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A Qualitative Exploration of Women's Self-knowledge and Perception Surrounding their Reproductive Bodies

By Lauren Anderson¹, Marcia D. Nichols²

Abstract

This study examines what happens when a defined normal, in the sociocultural context of western civilization, does not align with women's diverse experiences of their bodies throughout their reproductive lifespan. The study explores women's frequent negative affects surrounding their reproductive bodies driven by western culture's societal definition of normal. Using modified interview questions from Emily Martin's 1987 study: *The Woman in the Body*, which help examine women's perception of achieving womanhood through their corporeal experiences including menarche, menstruation, menopause, and pregnancy, this study strives to explore questions that women have about their bodies during their reproductive lifespan: *How does my experience of womanhood compare to others? Is my body doing its job? What is my perception of my body?* The answers to these questions, explored in this study, revolve around women's most fundamental corporeal processes and investigate the observable disconnect in how a woman feels about the physiology of her body, and what she thinks more psychologically about her body. In addition to updating Martin's study, this project also addresses gaps in existing literature such as considering more than one corporeal event within a women's lifespan. A qualitative research approach was used with a semi-structured interview style. Twenty women ages 40 to 86 years were recruited from the Spirituality and Healing Conference hosted in Rochester, Minnesota, USA, in 2018. The interviews included approximately fifty questions during a 30-minute individual session. Interviews were then coded for emergent and parallel themes as it related to Martin's original research. Using quotes and stories from the women interviewed, this study explores what happens when women don't feel normal, and how feelings of abnormality lead to frequent denial of individual experience, even when those experiences are impactful. Although some existing theories of femininity help illuminate some of the subjects' experiences, they do not encompass this behavior fully when investigated. To better describe the self-alienation exhibited by these women, this paper posits that the behavior might best be termed self-objectification. Following justification for self-objectification theory, the paper highlights interviewees central proposal for change—that both men and women participate in communication-based education on the reproductive lifespan.

Keywords: Womanhood, Body, Perception, Reproductive Lifespan

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Background: Definitions of Womanhood, Self-Objectification, & Performance

A dive into women's health history reveals a chronicle of mis-definition. People—often men—with power and influence have seemingly decided which questions are important to her narrative, what areas of women's health and research to subsidize, and most fundamentally, they have worked to define womanhood (Hayward, 1998). While the definitions of womanhood in western culture have largely remained static, the definition itself has been in flux (Bordo, 2004). In the present sociocultural context of the United States, although normative “womanhood” is largely defined by white men, its embodied experience means different things to different women.

Despite the fluidity of definitions for “womanhood”, some scholarly trends are evident in the ways that society posits a “woman”. For instance, self-objectification theory suggests that women are socialized to view themselves as objects, resulting in a constant critique of their bodies (Calogero, Davis, & Thompson, 2005). In a similar vein, Judith Butler, an American gender theorist, has argued that gender is performative; therefore, to perform womanhood women embody a stylized set of social norms in the mode of belief (Butler, 1988). Both self-objectification and performative theory could be understood through the work of radical feminist and critic of western culture, Andrea Dworkin. Dworkin argued that the United States society pushes women to be the tools and victims of patriarchy, suggesting that the definition of womanhood serves a function within society (Dworkin, 1974 & 1987). Although their ideological positions were wildly different, French philosopher Michel Foucault, similarly located power to be at the center of sex and gender. He suggested that there is power at play in establishing and policing the norms of sex and gender (Foucault, 1998). Thus, a patriarchal society such as that of the United States exerts the biopower apparatus of the state to police categories such as “womanhood.”

But what do American women think of themselves? This question is much more complex to answer and has been repeatedly and regrettably left behind. In part, the complexity of the question is due to the challenge of defining oneself as a person, much less as a woman. Defining these terms at the level of the individual within western cultures, seems incredibly challenging as the definitions of “person” and “womanhood” are often not defined by a person or woman but rather an institution. Despite the convolution of this question, because one's own opinion of the self informs and motivates an individual's day-to-day confidence and interaction with others, understanding what women think of themselves is arguably the most important place to start when it comes to research on womanhood (McLaren L & Kuh D, 2004). Logically then, we should begin to define womanhood from women's perspectives, including her physiological and psychological understanding of her body. To ascertain this perspective of womanhood, beginning with reproductive life cycles was an intuitive conception for this research project.

Reproductive Health: What do women think?

For the majority that identify with the heterogeneous category “women,” a fundamental piece of self is the reproductive life cycles. Thus, the reproductive life cycles are logical corporeal loci from which to get closer to understanding what women think of themselves as *women*. Although there is no one conclusive answer to what women think of their own reproductive bodies (menarche, menstruation, pregnancy, and menopause), negative affect often tinges women's experiences (Pinto, Garden, 2006). For example, starting with menarche, the first time a woman experiences her period, there tends to be a negative trend in self-perception despite menarche itself being fairly well defined both medically and physiologically (Burrows, Johnson, 2005). However, menarche, marking the beginning of menstruation for most women, is often studied as an isolated

event, leaving out the whole of menstruation which covers more of a woman's lifetime (Pinto, Garden, 2006; Burrows, Johnson, 2005; Stubbs, 2008).

Menstruation takes up a large part of most women's lives, from early adolescence throughout adulthood. Monthly menstruation may be broken up by pregnancy, or since the 1960s, it may be affected by a form of hormonal control, but in the context of most women's lifespans, a large chunk of it—30-40 years—is marked by menstruation (Brantelid, Nilver, Alehgen, 2014). The lack of a holistic approach to menstruation is a major gap in the current literature on women's reproductive bodies (Brantelid, Nilver, Alehgen, 2014). Nevertheless, the picture the extant literature paints is one of negative perceptions of menstruation and the experiences that come along with it (Britton, 1996; Burrows, Johnson, 2005; Koutroulis, 2001; Schooler, Ward, Merriwether, Caruthers, 2005; Stubbs, 2008).

In contrast, pregnancy is well studied medically, physiologically, and psychologically in comparison to its reproductive counterparts (menstruation, and menopause) (Bordo, 2004). Pregnancy, and more contextually, motherhood is viewed as an ideal in western culture which is similar to how it is seen in most cultures globally (Bordo, 2004). This ideal also contributes in some ways to the frequent negative effect surrounding a woman's whole reproductive lifespan, in the sometimes-unattainable expectations surrounding the achievement of motherhood (Orgad, 2019).

The last reproductive event tied to womanhood is menopause. Despite being the stage of life that most women are potential and theoretically most prepared for, it remains the most disagreed upon and least studied reproductive event (Dillaway, 2006). Menopause is also surrounded by misconception, lack of clarity, and little understanding (Kwak, Park, Kang, 2014; Utian, Maamari, 2013; Woloski-Wruble, Oliel, Leefsma, Hochner-Celnikier, 2010; Brantelid, Nilver, Alehagen, 2014; Chrisler, 2008).

This disjointed story of womanhood exacerbates the lack of clarity in personal and academic understanding of the reproductive body. The culmination of all of these events—a reproductive lifespan—is what women experience, yet there is almost no research that attempts to put the picture together. An exception is the work of American anthropologist Emily Martin's *The woman in the body: A cultural analysis of reproduction* (1987). This qualitative research pushed to establish and define the reproductive lifespan from the perspective of women, which was both novel in its elevation of female voices as well as in the continuative picture of the reproductive body. Martin's study began to pick apart just how much of a woman's bodily definition and feelings of self-worth are tied to societal norms, cultural expectations, and outside definition.

Despite great strides the study made, it was still missing intersections like weight and race as well as some questions that would address a woman's overall perspective on prospects for change, limitations which Martin pointed out in the preface for the 2001 edition. Martin also suggested future directions for similar experiential research that might address the aforementioned limitations (Martin, 2001). Using her preface as a guide to those gaps, this study aims to update and expand groundbreaking work by interrogating what types of experiences encourage positive bodily outlook among women. Additionally, due to the drastic changes in technology and lifestyle throughout western culture over the last 40 years, this updated study explores personal perceptions of female reproductive health across generations during a time period of drastic change. Thus, beginning to address the gaps in the literature by qualitatively exploring twenty women's experiences of their reproductive bodies throughout the life cycle. In order to understand the experiences that create and inform a woman who feels confident and comfortable with her

physiology, we consider that even though it might be easier to study a single event in the reproductive lifespan, these events are not disconnected in a single woman's story.

Methods

To begin to understand how women experience their bodies, a qualitative research study was conducted with twenty participants recruited from the Spirituality and Healing Conference, hosted in Rochester, Minnesota, USA. This allowed participants to self-select into the interviewing process. Interview participation was incentivized with a drawing for a \$20 retail gift card. These twenty participants were from the southeastern region of Minnesota, and one participant was from India. They ranged in age from 40 to 86 years old and were primarily of the working class, based on the self-identification of career correlated with Martin's typology of class (Martin, 2001). A semi-structured interview style was used, which included approximately fifty interview questions during a 30-minute individual session. Each session was recorded and then transcribed using Xpress transcription software. During transcription, all names were replaced with pseudonyms to protect participant privacy. These pseudonyms are also used within the written analysis of interview experience below. Supplemental note taking also occurred during and after the interview to denote additional emotion, facial expression, and body language where possible. The interviews were then analyzed using primary and secondary coding along with NVivo for analysis of data. Interviews were then coded for emergent and parallel themes as it related to and intersected with Martin's original research. Figures and quantitative data analysis based on coding were created and analyzed respectively using Microsoft Excel and Google Sheets.

There were three main themes that women spoke to throughout the interviews. First, women's comparison regarding the societal definition of womanhood in Western society, and their own corporeal normal is explored. Next, the institution of Motherhood and its close ties to today's definition of what it means to be a normal woman are examined to explore women's feelings about motherhood and how those feelings directly impact their feelings towards their bodies. Finally, using quotes and stories from the women interviewed, this project explores what happens when women don't feel normal, and how for these women, it seemed to cause a frequent denial of individual experience despite an obvious effect that individual experience had on a woman's life. This behavior is further investigated and compared to existing theories of femininity such as self-objectification theory, which can help illuminate some of the subjects' experiences. However, this paper posits that the self-alienation exhibited by these women might best be termed *self-abjectification*. Beyond the major themes of the research, the interviewees call to communication as the central proposal for change is also highlighted.

Results: Womanhood and the Power of "Normal"

Whether referring to a statistical normal or perceived normal, the idea of "normal" serves as a useful qualifier in many ways. In a sense, it decides what is healthy and desirable, and, most importantly, it impacts when a person decides that they need to change (Boorse, 1977). In this way, normal serves as one of the most powerful functions of socialization, which determines how people act in their day to day lives (Gimlin, 2000). Foucault has argued that the idea of normal is a function of power. He explains socialization of normal, both statistical and perceived, works as a force of discipline which plays: "...a part in classification, hierarchization, and the distribution of rank" (Foucault, 1975).

It cannot be ignored that a statistical normal serves a functional purpose in a medical and even political context (Boorse, 1977). When it comes to the body though, oftentimes, the statistical normal is misunderstood, misrepresented, or even unknown. In interview 17, even after explaining

some of her more positive experiences surrounding menstruation, Emma still commented on the fear, unknown, and otherness of her experience as a menstruating woman. This was particularly evident in her explanation of seeking help from a nonprofit organization that provides reproductive health care in the United States and globally, Planned Parenthood (Planned Parenthood, 2021). In description of her experience with Planned Parenthood, Emma conveyed some relief from the fear and unknown in learning for the first time what was truly happening to her body during menstruation with the help of nurses at Planned Parenthood.

Unfortunately, this understanding came much after changes to Emma's body had occurred, meaning that until this encounter Emma was left, like many women, to rely on a perceived normal instead of a statistical or real normal. This left Emma feeling abnormal with regards to her menstruation before she learned more about what was happening to her body, and still, after the encounter feeling abnormal in her latent learning of the physiological changes that occurred to her. These feelings of abnormality were the first major emergent theme from the interviews, as all 20 participants interviewed identified with abnormal corporeal feelings at some time throughout their reproductive lifespan.

Like in Emma's story, many of the other women interviewed, explicated abnormal corporal feelings when prompted to speak to changes that society could make. In this sense, women often called for more normalization or conversation about the taboo topics surrounding women's corporeal experiences. For example, after relaying her story of seeking care with Planned Parenthood, Emma was asked "Can you think of or suggest any changes that society could make, to make it easier to be a woman, regarding some of the things we've talked about?" Reflecting on her experiences, she responded: "Well just normalizing, dialogue on menstruation, and maybe just more compassion around it rather than joking. I mean, a sense of humor and jokes are great, but not in a way that is shaming." Despite Emma's experience mirroring other subjects, she still identifies in this quote with a need for normalization of the menstrual experience, thereby placing her own experiences in a category more consistent with abnormality especially with her specific reference to a need for serious conversation surrounding the taboo topic of menstruation, that does not involve "jokes..., in a way that is shaming" (Interview 17, Emma).

Emma's story then also foreshadows the effects that can follow when women's imperfect perception of normal is then imposed on the body. The effects of this truncated perceived normal has been identified by women as a potential cause of harm regarding perception of the reproductive life cycles, which Emma also alludes to in her reference to the shame caused by taboo jokes regarding corporeal experience (Guntram, 2013) (Interview 17, Emma).

Perceived normal regarding reproductive health, for women can also be especially difficult to attain since the definition of normal in western culture also has an androcentric bias and male dominance (Hamilton, 1991). This bias or expression of male dominance contributing to abnormality or taboo of the corporeal experience was observed in 19 of 20 interviews expressed in stories and biased vocabulary. In interview 4, Greta, identified this concept immediately following explanation of the research purpose when she jumped in excitedly and explained: "They're basing it off of men's health, so that's not normal, because I'm not a guy" prior to telling more of her story (Interview 4, Greta).

Beyond that of identifying as abnormal, in a similar vein, many women interviewed referred to the silence and taboo surrounding their corporeal experiences, further suggesting that perception of normal during menarche and much of menstruation is built on a taboo understanding of the corporeal experience of being a woman. In interview 15, when Destiny was asked about societal changes, she also spoke to the taboo and need for more conversation as a mechanism for

supporting a woman's normal experience, responding: "Just embrace all the pains that are important and that happen to women. Talk about it. Talk about contraception methods, talk about sex, sexual desire, whatever, hormonal changes... talk about everything freely, and not make it a taboo subject." (Interview 15, Destiny).

Collectively then, a statistical normal for women is generally an unknown and even moving target- resulting in a narrow and socially inflected perceived definition of normal (Figure 1). Consequently, as it is nearly impossible to identify oneself as statistically normal, most women come to believe that they are "abnormal" (Figure 1).

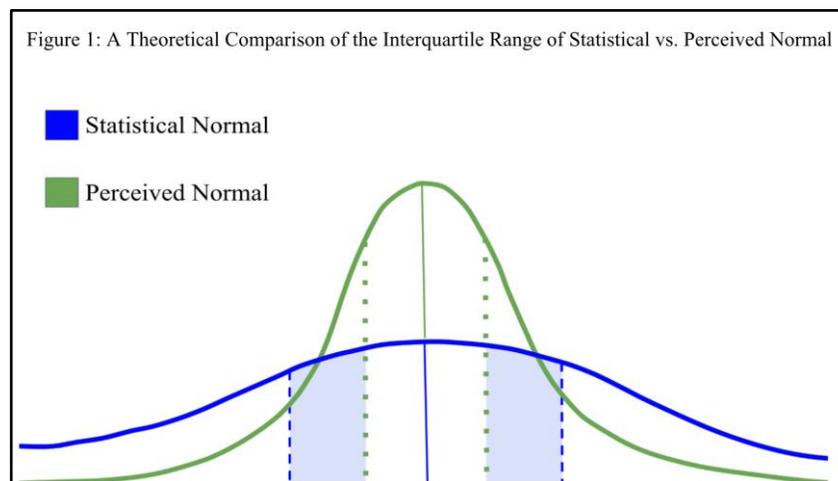


Figure 1: A theoretical comparison of the interquartile range (Median 50%) of a statistical vs perceived normal in women: where although some women likely fall within a statistically normal range of experiences depicted in blue under the platykurtic distribution, it is likely that these women will still identify as abnormal due to falling outside of the perceived normal interquartile range depicted in the leptokurtic green distribution.

This is a concerning trend because if normal is a function of power, then a pervasive belief in one's abnormality could be a means of structural oppression (Foucault, 1998). While all 20 interview participants identified as abnormal, many also confirmed that this theme contributed to negative perceptions surrounding the reproductive body during some part of their corporeal experience. In reference to the different treatment, she received due to menstruation, Agnes expressed that she "... felt like a wild animal in a cage" (Interview 5, Agnes). Instead of feeling normal, she felt like a trapped animal because of how she perceived her menstrual experience. Her quote highlights how this pervasive feeling of abnormality throughout the reproductive lifespan can cause women to feel negatively toward their bodies' fundamental processes. That Agnes felt like a trapped animal glaringly highlights her perception of abnormality even though her experiences surrounding menstruation sounded like many other women interviewed as they described experiences of feeling outside of normal. By depicting isolation and dehumanization in its imagery, Agnes's quote shows how western culture exacerbated her negative self-perception due to a narrow perception of normality.

Throughout the interviews, this phenomenon of not feeling normal seemed to create a disconnect between the physiological experience and the psychological corporeal experience (Grosz, 1994). Though the women recalled a physiological experience one way, when asked to recollect or reminisce about the psychological experience, the responses were often different. This

disconnect between psychological and physiological experience increased in complexity, with the understanding that despite the construct of “normal” differing for each individual participant, 100% of participants identified that their experiences were abnormal in some way which may suggest women are socialized to believe that their bodies are not doing their jobs (Foucault, 1998).

Results: Motherhood and Other Jobs

“Do you think being pregnant affected your perception of your body? Did it make you feel differently as a woman?” Margot was asked around the 16-minute mark of the interview.

Margot explained that despite being raped and spending most of her pregnancy in denial, once she had her son she felt differently, “You have a different experience with your body, and what your body can do, and what it’s made to do” (Interview 2, Margot).

Margot’s reference to pregnancy and her positive resolve despite challenging experiences, highlights the staple for achievement of womanhood, that of becoming a mother, which is idealized in western culture (Orgad, 2019). Rooted in each individual’s perception of what their bodies were “made to do,” motherhood dominated the socialized perception of a bodily normal for 19 of the 20 women interviewed. Meaning that 95% of women interviewed believed that motherhood was one of the biggest staples of achieving a perceptually normal womanhood (Figure 2). This belief held true, both for the 14 women in the study who had attained motherhood, and for 5 of the 6 women who had not achieved motherhood (Figure 2).

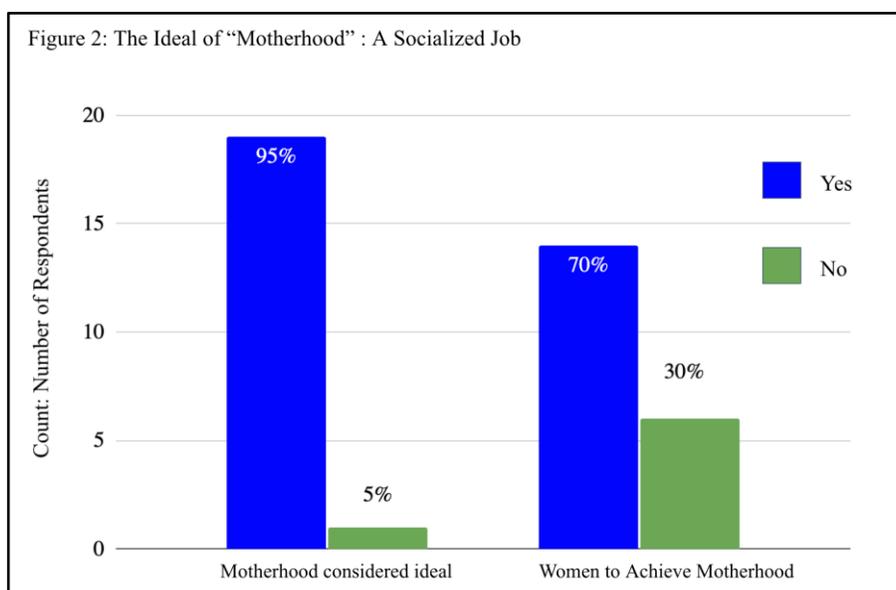


Figure 2: The Ideal of “Motherhood”: A Socialized Job, gives a graphical representation of the 95% of respondents who considered motherhood an ideal (19 of 20 participants) and of the 70% of women who were able to achieve motherhood (14 of 20 women).

Of the 14 women who did achieve motherhood, 86% of them (12 of 14 women) expressed immense joy at the achievement of motherhood through pregnancy. This sentiment was echoed among these 12 interviews, as each participant reflected the ideal achievement of motherhood in their stories. In interview 5, after being asked how pregnancy affected her perception of her body, Agnes, referred to it as “A wonderful gift” and in another instance “A miracle” (Interview 5, Agnes). In Interview 14, Janice echoed this sentiment when asked about pregnancy and

motherhood and said, “I just obviously have respect for the whole thing, female anatomy, processes etc...” (Janice, Interview 14). Positive language use, in the words such as “gift”, “miracle”, and “respect”, highlight our socialized understanding of motherhood as a primary reason for being, related to the achievement of womanhood. An ideal and expectation which while upheld for 95% of interview participants, was only achievable for 70% of interview participants, highlighting potentially unattainable expectations that women perceive to be normal (Figure 2).

Outside of the 70% of women in the study who were able to achieve motherhood, were then those who struggled to easily achieve motherhood. Of the 14 women who did achieve motherhood, 57% of them had significant struggles with the journey there (Figure 3). For the purpose of this study, significant struggle was defined as participants who had communicated that they were either raped, had significant challenges getting pregnant, or had significant challenges achieving full term pregnancy. Within this subset of participants who struggled with achievement of motherhood, 100% of them identified struggles with body image during or after that time (Figure 3**). For these women, personification and abjection of their bodies and feelings were often used to describe their inability to attain motherhood through pregnancy right away.

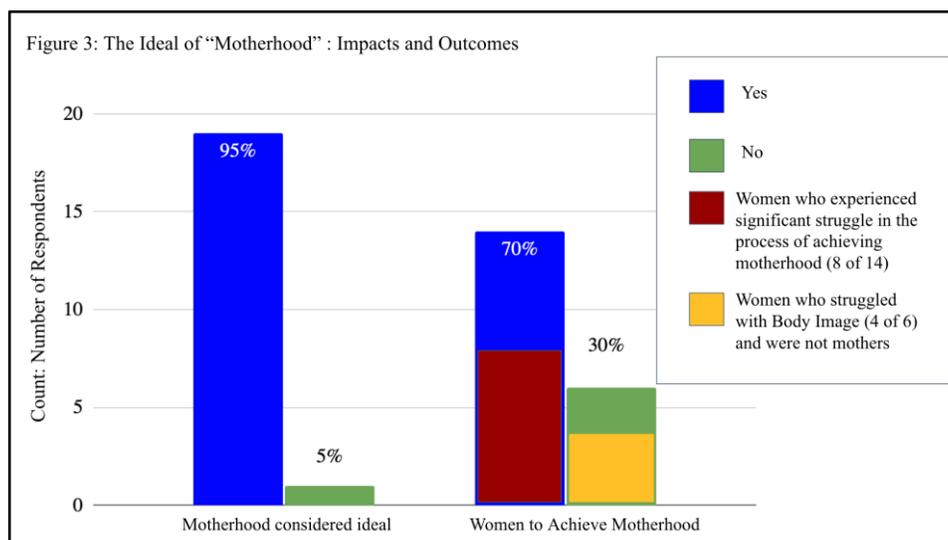


Figure 3: The Ideal of “Motherhood”: Impacts and Outcomes, compares the ideal of motherhood to achievement of motherhood with a further graphical representation of the 57% women who significantly struggled with achieving motherhood; 8 of 14 women who achieved motherhood, struggled significantly in getting there. **Of the 8 women who achieved motherhood through significant struggle, all 8 of them also struggled with body image (depicted in red). Figure 3 also shows the 66% of women who struggled with body image, who were not mothers (4 of 6 women).

In interview 13, with Corrine, additional challenges women can experience in pursuit of the goal of motherhood were revealed. After explaining the trauma of two emotionally tolling stillbirths before being able to achieve motherhood Corrine was asked; “After those experiences, how did that make you feel about your body, or specific to you as a woman?” With a heavy heart, Corrine responded, “I felt like I was betrayed. Like my body was faulty. Like it didn’t work like it was supposed to...” (Interview 13, Corrine). Corrine, like many women unable to attain a perceived

normal, and in this case motherhood, right away, became defensive towards her body. This defensive posture, then, exacerbated the disconnect she had toward her own psychological and physiological experiences. In the end, notwithstanding challenging experiences, Corrine was able to achieve motherhood. Even despite this achievement however, Corrine stated in her interview that she struggled immensely with positive body image during and after the times when motherhood was not easily attainable for her. Corrine's example, and sentiment relays the story for the other 8 women who had significant struggle in achievement of motherhood, well. Of these 8 women, 5 struggled with achieving pregnancy and the remaining 3 were raped, all of which translated to immense negative feelings towards their bodies (Figure 3 & Table 1).

Table 1: Summary of absolute and relative frequencies of responses to interview questions.							
Category	Response	Count	Proportion	Subcategory	Response	Count	Proportion
Motherhood achieved	Yes	14	70%	Significant struggle achieving motherhood	Yes	8***	57%
				No	6	43%	
	No	6	30%	Struggle with body image	Yes	4	67%
				No	2	33%	
Mothered considered an ideal	Yes	19	95%				
	No	1	5%				

Table 1. Summary of Absolute and Relative Frequencies of Responses to Interview Questions, presents a table of most prominent findings broken down by category, subcategory, response, count, and proportion. *** All 8 women who experienced significant struggle in achieving pregnancy, also experienced struggle with body image.

On the one hand, these women had been made to feel that pregnancy and motherhood should be easily attainable for them, especially since most of these women agreed that being a mom is what they were “made to do” or “supposed to do” (Waggoner, 2013). On the other hand, women who were not ever able to or did not want to achieve motherhood frequently expressed worry that they were not as good as women who had children. Because of this, for women who were ultimately unable to achieve motherhood, their failure of attaining motherhood was generally viewed as a personal failure of self. Of the 6 women who were not mothers, 4 talked about struggling with body image due to not having children (Figure 3 & Table 1). In interview 9, Loris, who both is not a mother, and does not have a husband, expressed it well by explaining the societal pressure or judgement she felt when asked “How does society make you feel when you tell them you have no children?”:

“I know they’re there thinking, how come she’s never been pregnant, or never had children, or doesn't have a husband? I know people are thinking that... I think people think there’s something wrong with me” (Interview 9, Loris). Beyond the sentiment of feeling questioned by

society for their position regarding motherhood, Like Loris did, the women who were not mothers, also went above and beyond the statement of their position to justify their choice. Of the 6 women who were not mothers, all six of them blatantly justified why they had either chosen not to have kids, or why they were unable to achieve pregnancy. Within this group of women, those who had reconciled with not having children had adopted an iconoclastic attitude by feeling ok with or even proud that they were going against social norms. In addition to the iconoclastic behavior these women displayed, they also generally had gone one step further and had justified why they felt they could break the social norm. The sole difference for those who had not reconciled with their inability to achieve motherhood and those who had not, was in the justification of why their bodies were incapable of meeting the social norm rather than in a different personal choice.

Results: The Body and Self-Objectification

“We didn’t know how to deal with all this manhandling, which was happening around us, and so that put us in a very defensive position about our own bodies” Destiny responded after being asked if she recalled feeling different before or after menstruation (Interview 15, Destiny). She had explained that after menstruation, she felt a need to “cover up” her body, and “suppress” her sexuality due to male pressures that existed around her (Interview 15, Destiny).

Destiny’s experience is not unlike others in the way she felt objectified. In her quote above, the use of the word “manhandling” highlights her experiences of self-objectification. Use of the word “handling” suggests that she experienced her body in some way as an object, however the second piece of her quote goes a step further, into an action that is not explained by self-objectification theory. She explains that this sentiment put her and other women in a defensive position regarding their bodies. This introduces the need for further explanation beyond objectification theory.

In addition to the mis-definition of normal and how that affects women's attitudes towards their own bodily processes, the final major theme that emerged was more difficult to comprehend and name. Clearly derived from a disconnected psychological and physiological experience of the body, from feelings of abnormality, an observable behavior among the project participants recurred. Throughout the interviews, when asked to describe an experience, despite clearly negative or positive encounters, participants often resolved on a different perspective altogether. This often meant that both awful and empowering experiences were reframed to sound much more neutral. Most commonly, in 15 of 20 interviews this was observed in the conversion of a negative experience to a more neutral recalled experience.

At first this contradiction was both surprising and confusing. Delving into this recurrent theme and behavior, however, revealed that 15 of 20 women went from description of negative experiences to neutral recall of the body as represented by words like “ok” or “mostly.”. 2 of 20 went from positive to neutral, and 3 from negative to positive. Whether a woman thought of her bodily experiences more positively or negatively, they made the choice to reduce an experience to more neutral, which generally better fit into the gender roles or schema which are tied to normative duties of the female body according to western culture i.e.: motherhood, being the planner in the family, not being too loud or complaining, etc.

To illustrate, throughout her interview, Chloe, a 40-year-old social worker, referred to her corporeal experiences using the descriptive words “isolating, scary, positive, shame, anxiety inducing, burden, clinical, sterile, shocking, traumatizing.” However, when later asked about her overall opinion of what she went through, she reduced the experience to the comment “It’s just the burden of being a woman” (Interview 1, Chloe). In this example, not only has Chloe demonstrated the self-objectification of her body by her aforementioned use of language, but she also displays a

good example of the dutiful and more neutral perception she relays while minimizing her experiences during recall. Though it may be important to acknowledge that there is a piece of her physiology that is in a sense obligate, that obligation should not have to be “shameful, scary or isolating” (Interview 1, Chloe). So, when asked to recall the experience more physiologically, it was very clearly negative to her, but when asked about overall life significance in hind-sight from a more psychological perspective she identified her experience as far more neutral or positive, saying things like “I guess I just feel like ‘ok, I’ve got to deal with this’ ” (Interview 1, Chloe). This highlights further the need for the term self-abjectification, as the behavior that happens after objectification is not explained in objectification theory—when Chloe minimized or negated her negative experience (Figure 4). This behavior, driven from the psychological and physiological disconnect, is a recurrent theme that provides evidence to the resignation of self-abjectification of the body that occurred among 100% of women in this study (Figure 4).

Figure 4: Process of Self-Abjection

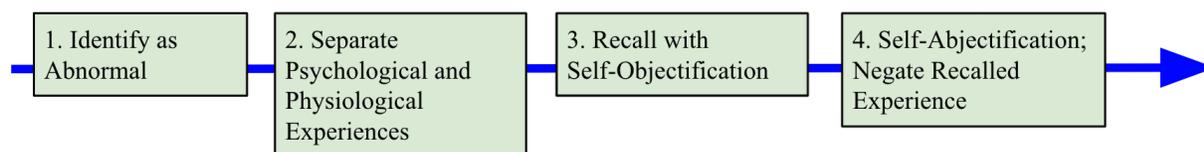


Figure 4: Process of Self-Abjection, Schematic representation of Self-Abjection, which occurs in four steps. First, a woman would identify as abnormal, second, she would separate her psychological and physiological experiences, third she would recall an experience with self-objectification, and finally she would negate or deny her recalled experiences- the final step in self-objectification.

Discussion

From these 20 interviews, it is evident that much of the negative perception of womanhood for the participants resided in the fact that a woman's perceived normal does not align with what she was experiencing bodily. A major contribution to this problem stems from the fact that there is not a well-defined statistical normal regarding the reproductive body throughout a lifespan. Thus, even when women have similar experiences with a statistical majority of other women, they often still categorize their experience as abnormal because “normal” remains a nebulous, ill-defined custom (Figure 1). In fact, the lack of a common understanding of what is statistically normal is a limitation to this study because even academic research does not have a clear touchpoint for statistical normal throughout the reproductive lifespan. This lacking common understanding could be due to a more platykurtic or flat distribution as proposed above, however, due to the missing information, the actuality of statistical normal including what a modeled normal distribution might look like, is unknown (Figure 1).

The second major contributor to the negative affect surrounding women's views of their reproductive lifespan is the vast variety in how women experience their bodies, driven by a socialized perceived corporeal abnormality. This socialization is both individual and systemic, as many intersections play an identifiable role in personal perception of normal. These areas of social influence, collectively inform personal classification of normality (Figure 5).

Figure 5: Diagram of Social/Societal Influence on Women's Personal Classification of Normal

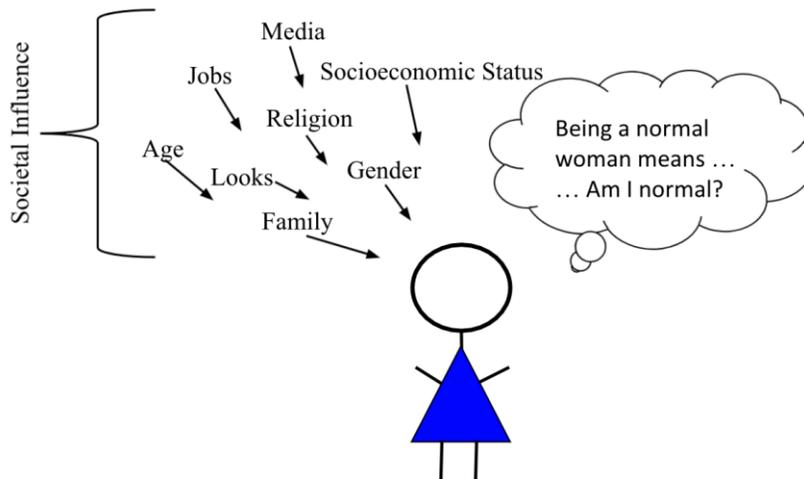


Figure 5: Diagram of socialization, where societal influence and intersections such as; personal experience, age, socioeconomic statuses, looks, family, religion, media, and jobs all serve to shape a woman's definition of what it means to be a normal woman.

Collectively, the societal influences in a woman's life creates an idiosyncratic definition of what it means to be a normal woman that is often extrapolated into what is mis-believed to be statistically normal. This finding was supported in the interviews conducted, as regardless of what that individual definition of normal was, 100% of women interviewed agreed that their experience, in some way, was abnormal (Figure 1).

The next influential piece of determining whether or not a woman was normal often involved what these women viewed to be as part of their “jobs” or “duties” as a woman. For 95% of women, this involved the idea of motherhood (Figure 2). The project participants identified that achieving motherhood was an essential part of achieving normal. Even for those who did not desire to achieve motherhood, there was acknowledgement that their lack of desire for motherhood made them abnormal, and often these women felt the need to justify this choice in their interviews (Figure 3). These constructs of duties placed upon the role of womanhood were also major contributors in women's identification as abnormal in some way.

Defining themselves as abnormal was a means of self-objectification—of defining themselves primarily through the eyes of the hegemonic other (Hamilton, 1991). However, nearly all women interviewed went one step further than self-objectification and minimized or reframed their experiences at an increasing psychological and physiological distance. This was especially evident in the minimizing of negative experiences, where 15 of 20 women, identified negative experiences, then minimized them to more neutral. This study suggests the theory of self-objectification is insufficient to explain the behavior these 20 women displayed in their interviews, where they deny personal experience in favor of a more colorless explanation of what they went through.

Though self-objectification theory points out the objectification of women, a new definition is necessary because the observed phenomena was not only reflective of how a woman feels towards her own body but encompasses also an action or behavior that interview participants

engaged in instead of being focused solely on a view of women's thoughts in general. This study suggests a more appropriate explanation of the behavior that the interviewees engage in would be self-objectification, which is defined in terms of the body. Abject means to cast off, be or behave without pride or dignity, to self-abase. Thus, self-objectification is the habitual denial and minimization of an individual's experience even when an experience was clearly impactful (Figure 4).

Limitations of this study include the small sample size of twenty participants as well as the homogeneity of the sample. Additionally, since all of the participants were above the age of 40, a different life outlook is likely a contributor to how these women identified and viewed their bodies in regard to their reproductive lifespan. Another factor that could have played a role in how women opened up regarding their experiences is the relatively younger age of the interviewer, which could result in a slightly different narrative coming to light than would have had the interviewer been of a similar age to the research participants.

Conclusion

“I think it's just silly that women have any kind of stigma around it, it's like, you know, like you have any control at all over what happens with your body, in that way” (Interview 2, Margot).

Margot's quote both acknowledges the external pressures that women face, but also points toward the opportunity for change. Collectively, this project suggested that these twenty women were socialized to assume their personal identity was not normal which caused them to self-abject: to deny their very self and accept diminished individual value of experience. As identified by the project participants, a major factor in this self-abjection was the silence that surrounds women's reproductive cycles—not only pregnancy and motherhood but the entirety of womanhood—from menarche through menstruation and menopause. So, what change did Margo infer? Where do we go from here? At this point in the interviews, when women were able to reflect back on their recollection of their reproductive lifespan that they had just shared, the most inspiring part of this project came to light. When asked what would make things easier or better for women, almost each and every one of the twenty women had a tangible, actionable, idea or plan that was centered around education and communication.

“I don't know that it needs to be this secretive thing and all this mystery” (Interview 1, Chloe) Chloe responded in reference to the way that education is held from boys, and the taboo of the topic in general. Chloe's quote captures the interviewee's call for communication centered education as the central proposal for change. Beyond just communication though, these women outlined more specifically some of the requisites necessary for change to be effective. They talked about communication without taboo, in safe spaces, for men and women, girls and boys, at an age that it is not too late to prepare everyone for these events. Greta said it well when she said, “I think men should know just as much about a woman's body as a woman does, and vice-versa because everyone needs to understand” (Interview 4, Greta). This cry for universal understanding and more education was echoed throughout the interviews. The women called for illumination and openness regarding menarche, menstruation, menopause, and pregnancy among men and women alike, which will combat patriarchal oppression as well as western cultures' androcentric bias regarding the body.

On an individual level, beginning with something as simple as having the willingness and courage to share your story will begin to make this change. On a more systemic level, a more inclusive and accurate sex education program is suggested for all students and would do much to inform people that statistical normal is a range—that there are many ways of being normal. Furthermore, the current trend in media to represent positively a variety of body types in film, television, and advertising campaigns is a tiny step toward rectifying the narrow definition of perceived normal via representation. More inclusive education and media representation will set the stage for the next generation of women to have a wider, healthier, concept of perceived normal and perhaps reduce the disconnect between body and perception exhibited by this study's interviewees.

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