving us with 2.5 million years of menstrual stigma. This only grew and spiraled over time, the concept of mana was

introduced a bit later, which is a “threatening supernatural power” (Delaney et al., 1988, p. 7). Menstruators were thought to carry this mana while menstruating and practices were put into place to make sure this ‘evil power’ could not compel the menstruator or those around her.

Sigmund Freud, one of the founding fathers of psychology, attributed this stigma to be rooted in the fear of blood. Menstrual blood was a threat to “aesthetic and hygiene”(Freud, 1919, p.128, in Delaney et al.,1988, p. 7). Hygiene is a key theme in menstrual stigma, it is seen as dirty and contaminating, this fear is so intense that a man divorced and then proceeded to murder his wife because she slept in his bed during her menstrual cycle. He rationalized it by stating he did not feel “quite safe from her evil influence” (Delaney et al.,1988, p. 8). Although as stated before the taboo of menstruation is rooted in fear, it is also rooted in envy. This envy stems from the want to “equalize the sexes” (Delaney et al.,1988, p. 8). Since men feared the control and power that menstruation holds, such as the creation of life, they sought to destroy it through a sort of demonization—of making it a taboo. Accordingly, the rumors and lies surrounding menstruation were catapulted into the mainstream. Evidence suggests that this was because of men who “connected this mysterious phenomenon with the cycle of the moon, the seasons, the rhythm of the tides, the disappearance of the sun in the nightly darkness and who feared such cosmic power in the apparent control of a member of their own species” (Delaney et al.,1988,p. 8).

Menstrual taboo in most cultures state that if someone is menstruating near you or if you have any contact with the blood it will “sicken a man and cause persistent vomiting, kill his blood so that it turns black, corrupt his vital juices so that his skin

darkens and hangs in folds as his flesh wastes, permanently dull his wits, and eventually lead to a slow decline and death” (Delaney et al., 1988, p. 8). Other negative stigmas state that if a menstruating person comes near you during their cycle, you will have bad luck in your hunt. This is why individuals were isolated during their cycles. It was thought that since they could not be seen, their mana could not reach you. This isolation took place in very uncomfortable environments known as menstrual huts—they were a far distance away from the village and filled with natural items such as leaves and bark. There is no mention of beds or anything of comfort in these huts. Menstruators were to bleed on pieces of bark in these cold huts while being instructed to rub their bodies with stinging nettles, this was to distract and “obscure any awareness” from their menstrual cycles (Delaney et al., 1988, p. 10). Most likely so the evil mana could not reach the village and destroy the crops or spoil the hunt. There was a fear that the blood could contaminate the food and water source as well as kill all the crops and completely deplete the soil even going as far as affecting the bugs that live below. Since women were believed to be in charge of growing the food, while the men hunted, menstruating people could not work near the food during their cycle. It was said that the crops would be completely sucked out of their life force. The idea was that since menstruators can create life, they also take it away and destroy it. The fear of contamination went so far that it was looked down upon for a menstruating woman to cook her husband dinner “unless she is out of temper with him and wishes to do him some mild harm” (Delaney et al., 1988, p. 13). Strangely enough, once the food is placed on the table the danger of the menstrual curse is gone. This was due to the separation of women and men at meals for a multitude of reasons, but most likely because this taboo is “a form of egoistic

sensitiveness with regard to the most vital function' and can also be seen as a source of reinforcing sexual identity" (Delaney et al., 1988, p. 13).

This taboo of contamination went into the 1920s when women were not allowed to be employed in the opium industry in fear the opium would become bitter if a menstruator was near (Delaney et al., 1988). The fear of contamination created the common superstition of walking under ladders. This superstition stems from being warned not to walk under anything a menstruating woman has contaminated, such as clotheslines, trees, or bridges. This superstition is still followed to this day, and is rooted in the misogynistic ideal that menstruation is dirty. In 1920, Bela Schink produced a study trying to examine the effect of menstrual blood on plant life. It was said that Schink gave a woman a bouquet of roses while she was menstruating, and the next day the roses had died. It was said to be caused by "menotoxins" which was described as a "noxious plant-destroying substance exuded through the skin of a menstruating women" (Delaney et al., 1988, p. 12). This toxin is also said to "prevent dough from rising and beer from fermenting," (Delaney et al., 1988, p. 12). David Macht produced the same study in 1924, studying the effects of these menotoxins on plant life. Macht took it a step further by stating that the toxins actually prevent any plant life from growing in the first place. He also believed that the toxins were not only from the blood but from the "saliva, urine, perspiration, milk, tears, and even the air breathed by the menstruating woman" (Delaney et al., 1988, p. 12). In 1934, two researchers strove to duplicate the menotoxin study by Macht and did not yield the same results. Their results actually differed quite a bit, "suggesting, if anything, that women are less foul during their periods," (Delaney et al., 1988, p. 12). 16 years later during 1950, Olive Watkins Smith and George Van S.

Smith tried to also study the menotoxins. It was suggested that the menotoxins could kill a rat within one day. This was found to be because it was an “atypical globulin” which were abnormal proteins in the rats blood after the insertion of menstrual blood. Smith and Smiths study also found that it was “toxic to immature rats only and had no effect on human beings or, apparently, on flowers.” (Delaney et al.,1988, p. 12). This was the first step towards proving the outrageous claims about menstruation wrong. After this, menstrual cycles became slightly more normalized. By this time and during the 1900s menstrual products had changed significantly and started to develop into the tampons and pads we have today. This was a huge step in reducing menstrual stigma.

In 1991, Emily Martin wrote an anthropological paper titled “The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles”. This is an important aspect of reproductive health history because it highlights the different ways society views sperms versus eggs. Sperm is seen as something active and unstoppable, something that is able to break through barriers and be created at all times. Sperm is respected, admired, and congratulated by the world. Eggs are seen as passive, to some is seen as the weaker of the two since it is getting penetrated and unable to define itself from this active sperm. To others, it is seen as aggressive and abrasive, forcing the sperm to go through obstacles in order to penetrate its harsh walls. Much of this stigma and difference in views between the sperm and the egg can be applied to modern day misogyny as well as perpetuate negative menstrual attitudes. From the start, sperm has been respected and eggs have been seen as the weaker or more aggressive pairing. This carries over into menstrual stigma, when a menstruator begins their cycle, it is seen as a failed egg and has a sense of shame attached to the

process. This directly influences and encourages menstrual shame, both internally and in a grander societal context.

In current times, there is more access to clean sanitary products and less taboo around menstruation, but there are still many negative stigmas. There have been major developments in the menstrual community with period products specifically. Companies, such as August or HoneyPot, have developed organic, cotton and chemical free period products that are both accessible and affordable to most (August, 2024, The HoneyPot Company, 2024). Period products are still an expensive item that menstruators need to buy, but with more awareness the price will hopefully get reduced in the future. This historical context and stigma has bled into the society we have today—although there has been great strides to reduce menstrual shame it is still present and has been a major driving force in research such as that conducted within the following paper. There are a plethora of categories when researching menstruation. As a whole menstruation is a broad topic and existing scholars have emphasized many factors about menstruation, but for this study I am focusing on three main aspects of menstruation: Attitudes, Body Image, and Self-Objectification.

Attitudes

Menstrual attitudes, in general terms, is the outlook one has on their menstrual cycle. In more specific terms, menstrual attitudes can be broken down into two separate categories: menstrual joy and menstrual distress. Someone can experience both menstrual joy and menstrual distress, but these terms are used to describe one's cycle as a whole. Menstrual joy is the positive aspects of one's cycle, including but not limited to increased sex drive, intense concentration, and increased feelings of affection (Delaney

et al., 1988, Chrisler et al., 1994). Menstrual distress is the negative aspects of one's cycle including but not limited to increased bloating, embarrassment, and breast tenderness (Vannuccini et al., 2021). These attitudes can vary based on each menstruator's individual experience. There are many different factors that affect menstrual attitudes, three can be described as sources of support, and emphasize the importance of support to the prospective menstruators that include: access to clean period products, having a caregiver that also experienced menstruation and positive preparation and education about menstruation before the start of your first cycle. A 2012 study by Aflaq et al. found that a large percent of adolescents have a negative experience and attitudes in relation to menstruation. This research also found that proper health care surrounding reproductive health to menstruating individuals will reduce these negative attitudes. Another finding was that when a primary caregiver who experienced a menstrual cycle provided proper education and has a more positive attitude, the younger menstruator will have a more positive attitude. This is an important finding because it emphasizes the need for proper reproductive health education since it has a direct impact on young adolescents who are beginning menstruating. Menstrual knowledge and education is an important aspect in young menstruators' attitudes.

This study highlights the need for positive preparation for adolescence prior to their first experience (Aflaq et al., 2012). This is because if prepared they are more likely to have a positive opinion about their cycle, which in turn reduces internalized stigma. This supports other research that suggests the age in which you get your period affects your relationship with menstruation; those who get their period younger feel more isolated and therefore more ashamed (Marván & Chrisler, 2018). This led to the

development of coded communication, which is the concealment of one's period with the use of words (Kissling, 1996). As mentioned earlier, words and phrases such as that time of the month, shark week, or aunt flow are all examples of coded communication. These codes are used when young menstruators do not feel socially accepted during their cycle thus leading to the same feelings of isolation. This is mostly due to embarrassment, which most of the participants in the 1996 study reported feeling shame and fear during their cycle. This calls for more positive preparation as well. Multiple studies support the idea that proper education before menarche, the first instance of menstruation, will have a positive effect on young adolescents' attitudes (Aflaq et al., 2012, Marván & Chrisler, 2018, & Kissling, 1996).

Menstrual attitudes also carry over into adult life when considering birth control (Newton & Hoggart, 2014). The importance of birth control is to give women freedom in their decisions both sexually and in their cycles. Many women discontinue the use of birth control despite this freedom due to irregular bleeding. The idea of freedom over your choices and body is an important aspect of menstrual stigma and education. In today's society, uterus are often policed by the government and the choice to bleed or not is a freedom many menstruators chose to have. A 2014 study by Newton & Hoggart found that there was a broad view of menstruation being an inconvenience but also positive feelings for regular bleeding because of the reassurance of not being pregnant. Also, there was a preference for natural bleeding over birth control. The results also found that periods via hormonal contraceptives were not preferred, besides in women who had painful natural periods. Another finding was that mimicking cycles with contraceptives were accepted by most because bleeding still holds a symbolic function. The symbolic function was seen to be that it was seen as cleansing which differs from the

mindset that it is dirty. There was a preference to release the blood for your uterus rather than keep it because it feels cleansing for the body, which in turn is a positive attitude. This distinction is important as cleansing and releasing blood is symbolic not shameful. The overarching point of the Newton & Hoggart study was to raise more awareness about menstrual education and support from medical professionals (2014). These women felt that practitioners need to be more aware of understanding a woman's natural body. That being said, those that menstruate should not be treated as a diagnosis, this process needs to be normalized in order to reduce stigma (Martin, 1995). Menstrual suppression via hormonal contraceptives can also be tied into menstruation restrictions, a 2020 study by Mukherjee et al. found that half of the participants were encouraged to practice menstrual restrictions such as purifying items they came in contact with or participating in prayer. A large percent of these participants also saw menstruation as a curse, which perpetuates the stigma that surrounds menstruation. This study shows the mothers who are meant to be a guiding force in these young menstruators journeys actually added to the shame, leading to an indoctrination of negative menstrual attitudes from very early on. There is a general lack of education in relation to menstrual cycles, and this fact was prominent in this study. This calls for more resources and access to education in the healthcare system. This education should not be exclusive to menstruators, but for everyone. In a 2022 study by Udegbe et al. it was shown that the women who participated in this study had a more positive outlook on their cycle than the men. This brings in the role of gender dynamics and the effects it has on menstrual attitudes, more than that it calls for a more societal wide education and preparation for this process. These negative stigmas are affecting menstruators' lives and causing a deep rooted stigma that has been internalized by the menstruators

themselves and perpetuated by society. This can also be seen in a 2002 study by Roberts et al. that researched the attitudes and judgements people place on menstruators. This study recorded peoples reactions to seeing someone drop a tampon out of their bag. The results were shocking in that it was highly reported that the person that was seen with the tampon was less respected and less liked. This is a blatant display of menstrual stigma, which derives from a lack of education.

This lack of education can have an effect on menstruators' physical body as well. Menstruators that view their cycle as highly stressful and shameful are shown to have more menstrual pain overall (Larki et al., 2022). "Moreover, several studies have demonstrated a deep interconnection between high levels of distress and an impaired quality of life" (Vannuccini et al, 2021). This claim was further supported by a study that highlighted women who felt that their menstrual cycles were a positive experience, and showed no signs of shame (Morrison et al, 2015). It seems that in their culture there was no shame surrounding their bodies' natural process, which in turn did not breed insecurity and embarrassment when menstruating. This is an inspiration to reduce menstrual stigma, not only because it is necessary, but because research supports that it actually improves quality of life. Even with this information, there is very little research that supports positive attitudes towards menstruation. Many studies show the effect that negative attitudes can cause on menstruators but in most cases there is still a negative attitude and a sense of shame that surrounds menstruation. These stigmas can be reduced with proper support and education in regards to menstruation, especially if this education is given prior to menarche.

Body Image

Body image, in other words the perception of oneself, although often construed as negative as a result of societal expectations can also be positive (Teixeria, 2013). This perception can be affected by the aforementioned societal standards that are perpetuated by social media, advertisements and even close friends and family. Although there have been strides to promote body positivity by feminist organizations such as The Body Positive, there is still always judgment that is placed on those who do not fit into the mold (The Body Positive, 2024). These negative perceptions of one's body can have a direct effect on menstrual attitudes, since many people tend to blame their cycle for body fluctuations caused by menstruation. A 2013 study by Teixeria et al. found that during menstruation, women self-reported an increase of weight gain, which in turn brought down their positive body image perception. The results showed that there was not a significant difference in body weight and measurements during a woman's menstrual cycle, but there was a high report of perceived body difference. This shows that menstruation stigma has an effect on perceived body image. There is a stereotype that menstruators gain weight and are extremely bloated on their period and although some bloating is a natural symptom, it intrinsically holds a sense of shame. This shame allows negative body image issues to grow and have an adverse effect on the menstruators mental health. These adverse effects can include depression, anxiety and body dysmorphia (Teixeria et al., 2013, Spadaro et al., 2017). Body dysmorphia is when one has a skewed perception of their body and it causes them to fixate and obsess over any flaw they see. This skewed perception can be tied in with body image when reporting the effect it has on menstrual attitudes. This claim is further supported by a 2015 study by Chrisler et al., that reported that women who felt more positively about

their body, had a more positive outlook on menstruation. They also showed that when given positives about menstruating they reacted positively, and vice versa with the negativities.

This leads into the question of body image and menstrual suppression and the finding that those who found their cycle embarrassing were more likely to agree with menstrual suppression via hormonal contraceptives (Johnston-Robledo et al., 2008). This causes an issue because these women felt so ashamed they were willing to alter their natural hormones in order to skip their cycle due to the shame they felt surrounding it. Hormonal contraceptives are an extremely useful tool in protecting against pregnancy as well as reducing pain and heaviness of certain menstrual cycles. That being said, there are a plethora of side effects that can have an adverse effect on the body such as: dizziness, high blood pressure, and even blood clots (Planned Parenthood, 2024). Although these are rare side effects, it is still possible and in many cases there is not proper information before the start of hormonal contraceptives. Hormonal contraceptives can also cause body weight fluctuations which could add on to the body image issues that have a direct effect on menstrual attitudes. This further ties into menstrual attitudes because there is a lack of education that can have detrimental effects on not only mental health, but physical health as well. Menstruators are altering themselves in order to reduce the internalized shame and they feel towards menstruation. In current times, body image issues are affecting adolescence world-wide which in turn encourages and reinforces menstrual stigma. Improper education and support is the root of both negative body image and menstrual attitudes. In order to gauge how people perceive their body and have a tangible resource for those affected by body image issues, The Body Appreciation Scale-2 (BAS-2) was developed in 2015 by

Tylka & Wood-Barcalow. This questionnaire presents statements such as “I respect my body” and is scored on a 5-point likert scale. This scale is helpful in reducing menstrual and body stigma because it allows people to be educated and tested on their perceived body image. This is helpful because it is another tool that raises awareness about issues that are otherwise left unseen. As stated before, body image and menstruation are linked, the sense of shame brought on by menstruation has a negative effect on the body image of menstruating individuals. This stigma can lead to the repression of menstrual cycles via hormonal contraceptives but due to the lack of education this can cause both mental and physical health issues. This is a concerning issue that is also perpetuated by the media in which unrealistic body types are displayed and praised. In order to reduce the negative perception menstruators have on their body, there needs to be a reduction in negative menstrual attitudes which is only attainable if everyone is well educated in reproductive health.

Self-Objectification

Self-objectification is the act of seeing oneself as a physical body first and a person with complex emotions second or sometimes not at all (Johnston-Robledo, 2007). Objectification by itself is not a new behavior. Much like body image, objectification is perpetuated by media and societal standards that are oftentimes impossible to live up to (Spadaro et al., 2017). Although the two terms, body image and self-objectification, are quite similar, they are actually quite different in many ways; Body image, as explored above, is the subjective image one holds of themselves – something that can be both positive and negative. Self-objectification, on the other hand, cannot be a positive phenomenon. This behavioral pattern is unhealthy and has a

strong relationship to menstrual attitudes in the sense that both call for better support and education from healthcare providers in order to reduce the attached shame.

Self-objectification stems from shame in the same way menstrual attitudes and body image do, largely because of the unrealistic body types broadcasted to young people across the globe. Media has an extreme influence on how people view their bodies, and it is shown in a 2017 study by Spadaro et al.. When one is shown objectifying media it not only causes self-objectification but also anxiety and body dissatisfaction. It was also found that media about menstruation, such as commercials for tampons and pads, have “parallel detrimental effects on some women’s self- objectification” (p. 692). This shows a direct link between menstruation and objectification, and also emphasizes the adverse mental health effects that those stigmas can cause.

Self-objectification can be further linked to menarche timing because of the isolation and shame wrought therein as a result of going through such an experience without peer support (Sveinsdóttir, 2016). Further studies have found that menstrual attitudes and self-objectification are linked because “women who internalize a more sexually objectified view of their physical selves have more negative attitudes and emotions, including disgust and shame, toward their own menstrual cycles” (Roberts 2004, p. 1). These results found by Tomi-Ann Roberts strengthen the correlation between these two terms and highlight the negative attitudes towards menstruation that are brought out by self-objectification.

This objectification that menstruators, and people in general, experience leads to internalization which affects the way we perceive our physical bodies and therefore hold our physical attributes at a higher standard than personality. In 2014 Sarah Dahl developed a scale to test for self-objectification, which includes questions such as: How

my body looks will determine how successful I am in life, I value my body's appearance more than its strength and stamina, and the aspects of my body that can be viewed by others (i.e., my weight, facial features, shape) are the ones I value most. This scale was created in order to better support those that need more tangible evidence for objectification. This is an important resource that can be utilized by many in order to gauge the feelings of objectification. Scales like this are a huge leap in developing resources that will both educate and support those who are objectifying themselves.

It is also thought that those who objectify themselves will turn that objectification on those around them (Hoover-Thompson, 2012). To expand more, it was found that women who felt objectified tended to objectify other women more. This creates a never ending circle of objectification that has a direct effect on attitudes about menstruation, adding to the stigma that is already at large. This idea of objectifying others can be strengthened by a study done in 2020 by Tomi-Ann Roberts which dives into the experience that women have while having a menstrual cycle within the prison system. In some cases, women are forced to "remove their soiled tampons or pads in front of the group and, in some cases, bleed down their legs and onto the floor" (p. 1), all while being verbally abused by the guards. This is a cruel and misogynist form of objectification that was used to take power away from these women. Unfortunately cases like this are what cause negative associations and attitudes towards menstruation.

The purpose of calling attention to topics such as self-objectification, menstrual attitudes and body image is to not only allow menstruators to have access to healthcare, but education and positive preparation before menarche. If there is greater education, the stigma against menstruation will slowly start to improve, allowing for a less isolating adolescence for those individuals, and therefore in aiding mental health issues. This

education is not just for menstruators, although those who feel less isolated and ashamed of themselves for natural biological processes will feel more accepted by the general society, every person should learn about the beauty of menstruation in order to have a deeper understanding of the bodily processes that create human life. Given the above literature, I hypothesize that the higher the menstrual joy score, the higher the body appreciation score and the lower the self objectification score. Also, the higher the menstrual distress score, the lower the body appreciation score and the higher the self objectification score.

Method

Participants

The participants included 46 menstruators with the age ranging from 18-26 (mean = 20.2). All participants were above 18 and had menstruated before. There was no compensation for this research. Participants were recruited via flier or in-person (Appendix C). Menarche timing, the first instance of menstruation, was garnered during the pre-screening questions and ranged from 9-15 years old (mean = 12.2) (Appendix E). 40 of the participants menstruated on a monthly basis, whereas the remaining 6 indicated irregular cycles. The gender dispersal included those identifying as female (n = 36), non-binary (n = 7), gender non conforming (n = 1), transgender man (n = 1), and agender (n = 1). The ethnic and racial dispersal included those identifying as Asian (n = 3), Black or African American (n = 3), White (n = 33), Hispanic or Latino (n = 2), White/Asian (n = 2), White/Hispanic or Latino (n = 1), White/Black or African American (n = 1), and those who refrained from answering (n = 1) (Appendix F). The

responses of two participants were redacted due to a failure to complete the menstrual joy questionnaire elucidated below in the procedure section.

Figure 1

Demographic information

Demographic		n	%
Total		46	100%
Age	18	5	11%
	19	14	30%
	20	9	20%
	21	9	20%
	22	6	13%
	23	1	2%
	24	0	0%
	25	1	2%
	26	1	2%
Menarche timing	9	1	2%
	10	3	7%
	11	10	22%
	12	11	24%
	12.25	1	2%
	12.5	1	2%
	13	11	24%
	14	4	9%
	15	3	7%
	n/a	1	2%

Ethnicity	White/Black or African American	1	2%
	White/Hispanic or Latino	1	2%
	Hispanic or Latino	2	4%
	White/Asian	2	4%
	Black or African American	3	7%
	Asian	3	7%
	White	33	72%
	n/a	1	2%
Gender	Woman	36	78%
	Non-Binary	7	15%
	Gender Non Conforming	1	2%
	Transgender Man	1	2%
	Agender	1	2%

Instruments

Participants were surveyed using four separate questionnaires. The first of which, The Menstrual Joy Questionnaire (MJQ), was created by Janice Delaney, Mary Jane Lupton, Emily Toth (Appendix G). This questionnaire, published in 1988, is composed of 10 questions on a 5 point likert scale (1=none, 2=hardly noticeable, 3=mild, 4=moderate, 5=strong, 6=acute), for a maximum score of 60 indicating a high appreciation for the positive aspects of ones menstrual cycle. Secondly, The Menstrual Distress Questionnaire (MDQ), developed by Vannuccini et al.. This questionnaire, developed in 2021, consists of two parts (Appendix H). Part A which is composed of 13

yes/no questions about symptomatology, followed by Part B which asks whether or not said symptom interfered with “your quality of life, your recreational or work activities, or your social relationships on days when you were menstruating?” (MDQ). Part B of the MDQ is comprised of 13 questions on a 4 point likert scale (1= not at all, 2= a little, 3=moderately, 4= very much), for a maximum score of 52 indicating a higher distress response to the negative aspects of ones menstrual cycle. Thirdly, is the Self-Objectification Questionnaire (SOQ) produced by Sarah Dahl in 2014 (Appendix I). This 15 question survey is scored on a 5 point likert (1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree), for a maximum score of 75 which indicates that if one scores highly, they have a higher tendency towards self-objectification. Lastly, is the Body Appreciation Scale (BAS) established by Tylka & Wood-Barcalow in 2015 (Appendix J). This questionnaire contains 13 questions on a 5 point likert scale (1= never, 2= seldom, 3= sometimes, 4= often, 5=always), with a maximum score of 65 which indicates that if one scores highly, they have a higher appreciation for their body. All four surveys, with the addition of the pre-screening questionnaire, the demographic survey, the consent form and a debriefing statement were compiled into a google form and dispersed via QR code on a flier. The correlations were calculated using the Jamovi program.

Procedure

In order to ensure confidentiality, this study was done on an anonymous Google Form. Fliers were put up in the general area of Bard College, including cork boards and bathrooms. These fliers contained a QR code which, when scanned, brought you to a google form. The fliers also contained means to email with questions if necessary. The

first section asks participants to sign a consent form which informs them that the study includes sensitive topics and encourages them to stop if they feel the need (Appendix D). The consent form also contains a list of resources including the Bard Digital Commons so they are able to access the study once published, the Brave hotline which offers 24/7 access to bard students in crisis, Bard counseling services, National Crisis (Suicide) Hotline, National Association of Anorexia Nervosa & Associated Disorders, and The Office on Women's Health (OWH) helpline. Following this, they are presented with the pre-screening questions, asking if they have menstruated before, what age they were when they first menstruated, and if they menstruate on a monthly basis. In order to participate in this study, they had to be at least 18 years of age and have experienced a menstrual cycle. Next, participants were asked to fill out a brief demographic section which asks age, gender, and race. This study did not correlate any demographics to menstrual attitudes, but in order to understand the participating population this information was garnered. After this, participants were brought to the questionnaires. The order was as follows: the MJQ, the MDQ, the SOQ, and finally the BAS. These surveys were given in the same order for every participant. Lastly, the participants were presented with a debriefing form which informed them that this study was conducted in order to gain a deeper understanding of the relationship between menstruation, self-objectification, and body image (Appendix K). The debriefing form also relisted the resources and an option to email if they did not want their results to be included.

Results

The results were collected through a Google Form questionnaire. The likert scale scores of each survey were summed to find a final Menstrual Joy score (MJS) ($M = 25.2$,

SD=8.24), Menstrual Distress score (MDS) (M = 25.8, SD=8.43), Self-Objectification score (SOS) (M = 42.1, SD= 11.19) and Body Appreciation score (BASco) (M = 45.4, SD=8.00) for each participant. Individual participants' scores were entered into Jamovi (Jamovi project, 2024) and the correlation matrix statistical analysis was used. Through this, I was able to analyze the relationship between the MJS and the BASco ($p = .020$, $r = 0.303$) which yielded a statistically significant positive correlation (see figure 3), the MJS and the SOS ($p = .487$, $r = -.005$) which showed no statistically significant negative correlation (see figure 4), the MDS and the BASco ($p = .021$, $r = -.301$) which reported a statistically significant negative correlation (see figure 5), and finally the MDS and the SOS ($p = .059$, $r = .234$) which approached a statistically significant positive correlation (see figure 6). Also, a correlation was run between the MJS and MDS ($p = .766$, $r = .110$) of each participant. Although this was not found to be significant, this points to the lack of mutual exclusivity between menstrual joy and menstrual distress. Subsequently, another correlation was run between the BASco and the SOS ($p < .001$, $r = -.515$). The negative correlation between the BASco and the SOS was statistically significant which shows that those who have a higher regard for their body image tend to objectify themselves less.

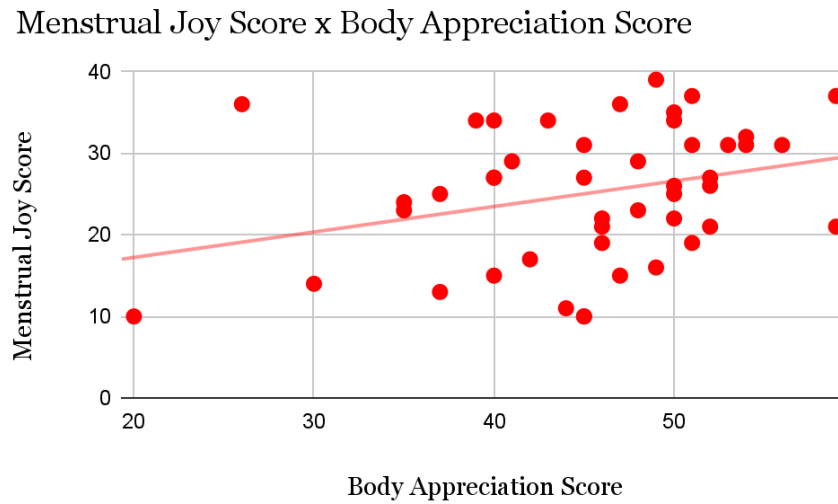
Figure 2

Pearson's r

	MJS	MDS	SOS	BASco
MJS	-			
MDS	0.110	-		
SOS	-0.005	0.234	-	
BASco	0.303*	-0.301*	-0.515	-

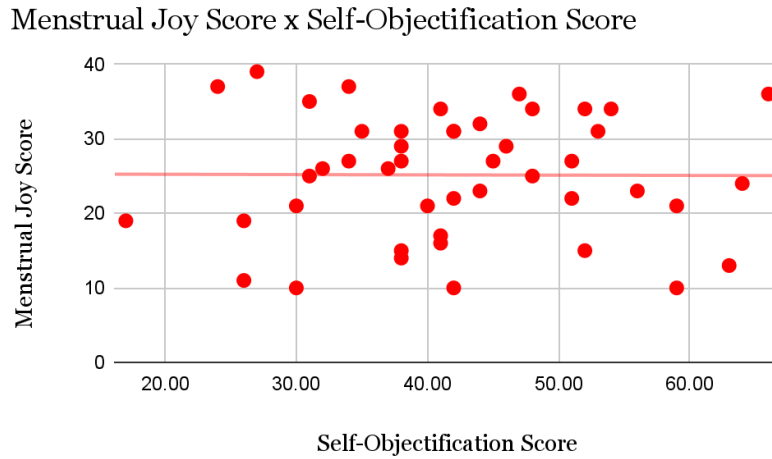
*p-value is less than or equal to 0.05

Figure 3



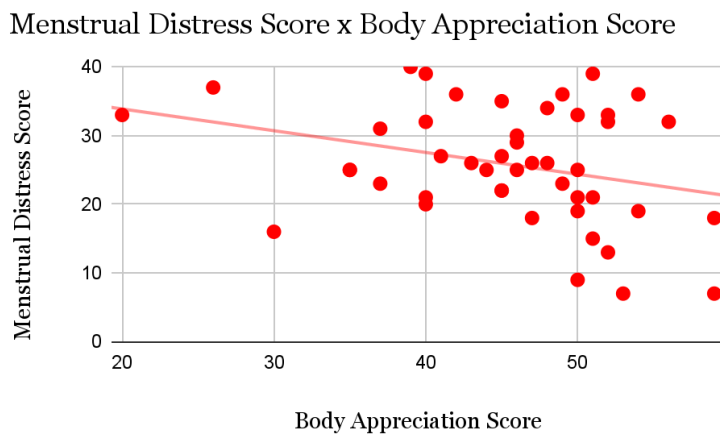
The positive correlation between the MJS and the BASco support the hypothesis that those that recognize and experience the joy of a menstrual cycle hold a higher regard for their body image [p= .020, r= 0.303].

Figure 4



The hypothesis stating that the higher the MJS, the lower the SOS was not found to be statistically supported [p= .487, r= -.005].

Figure 5



The negative correlation between the MDS and the BASco supported the hypothesis that those that recognize and experience a distressing menstrual cycle hold a lower regard for their body image [p= .021, r= -.301].

Figure 6

Finally, the hypothesis that the higher the MDS, the higher the SOS was found to approach but not yield statistical significance [$p=.059$, $r= .234$].

Discussion

This study's purpose was to understand and analyze the relationship between menstrual attitudes, body image and self-objectification. While past studies have focused their research on the cause and effect nature of menstrual joy, menstrual distress, body image, and self-objectification, the focus is rarely on the directly correlated relationship within these phenomena. As concluded in *The Curse: A Cultural History of Menstruation*, by Janice Delaney et al., (1988) the origin of menstrual stigma can be attributed to fear. Menstrual cycles were misunderstood and thought to hold supernatural abilities such as debilitating effects on crop growth and a cause of illness and dilapidation of those in the proximity of menstruators. This stigma has since

spiraled into what we see in current times. Although there has been an increase in awareness that has put the supernatural allegations to rest, there remains a blatant lack of education that fuels the dregs of this stigma to this day. This lack of education was also noted within a 2012 study performed by Aflaq et al., which found that proper guidance in reproductive health has a positive effect on menstrual attitudes, which, in turn, reduces stigma and normalizes menstruation. As alluded to above this menstrual education should not be exclusive to menstruators themselves but part of a general education that is given to all (Udegbe et al., 2022). This brings in the factor of positive preparation for menstrual cycles: Marván & Chrisler found that when menstruators begin their cycle at a younger age they are more susceptible to negative attitudes (2018). This is due to the isolation it causes as a result of the negative shame surrounding menstrual cycles. This isolation and therefore menstrual stigma, can be reduced by preparing young adolescence before menarche, and creating a support system that is accessible to the menstruator. This preparation can include reproductive health education, a positive and knowledgeable menstruating role model, and a modeling of healthy sanitary practices. These menstrual attitudes can have an impact on body image as well—a 2015 study by Chrisler et al. reported that there was a direct correlation between positive menstrual attitudes and positive body image, pointing to the importance of maintaining a positive view of menstruation as one approaches their monthly cycle.

On the other hand, many menstruators reported believing they had gained a significant amount of weight while menstruating, but in reality their bodies had not changed at all, another claim stemming from a lack of education and support (Teixeria

et al., 2013). This brings in unrealistic body types being perpetuated by media and stigma, menstruators do not feel confident while menstruating because they are not encouraged to be. Thus they approach their monthly cycles with a negative mindset: these standards can cause menstruators to objectify themselves which in turn fuels their personal menstrual stigma. Seen within a 2017 study by Spadaro et al., participants were shown media about menstruation such as commercials about tampons. It was found that such viewings had deleterious effects on their reported self-objectification and self image. This literature supported the claim that sources of support, education, and positive preparation are crucial in reducing menstrual stigma. It also shows that these aforementioned negative menstrual attitudes can have detrimental effects on body image and self-objectification.

Four surveys were created to gauge menstrual joy, menstrual distress, body appreciation and self-objectification (Delaney et al, 1988, Vannuccini, 2021, Tylka & Wood-Barcalow, 2015, & Dahl, 2014). These four surveys were all used in this study to further research the effect menstrual attitudes have on body image and self-objectification by searching for correlating factors between each. For this study, I hypothesized that the higher the menstrual joy score, the higher the body appreciation score and the lower the self objectification score. Also, the higher the menstrual distress score, the lower the body appreciation score and the higher the self objectification score. As stated in the results section above there was a statistically significant correlation between the MJS and the BASco, which implies that those who recognize the positive aspects of their menstrual cycle have a more positive perception of their body. There was also a statistically significant correlation between the MDS and the BASco, which

implies that those who experience more negative menstrual side-effects have a more negative perception of their body. Thus we can conclude that those who have a higher body appreciation have decreased mental health issues and improved quality of life. Therefore it is important that proper exposure and education surrounding reproductive health is made available to menstruators prior menarche. Although there was no statistically significant correlation found between the MJS and the SOS, the correlation between the MDS and the SOS was found to closely approach significance. This perhaps could be due to the self-report aspect of the self-objectification scale. It can be difficult to consciously recognize and report the objectification one feels towards themselves, since this phenomenon is mostly seen as an issue typically experienced from external sources. In order to solve this confound, this scale could utilize deceptive measures such as coded communication to facilitate an environment where participants would be more comfortable reporting their objectification tendencies. Despite the insignificant results between the MJS, MDS, and the SOS the findings in this study are important because it raises awareness and causes conversation in relation to menstrual stigma and reproductive health. This also calls for a general increase in education and support not only from primary caregivers both pre and post menarche, but from school districts and medical professionals. This addresses issues in the medical education field. Due to the deep rooted shame that menstruators experience there may be a discomfort in sharing issues related to their menstrual cycle which in turn creates a disconnect between actual and purported experiences. Alternative interpretations to these results could be the inability to attribute these findings only to menstrual attitudes. To expand, there can be a plethora of factors in one's life that can affect their menstrual attitudes, body image and self-objectification such as gender dysphoria, disordered eating, culture, and

diagnosed mental health issues. One of the significant limitations of this study is that it does not hold much external validity, due to the small population and low demographics of participants at Bard College. Another limitation is that these findings cannot be sure that outside factors did not contribute to the results of the surveys, although it can be implied that there is at least a correlation between attitudes and the self perception one holds. For future iterations of this study, a more deceptive and coded self-objectification questionnaire should be used in order to ensure participants are more comfortable reporting their objectification tendencies. Further research should also increase the population in which they are recording from to increase external validity. Finally, a more controlled environment could be used to reduce the error of self-report. Overall, research like this is important to raise awareness about menstrual stigma, and highlight the deep-rooted history it has in the world. This is a call for action to have positive preparation, increased education, and more ways to support menstruators both pre- and post-menarche. With these changes, there is hope that menstrual stigma can be reduced and menstruators will be confident and unashamed of their cycle. Menstruation is how we create human life and therefore is not going away anytime soon, thus those with the privilege of menstruation should feel confident, safe, and well prepared to experience this beautiful, natural biological process.

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Appendix A - CITI Program Human Subject Research Certification



Completion Date 06-Mar-2022
Expiration Date 05-Mar-2026
Record ID 47703218

This is to certify that:

Loretta Mainieri

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Human Subjects Research
(Curriculum Group)
Researchers and Staff (HSR)
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Bard College



Appendix B - IRB Approval Letter

Bard College Institutional Review Board

Date: 2/114/2024

To: Lola Mainieri

Cc: Elena Kim; Nazir Nazari

From: Ziad M. Abu-Rish, IRB Chair

Re: The joy and taboo of menstruation: [Body image and Self-Objectification]

DECISION: APPROVAL

Dear Lola Mainieri:

The Bard IRB committee has reviewed your proposal. Your application is conditionally approved, on the basis of the below requested modification, through February 13, 2025. Your case number is 2025FEB13-MAI.

Please notify the IRB if your methodology changes or unexpected events arise. We

wish you the best of luck with your research.



Ziad M. Abu-Rish, Ph.D.

IRB Chair

Associate Professor of Human Rights and Middle Eastern Studies

Bard College

zaburish@bard.edu

Appendix C - Recruitment Flier

Do you menstruate?

**Participate
in my
senior
project!**

**Help spread
awareness
about
menstrual
stigma!**

SCAN ME

**If you have any questions please email
Lm8680@bard.edu**

Appendix D - Consent Form

Hi! I am Lola Maineri, senior psychology student at Bard College. Welcome to my senior project study about menstrual experiences. The goal of this research is to explore how individuals interpret their menstrual cycles in relation to their body and evaluate the attitudes towards menstruation. To do this study, I will ask you to fill out a series of questionnaires via Google form that relates to your menstrual attitudes and experiences, which will take about 15 minutes.

You must be a least 18 years or older to give your consent for this research.

You have the right to withdraw from this research at any time, without prejudice, should you object to the nature of this research. You are entitled to ask any question and receive an explanation as well as voice any concerns. I want to find out information about the usefulness of menstrual attitudes and how people react and behave. I am only interested in an evaluation of these variables, and how they are related to one another. I am NOT interested in any information specific to the individual, therefore this questionnaire is anonymous. When filling out this google form, you may come across questions that you find unpleasant, upsetting, or otherwise objectionable. For instance, there are questions in relation to body image, self-worth, shape, weight, and embarrassment. There are no right or wrong answers in this questionnaire, if you feel upset or concerned in any way please feel free to pause and ask questions or voice comments. If you feel triggered in any way and need help, please consult any of the resources listed at the bottom.

There are no direct benefits or any form of compensation for participation. By participating you are contributing to the development of psychological science. All data will be kept in a secure file. There is no identifying information on the questionnaire. No one will be able to know which response is yours. Your email address will not be accessible to me when you fill out the google form. Finally, to restate, I am NOT interested in any information specific to the individual. If you have any questions about the form please feel free to ask. Again, you are able to withdraw at any time with no penalty. If you would like to see the results of the study they will be available by May 2024 via the Bard Digital Commons website that is linked below. In addition, there is a chance that the results from this study will be published in a scientific psychology journal, which would be available in many libraries. This study will also be kept in the Bard Stevenson library. In the study, participants would be identified in general terms as undergraduate students. If you have questions about this research, you may contact me at Lm8680@bard.edu. If you would like to ask the IRB for questions about rights as a research participant you can contact them at irb@bard.edu.

Resources:

Bard digital commons: <https://digitalcommons.bard.edu/undergrad/>

Brave: 845-758-7777

Bard counseling services: 845-758-7433

National Crisis (Suicide) Hotline: 800-843-5200

National Association of Anorexia Nervosa & Associated Disorders: 888-375-7767

The Office on Women's Health (OWH) helpline: 1-800-994-9662

Appendix E - Pre-Screening Questions

1. Are you 18+? (yes/no)
2. Have you ever menstruated? (yes/no)
3. How old were you when you first started menstruating?(short answer)
4. Do you menstruate on a monthly basis?(yes/no)

Appendix F - Demographics

1. Age(18-26,other)

2. Which most closely describes your gender?(Woman, Man, Transgender woman, Transgender Man, Non-Binary, Agender/ I don't identify with any gender, Prefer not to state, other)

3. What is your race? *Select one or more.* (American Indian or Alaska Native,Asian,Black or African American, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, White, other)

Appendix G - Menstrual Joy Questionnaire

Below is a list of pleasures which women sometimes experience. Kindly evaluate your experience of these pleasures during your most recent menstrual flow.

Select the number which corresponds most accurately to your experience:

1= none

2= hardly noticeable

3= mild

4= moderate

5= strong

6= acute

NOTE: In answering the questionnaire, reflect the experience of your *most recent* cycle.

High spirits?

Increased sexual desire

Vibrant activity

Revolutionary Zeal

Intense concentration

Feelings of affection

Self-confidence

Sense of euphoria

Creativity

Feelings of power

Appendix H - Menstrual Distress Questionnaire**Part A**

Please carefully review the list of provided symptoms. On average, in the past year on the days you had your period did you....(yes/no)

have pain in your lower abdomen?

have pain when urinating?

have pain during bowel movement?

have muscle/bone/joint pain?

feel bloated or did you experience breast tenderness?

experience nausea?

have headaches?

have digestive problems (heartburn, uncomfortable sense of fullness after meals...)?

have diarrhea?

have constipation?

have discomfort due to vaginal bleeding (fear of stains or odors, discomfort from the tampon, difficulty or embarrassment during sexual activities...)?

have the feeling of being dirty?

feel excessively sad (easily crying, little drive to do things, loss of interest in usual activities...)?

Menstrual Distress Questionnaire Part B

If you had this symptom, to what degree did it interfere with your quality of life, your recreational or work activities, or your social relationships on days when you were menstruating?

1= not at all

2=a little

3=moderately

4= very much

Appendix I - Self-Objectification Questionnaire

Please indicate your agreement with the following statements based on how you feel right now.

1- Strongly Disagree

2- Disagree

3- Neutral

4- Agree

5- Strongly Agree

How my body looks will determine how successful I am in life.

My ability to do well at my job is based on how others view my physical appearance.

I value my body's appearance more than its strength and stamina.

I do not need to look good to achieve my goals in life.

The aspects of my body that can be viewed by others (i.e., my weight, facial features, shape) are the ones I value most.

My level of sexual appeal will determine my future financial success.

The aspects of my body that cannot be viewed by others (i.e., my health, energy level, physical abilities) are the ones I value most.

My future financial stability is determined by my looks.

How my body appears to others will determine my life experiences.

My physical appearance is closely related to the power that I hold in society.

Being physically attractive will determine how many friends I have.

My sense of self-worth is based largely on my physical appearance.

I value my physical appearance over my physical comfort.

My body's abilities are more important than my body's appearance.

My happiness is dependent on my physical appearance.

Appendix J - Body-Appreciation Scale

Please indicate whether the question is true about you never, seldom, sometimes, often, or always.

I respect my body.

I feel good about my body.

On the whole, I am satisfied with my body.

Despite its flaws, I accept my body for what it is.

I feel that my body has at least some good qualities.

I take a positive attitude toward my body.

I am attentive to my body's needs.

My self-worth is independent of my body's shape and weight.

I do not focus a lot of energy being concerned with my body's shape or weight.

My feelings toward my body are positive for the most part.

I engage in healthy behaviors to take care of my body.

I do not allow unrealistically thin images of people presented in the media to affect my attitudes toward my body.

Despite its imperfections, I still like my body.

Appendix K - Debrief

Thank you so much for participating in this survey! The goal of this research is to find a relationship between menstruation, body image, and self objectification. I hypothesized that those who feel more negatively towards their period have higher self objectification, and lower body appreciation. This form is completely anonymous and will not be shared with anyone. If you feel triggered in any way and need help, please consult any of the resources listed below. If you have any questions, concerns or do not want your responses recorded please feel free to email me at lm8680@bard.edu thank you!

Resources:

Brave: 845-758-7777

Bard counseling services: 845-758-7433

National Crisis (Suicide) Hotline: 800-843-5200

National Association of Anorexia Nervosa & Associated Disorders: 888-375-7767

The Office on Women's Health (OWH) helpline: 1-800-994-9662