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The Care and Keeping of You: A Workshop on Young Women's Attitudes Towards Their Bodies

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THE CARE AND KEEPING OF YOU: A WORKSHOP ON

YOUNG WOMEN'S ATTITUDES TOWARDS THEIR BODIES

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Psychology

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Title: The Care and Keeping of You: A Workshop on Young Women's Attitudes
          Towards Their Bodies

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The current literature on shame and body image focuses primarily on issues of weight and shape, and the topic of Menstrual Shame is rarely mentioned. Menstrual Shame refers to the shame women feel about their menstrual cycle and menstrual fluid specifically (Johnson-Robledo & Chrisler, 2011). There is a culture of silence surrounding menstruation that prevents connection, contributes to shame, and increases Self-Objectification (Johnson-Robledo & Chrisler, 2013; McHugh, 2019). The shame and stigma surrounding women's menstrual cycles has important implications for the development, sexuality, and overall wellbeing of girls and women. This research is designed to contribute to our understanding of Menstrual Shame in college age women and introduce an intervention in the form of a workshop to increase shame resiliency. Brene Brown's 2006 Shame Resilience Theory provides the framework for understanding how to combat shame through acknowledging vulnerability, critical awareness, mutually empathic relationships, and speaking shame. Undergraduate women (n=185) were administered the Beliefs About and Attitudes towards Menstruation Questionnaire (BATM), the Objectified Body Consciousness Scale (OBCS), and the Appearance and Capabilities Scale. Some of these participants (n=29) then participated in a 1.5-hour workshop on Menstrual Shame. Results indicate a significant change in participants' attitudes towards menstruation as well as in attention paid to the body's capabilities. A qualitative analysis of participants' subjective experience of the workshop indicated that

there was a change in attitudes towards menstruation and increased understanding of

Menstrual Shame. Responses were analyzed through the framework of Brown's Shame

Resilience Theory (2006). Implications of the findings for clinical practice and future

research are discussed. Suggestions for how to utilize the workshop with various

populations and in various settings are provided.

ACKNOWLEDGMENTS

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CHAPTER ONE

STATEMENT OF THE PROBLEM

"I was no longer ashamed or embarrassed. I felt incredibly lucky to learn the amazing things my body was doing every month. It's time for others -women and men alike — to embrace them as well."

– Erika L. Sánchez, *Menstruation stigma is a form of misogyny*, March 2015

The term Menstrual Shame refers to the shame women feel about their menstrual cycle and menstrual fluid specifically (Johnson-Robledo & Chrisler, 2013). The consequence of this shame is a system of oppression and silence for women in which the open discussion of menstruation is prohibited (Johnson-Robledo & Chrisler, 2013; McHugh, 2019). Sanchez argues that we will not eliminate hateful behavior toward women until we reject the notion that menstruation is shameful and must be concealed (Sanchez, 2015). Menstruation is an enduring and reoccurring experience for many women and the shame associated with it seems to carry particular weight in its impact on women (Johnson-Robledo & Chrisler, 2013). The focus of this research is Menstrual Shaming and its impact on women in the particular stage of emerging adulthood. A key feature of emerging adulthood is the opportunity for identity exploration, and shifting attitudes towards work, relationships, and worldviews (Arnett, 2000). It is possible then that this period offers the potential for young women to either perpetuate a strongly negative relationship with their menstrual cycle or develop a more healthy and adaptive relationship. By introducing an intervention in the form of a workshop, Menstrual Activism, Shame Resilience Theory (Brown, 2006), and positive body image will be used in an attempt to combat Menstrual Shame and negative attitudes towards menstruation.

Shame, Stigma, and Silence

The shame and stigma surrounding women's menstrual cycles has important implications for girls' development, sexuality, and overall wellbeing. The culture of silence surrounding these issues is both a reflection of current cultural attitudes and a leading factor to the problem (Bobel, 2006; Johnston-Robledo & Chrisler, 2013). Girls learn from a young age to maintain silence about menstruation and that secrecy is necessary to maintain femininity and social acceptance (Kissling, 1996; Lee & Sasser-Coen, 1996). These beliefs are learned in childhood and early adolescence but are carried over well into adulthood (Lee, 1994). In the instances where women break this taboo, usually in private settings with other women, the tone is negative (Burrows & Johnson, 2005; McHugh, 2019). The impact of this cultural taboo is that women feel shame about their body's menstrual cycle and that their bodies need to be "tidied up, medicated, plucked, smoothed, and trimmed" (Bobel & Fahs, 2018 p.1) in order to be acceptable. This understanding of Menstrual Shame and its impact served as the basis for developing The Care and Keeping of You workshop. In order to reduce the Menstrual Shame experienced by undergraduate women. The workshop encourages participants to talk about menstruation by bringing critical awareness to the underlying stigma that discourages openness and communication and introducing alternative positive perspectives.

Challenging Negativity

Modern Menstrual Activism encourages not only open conversations about menstruation but also radical thinking and creativity in how we do so (Bobel & Fahs, 2018). It is not enough simply to talk about our shame and focus on the negative impact

that women who menstruate experience; we must also challenge how these conversations are carried out in western society. Research has demonstrated that current conversation about menstruation is nearly universally negative. A study of conversations undergraduate women recall having about their period found that the focus was on symptoms, inconveniences and complaints (Sopko, DiMattia, McHugh, & Sedaghat, 2018). Maureen McHugh (2019) coined the term "Menstrual Moaning" to refer to these conversations and proposes that such conversations are reinforcing a culture of shame and stigma surrounding menstruation. By encouraging women to talk and think more positively about menstruation and giving them a space to do so, we can help them to develop shame resilience and begin to change negative cultural attitudes.

Menstrual activists have worked to increase positivity and acceptance around menstrual cycles and several of these strategies are incorporated into the current workshop. Menstrual Joy (Chrisler, Johnston, Champagne, & Preston, 1994) is an important concept in Menstrual Activism, emphasizing the rarely acknowledged cyclical nature of menstruation and its positive aspects. A frequently used measure of women's experience of the menstrual cycle is the Menstrual Distress Questionnaire (MDQ) (Moos, 1968). Chrisler and colleagues (1994) propose that a negatively worded measure like the MDQ primes respondents to focus on negative experiences. Their research supports this idea and demonstrates that the way we think and talk about menstruation affects our experience (Chrisler et al., 1994). By using a Menstrual Joy Questionnaire (MJQ) (Chrisler et al., 1994) or other positive portrayals of menstruation, we change expectations and attitudes.

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Medicalization of Menstruation

Current attitudes towards menstruating women view them as out of control, ill, and otherwise impaired (Chrisler & Gorman, 2015). Some reviews place the number of Premenstrual Syndrome (PMS) symptoms at over 100 and some of these symptoms, such as cognitive impairment and decreased concentration, have no empirical evidence to support their existence (Chrisler, 2007). This cultural focus on menstruation as a medical condition to be managed reinforces stigma and encourages women to focus on negative aspects of their menstrual cycle. Chrisler and others (Chrisler & Gorman, 2015; Cosgrove & Caplan, 2004; McHugh & Chrisler, 2015) have criticized the medicalized approach to menstruation in which the natural functions of the female body are constructed as pathology and illness. Talking about menstruation as PMS reinforces medicalization and medical experts' control of women's bodies and experiences (Chrisler, 2007; McHugh, 2019). The medicalization of menstruation frames periods as a problem in need of managing rather than a natural bodily process; while the medicalization of women's moods makes it seem as though women are ill and in need of treatment whenever they experience negative or "unfeminine" emotions (Chrisler et al., 2015 p.91). Menstrual Moaning may reify the patriarchal and medicalized construction of menstruation as problematic, pathological, and painful, and contribute to women's negative experience of menstruation (McHugh, 2019).

Menstruation, although socially constructed as a series of physical and psychological symptoms, is actually a healthy function of the female body. The term "The Fifth Vital Sign" has been used by medical professionals to denote areas that they believe should be more routinely assessed in order provide important medical

information (Campbell, 1996). In Menstrual Activism the phrase has been used to highlight menstruation as potentially indicating health; irregularity and pain could be indicators of physical problems much as heart rate, temperature, and respiratory rate are. There is rich scientific evidence that menstruation is an important indicator of the health of girls and women and that it is less routinely assessed than it should be (American Academy of Pediatrics, 2006). Viewing menstruation as a vital sign emphasizes menstruation as a normal body process that can signal health and wellbeing. The workshop designed for this dissertation presents this concept and encouraged participants to consider their cycle as intertwined with their physical health as well as the societal attitudes that may challenge this idea.

Form and Function

Objectification Theory (Fredrickson & Roberts, 1997) helps us to understand the impact of living in a sociocultural context that sexually objectifies the female body and equates a woman's worth with her body's appearance and use as a sexual object. When women and girls internalize these beliefs and begin to view themselves as objects whose value lies in their desirability to others, this is known as Self-Objectification (Fredrickson & Roberts, 1997). There are many documented negative consequences of both the Objectification of women and Self-Objectification (Calogero, Tantleff-Dunn, & Thompson, 2011). For example, Self-Objectification is often associated with a tendency to place a higher value on form over function, i.e. sex appeal and physical attractiveness over health or reproduction (Fredrickson & Roberts, 1997). This focus on the body's appearance leads to body checking, shame, and disordered eating (Calogero, 2009; Fredrickson & Roberts, 1997).

A significant amount of time and effort has gone into research aimed at understanding the underlying framework that makes up both positive and negative body image. Research suggests that while Self-Objectification is a significant predictor of poor body image (Fredrickson, Robert, Noll, Quinn, & Twenge, 1998) and negative attitudes towards menstruation (Roberts, 2004), Body Appreciation is a central component of positive body image (Menzel & Levine, 2011). A study of undergraduate women asked to journal about their bodies' capabilities for one week found that shifting focus from appearance to physical capabilities was an effective intervention for reducing Self-Objectification and increasing self-esteem (Long & Eash, 2016). The connection of Self Objectification and the emphasis on women's attractiveness with negative attitudes toward menstruation was examined in this research.

Impact of Menstrual Shame

The impact of Menstrual Shame and societal attitudes is that women develop a culture of secrecy and silence surrounding menstruation (Lee & Sasser-Coen, 1996; Martin, 2001; Raftos, Jackson, & Mannex, 1998). Research has demonstrated the connections between Self-Objectification and negative attitudes towards menstruation (Johnston-Robledo, Ball, Lauta, & Zekoll, 2003; Roberts, 2004), as well as between negative attitudes towards menstruation and feelings of disconnection (Stubs & Costos, 2004). Self-Objectification in turn has negative implications for psychological wellbeing (Muehlenkamp & Saris–Baglama, 2002) and body image (Tylka & Hill, 2004) in college women. Without awareness of how Menstrual Shame plays a role in their lives, these young women may not have the prerequisite language and understanding of the issues to express their feelings or share their experiences with others. Communication and

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connection are key features in building resiliency to the negative impacts of shame women face (Brown, 2007). Research has demonstrated the importance of the developmental period of emerging adulthood for identity development and the forming of romantic relationships (Arnett, 2000; Erikson, 1950), but it is also the period when the objectified sense of self becomes fully manifested (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). It has been suggested that it is the forming of romantic (usually heterosexual) relationships that is the catalyst for this process (Calogero et al., 2011). The desire to be seen as an attractive romantic partner may drive young women to higher levels of shame about their bodies, especially the aspects that are seen as less sexually attractive or a break from androcentric norms, such as menstruation.

Shame Resilience

Failure to acknowledge or recognize Menstrual Shame contributes to our continuing experience of shame. The idea of Shame Resilience is described by Brown (2008) as "The ability to recognize shame when we experience it and move through it in a constructive way that allows us to maintain our authenticity and grow" (2008 p. 31). In a 2006 study, Brown provides empirical support for various processes and strategies that can be used to help women to develop Shame Resilience. The four primary techniques outlined were the following: acknowledged vulnerability/recognizing triggers, critical awareness, mutually empathic relationships/Connection, and speaking shame. Women demonstrate higher levels of Shame Resilience when they are aware of and acknowledge their personal vulnerability. Critical awareness represents a woman's ability to recognize socio-cultural forces at play in her shame experiences. Empathy is described as the ability to perceive a situation from the other person's perspective. Brown emphasizes that

mastering the previous three areas of Shame Resilience may be ineffective if we lack the communication skills to speak about our shame. Because of the strong cultural taboo against speaking out about menstruation, it may be particularly difficult for women to develop resiliency against Menstrual Shame.

Summary

In the current study, the connections between college women's attitudes towards their menstrual cycle, levels of Self-Objectification and attendance to their body's appearance and capabilities were examined before and after an intervention designed to challenge shame, stigma, and negative attitudes was administered. This intervention consisted of a workshop designed to incorporate elements of Shame Resilience, Menstrual Activism, and psychoeducation in order to provide undergraduate women with more tools to combat the negative impact of a patriarchal society that reduces women to sexual objects. A workshop designed to increase Shame Resilience has been demonstrated to lead to significant improvements in physical health, as well as, reductions in depressive symptoms and levels of internalized shame (Brown, Hernandez, & Villarreal, 2011; Hernandez & Mendoza, 2011). In addition, research has shown that a workshop on Self-Objectification can increase knowledge of Sexual Objectification and improve media literacy in undergraduate women (Sciarrillo, 2016). As of yet, there have been no studies conducted on the effects of providing a workshop on shame that emphasizes the shame women feel about their bodies and that addresses frequently unspoken areas of shame, such as menstruation.

CHAPTER TWO

MENSTRUATION: SHAME AND STIGMA

Attitudes Towards Menstruation

Menstrual bleeding has been viewed as having an otherworldly power and symbolism throughout history and across the world. A menstruating woman was expected to limit contact with the world, including with both other people and objects. She was believed to be able to convey bad luck or ill omens through touch or mere proximity, and she was conferred a special status, either positive or negative depending on cultural values (Fahs, 2016; Lee, 1994). Some of these beliefs are still present in the modern world. In many religions, menstruating women are prohibited or discouraged from entering places of worship. For example, in 1991 the Kerala High Court in India ruled as legal the practice of restricting the entry of women of a menstruating age from Sabarimala Shrine, the site of the largest annual pilgrimage in the world. This ban was only overturned in 2018 and continues to be enforced by protestors and cultural pressures (The Hindu, 2018). A 1981 study by the World Health Organization (WHO) surveyed 5,000 women on their expectations of a woman's behavior during menstruation. In some countries, women believed one should avoid crops or growing plants while menstruating, while others discouraged bathing or washing hair. Many countries considered a menstruating woman impure and believed that she should restrict both her religious and social practices while bleeding (World Health Organization, 1981). In modern western countries like the US, women are not exempt from such attitudes and alter their behavior and restrict activities while menstruating, including avoiding swimming, strenuous exercise, and sexual intercourse (Jurgens & Powers, 1991).

Menstrual Shame

The term Menstrual Shame refers to the shame women feel about their menstrual cycle and menstrual fluid and is influenced by cultural attitudes and stigma (Chrisler & Johnston Robledo, 2013; McHugh, 2019). Women are consistently and unfailingly struggling with a complex web of conflicting expectations on how they should be in the world, and what is and is not acceptable (Brown, 2006). Society tells women that they should feel shame about their bodies; bodies that are inherently flawed by virtue of their femaleness. This shame includes not only weight and shape, but also body hair, smell, nakedness and menstruation (Fahs, 2016). Failing to meet expectations in these areas is typically met with reactions of disgust and feelings of shame. Attitudes towards menstruation in western society are nearly universally negative and are undoubtedly stigmatized (Johnston-Robledo & Chrisler, 2013).

Stigma can be defined as any stain or mark that sets some people apart from others. The word has its origins in Greek society, where individuals with crimes or defects were branded so that everyone would know their status (Goffman, 1963). In mainstream western culture, the ideal archtype is both white and male, and anything that sets an individual apart from that can and likely will be stigmatized (Johnston-Robledo & Chrisler, 2013). The female body is inherently flawed from this perspective, and features that separate it from the male body, which are uniquely female, are seen as a curse, a flaw, or an illness. Even among stigmatized conditions, some are considered more abhorrent than others, and influential factors include perceived danger to others, visibility, and control (Goffman, 1963). The pressure to keep menstruation hidden is in part related to the attitude that it is dirty and disgusting and therefore poses a risk to

others of "contamination" (Martin, 2001) placing it in the first category of danger to others. Menstruation also clearly falls in the categories of visibility and control, as there is a cultural perception that women should be able to prevent any unseemly outward signs (Raftos et al., 1998). A woman bleeding through her clothes or even simply holding a tampon reveals her stigmatized condition to others and leads to shame and embarrassment (Lee & Sasser-Coen, 1996).

Women are acutely aware of this stigma, which negatively impacts their wellbeing. Studies show women perform more poorly on tasks requiring concentration and arithmetic after being primed to think about menstruation as an illness (Wister, Stubbs, & Shipman, 2013); and, that others perceive women as less capable and intelligent if they reveal their menstrual status by dropping a tampon (Roberts, Goldenberg, Power, & Pyszczynski, 2002). Expanding on stigmatization of women's bodies, Bramwell (2001) examines the cultural construction of female bodily fluids, such as menstrual blood and breastmilk. These substances are much more highly stigmatized than their non-feminine counterparts, i.e. blood from other sources in the body and the milk of animals. Because these substances exit body parts that would otherwise be considered sexual but are not sexual in nature, they are viewed as disgusting. These findings have important implications for the connections between negative attitudes towards menstruation and Self-Objectification. If women are culturally conditioned to view themselves as sexual objects, then they naturally reject aspects of themselves that interfere with this view. The more women Self-Objectify, the more likely they are to experience negative impacts of Menstrual Shaming on their wellbeing. Research has shown that women who are more prone to Self-Objectification are more likely to want to

avoid experiencing menstruation and to approve of menstrual suppression products (Johnston-Robledo et al., 2003).

Development of Negative Attitudes

The development of shame and stigma surrounding menstruation has its origins in the messages young girls receive about how they should relate to their menstrual cycle. In the United States these messages begin in childhood and come from a variety of sources, including media, mothers, female family members, and sex education. The quality of this messaging can vary widely but it nearly always emphasizes negative elements. For example, media in the United States has an almost universally negative perspective, emphasizing concealment, secrecy and shame. It portrays women as irrational, violent, and emotionally unstable while menstruating (Chrisler & Gorman, 2015). These attitudes begin in childhood and are heavily emphasized at puberty. Research demonstrates that the messages daughters receive from their mothers about menstruation are predominantly negative (Costos, Ackerman, & Paradis, 2002).

Impact of Menstrual Shaming on Young Women

According to the American Academy of Pediatrics (2006), a healthy woman in a first world country can expect to experience menarche around age 12 and continue until an average age of 50 (Takahashi & Johnson, 2015); it is nearly four decades. It is easy then to see how the negative consequences of society's attitudes towards the female body and its functions are amplified by this vast timeframe. These consequences include but are not limited to a culture of silence (Young, 2005), tendency towards disconnection (Stubbs & Costos, 2004), and Self-Objectification (Roberts, 2004). This study's emphasis on the impact of this shame on women in the particular developmental stage of emerging

adulthood seeks to enhance our understanding of these consequences. A key feature of emerging adulthood is the opportunity for identity exploration, and shifting attitudes towards work, relationships, and worldviews (Arnett, 2000). It is possible then that this period offers the potential for young women to either perpetuate a strongly negative relationship with their menstrual cycle or develop a more healthy and adaptive relationship.

Secrecy

The stigma surrounding menstruation results in a culture of silence in which women must be vigilant not to let their menstrual status show and to conceal their shame (Johnston-Robledo & Chrisler, 2013). Young (2005) referred to this cultural directive for secrecy as the "menstrual closet:" "From our earliest awareness of menstruation until the day we stop, we are mindful of the imperative to conceal our menstrual processes" (p.106). "Do not discuss your menstruation … leave no bloodstains on the floor, towels, sheets, or chairs. Make sure that your bloody flow does not visibly leak through your clothes, and do not let the outline of a sanitary product show" (Young, 2005 pp. 106-107). This is particularly evident in the advertisement of menstrual products; often the biggest selling point for such products is not safety, comfort, or affordability, but rather the product's discretion and ability to aid in concealment, preventing any visible sign of the wearer's menstrual status. These strategies reinforce the societal taboos surrounding menstruation (Johnston-Robledo & Chrisler, 2013; Thomas, 2007). Ads highlight the qualities of the product that will help the consumers to avoid shame and embarrassment, and the message is often relayed that it is women's responsibility to hide evidence of menstruation in order to maintain femininity and attractiveness (Raftos et al., 1998).

The culture of silence is maintained for both adolescent and adult women and extended to even close family members. Surveys of adult women show that most agree that menstruation is to be avoided in conversation most of the time, and that it should not be discussed in mixed company (The Tampax Report, 1981). One third of adolescent girls would not discuss menstruation with their fathers, which is particularly problematic for girls in single parent households (Williams, 1983). Stubbs and Costos (2004) report that when asked to interview a woman over 30 about menstruation many college women report considerable discomfort and anxiety. Many women think of their mothers as potential interviewees but report never having discussed the topic with them before (Stubbs & Costos, 2004).

There are exceptions to the menstrual communication taboo and prescribed ways of discussing menstruation that are socially acceptable. Kissling (1996) studied the creative linguistic strategies of teen girls that allow them to maintain norms by using slang and euphemisms. Results showed that the language used by adolescent females around menstruation both preserves and violates the menstrual concealment taboo. By avoiding descriptive language, such as "menstruate," "bleed", "menarche", or even "period" in favor of "it" and "mine" when discussing menstruation, girls attempt to maintain a level of secrecy and distance. Results also indicated that negative talk about symptoms of menstruation or PMS was the most common form of communication. Kissling suggests that by talking about PMS, even negatively, girls participate in a uniquely female discourse that leads to a sense of a connection. These behaviors may take the place of entry into womanhood ceremonies and celebrations that are present in other cultures (Kissling, 1996). However, others theorize that the negative conversations

women have around their menstrual cycle, also known as Menstrual Moaning, may reinforce the stigma and negativity surrounding menstruation and prevent more positive attitudes (McHugh, 2019). Research has indicated that the different experiences women have and their divergent attitudes towards menstruation lead to feelings of disconnection and dividedness. The attitude that women use symptoms as an excuse, or that women should just grin and bear any discomfort, can be especially divisive (Stubs & Costos, 2004).

Sexuality

The shame around women's reproduction and menstruation also has important implications for sexuality. Many girls' early exposure to the process of menstruation comes through sex education classes and conversations with mothers and other female caregivers. There is large variation in the content and quality of this exposure. Often the focus of the lesson is not the purpose or biological mechanisms behind menstruation but instead is teaching girls to manage and conceal their periods. Sometimes the focus is on sexual maturity and childbearing ability. This association may lead to connections between girls' attitudes towards menstruation and developing beliefs about sexuality. Research findings support this link, demonstrating a link between levels of Menstrual Shame and overall sexual wellbeing (Lee & Sasser-Coen, 1996; Schooler, Ward, Merriwether, & Caruthers, 2005). Girls with higher levels of shame about their bodies were less likely to engage in sexual activity overall but more likely to engage in risky sexual behavior if they did. The healthiest sexual behaviors and attitudes towards sexuality were correlated with low levels of Menstrual Shame (Schooler et al., 2005). One study interviewed college age women about their expectations of the changes

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associated with reproductive processes such as menstruation, ovulation, and menopause. Respondents reported overwhelmingly negative expectations of the impact of these processes on intellectual, physical, and emotional functioning and struggled to identify any positive changes that may be associated with these processes (Koff, Rierdan, & Stubbs, 1990).

Body Shame

It is clear that body shame is a complicated multifaceted construct that encompasses variations in both symptomology and subject matter. Body shame encompasses the senses of shame associated with the embodied self— our sense of and attitudes towards our physical body (Lewis, 1995). Although shame is a highly physical emotion, often felt through the body and even engendering a physical change in posture (Brown, 2006; Lewis, 1995), body shame is distinct because the shame we feel is not only through the body but also about the body. Others argue that with body shame "a distance opens between oneself and one's body: one becomes uncomfortable in one's own skin" (Dolezal, 2015 p. 6). The history of the human struggle with shame about the physical body can be traced back millennia, and so can be viewed as one of the most basic forms of shame. Adam and Eve's banishment from Eden came with a newfound sense of shame over their nakedness, and the ancient Greeks had strong beliefs in the connections between physical traits and a person's morality and personality. Body shame includes both negative evaluations of the body as well as a strong emotional element; a feeling of exposure and desire to hide is often associated with deep shame (Cash & Pruzinsky, 2002) When differentiating body shame from a more general dissatisfaction about the body, Deborah Schooler (2005) points out that dissatisfaction focuses primarily

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on weight and shape while research on shame also includes other embodied features, such as hair, smell, nakedness etc. The definition of body image is more nuanced than simply whether individuals like their body or whether they consider themselves good looking. Cash and Pruzinsky (2002) for example, emphasize the transactional and interrelated nature of body image. Media, stigma, messages from peers and mothers all interact with the internal experience of the individual to construct one's body image.

Reproductive Shame

Reproductive shame is a subset of body shame proposed by Ingrid Johnson-Robledo, which represents the "global sense of shame regarding reproductive events that women may experience" (Johnson-Robledo, 2007 p. 26). The author discusses the large literature exists on the individual areas that make up reproductive shame such as body shame (McKinley, 2006), young women's attitudes toward menstruation (Bobel, 2006; Johnston-Robledo & Chrisler, 2013; Raftos et al., 1998), and the social stigma against breastfeeding in public (Johnston-Robledo, Wares, Fricker, & Pasek, 2007). She also points out that there is little research examining the connections between these areas and the possibility that there are common factors that shape women's attitudes towards and behaviors surrounding these functions (Johnson-Robledo, 2007).

In order to better understand these connections and their implications, women's attitudes towards menstruation, breastfeeding, and levels of Self-Objectification were analyzed (Johnson-Robledo, 2007). Results from the study suggest that women's attitudes towards their bodies' reproductive functions can be understood as shame, and that shame about one aspect of reproduction was correlated with shame in other areas. In addition, there was a positive correlation between Self-Objectification and attitudes

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towards both menstruation and breastfeeding. These results indicate a connection in the social construction of these functions, and a pervasive culture of shame, secrecy, and stigma underlying female reproduction. The idea of reproductive shaming as a whole has important implications for research and practice and should not be discounted. However, for the purposes of this study the focus will be on Menstrual Shaming and its impact on women in the particular stage of emerging adulthood.

Objectification Theory

Objectification Theory (Fredrickson & Roberts, 1997) holds that in a culture in which the female body is often evaluated and inspected by the public, particularly males, it becomes objectified. It is seen as an object to be enjoyed or dismissed by others, and girls and women are taught to internalize the observers' point of view about themselves. Fredrickson and Roberts (1997) summarize the concept as "body, body parts, or sexual functions are separated out from her person, reduced to the status of mere instruments or regarded as if they were capable of representing her" (Fredrickson & Roberts, 1997 p. 175). There have been many theories as to why this Objectification occurs, from evolution to patriarchy to capitalistic gains (Levin & Kilbourne, 2009; Singh 1993; Stolenberg, 1989), but the universal theme among them is that such Objectification does exist, and that it is pervasive and ubiquitous in western culture.

The current culture in many countries, including the US, highly emphasizes women's sexuality, leading to Sexual Objectification. Theorists suggest that women are frequently reduced to sexual body parts or functions, and thus sexually objectified (Fredrickson & Roberts, 1997). This is also consistent with theory that suggests that women are shamed or censured for aspects of their body that cannot be sexualized or

functions of the female that deviate from sexual use (Johnston-Robledo, Sheffield, Voigt, & Wilcox-Constantine, 2007). A number of social and cultural factors can influence women's experiences and responses to sexual Objectification including ethnicity, social class, age, physical appearance and sexual orientation. The sexualization of girls and women may change based on these and other factors, but it is also nearly universal in the sense that no demographic group is entirely excluded from its influence. While it has been pointed out that men can experience Objectification, the differences in both frequency and intensity of Objectification experiences by gender have been well-documented (McKinley, 1996; Wolf, 1991). A wide spread review by the American Psychological Association of research on the portrayal of women in the media (i.e. commercials, prime-time television, movies, song lyrics, advertising, video games, and Internet sites) revealed that women are much more often depicted in a sexualizing and objectified manner (APA, 2007). Examples of women's status in American culture as sexual objects can be found not only in media and advertisements but also in women's everyday interpersonal interactions. Messages from peers and parents can have a significant impact on young women's internalization of these views (Levin & Kilbourne, 2009). Studies on so-called "cat-calling" and street harassment reveal its high prevalence rates. A 2014 study of Americans reported that 65% of women and 25% of men reported having been the victims of street harassment in their lives (Kearl, 2014). The Canadian government sponsored a large research study with a sample of over 12,000 women, in which 85% reported street harassment (MacMillan, Nieorbisz, & Welsh, 2000).

Self-Objectification

The negative effects of sexual Objectification can come in diverse shapes: the direct and overt forms that derive from women's experiences of outside Objectification, the witnessing of the Objectification of other women, or the more subtle internalization of Objectification (Calogero et al., 2011). Women's tendency to accept or encourage the sexualization of their bodies is defined as Self-Objectification. Self-Objectification is often associated with a tendency to place a higher value on form over function, i.e. sex appeal and physical attractiveness over health or reproduction (Fredrickson & Roberts, 1997).

The argument can be made that Objectification begins very early for girls. Although mainstream American culture does not encourage the view of prepubescent girls as sex objects either legally or socially, there are some elements of adult sexuality in their internalization of gender roles. Young girls are encouraged to wear child versions of sexualized products, bikinis, heels, makeup etc. The APA task force on the sexualization of girls and women characterized this phenomenon as a kind of training for adult gender roles (APA, 2007). This early training normalizes the Sexual Objectification they will face in adolescence and adulthood. It is not clear exactly when girls first begin to self – objectify, but exposure to objectifying messages is shown to increase in adolescence and continue increasing into adulthood. The period of emerging adulthood, the time between 18 and 25 years of age, introduces new challenges for women in the pressure to find and maintain heterosexual relationships and the introduction into the workforce (Calogero et al., 2011). Women are likely to view maintaining attractiveness and femininity as

important for engaging in successful relationships. Career development brings with it increased rates of harassment and pressure to manage appearance and image.

Higher levels of Self-Objectification are associated with depression, anxiety, disordered eating, and shame and often-lead women to focus excessively on appearance and managing others' perception (Calogero et al., 2011; Fredrickson & Roberts, 1997). Research shows that women with higher levels of Self-Objectification have more negative views and reactions towards their menstrual cycle, including feelings of shame (Roberts, 2004). Viewing ourselves as if from an outside observer can lead to habitual self-surveillance, which can increase shame and anxiety. A study on objectified body consciousness and wellness in female college students found that lower scores on self-report measures of body surveillance were associated with improved wellness (Sinclair & Myers, 2004). In addition to the negative consequences of self-surveillance, there are more direct consequences of Objectification on mental health. According to Fredrickson and Roberts "Sexual Objectification fosters duplicity of self, accompanied by recurrent and perhaps uncontrollable shame and anxiety" (1997, p. 89). They theorize that this effect along with the reduced opportunity for enjoyable activities that accompany excessive body monitoring may be a significant contributing factor for depression in some women.

There is also research to suggest that Self-Objectification can diminish awareness of internal bodily states such as hunger and satiety or arousal. Interoception is used to describe internal perception of bodily sensation such as hunger and satiation and poor interoceptive awareness can lead to difficulty recognizing cues for hunger and emotion (Myers & Crowther, 2008). In a study completed at Kent State, Self-Objectification

correlated significantly with interoceptive awareness, as measured by awareness of hunger and fullness. In addition, the relationship between Self-Objectification and disordered eating attitudes was partially mediated by interoceptive awareness (Myers & Crowther, 2008). Another study by Ainley and Tsakiris (2013) used a heartbeat perception task to assess interoceptive awareness in women and compared this with their scores on the Self-Objectification and body consciousness measures. Interoceptive awareness was negatively correlated with Self-Objectification. The results of these studies have implications not only for clinical disorders associated with poor interceptive awareness, such as eating disorders, but also for women's overall physical health. It seems that high levels of Self-Objectification can negatively affect women's relationship with and understanding of their own body.

Shame as Self-Conscious Emotion

Shame is defined as a self-conscious social emotion, that is, the category of emotions that depend upon the thoughts, feelings or actions of other people. The reactions of other people can be either real or imagined by the individual experiencing the self-conscious emotion (Tangney & Fisher, 1995). The importance of distinguishing this category as distinct from other kinds of emotions is that it emphasizes the role of culture and socialization on the experience (Brown, 2006). Several empirical studies have confirmed that shame is closely tied to social interaction and our relationships to others (Tangney, 1991; Tangney, 1995b), and that it is culturally dependent. Our understanding of shame has advanced greatly through the years and has been a point of interest for centuries. In *The Expression of the Emotions in Man and Animals* (1872), Charles Darwin described shame as being observable through blushing, confusion of mind,

downward cast eyes, slack posture, and lowered head, and he noted observations of shame in human populations all over the world. Although shame is a universal experience for both men and women worldwide, there is variation between cultures in regard to the most likely sources of shame and how shame is addressed (Brown, 2006; Brown, 2008). For the purposes of this literature review, the focus was on the distinct experiences of shame in western women.

Shame can be described as the result of a layered web of conflicting and competing social-community expectations (Brown, 2006). Expectations about who we should be and what we should do are influenced by characteristics such as ethnicity, social class, sexual orientation, and age. However, research has suggested that perhaps the heaviest influencer on the experience of shame is gender (Benetti-Mcquoid & Bursik 2005; Efthim, Kenny, & Mahalik, 2001; Tangney, 1990). Brown emphasizes that it is the conflicting expectations of who we should be as women that leads to gender differences in the experience of shame. The literature outlined in this review notes that both shame and gender are highly shaped by expectations and our perceived failure to meet them. The expectation of what a woman should be, what she should look like, and how she should act are often demanding and unattainable (Brown, 2008). Women are more susceptible to feeling shame in response to a perceived failure to meet societal and cultural standards, whatever those standards may be.

Other social or self-conscious emotions such as humiliation, embarrassment, and guilt have often been grouped together with shame and are sometimes conceptualized as various manifestations of the same core emotion. However, some shame researchers (Brown, 2007; Tangney, 1992, Tangney, 1993, Tangney, 1995a; Tangney, Miller, Flicker

& Barlow, 1996) argue that these are distinct feelings and that each serves their own purpose and the terms should not be used interchangeably. For example, most theories describe embarrassment as an unpleasant feeling dealing with some kind of blow to self-esteem or the esteem of others (Edelman, 1987; Lewis, 1995). For some, the notable difference between shame and embarrassment is intensity level. While shame is an intense and often destructive emotion, embarrassment is considered a mild discomfort. However, Lewis (1995) points out that the two are often very different behaviorally and phenomenologically. The posture of someone embarrassed is often characterized by multiple gaze behavior and nervous smiling while those who are ashamed are more likely to assume a shrinking posture as if to disappear (Brown, 2007; Lewis, 1995). Perhaps most important is the differences in intensity and duration of reactions to shame versus embarrassment. Shame causes an ongoing disruption in behavior and confusion of thought that is not found in embarrassment alone. Finally, people rarely believe their embarrassment and humiliation are deserved. Either something has been done to them by another or something unlucky has happened. Shame on the other hand is believed to be something we have earned by being deeply flawed (Brown, 2005; Tangney et al., 1996). The result of this distinction is that there are more negative effects associated with shame than with embarrassment. Failure to recognize these distinctions can lead to misidentification of the emotion being experienced and an underestimation of its importance for psychological wellbeing.

Guilt is the construct most often confused with shame in everyday use, and researchers of shame and self-conscious emotions in general have devoted considerable time and energy into separating the two. Helen Block Lewis (1971) in her book *Shame*

and Guilt in Neurosis outlines the primary difference between guilt and shame in relation to the role of the self. In shame, the self is the central object of the negative appraisal, whereas in guilt the central object is the action that is being done. For this reason, guilt can be a powerful motivator for change, whereas shame often leads to withdrawal. If we feel guilty, we believe we have done something wrong and are motivated to take action to correct this wrong and ease the emotion. When we feel shame, we believe we are wrong. As pointed out by Brown, when we feel shame we feel as though we are "flawed and therefore unworthy" (Brown, 2006 p. 45). This cannot be resolved by taking action, so we ease the emotion by withdrawing from others who we believe are seeing our flaws or by lashing out defensively. Although both are emotions of self-evaluation, it can be problematic to use guilt and shame as interchangeable terms. When individuals use shame in an effort to force others to modify their behavior, they are failing to understand the difference between guilt and shame and are unlikely to be successful.

In *Self-conscious Emotions: The Psychology of Shame, Guilt, Embarrassment, and Pride*, Tangney and Fischer (1995) assert that shame and guilt are not equally adaptive emotions in either intra- or inter-personal contexts. In one study, young adults described a personal shame or guilt experience and then rated them on various phenomenological differences. Shame was rated as significantly more painful than guilt, and the participants reported more difficulty describing shame- based experiences. The participants reported feeling smaller and more exposed. They reported wanting to hide and described themselves as less likely to confess than when faced with guilt (Tangney, 1996). Another study suggests that chronic shame reduces our capacity for empathy (Tangney, 1991). The author presents several possible explanations for the negative

correlation between other oriented empathy and shame-proneness but favored the idea that the experience of shame has no clear distinction between self and behavior; therefore, the negatively perceived action is generalized to the entire self. In times of heightened emotionality, the individual may struggle to adopt another-oriented empathic response and instead experience a more self-focused personal distress reaction.

These examples illustrate the characteristic differences between shame and guilt found in the research, and why it is essential to separate them when examining the impact they have on individuals' functioning and wellbeing. The importance of this differentiation is also evident in Brown's (2006) research on increasing shame resilience. The participants identified differentiating shame and guilt as one of the most helpful aspects of the curriculum, and the authors theorized that being able to identify when one is experiencing shame, rather than guilt or embarrassment, allowed participants to better understand and combat their shame (Brown, 2006).

Impact of Shame

While shame can often be a transient emotion that arises in response to a specific situation, it can sometimes be a symptom of a more chronic issue. Every individual experiences dysphoric emotions such as shame at some points in their lives, but some individuals have a pre-disposition towards certain negative emotions over others to an extent that can be considered a personality trait. This trait, "shame proneness," reflects the tendency to experience shame across a variety of situations and at a higher frequency than usual and is associated with deficits in interpersonal functioning (Tangney, 1995; Tangney, 1992) and negative mental health consequences including depression, anxiety, and suicidality (Lewis, 1971; Lester, 1997; Tangney, Wagner, & Gramzow, 1992).

Research has demonstrated the associations between high levels of reported shame experiences and poorer interpersonal relationships although the mechanism by which this relationship exists is still not well understood. In a study of undergraduate students, shame-proneness was associated with poorer skills in interpersonal problem solving, lower levels of self-efficacy, and low expectations for the effectiveness of interpersonal problem solving. The authors theorize that these deficits may be the result of social learning. They theorize that an intense self-focus such as that associated with shame limits the ability to generate solutions to interpersonal problems. Furthermore, they suggest that the negative feeling about the self-lowers the individual's feelings of self-efficacy. Taken together these factors greatly increase the chances of failure in interpersonal contexts thereby further lowering self-efficacy (Covert, Tangney, Maddux, & Heleno, 2003).

Individual differences in trait-based shame demonstrated an inverse relationship between shame proneness and empathetic capacity. These studies of interpersonal empathy were conducted on individuals from a range of ages including children, adolescents, and adults using various measures of interpersonal reactivity and perspective taking, such as The Self-Conscious Affect and Attribution Inventory (Tangney, 1990). In contrast to the lower levels of empathy in shame prone individuals, guilt proneness is associated with higher levels of empathy and interpersonal connection (Tangney, 1991; Tangney, 1995b). These findings not only emphasize the potential negative impact of shame but also further illustrate the distinction between guilt and shame in the research literature.

Arguably, the most negative outcome associated with shame is suicide. The role of shame in suicidal behavior can be illustrated with both historical and contemporary examples. In a review by Lester (1997), these examples are summarized and examined. A study of completed suicides in New Orleans found that shame from failure was present in a third of cases. Theorists have hypothesized that in some cases suicide can be a direct result of intense feeling of shame that the individual tries to repress or feels unable to share. Others argue that the connection is due to a feeling of loss of social bonds due to inadequacy (Lester, 1997). In either case, there is an empirical support of a connection between the emotion of shame and suicide. Another interview-based study found 13 out of 18 attempted suicide patients spontaneously described shame reactions after their suicide attempt or during the hospitalization thereafter. A second study by the same authors found high levels of shame-proneness were seen among attempted suicide Borderline Personality Disorder (BPD) patients with gender and diagnosis as significant moderating factors. Female suicide attempters with BPD were highly shame-prone, and male non-BPD suicide attempters reported relatively low shame-proneness (Wiklander, Samuelsson, & Åsberg, 2003; Wiklander, Samuelsson, Jokinen, Nilsonne, Wilczek, Rylander, & Åsberg, 2012).

Research indicates that gender role stress contributes to the higher levels of shame in women over men (Efthim et al., 2001). A comparison between individual levels of shame and guilt proneness and gender role indicated that women overall reported greater proneness to both guilt and shame and that heightened levels of guilt- and shame-proneness were observed among both women and men with traditionally feminine gender roles. A more traditionally masculine self-concept was associated with decreased shame-

proneness in the women surveyed (Benetti-McQuoid & Bursik, 2005). There is also data to suggest that women are more likely than men to make global attributions about the self, (i.e. "I am bad" versus "I did something bad") compared to men (Lewis, 1971).

Often shame floods the individual with intense emotions i.e. fear, blame and disconnection, making it difficult to process and effectively manage reactions (Brown, 2007). Shame is often connected to a feeling of intense exposure and vulnerability, which can trigger maladaptive behavioral reactions. Research indicates that in addition to being accompanied by a desire to hide or disappear, shame can also foster hostility and defensive anger (Tangney et al., 1992). These findings are echoed by the Shame Screens described by Brown (2006) and based on Hartling's (2000) relational cultural theory of shame. In this framework people are often moving against (anger), moving away (withdrawal) or moving towards (seeking approval) individuals who are intentionally or unintentionally shaming them; it is sometimes all the three. This framework also draws from Karen Horney's (1945) theories of neurosis in which these responses arose from anxiety in one's interpersonal relationships. From a relational perspective, shame is a feeling of unworthiness of being connected with others, a belief that we are unlovable and an intense desire to connect with others while simultaneously feeling cut off (Jordan, 1989). When we move away, we silence ourselves, hide our reactions, and pull away from others. Moving towards often means seeking to appease and prove to others and ourselves that we are worthy by changing some aspect of ourselves. Moving against is an attempt to regain power by being aggressive and using shame to fight shame (Brown, 2006). It is not hard to imagine how these reactions naturally diminish the chance for genuine empathetic connection in a relationship. Research has demonstrated the

connection between high levels of shame proneness and diminished levels of others-oriented empathy (Tangney, 1991).

Use of Workshops

When working in a college setting, workshops are often utilized as a first line treatment for engaging large student populations and are used for both prevention and for the promotion of wellbeing. They offer advantages in cost effectiveness and accessibility over one-to-one intervention and can be used for prevention rather than treatment of mental health concerns. There is research that suggests that individual therapy is not the most effective forum for increasing Shame Resilience. The subjects of Brown's study characterized "being with others who have had similar experiences" or "talking with people who've been there." as some of the best strategies for combating shame (2006). However, the individual psychotherapy session does not necessarily lend itself to this type of connection or mutual sharing. In fact, some would argue that it is by nature shame inducing (Tangney & Dearing, 2001). Further research has demonstrated the efficacy of workshop Interventions for Body Dissatisfaction and Disordered Eating Attitudes (Pearson, Follette, & Hayes, 2012). The results showed that participants in the workshop group showed lower body-related anxiety as well as increased acceptance.

Positive Body Image

In the last decade, researchers have made great strides in understanding the construct of positive body image and its role in wellbeing and prevention. Although historically a great deal of the focus has been on negative body image, its causes, effects, and treatment, relatively less time has been spent on considering what makes up positive body image. Theorists in this area assert that positive body image is not merely the

absence of the negative but its own distinct construct (Cash & Pruzinsky, 2002; Tylka & Wood-Barcalow, 2015; Wood-Barcalow, Tylka, & Agustus-Horvath, 2010). Body image treatments that reduce the negative, without simultaneously increasing the positive, are less likely to help individuals develop a healthy body image (Tylka & Wood-Barcalow, 2015).

The broaden-and-build theory suggests that this is because positive emotions help people build lasting resources. "The broaden-and-build theory of positive emotions (Fredrickson, 1998; Fredrickson & Cohn, 2008) proposes that positive emotions are evolved adaptations that function to build lasting resources" (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009 p.2) In order to ensure positive outcomes, one cannot just reduce negative emotions such as shame; one must also increase positive emotions. In a study of this theory, "the presence of positive emotions on self-report measures predicted increases in both resilience and life satisfaction. Negative emotions had weak or null effects and did not interfere with the benefits of positive emotions" (Cohn et al., 2009 p.1). This is consistent with the work on Menstrual Joy by Joan Chrisler (1994). The idea of Menstrual Joy is that if women experience negative emotions and behavior in connection to their menstrual cycle, they must also experience positive ones. The Menstrual Joy Questionnaire (MJQ) (Chrisler, 1994) was developed using the same format as the Menstrual Distress Questionnaire MDQ (Moos, 1968) but listed 10 positive items including questions about high spirits, increased sexual desire, vibrant activity, intense concentration, self-confidence, creativity, and feelings of power. A study on the priming effect of the MJQ revealed that those who received the MJQ first reported more positive cyclic changes on the MDQ later and more positive attitudes overall on a

measure of menstrual attitudes. Participants who completed the MJQ often reported

surprise as most had not considered any positive aspects of the menstrual cycle before.

Thirty percent reported that the MJQ had caused them to look at menstruation in a

different way (Chrisler, et al., 1994). This research seems to indicate that simply pointing

out the possibility of positive changes associated with menstruation can improve

women's attitudes and perhaps reduce shame.

While not all the specific components that make up positive body image have

been identified, research has identified three dimensions which are helpful in

understanding body image: Appreciation of appearance and function, Awareness of and

attentiveness to body experiences, and Positive cognitions (Menzel & Levine, 2011).

Body Appreciation can be defined as appreciation for the body and its capabilities and

acceptance of imperfections. While this appreciation can include appearance, it is not

necessarily limited to weight or shape (Menzel & Levine, 2011; Tylka & Wood-

Barcalow, 2015). This concept has been studied in connection with menstrual attitudes

and higher scores on body appreciation predicted positive attitudes towards menstruation

(Chrisler, Marvan, Gorman & Rossini, 2015).

Shame Resilience

Although increasing awareness has been brought to the role of shame in a variety

of mental health and social issues, menstruation is still a taboo subject among researchers

and clinicians, as well as clients. In order to provide clinicians with a new framework for

treating shame, Brown (2011) designed a Shame Resilience Theory. This theory provides

empirical support for our understanding of how and why women experience shame, and

the processes that can be used to help develop resiliency to shame. The grounded theory

literature analysis conducted by Brown reveals that Shame Resilience Theory builds significantly off feminist social work theories, empowerment theory and relational-cultural theory. The conclusions of the study identify four primary avenues for addressing shame: critical awareness, acknowledging vulnerabilities, forming empathetic connections and speaking shame (Brown, 2006).

In order to determine the best ways to apply these principles to the treatment of shame with diverse client populations, the authors developed a 10-week psychoeducational curriculum designed for use within both the clinical and lay communities. It has since been conducted with various populations, including residential psychiatric inpatients and substance use groups, high school students, and prison populations. Results of a formal evaluation of the curriculum conducted with women in residential treatment for drug and alcohol addiction related concerns indicated statistically significant differences on measures of general health, depressive symptoms, internalized shame, self-conscious affect, and Shame Resilience (Brown et al., 2011; Hernandez & Mendoza, 2010).

Menstrual Activism

In 1983 Gloria Steinem wrote about the impact it would have on cultural perception if men could menstruate, urging readers to consider how we culturally view both menstruation and gender. This is not the first time Menstrual Activism has been used to challenge cultural beliefs, and it will not be the last. Feminist writers and researchers have fought to depathologize PMS (Chrisler, 2007), increase women's health and safety in using menstrual products (Bobel, 2006), and create an affirming and positive attitude towards menstruation for girls and women (Chrisler et al., 1994; Stubbs & Costos, 2004).

There is evidence to support the negative impacts of Menstrual Shame and stigma on women's physical health and wellbeing as well (American Academy of Pediatrics, 2016). The Fifth Vital Sign, a term which has been used by medical professionals to highlight body functions which they believe should be routinely assessed as indicators of health, is an example of how Menstrual Activism can be used to improve physical health while also challenging negative stigma surrounding menstruation.

Although Menstrual Activism has recently become a more accepted part of public discourse it is in no way a new idea. Activists have been challenging body-based shame and stigma including surrounding menstruation since the early 1960s. Although the focus of the activism and the theory on what should be changed and how it has evolved over time, the spirit has generally embraced the value of the female body. More recently, the focus has shifted from structural and administrative reform to a cultural approach. The use of performance, art, and humor have all been used to generate conversation and to encourage individuals of all genders to talk about menstruation and change the narratives around women's bodies (Bobel & Fahs, 2018; Fahs, 2016). In order to continue this work, we must push boundaries on the settings in which we talk about menstruation and the clinical interventions we use to help young women develop positive attitudes towards their bodies.

Chella Quint has developed a workshop entitled #periodpositive, which aims to increase positivity while providing education to girls and women in the United Kingdom (https://periodpositive.wordpress.com). Campaigns like this, which focus on girls and women in developed countries, can be contrasted with activism efforts in Third-World contexts. Some Menstrual Activists have argued that current efforts focused on providing

menstrual products and education to underserved populations may encourage Third World women to continue to be ashamed and to more effectively hide their periods. This encourages the purchase of costly disposable products and creates profit for corporations and advertisers through the continuation of Menstrual Shame and stigma (Bobel, 2018).

This brief history of Menstrual Activism informs the development of the current study and the development of the Care and Keeping of You workshop. The workshop uses these elements of activism as a basis for many of the themes discussed in the group including Menstrual Joy (Chrisler et al., 1994).

Summary and Current Study

The current study focused on college women's knowledge and experience of Menstrual Shame and its impact on their lives as well as their attitudes towards menstruation. College women were chosen as a focus because many of the documented negative consequences of shame affect girls and women arguably more than boys and men. Furthermore, the unique experience of Menstrual Shame, while influenced by both men's and women's attitudes, is a larger part of the lives of women. The literature review above aimed to provide a thorough overview the issues of Menstrual Shame and its impact, as well as the underlying components to Shame, body shame, and Objectification. These theories emphasize both the complexity of the problem and suggest strategies for increasing resiliency. In the development of the workshop the research sought to identify common themes across the research such as communication and breaking silence and incorporate them into The Care and Keeping of You Workshop.

The purpose of the current study was to design, implement, and evaluate an intervention (i.e., workshop) meant to educate college women about shame and

Menstrual Shame, teach women to challenge societal attitudes towards menstruation, and decrease women's reported shame experiences by increasing their Shame Resiliency. The study included a large sample of participants who completed an online survey and a smaller subsample of these participants who then completed the workshop.

Several theoretical frameworks on Shame Resilience, fostering positive body image, and resisting Menstrual Shaming provide the groundwork for *The Care and Keeping of You: A workshop on young women's relationship with their bodies*. The workshop incorporates elements of Brown's (2006) work on Shame Resilience by including psychoeducation on shame and its effect, providing a space for individuals to speak shame, and laying the groundwork for further personal exploration of individual shame triggers and vulnerabilities. Elements of Menstrual Activism such as The Fifth Vital Sign and Menstrual Joy (Chrisler et al., 1994) are incorporated along with demonstrations of more positive ways to talk about and experience menstruation. The workshop emphasizes an appreciation for the body's capabilities over its physical appearance as a strategy for developing positive body image in order to replace negative attitudes and Self-Objectification. For a more detailed review of workshop components, see Chapter Four of this document.

Hypotheses

This study seeks to better understand the impact of Menstrual Shame on young women's attitudes towards their bodies. In order to achieve this goal, the writer assessed the impact of an intervention on college women's attitudes towards their bodies in general as well as attitudes towards menstruation. The study also explored the

effectiveness of a workshop-based intervention in increasing Shame Resiliency. The hypotheses for the study are as follows:

Hypothesis 1: Students who complete the workshop will differ in attitudes towards menstruation from pre to posttest. The participants will show a decrease in scores on subscales such as Annoyance, Secrecy, Disability, and Prescriptions & Proscriptions after completing the intervention. The participants' scores on the Pleasure subscale are expected to increase. Paired samples t-tests will be conducted on the participants' responses to the BATM subscales to investigate this hypothesis.

Hypothesis 2: Students who complete the workshop will differ from pre to posttest in levels of Self-Objectification and in attitudes towards their bodies' appearance and capabilities. Scores are expected to decrease on OBCS subscales Shame and Surveillance and the Appearance subscale of the ACS. Scores are expected to increase on the Capabilities subscale of the ACS. Paired samples t-tests will be conducted on the participants' responses to the subscales of the OBCS and ACS to investigate this hypothesis.

Hypothesis 3: Students who complete the workshop will demonstrate higher levels of Shame Resiliency as defined by Brown (2007). Qualitative analysis of participants' workshop evaluations will be completed in order to assess qualities of Shame Resiliency, such as acknowledged vulnerability/recognizing triggers, critical awareness, mutually empathic relationships/Connection, and speaking shame.

CHAPTER THREE

METHOD

Participants

Participants in both the initial pretest survey and the workshop were female identified students recruited from Indiana University of Pennsylvania's Subject Pool. Inclusion criteria for the study required participants be at least 18 years of age, female identified, and currently registered with the IUP Subject Pool. Students meeting these criteria were recruited to take a survey called *The Care and Keeping of You* and received credit towards the research credit requirement for PSYC 101. Participation required taking a series of surveys and participants earned 1-hour credit. Students who completed the survey were then recruited to enroll in the workshop for additional research credits. Demographic information such as race/ethnicity, sexual orientation, year in school, and age, was collected from all participants.

A total of 196 individuals participated in the initial survey. Nine of these 196 respondents were excluded from analysis due to incomplete data sets and two individuals were excluded as they did not identify as female in the demographic questionnaire. A total of 185 female identified survey respondents were included in the final analysis (N=185). A total of 29 participants (N=29) from the initial pretest survey completed the workshop portion of the study and the post-test survey. The workshop was conducted six times with the number of participants ranging from two to eight.

Table 1

Demographics: Total Participants

Characteristics	N	%
Race		
White	136	73.5
African American	28	15.1
Other	7	3.8
Hispanic/Latinx	6	3.2
Asian/Asian	4	2.2
American		
Biracial	2	1.1
Native American	1	.5
/Alaskan		
DTA	1	.5
Age		
18	59	31.9
19	94	50.8
20	13	7
21	9	4.9
22	1	.5
23	2	1.1
26	1	.5
DTA	6	3.2
Year		
Freshman	152	82.2
Sophomore	23	12.4
Junior	7	3.8
Senior	1	.5
Senior +	1	.5
Other	1	.5
Sexual Orientation		
	170	91.9
Heterosexual/straight		
Bisexual	10	5.4
Other	2	1.1
Gay	1	.5
DTA	2	1.1
Total	**185**	**100**

Table 2

Demographics: Workshop Participants

Characteristics	N	%
Race		
White	18	62.1
African American	9	31
Other	0	0
Hispanic/LatinX	1	3.4
Asian/Asian American	1	3.4
Biracial	0	0
Native American /Alaskan	0	0
DTA	1	3.4
Age		
18	6	20.6
19	13	44.8
20	5	17.2
21	5	17.2
22	0	0
23	0	0
26	0	0
DTA	0	0
Year		
Freshman	21	72.4
Sophomore	5	17.2
Junior	3	10.3
Senior	0	0
Senior +	0	0
Other	0	0
Sexual Orientation		
Heterosexual/straight	26	89.7
Bisexual	2	6.9
Other	0	0
Gay	0	0
DTA	1	3.4
Total	**29**	**100**

Measures

The Survey administered to students both pretest and posttest included the following measures designed to assess for levels of Self-Objectification, attitudes towards menstruation, and the attention paid to appearance versus capabilities.

The Beliefs about and Attitudes Towards Menstruation Questionnaire (See Appendix H) or BATM is a self-report measure that assessed attitudes towards menstruation in an initial sample of 1,090 Mexican men and women. A second study evaluated the reliability of the scale in North American populations by administering it to 274 undergraduate women in the United States and Mexico. The total BATM reliability was estimated to be Cronbach's alpha =.86 for the Mexican sample and .80 for the U.S. samples (Mavan, Ramirez-Esparza, Cortes-Iniestra & Chrisler, 2006). Five factors emerged in studies: *Annoyance, Secrecy, Disability, Proscriptions and Prescriptions,* and *Pleasure*. The *Annoyance* factor includes items that emphasize the inconvenience of menstruation ("Women wish we did not have our periods"). *Secrecy* evaluates the importance of keeping menstruation a secret and women's shame about their periods ("It is uncomfortable for us women to talk about their periods"). Disability looks at the degree to which women feel their period disables them. *Prescriptions and Proscriptions* refer to activities women should and should not do while on their periods ("Women must avoid swimming while we are having our periods"). The *Pleasure* factor is rarely included in measures of women's attitudes towards menstruation and includes feelings of pride and health surrounding periods ("Women are proud when we start having our periods"). The scale consists of 45 items that are rated on a five-point Likert scale

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ranging from Strongly Disagree (1) to Strongly Agree (5) (Mavan, Ramirez-Esparza, Cortes-Iniestra & Chrisler, 2006).

The Appearance and Capabilities Scale (See Appendix F) consists of 24 items that are rated on a nine-point Likert scale ranging from 1 (strongly disagree) to 9 (strongly agree), and it is designed to assess respondents' attitudes towards their bodies' capabilities and overall appearance. The Appearance subscale looks at the individual's focus on their physical appearance and includes items such as "My looks are an important part of the way I see myself.' The Capabilities subscale examines appreciation for physical capabilities by using items such as "I appreciate that my body allows me to do so many things". The Appearance subscale alpha is = .87 and the Capabilities subscale alpha is = .90 (Long & Eash, 2016).

Objectified Body Consciousness Scale (See Appendix G). This measure is a self-report index of body consciousness and Self-Objectification with three subscales (McKinley & Hyde, 1996). For the purpose of this study, only the *Body shame* and *Surveillance* subscales were administered for a total of 16 items, each rated on a seven-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (7). Surveillance (eight items) measures the degree to which respondents define their body by how it looks versus how it feels ("I often worry about whether the clothes I am wearing make me look good"). Body shame (eight items) measures the association the respondent makes between failing to meet cultural standards for their body and being a bad or flawed person ("When I can't control my weight, I feel like something must be wrong with me"). Internal consistency for the measure overall is a=.75, with moderate levels for each subscale, .89 for Body shame and .75 for Surveillance (McKinley & Hyde, 1996).

In addition, workshop participants completed a workshop evaluation form (See Appendix H) in order to evaluate the perceived strengths and weaknesses of the workshop as well as its overall impact on participants' Shame Resilience. The measure was adapted in part from one designed for use at the Indiana University of Pennsylvania's Counseling Center and from a questionnaire used in *That's Classy!: A workshop exploring the influence of social class* (Poet, 2015). The evaluation included five open-ended and four scale items.

Procedures

The study utilized a pre/posttest design by providing workshop participants with a pretest survey through SONA. Students were able to complete the measures online from their own computers. Participants who then elected to enroll in the workshop attended an in-person presentation and completed workshop activities. At the conclusion of the workshop, participants completed the measures presented in the pretest survey a second time, along with the workshop evaluation form. A between groups comparison was completed between participants who completed the initial survey but did not attend the workshop and participants who elected to enroll in the workshop. A within groups comparison was conducted to assess changes in participants' scores on the measures from pretest to posttest. Before beginning the survey, participants reviewed and signed an informed consent (See Appendix A). An additional consent form was providing for those who completed the in-person workshop (Appendix B). At the conclusion of each part of the study, participants were provided with a debriefing form (Appendix C).

CHAPTER FOUR

WORKSHOP OVERVIEW

Introduction

The workshop is designed to help young women better understand how Menstrual

Shame influences their relationship with their bodies and the impact of social and cultural

factors on this relationship. The workshop consists of three primary sections: "Talking

about menstruation," "Flipping the script" and "Introduction to shame and Menstrual

Shame." Each section aims to increase the participants' knowledge of issues related to

menstruation and shame and includes elements of self-reflection and guided discussion.

Self-reflection activities are employed to ensure that all participants have the opportunity

to apply the concepts discussed to themselves. Guided discussion allows for some sharing

among participants of personal experiences with the group.

In designing this workshop various theories on body image, shame, and Menstrual

Activism were utilized. The initial question of the workshop "what is a conversation you

have had about your period" was initially posed to groups of undergraduate women in a

Psychology of Women course in order to better understand the current attitudes towards

menstruation in this group (Sopko et al., 2018). As responses are nearly universally

negative, this question allows the facilitator to call attention to the presence of stigma

without negatively priming participants and gives a chance for active participation.

Several of the themes presented in the workshop have roots in Menstrual

Activism and research including Menstrual Joy and menstruation as The Fifth Vital Sign.

The workshop presents these concepts and encourages participants to consider new ways

of viewing their cycles. By both identifying and discussing affirmative experience of

their menstrual cycle, participants are able to gain a new experience of connection and positivity. Another important influence was Brown's *Connections* curriculum, which included exercises designed to facilitate self-exploration and discussion, such as sentence stems ("It is very important to me that I am perceived as _____.") (Brown, 2007). The facilitator utilizes Brown's framework for understanding shame in women in order to increase participants' understanding of their shame experiences. Finally, the facilitator asks participants to focus on the capabilities of their bodies throughout the workshop in order to reduce focus on appearance and Self-Objectification.

Objectives

- Participants will become aware of the impacts of attitudes towards menstruation on the individual and on society.

- Participants will develop a vocabulary and definitions around the topics of shame and Menstrual Shame.

- Participants will increase their level of Shame resilience, decrease levels of Self-Objectification, and develop a critical awareness of the impact of Menstrual Shame.

Outline

1) Introduction & Welcome (15 minutes)

   a) Setting the frame – The Facilitator orients participants to the workshop, explaining that the workshop will 1) introduce various topics related to shame and body image and 2) be an open forum to discuss experiences and opinions on these topics. There will be activities and opportunities to share and participants were free to participate to their comfort level.

b) Informed consent – The group discusses ground rules for participation to make the workshop environment a safe space. The importance of confidentiality and respect for diversity are emphasized.

2) Opening Activity: "How do you talk about menstruation?" (20 minutes)

a) Participants are asked "What is a recent conversation you've had about your period or one you could imagine having?" Their responses are reported on note cards.

b) Participants are asked to share their writing and themes are recorded on a large piece of paper by the facilitator.

c) The facilitator leads a group discussion/reflection on common themes people shared and poses questions such as "Why do we engage in primarily negative talk?" "What the benefit of this?" The drawbacks?"

d) Participants discuss the difficulty in thinking or talking about periods in a different way, potentially including the role of androcentrism, messages from mothers/media, and negative emotions such as shame.

3) Activity 2: Introduction to shame, Menstrual Shame, and Shame Resilience (20 minutes)

a) Participants are introduced to three themes: 1) we all have shame 2) we're all afraid to talk about it and 3) the less we talk about it the more we have it (Brown 2007)

i) The facilitator also differentiates between shame and guilt and how they influence behavior and how shame affects women specifically.

b) Participants are asked what the opposite of shame is in their experiences. Responses are then discussed within the framework of Shame Resilience, (*acknowledged vulnerability, critical awareness, mutually empathic relationships, and speaking shame*)

c) Participants are asked to share a time in which they felt shame connected to their menstrual cycle (using a tool, Sentence Stems, designed to help by using clear and explicit language to communicate fears and emotions).

4) Activity 3: "Flipping the script" (20 minutes)

a) Participants are asked to share "something they are grateful their body can do" and the facilitator records these ideas on a large piece of paper.

b) The facilitator focuses on some of these responses to introduce new ways to evaluate and relate to our bodies. Possible discussion areas included:

i) "What does it mean to value function over form?" (in relation to both physical activity and reproduction.)

ii) Presentation of ideas of Menstrual Joy, The Fifth Vital Sign. The way we talk about it influences how we feel about it.

iii) The way menstruation creates a feeling of connection with other women. (I.e. cycle synchronization, sisterhood)

c) Participants are given the opportunity to discuss their reactions to the activity.

i) Participants identify the degree to which these ideas are relevant to themselves and their feelings about their bodies and whether women in general would consider them relevant.

5) Closing (15 minutes)

a) The facilitator asks participants to reflect and share what it was like to speak shame with the group, and on how they feel about the workshop as a whole.

b) Participants brain-storm things they wish they could say to their younger selves/young girls about menstruation.

CHAPTER FIVE

RESULTS

Pearson Correlation Coefficients

Pearson correlation coefficients were used to assess the relationship between pretest subscale scores for Appearance, Capabilities, Surveillance, Shame, Secrecy, Annoyance, Prescriptions/Proscriptions, Disability, & Pleasure. The Means and Standard Deviations for each variable at pretest are also reported (Table 3).

Reliability of Measures

The internal consistency of all subscales was found to be in the acceptable range. Cronbach's alphas are presented below for each subscale.

Objectified Body Consciousness Scale

Internal consistency of the Objectified Body Consciousness Scale (OBCS) was found to be acceptable for both the Body Shame and Surveillance subscales at Pretest and Posttest. Each scale had a high level of internal consistency at pretest as determined by Cronbach's alpha of 0.81 (Surveillance) and 0.84 (Shame). Cronbach's alpha values at posttest were 0.81 (Surveillance) and 0.83 (Shame).

Beliefs About and Attitudes Towards Menstruation Questionnaire

The internal consistency of the Beliefs about and Attitudes towards Menstruation subscales were found to be in the acceptable range (Cronbach's alpha=.74-.86) for 4 of the 5 subscales. Scales in the acceptable range included Shame (.82), Prescriptions/proscriptions (.86), Annoyance (.85), and Disability (.74). Cronbach's alpha for the Pleasure subscale was low (.60), however the small number of items (6) may be a

factor. At posttest, Cronbach's alpha values were Shame (.81),

Prescriptions/proscriptions (.79), Annoyance (.84), Disability (.83), and Pleasure (.67).

Appearance and Capabilities Scale

The internal consistency of the Appearance and Capabilities subscales were found

to be in the acceptable range for both subscales at both pretest and posttest. At pretest,

each had a high level of internal consistency determined by Cronbach's alphas of .90

(Appearance) and .91 (Capabilities). At posttest the Cronbach's alpha values were .81

(Appearance) and .95 (Capabilities).

Table 3

Correlation Matrix

	Appearance	Capabilities	Surveillance	Shame	Secrecy	Annoyance	Prescriptions/ Proscriptions	Disability	Pleasure
Appearance	M=5.93 SD=1.43								
Capabilities	-.037	M=6.09 SD=1.42							
Surveillance	.723**	-.337**	M=4.53 SD=.96						
Shame	.526**	-.337**	.523*	M=3.77 SD=1.24					
Secrecy	-.071	-.098	-.116	.055	M=2.04 SD=.52				
Annoyance	.091	.040	.123	.073	.151*	M=3.52 SD=.58			
Prescriptions /Proscriptions	-.157*	-.020	.223**	.014	.517**	.254**	M=2.16 SD=.65		
Disability	-.003	-.068	.026	.051	.348**	-.724**	.452**	M=2.74 SD=.74	
Pleasure	.142	.047	.075	.148*	-.177*	-.263**	-.021	-.265**	M=3.70 SD=.66

*p<.001
**p <.05

Evaluation of the Workshop: Repeated Measures Analysis

A paired samples t-test was conducted to evaluate the impact of the Intervention on participants' scores on the various measures of shame, Objectification, and attitudes (see Table 4). Results indicated that there was a statistically significant increase in scores on the capabilities subscale of the Appearance and Capabilities scale from pretest (M=5.44,SD=1.45) to posttest (M= 6.05,SD=1.66), t(28)=3.80, p<.001(two-tailed). The mean increase in scores was .613 with a 95% confidence interval ranging from .283 to .944. The eta squared statistic (.34) indicated a large effect size. There was no statistically significant change in scores on the Appearance subscale of the Appearance and Capabilities scale from pretest (M=6.22, SD=1.45) to posttest (M= 6.12, SD=1.27).

Results indicated that there was no statistically significant change in scores on either the Surveillance Subscale or the Body Shame Subscale of the Objectified Body Consciousness Scale from pretest (M=4.59,SD=1.14 and M=4.05,SD=1.15 respectively) to posttest (M= 4.62,SD=.95 and M= 3.84, SD=1.45).

Results indicated a statistically significant decrease in scores on the Secrecy and Prescriptions/Proscriptions subscales of the Beliefs about and Attitudes towards Menstruation scale. The Secrecy subscale showed a decrease from pretest (M=2.05, SD=.554) to posttest (M=1.78, SD=.545), t (27) =-3.06, p<.005(two-tailed). The mean decrease in scores was -.267 with a 95% confidence interval ranging from -.447 to -.088. The eta squared statistic (.25) indicated a large effect size. The Prescriptions/proscriptions subscale showed a decrease from pretest (M=2.32, SD=.644) to posttest (M=1.98, SD=.753), t (28) =-3.01, p<.005(two-tailed). The mean decrease in

scores was -.348 with a 95% confidence interval ranging from -.585 to -.111. The eta squared statistic (.11) indicated a moderate effect size.

Results indicated that there was a statistically significant decrease in scores on the Disability subscale of the Beliefs about and Attitudes towards Menstruation scale from pretest (M=2.74, SD=.66) to posttest (M= 2.41, SD=.94)., t (27) = -2.697, p<.05(two-tailed). The mean decrease in scores was -.328 with a 95% confidence interval ranging from -.578 to -.078. The eta squared statistic (.20) indicated a large effect size.

Results also indicated a statistically significant decrease in scores on the Pleasure subscale of the Beliefs and Attitudes towards Menstruation scale from pretest (M=3.90,SD=.609) to posttest (M=3.36,SD=.582), t(27)=-4.67, p<.0005(two-tailed). The mean decrease in scores was -.544 with a 95% confidence interval ranging from -.783 to -.305. The eta squared statistic (.44) indicated a large effect size. Results indicated no statistically significant difference from pretest to posttest for the Annoyance subscale from pretest (M=3.40, SD=.49) to posttest (M=3.47, SD=.59).

Table 4

Repeated Measures Analysis

Scale	Pretest M	SD	Posttest M	SD	N	95% CI for Mean Difference	t	Sig.
Capabilities	5.44	1.45	6.05	1.66	29	.283, .944	3.805	.001*
Appearance	6.22	1.45	6.12	1.27	29	-.488. .274	-.574	.571
Surveillance	4.59	1.14	4.62	0.95	28	-.274, .345	.236	.815
Body Shame	4.05	1.15	3.84	1.45	29	-.535, .121	-1.289	.208
Secrecy	2.05	.554	1.78	.545	28	-.447, -.088	-3.066	.005*
Prescription/ Proscription	3.32	.644	1.98	.753	29	-.585, -.111	-3.012	.005*
Annoyance	3.40	.491	3.47	.591	26	-.086, .240	.968	.342
Disability	2.74	.664	2.41	.944	29	-.578, -.078	-2.697	.012*
Pleasure	3.90	.609	3.36	.582	28	-.783. -.505	-4.672	.000*

* P<.05

Between Groups Analysis

Independent samples t-tests were conducted to determine if pretest scores differed in participants who completed only the pretest (Group 2) versus those who elected to enroll in the workshop (Group 1). Results indicate no significant difference between groups for eight subscales; individuals in both groups had similar baselines (See Table 5).

However, for the capabilities subscale of the Appearance and Capabilities Scale results of the analysis indicated a difference for workshop participants (M=5.44, SD=1.45) compared to those who completed only the survey (M=6.18, SD=1.37), t=-2.65, p<.01(two-tailed). The mean difference in scores was -.744 with a 95% confidence

interval ranging from -1.297 to -.1918. The eta squared statistic (.03) indicated a small

effect size. This indicated that students who elected to participate in the workshop had a

lower average score on the capabilities scale than the overall average of the sample.

Table 5

Between Groups Analysis

Subscale	Group 1 Mean	Group 2 Mean	Mean Difference M	SD	N	T	Sig
Capabilities	5.44	6.18	-.744	.280	185	-2.66	.009*
Appearance	6.22	5.86	.361	.289	185	1.24	.241
Surveillance	4.58	4.53	.049	.194	185	.255	.799
Shame	4.05	3.72	.329	.250	185	1.31	.191
Secrecy	2.06	2.03	.030	.105	185	.286	.775
Prescription /Proscriptio n	2.32	2.13	.199	.131	185	1.50	.133
Annoyance	3.44	3.53	-.094	.118	185	-.797	.426
Disability	2.73	2.75	-.021	.148	185	-.143	.887
Pleasure	3.91	3.66	.248	.132	185	1.88	.061

* P<.05

Workshop Evaluation Analysis

Upon completion of the workshop participants were asked to complete an

evaluation of the experience. Four scale items were used to assess changes to

participants' understanding of shame, overall organization, participants' prior knowledge

of the subject, and changes in beliefs and attitudes towards the menstrual cycle. These

items and participant responses are presented below.

How effective was this workshop in helping you understand Shame?

Using a 5-point scale ranging from "Not effective" (1) to "Very effective" (5) participants rated the effectiveness of the workshop in improving their understanding of shame. The means, standard deviations, and modal response for item 1 are presented in Table 6 while the distribution of answers is presented in Figure 1. These results suggest that overall participants felt they had gained further understanding of Shame, with the most frequent response being 5 (Very effective).
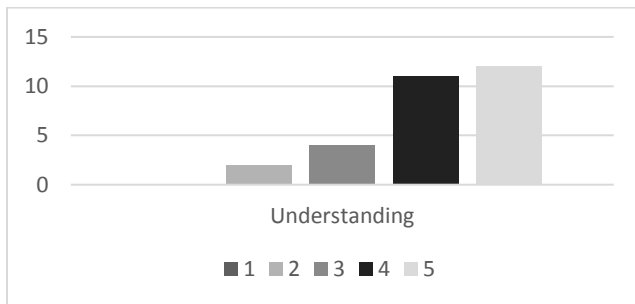
Figure 1. Item 1 response distribution.

How organized was the workshop?

Using a 5-point scale ranging from "very organized" (1) to "very unorganized" (5) participants rated the organization of the workshop material and presentation. The means, standard deviations, and modal response for item 2 are presented in Table 6 while the distribution of answers is presented in Figure 2. These results indicate that participants found the workshop to be generally well organized with the most common response being 2 (Organized).

How much of the content of the workshop did you already know?

Using a 5-point scale ranging from "I knew most of this information" (1) to "I knew none of the Information" (5), workshop participants reported on their level of prior knowledge. The means, standard deviations, and modal response for item 3 are presented in Table 6

while the distribution of answers is presented in Figure 2. Participants reported a moderate level of knowledge of the content prior to the intervention.

How effective was the workshop in changing the way you think about your menstrual cycle?

Item 4 utilized a 4-point scale from "I am thinking very differently" (1) to "I am not thinking differently" (4) to evaluate perceived shifts in thinking. Table 6 provides the means, standard deviations, and mode, while the distribution of answers is presented in Figure 2. Analysis indicated participants perceived a moderate change in thinking post intervention with the majority indicating, "I am thinking somewhat differently".
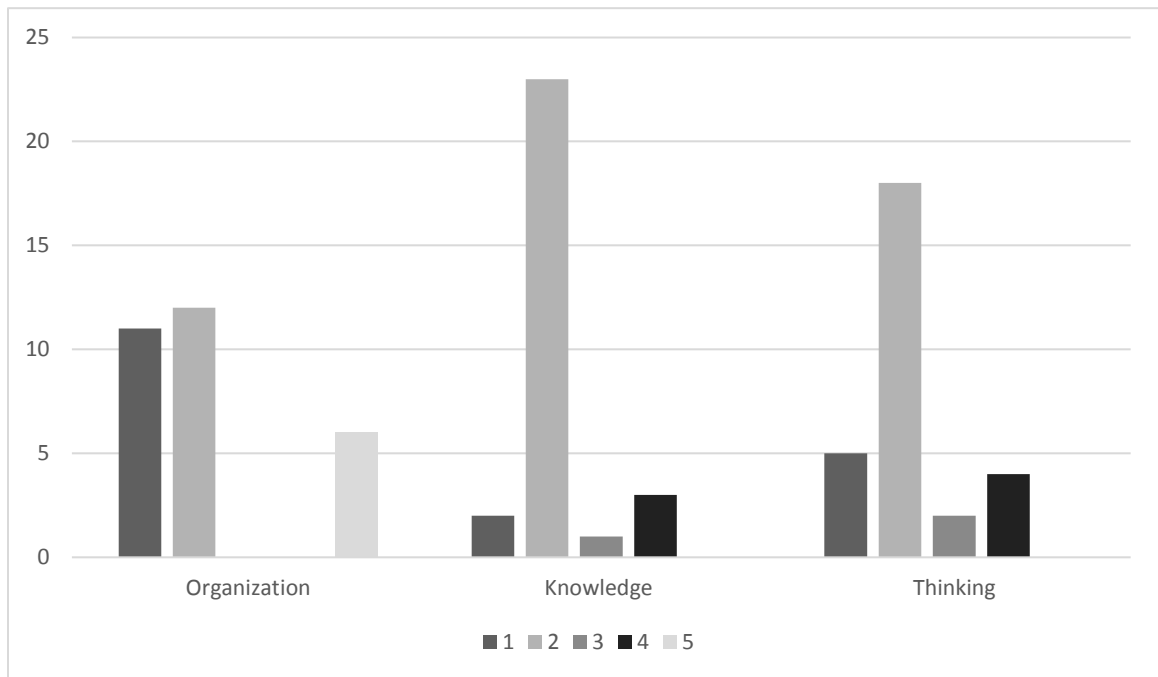
Figure 2. Items 2-4 response distributions.

Table 6

Workshop Evaluation

Question Item	Mean	SD	Mode
Understanding	4.10	.91	5
Organization	2.28	1.51	2
Knowledge	2.10	.62	2
Thinking	2.21	.87	2

Analysis of Open-Ended Questions

A qualitative analysis was conducted on workshop participants' answers to open ended questions about the effectiveness of the workshop. The workshop evaluation included five questions inviting respondents to share their reactions to the workshop and material presented. Thematic coding was used to organize participant responses. Themes were developed based on a review of all responses (See Appendix J for full list of responses). As some participants did not answer all items and some participants provided responses that fit multiple themes, coding was organized by percentages, and totals do not add up to the total number of workshop participants. For full thematic coding see Appendix K.

In what ways did this workshop impact your understanding of Shame/Menstrual Shame?

When asked about the impact of the workshop on understanding three major themes arose: Connection with other women and universality (27.5%, n=8), Importance of the topic/extent of the problem (24.1%, n=7), and Factual knowledge/improved understanding (27.5%, n=8). Factual knowledge/improved understanding was then divided into Menstruation/Menstrual Cycle and Menstrual Shame/shame. Of the total responses, 51% used the word shame while 20% referenced Menstrual Shame. Only 3

responses to Question 1 (10.3%) included answers indicating that shame is not a problem

or only a problem for others.

Table 7

Open Ended Responses to Item 1

Theme	Description	Examples	Key words
Connection with other women and universality	Responses that included elements of feeling connected to other women or alluded to universality, the quality of involving or being shared by all people or things in a particular group, were included.	"I learned a lot about how people have the same feelings I do and I'm not alone" " "helped me understand it is a universal thing"	others, not alone, universal, same
Importance of the topic/extent of the problem	Responses indicating that the topic of menstrual shame or shame overall was important or pervasive were included. Some responses also included elements of empowerment or change.	"I realize how common it is amongst young girls" "It helped me realize how prevalent shame still is when it comes to the menstrual cycle"	Common, Important, Prevalent, Problem
Factual knowledge/improved understanding of Shame/Menstrual Shame	Responses which alluded to participants increased knowledge on the subject as well as a new or improved understanding. Some responses included internal reflections on participants own shame as well.	"This workshop helped me understand the components of shame and how it relates to women on their periods" "I believe it made me understand that the embarrassment that I sometimes feel with my period is much deeper than embarrassment but its shame"	understand, information, realize

Theme	Description	Examples	Key words
Factual knowledge/improved understanding of Menstruation/ Menstrual Cycle	Responses that only referenced understanding of reproductive functioning or the body are separated in this category.	"What the menstrual cycle was exactly, when cycles occur" "I didn't know much about birth control pills"	Menstrual, Cycle
Not a Problem	Responses indicating that shame is not a problem or only a problem for others.	"I still consider period is not a shame thing it's normal to female"	

In what ways could the researcher improve the workshop?

When asked about potential improvements to the workshop, participants specified that they would prefer more discussion (14.2%, n=4), more activities (17.8%, n=5), and more information/clarification (14.2%, n=4). Additional suggestions included larger groups and the inclusion of male identified participants. 42.8%, (n=12) had responses that included no suggestions. One participant did not answer.

Table 8

Open Ended Responses to Item 2

Theme	Description	Examples	Key words
Discussion	Responses, which indicated a desire for more discussion among participants or increased participation from all members. Some responses included specific suggestions on how to achieve this.	"More conversational prompts rather than just questions" "more discussion" "By making everyone speak"	Discuss, Discussion, conversation
Activities	The largest portion of responses indicated a wish to have more activities incorporated. Several responses included specific activities.	"Maybe scenario games" "Maybe more activities" "more interaction like activities"	Activities, interaction
Information/ clarification	Responses which suggested a need for more information/clarification	"Clarify some questions during the talk" "More research?"	Clarify, examples

What were the strengths of the workshop?

When asked about workshop strengths responses included themes such as comfort (17.5%, n=4), connection (26% n=6), information/Facilitator (30.4%, n=7) and the topic itself (21.7%, n=5). Six participants did not respond.

Table 9

Open Ended Responses to Item 3

Theme	Description	Examples	Key words
Comfort	Responses which mentioned participants' comfort levels, ability to share, or atmosphere were included in their own category.	"the researcher made me feel comfortable & didn't push anyone pass their limits" "comfortable"	comfort, safety, inviting
Connection	The concept of feelings of connection as a strength of the workshop was raised by the largest percentage of participants. Several references to the quality of the group were also present.	"we were able to connect through our similarity of being women and experiencing the menstrual cycle." "everyone relating to what everyone was talking about"	Connect, relating, participate
Information/ Facilitator	Responses in this category included both references to the content of the workshop and the quality of the facilitator as informed.	"Strong information + presentation" "Clear explanations"	know, guide, inform
The Topic	The final category included references by respondents to the topic of menstrual shame and subsequent discussion.	"Conversational setting, good topics" "The topic" "open discussion about many different aspects of the period"	Topic, ideas, discussion

What were the weaknesses of the workshop?

When asked about workshop weaknesses responses included silence and lack of discussion (23.8%, n=5), discomfort with the subject matter (14.2%, n=3), lack of clarity (14.2%, n=3), and need for more activity (14.2%, n=3). Seven participants (45%) indicated no weaknesses while six did not answer.

Table 10

Open Ended Responses to Item 4

Theme	Description	Examples	Key words
Silence	Of the participants who responded to this question, the largest percentage referenced silence or lack of discussion as a notable weakness.	"The participants didn't talk much" "if the question was confusing there were silent moments"	talk/speak, silent
Discomfort	The respondent's discomfort with the topic of menstruation or shame were included in this category along with a general discomfort with sharing.	"I'm not good with expressing myself so it was harder for me" "Not really any for me maybe a shy person could have felt uncomfortable" "opening up to strangers about somewhat private things was strange"	uncomfortable, strange
Lack of clarity	Responses which indicated a need for more clarity from the instructor were included in this category.	"More select, clear choice of words" "The structure of some questions need clarifying"	clear, clarify
Need for more activities	Responses which indicated a need for more structured activities	"maybe more activities or examples" "I thought there would be more activity than discussion"	Activity

The most important thing I learned today was:

When asked what felt most important to participants, responses included three

major themes: information about menstruation (17.3%, n=4), empowerment (30.4%,

n=7), reduction in Shame/stigma (21.7%, n=5), and increased awareness (17.3%, n=4).

Six participants did not provide a response.

Table 11

Open Ended Responses to Item 5

Theme	Description	Examples	Key words
Information about menstruation/ menstrual cycles	Responses which focused primarily on increased knowledge about menstruation, but which did not mention shame. The cyclical nature of menstruation is mentioned several times.	"The menstrual cycle isn't just your period" "menstrual cycle occurs more often than just a period"	Menstrual, cycle
Empowerment/ Call to action	Responses included positive messaging about menstruation and centered on a theme of empowerment. Several responses highlighted the influence of a generational effect.	"love your body and don't doubt yourself" "Women rock! We can do anything and bleed!" "How far we have come as girls in this generation"	empower, generation
Reduction in Shame/Stigma	A reduction in shame and stigma, particularly around menstruation.	"never feel ashamed of your body and your menstrual cycle or period" "periods are not only a bad thing"	periods, ashamed
Increased awareness/ understanding of shame	Responses which mentioned shame and increased understanding but did not necessarily include reduced stigma were included in this category.	"realizing that I feel some shame associated with my period - - this is unnecessary"	shame, understood

CHAPTER SIX

DISCUSSION

Findings and Implications

The current study focused on the experience of Menstrual Shame for college women and its impact on their lives. These impacts include the culture of secrecy and silence surrounding menstruation (Lee & Sasser-Coen, 1996; Martin, 2001; Raftos et al., 1998), Self-Objectification (Johnston-Robledo et al., 2003; Roberts, 2004), and feelings of disconnection (Stubs & Costos, 2004). Young women also face higher rates of Self-Objectification which in turn has negative implications for psychological wellbeing (Muehlenkamp & Saris–Baglama, 2002) and body image (Tylka & Hill, 2004).

Women, specifically college women between 18-26 years of age, were chosen as a focus because of the many documented negative consequences of shame for girls and women, consequences which are arguably greater than those for boys and men (Brown, 2008). The unique experience of Menstrual Shame, while influenced by both men's and women's attitudes in a society, is a more prominent part of the lives of women. The purpose of the current study was to design, implement, and evaluate an intervention (i.e., workshop) meant to educate college women about shame and Menstrual Shame, challenge societal attitudes towards menstruation, and provide women with increased Shame Resiliency.

Results of this study indicate that participants in the workshop showed statistically significant changes in attitudes towards menstruation from pretest to posttest (Hypothesis 1). While scores on one of the BATM subscales expected to decrease remained the same (Annoyance), scores on Prescriptions and Proscriptions, Disability,

and Secrecy subscales showed a significant decrease with moderate effect sizes. This suggests that the participants' attitudes toward the need for secrecy around their menstrual periods and their attitudes towards women's behavior during this time were both impacted by the intervention. These results were also supported by the findings from the analysis of workshop evaluations. Responses to the question: "*How effective was the workshop in changing the way you think about your menstrual cycle*?" indicated a moderate change in thinking as a result of the intervention. Further responses to open ended questions indicated that participants felt they better understood the extent of the problem of Menstrual Shame and its impact on women. They also identified increased awareness of their own and others' shame.

Conversely, the participants' scores on the Pleasure subscale had a statistically significant change opposite to what was hypothesized. Participants showed a decrease in attitudes regarding the ability of women to enjoy their menstrual period. It is possible that this finding is the result of the workshop's emphasis on both the prevalence and negative impact of Menstrual Shame, leading participants to be less likely to endorse that some women may enjoy or find pleasure in their period. Although responses to the open-ended questions indicated participants felt a degree of empowerment and connection as a result of the workshop, they did not necessarily find more positive aspects of their menstrual cycle specifically.

It was predicted that women who completed the intervention would experience decreased levels of Self-Objectification as measured through the OBCS subscales Surveillance and Body Shame. It was also hypothesized that women would experience changes in reported emphasis on their bodies' appearance as opposed to its capabilities as

measured by the Appearance and Capabilities scale (Hypothesis 2). Results indicated that there was no significant change in the self-reported Body Shame or Surveillance of participants from pretest to posttest. However, there was a significant increase in reported attention paid to the bodies' capabilities from pretest to posttest. The between group analysis suggested a statistically significant difference in pretest scores for the capabilities scale between participants who chose to complete the workshop and those who did not. As a result, the change in scores for participants from pretest to posttest should be interpreted with caution as they may be a regression to the mean.

Although a primary goal of the workshop was to increase shame resiliency, it is not entirely surprising to see the lack of change in these scales. The OBCS was designed to measure Objectification and shame about the body and primarily focuses on aspects such as weight, shape, and size. It is possible that a more sensitive measure specifically on Menstrual Shame would have produced results that are more conclusive. Another contributing factor may be that shame as a self-conscious emotion is particularly ingrained and resistant to change. Much of the research on combating shame uses longer term and sustained efforts. The current workshop has many positive elements and benefits for work in settings that favor a short-term model, such as a college campus; however, a longer or more intensive intervention may be a direction for future research.

It was expected that the workshop would provide the participants with the opportunity to increase their shame resiliency through Brown's four elements of building shame resiliency acknowledged vulnerability/recognizing triggers, critical awareness, mutually empathic relationships/Connection, and speaking shame (Hypothesis 3). The qualitative analysis of the workshop evaluations supported this hypothesis and indicated

that participants both experienced these elements and found them beneficial. Themes such as importance of the topic and improved understanding that were found in response to Item 1 suggest an increase in *critical awareness* on the part of the respondents. In addition, one of the most frequently mentioned themes was connection with other women/universality which connects to another of Browns elements, *empathetic relationships*. These two elements were also prominent in the participants' responses to Item 3, in which the most frequently mentioned theme was *"connection"* and *"Specific information"* and *"the topic"* were both highlighted. In terms of the fourth element, *speaking shame*, participants did not explicitly bring this up in their evaluations but frequently mentioned discussion as a vital element of the experience, and silence was identified as a weakness in response to Item 4. *Acknowledged vulnerability* was also present both in the workshop and in responses to open ended questions on the evaluation, as participants shared the feelings of discomfort that come with the topic of shame and Menstrual Shame specifically. Overall analysis supports both the expectation that Menstrual Shame is a topic important to the population, and one that benefits from exploration.

Limitations

This study has several limitations worth noting. Future research on this topic should attempt to minimize these limitations in order to improve the generalizability of results. First, the research utilized an all-female sample. Although this was intentional on the part of the researcher, in order to focus on a specific population, it limits the generalizability of results to other populations, such as individuals who are male identified and who still experience a menstrual period, non-college students, or older

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college students. It also provides no information on the attitudes of male identified individuals in general towards menstruation or Menstrual Shame. Several participants noted these limitations in response to Item 4 of the workshop evaluation (*What are the weaknesses of the workshop?).* Other suggestions such as more interactivities and larger groups are also worth noting and may be areas for improvement in future workshops of this nature. Future research may benefit from the inclusion of ice-breaker activities, a movement-based game to illustrate the body's capabilities, or an art based project to help participants view their menstrual cycle differently.

Also of note is the restricted age range of the sample and its limited diversity in terms of race/ethnicity and sexual orientation. The average age of participants was 19 with 50% of the initial sample identifying as under 20. It is unclear whether this limits the generalizability of results to other age and generational groups. The diversity of both the overall sample and of the workshop were limited in both race/ethnicity and sexual orientation, and there may be limited generalizability to non-Caucasian/heterosexual populations.

A major limitation of the current study was the potential for selection bias given the methods of sample recruitment and nature of the research topic. Participants in the university selection pool are provided brief summaries of the studies available and are given autonomy to self-select particular topics of interest. Additionally, after completing the initial questionnaire, the survey participants were given the optional opportunity to complete part two of the study via the workshop. The researcher attempted to minimize this threat to validity by avoiding language that may dissuade participants with high levels of shame from participation and by completing a between groups analysis to

determine initial differences in the participants' attitudes between groups. However, there is no way of assessing between group differences between those who elected to complete the initial survey and those who did not.

Finally, the qualitative nature of the workshop evaluation provides similar limitations to those found in most studies of this nature. First, that result is more easily influenced by the researcher's personal biases and expectations. Additionally, it is difficult to determine reliability and validity of results due to the subjective nature of the results. Finally, the qualitative portion of this study may be difficult to replicate in other contexts and limits the generalizability of the conclusions in other contexts or settings. Despite these limitations, the workshop evaluation provides several strengths to the research design, including allowing participants to provide responses in their own words and the researcher to identify unanticipated effects of the workshop.

Recommendations for Future Research

There is a considerable literature to support the assertion that shame, particularly women's shame, negatively influences wellbeing (Brown, 2006; Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). Menstrual Shame and stigma lead to a perpetuation of negative attitudes towards women's bodies and encourage Self-Objectification (Bobel, 2006; Johnston-Robledo et al., 2003; Johnston-Robledo & Chrisler, 2013; Roberts, 2004). As we continue to live in an androcentric and objectifying culture, it is likely that these negative impacts will continue. It is therefore vital that we develop approaches to help individuals to combat shame in its various forms. The current research was inspired by Brown's (2006) theory of shame resiliency and the theory that by increasing awareness and connection and reducing silence we can alleviate the impact of shame.

Future research should continue to expand upon this theory of shame. In particular, the literature would benefit from new studies that include a diverse sample of both male and female participants, as well as studies that use varied intervention approaches to build shame resiliency. While the current study identified a workshop as a practical intervention for the population studied, differing populations may benefit from adjusted delivery methods. For example, in the current study the workshop was delivered in person. There may be benefits to adapting the material to an online format in order to increase the accessibility of the intervention to populations not located on a physical campus setting. This would require consideration of how to ensure that participants were given the opportunity to share experiences and connect with other participants, however. Some settings may also benefit from establishing a delivery method which gives participants more time to discuss material and establish connections. Finally, should researchers wish to conduct the workshop with younger participants, such as early to mid-adolescents, the material may need to be adjusted to fit with the learning style and concerns of this specific age group.

Future studies should investigate whether the experience of Menstrual Shame or the effectiveness of the workshop as an intervention varies by multicultural factors such as race/ethnicity or age in order to increase our understanding of the impact of diversity on shame and shame resilience. It is also recommended that future studies should attempt to develop or utilize more specific and nuanced measures of Menstrual Shame. Although recently developed, the BATM appears to be a reliable and valid measure of attitudes about menstruation. Unfortunately, there are no current measures of Shame Resiliency or Menstrual Shame. A recently developed measure of Menstrual Moaning may be helpful

in providing researchers a more accurate picture of respondents' shame about menstruation specifically as opposed to general body shame such as that measured by the OBCS (McHugh, 2019).

The current study utilized a repeated measures design in which posttest data were gathered immediately following the conclusion of the workshop. Future research could expand this design by conducting additional follow-ups including longer periods of time in order to determine whether the changes in attitudes observed were maintained long term.

Conclusions

The results presented in this study have several implications for the field of psychology, particularly the study of shame, Shame Resiliency, and menstrual cycle research. First, an intervention aimed at a population of female college students can positively impact attitudes towards menstruation and reduce the perceived need for secrecy and changes in behavior while menstruating. This in turn can be connected to Brown's research on speaking shame as a vital component of resiliency (Brown, 2007). A culture of silence such as the one which has been built around women's bodies and menstrual cycles contributes to the frequency and intensity of shame experiences. By reducing the need for secrecy around this topic, we can also reduce the experience of shame.

Modern menstrual activism has moved away from structured policy changes, such as laws and guidelines on menstrual education or the removal of the luxury tax on menstrual products, in order to expand thinking on what can be considered activism. An example of this new way of thinking is #periodpositive, a workshop designed by educator

and activist Chella Quint who "uses humor, joy, and evidence-based learning activities to empower everyone to look at periods in a new way, find their voice, and work together to reverse the effects of negative attitudes" (Quint, https://periodpositive.wordpress.com). Although this intervention is designed to be delivered in educational settings with a younger population, it incorporates many of the key elements for combating Menstrual Shame, including the opportunity for connection with others, a positive attitude towards menstruation and women's bodies, and a focus on the body's functioning over appearance. It is hoped that the Care and Keeping of You workshop will be part of this larger movement towards change.

The findings support the assertion that a workshop can be an effective intervention for building Shame Resiliency in a college student population. Previous research has suggested that a twelve-session curriculum on building Shame Resiliency was effective for a variety of populations and settings including residential treatment centers, prisons, and outpatient clinics (Brown et al., 2011; Hernandez & Mendoza, 2010). In order to adapt this treatment to college students, the workshop designed for this study was significantly shorter and was completed in one sitting. However, results indicate that participants still received benefits, such as changes in negative attitudes towards menstruation and more appreciation for the capabilities of their bodies. In addition, participants reported finding the material presented to be useful and understandable.

The effects of the intervention may also have the potential to generalize to attitudes other than menstruation such as general physical capabilities. Discussion on appreciation for women's bodies often focuses on the process of reproduction, bearing

and nurturing children. Outside of these functions, an androcentric view of physical strength allows little room for uniquely female abilities. The content of the workshop emphasized the value of women's bodies' unique capabilities, not strictly for childbearing and fertility but for factors that are more holistic, such as The Fifth Vital Sign (American Academy of Pediatrics, 2015). Findings suggest a change in the participants' attitudes towards the body in general after participation.

Menstrual cycle research is a field that has seen much expansion in recent years and one which seeks to challenge societal norms and expectations for women. The current study sought to expand on this area in order to understand the connections between women's perceptions of their menstrual cycles, experiences of shame, and wellbeing. It can be speculated based on the results of this study that interventions that target Menstrual Shame can increase Shame Resiliency and therefore increase wellbeing. It is hoped that the study conducted here will add to the expanding pool of research, which suggests that women benefit from talking about their bodies and feelings of shame.

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Appendix A

Informed Consent A

Informed Consent Form (Survey)

You are invited to participate in this research study in order to help us learn more about women's relationship with their bodies. The following information is provided in order to help you to make an informed decision whether or not to participate. You are eligible to participate because you are student at IUP enrolled in PSYC 101 and are over the age of 18. As part of your course requirement, participation in this study will result in 0.5 credits towards your research requirement. This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone 724.357.7730).

The purpose of this study is to examine the participant's attitudes towards their bodies how these attitudes impact our lives. Participation in this study will require approximately 30 minutes of your time. You will be asked to complete an online, anonymous survey. The risk of participating in this study is no more than what one would experience in everyday life.

You may find the experience enjoyable or interesting, and it may help increase your awareness of your own beliefs and attitudes. After completing this survey you will be eligible to participate in a second in person portion of the study for additional credits if you choose.

Your participation in this study is voluntary. If you no longer wish to complete the survey, please exit the survey by closing the browser. Due to the anonymity of the survey data you cannot request to be withdrawn from the study once your responses are

submitted. You are reminded of the alternate read-and-write activities available for PSYC 101 research credit.

If you choose to participate, all information will be held in strict confidence and the data will be kept securely. Your participation will have no bearing on your academic standing or services you receive from the University. The information obtained in the study may be published in scientific journals or presented at scientific meetings but your identity will be kept confidential.

If you are willing to participate in this study, please click through to complete the survey. The researchers contact information is provided if you have any questions or wish to receive results of the study.

Maureen C. McHugh   Kathleen DiMattia

204 Uhler Hall, IUP   Department of Psychology, IUP

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Appendix B

Informed Consent B

Informed Consent Form (Workshop)
To be printed on department letterhead
You are invited to participate in this research study in order to help us learn more

about women's relationship with their bodies. The following information is provided in

order to help you to make an informed decision whether or not to participate. You are

eligible to participate because you are student at IUP. If you are enrolled in PSYC 101

and completed the Survey portion of this study participation in this workshop will result

in an additional 2.0 credits towards your research requirement. You must also be 18 years

of age to participate. This project has been approved by the Indiana University of

Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone

724.357.7730).

The purpose of this study is to examine the participant's attitudes towards their

bodies how these attitudes impact our lives. Participation in this study will require

approximately 120 minutes of your time. In addition to presentation of material, you will

be asked to engage in various interactive activities and participate in facilitated

discussions related to topics body image. The risk of participating in this study is no

more than what one would experience in everyday life.

You may find the experience enjoyable or interesting, and it may help increase

your awareness of your own beliefs and attitudes. At the end of the workshop, you will be

asked to complete an anonymous evaluation of the workshop and survey. We are

interested in the impact of the workshop.

Your participation in this study is voluntary. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigators. If you wish to withdraw from the study, please contact the researcher using the contact information below.

If you request to withdraw from the study you may leave the workshop, but due to the anonymity of the survey data your responses cannot be removed. If you choose to participate, all information will be held in strict confidence and the data will be kept securely. Your participation will have no bearing on your academic standing or services you receive from the University. The information obtained in the study may be published in scientific journals or presented at scientific meetings but your identity will be kept confidential.

If you are willing to participate in this study, please sign and date below. When you complete the workshop, you will be given an information sheet that will provide additional resources to learn more about this topic and the researchers contact information if you have any questions or wish to receive results of the study.

Participant's Signature   Date

Maureen C. McHugh   Kathleen DiMattia
204 Uhler Hall, IUP   Department of Psychology, IUP
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Appendix C

Debriefing Form

THIS PROJECT HAS BEEN APPROVED BY THE INDIANA UNIVERSITY OF
PENNSYLVANIA INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF
HUMAN SUBJECTS (PHONE 724.357.7730)

The current study aimed to implement an original workshop on the topic of Menstrual
Shame and to evaluate the effectiveness of the workshop in reducing levels of self-
objectification and body shame in participants as well as its effectiveness in increasing
resiliency to both Menstrual Shaming specifically and body shame more generally.
Shame is a social emotion that results in a global negative self-evaluation, and is
associated with increased rates of mental illness (Tangney, Wagner, & Gramzow, 1992).
Menstrual Shame is the shame attached menstruation. The shame and stigma surrounding
women's menstrual cycles has important implications for girls' development, sexuality,
and overall well-being (Roberts, 2004; Schooler, Ward, Merriwether, & Caruthers, 2005).
The workshop is designed to help young women better understand how shame influences
their relationship with their bodies and the impact of social and cultural factors play on
this relationship.

If participating in the study brings up feelings of distress, here are resources in the area:

| IUP Counseling Center | 724-357-2621 |
| Armstrong/Indiana Crisis Hotline | 724-465-2605 |

If you are interested in further information regarding women's experience of shame or
the role of menstruation in society, here are recommended readings.

Brown, B. (2008). I thought it was just me (but it isnt): making the journey from
"what will people think?" to "I am enough". New York: Gotham Books

Johnston-Robledo, I., & Chrisler, J. C. (2013). The Menstrual Mark: Menstruation
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Fahs B. (2016) Out for Blood: essays on menstruation and resistance. Albany:
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This research project is sponsored by the Indiana University of Pennsylvania Department
of Psychology. If you have any questions or would like to receive the results of this
research when it is completed, please give you name and contact information to the
researcher (Kathleen DiMattia, M.A.), or call the Psychology Department at 724-357-
2426.

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Appendix D

Workshop Outline

1) Introduction & Welcome (15 minutes)

   a) Setting the frame – The Facilitator orients participants to the workshop, explaining that the workshop will 1) introduce various topics related to shame and body image and 2) be an open forum to discuss experiences and opinions on these topics. There will be activities and opportunities to share and participants were free to participate to their comfort level.

   b) Informed consent – The group discusses ground rules for participation to make the workshop environment a safe space. The importance of confidentiality and respect for diversity are emphasized.

2) Opening Activity: "How do you talk about menstruation?" (20 minutes)

   a) Participants are asked "What is a recent conversation you've had about your period or one you could imagine having?" Their responses are reported on note cards.

   b) Participants are asked to share their writing and themes are recorded on a large piece of paper by the facilitator.

   c) The facilitator leads a group discussion/reflection on common themes people shared and poses questions such as "Why do we engage in primarily negative talk?" "What the benefit of this?" The drawbacks?"

   d) Participants discuss the difficulty in thinking or talking about periods in a different way, potentially including the role of androcentrism, messages from mothers/media, and negative emotions such as shame.

3) Activity 2: Introduction to shame, Menstrual Shame, and Shame Resilience (20 minutes)

   a) Participants are introduced to three themes: 1) we all have shame 2) we're all afraid to talk about it and 3) the less we talk about it the more we have it (Brown 2007)

      i) The facilitator also differentiates between shame and guilt and how they influence behavior and how shame affects women specifically.

   b) Participants are asked what the opposite of shame is in their experiences. Responses are then discussed within the framework of Shame Resilience, (*acknowledged vulnerability, critical awareness, mutually empathic relationships, and speaking shame)*

   c) Participants are asked to share a time in which they felt shame connected to their menstrual cycle (using a tool, Sentence Stems, designed to help by using clear and explicit language to communicate fears and emotions).

4) Activity 3: "Flipping the script" (20 minutes)

   a) Participants are asked to share "something they are grateful their body can do" and the facilitator records these ideas on a large piece of paper.

   b) The facilitator focuses on some of these responses to introduce new ways to evaluate and relate to our bodies. Possible discussion areas included:

      i) "What does it mean to value function over form?" (in relation to both physical activity and reproduction.)

      ii) Presentation of ideas of Menstrual Joy, The Fifth Vital Sign. The way we talk about it influences how we feel about it.

       iii) The way menstruation creates a feeling of connection with other women. (I.e.

          cycle synchronization, sisterhood)

    c) Participants are given the opportunity to discuss their reactions to the activity.

       i)   Participants identify the degree to which these ideas are relevant to themselves

          and their feelings about their bodies and whether women in general would

          consider them relevant.

5) Closing (15 minutes)

    a) The facilitator asks participants to reflect and share what it was like to speak

       shame with the group, and on how they feel about the workshop as a whole.

    b) Participants brain-storm things they wish they could say to their younger

       selves/young girls about menstruation.

Appendix E

Demographic Questionnaire

1. What is your year at IUP?

   a) Freshman

   b) Sophomore

   c) Junior

   d) Senior +

   e) Other

2. How do you describe yourself? (Mark one answer)

   a) Male

   b) Female

   c) Transgendered Female

   d) Transgendered Male

   e) Genderqueer/Gender non-conforming

   f) Other

3. What is your race/ethnicity?

   a) African American/Black

   b) European American/White

   c) Latina/Hispanic

   d) Native American/Alaska Native

   e) Asian/Pacific Islander

   f) Biracial (please specify)_____

   g) Other (please specify) _____

4. Do you consider yourself to be: (Mark one answer)

    a) Heterosexual/straight
    b) Gay
    c) Lesbian
    d) Bisexual
    e) Not listed above (please specify) _____

5. What is your age _____

6. You were asked to generate a unique 4-digit code in Part 1 of the study. The code will

be used to maintain your anonymity in the research data.

Please enter the last two digits of your phone number, the first letter of your mother's

name, and the last digit of your zip code

_____

Appendix F

The Appearance and Capabilities Scale

For each item, please indicate the answer that best characterizes your attitudes or

behaviors, using the following scale:

1------2-----3-----4-----5-----6-----7-----8-----9

Strongly disagree   Strongly agree

	1 strongly disagree	2	3	4	5	6	7	8	9 strongly agree
1. My looks are an important part of the way I see myself.									
2. My level of satisfaction (or dissatisfaction) with myself comes mostly from the way I look.									
3. I think more often about the things my body allows me to do than the way my body looks.									
4. I often feel grateful for the capabilities of my body.									
5. It is important to me that others find me attractive.									

6. My body's capabilities have little value to me.								
7. When I am in public, I often wonder how I appear to others.								
8. I appreciate the physical capabilities of my body.								
9. My body's capabilities are a source of pride for me.								
10. I appreciate that my body allows me to do so many things.								
11. How others view my appearance is of little importance to me.								
12. I care about other people's opinions of whether or not I am good looking.								
13. The way I feel about myself depends mostly on how I look to others.								
14. I don't care much about my body's capabilities.								

15. It is important to me to look good.									
16. I feel fortunate for the things my body allows me to do.									
17. I think more about the way my body looks than what it allows me to do.									
18. My appearance has little value to me.									
19. The physical capabilities of my body are an important part of my self-image.									
20. I am proud of the physical capabilities of my body.									

Appearance subscale includes items 1, 2, 5, 7, 11, 12, 13, 15, 17, and 18. Capabilities

subscale includes items 3, 4, 6, 8, 9, 10, 14, 16, 19, and 20.

Long, A. E., & Kosky, K. M. (2019). Validation of the Appearance and Capabilities
    Scale: Introducing a new measure of self-objectification. Manuscript in
    preparation. Used with author permission.

Appendix G

Objectified Body Consciousness Scale

For each item, please circle the answer that best characterizes your attitudes or behaviors.

1 = Strongly Disagree
2 = Disagree
3 = Somewhat Disagree
4 = Neither Agree nor Disagree
5 = Somewhat Agree
6 = Agree
7 = Strongly Agree

	1	2	3	4	5	6	7
1. I rarely think about how I look.							
2. I think it is more important that my clothes are comfortable than whether they look good on me.							
3. I think more about how my body feels than how my body looks.							
4. I rarely compare how I look with how other people look.							
5. During the day, I think about how I look many times.							

6. I often worry about whether the clothes I am wearing make me look good.							
7. I rarely worry about how I look to other people.							
8. I am more concerned with what my body can do than how it looks.							
9. When I can't control my weight, I feel like something must be wrong with me.							
10. I feel ashamed of myself when I haven't made the effort to look my best.							
11. I feel like I must be a bad person when I don't look as good as I could.							
12. I would be ashamed for people to know what I really weigh.							
13. I never worry that something is wrong with me when I am not exercising as much as I should.							

14. When I'm not exercising enough, I question whether I am a good enough person.							
15. Even when I can't control my weight, I think I'm an okay person.							
16. When I'm not the size I think I should be, I feel ashamed							

McKinley, N. M., & Hyde, J. S. (1996). The objectified body consciousness scale: Development and validation. *Psychology of Women Quarterly, 20(2),* 181–215. doi:10.1111/j.1471-6402.1996.tb00467.x

Appendix H

Beliefs About and Attitudes Toward Menstruation Questionnaire

For each item, please circle the answer that best characterizes your attitudes or behaviors.
1 = Strongly Disagree
2 = Disagree
3 = Neither Agree nor Disagree
4 = Agree
5 = Strongly Agree

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree
1. It is important to talk about the menstrual period with men					
2. Women must avoid swimming while we are having our periods					
3. I think there are times when we women cannot stand our periods					
4. Women are proud when we start having our periods.					
5. It is important to discuss the topic of the period at school with boys and girls together.					
6. The period is dirty.					
7. Women must avoid eating or drinking cold things when we are having our Period.					
8. Men have a great advantage not having the annoyance of the period.					
9. We women must hide anything that shows that we are having our periods.					
10. The period affects the performance of women at work					
11. We women wish that the period would last for just a few minutes.					

12. It is important to buy sanitary pads without being seen					
13. There are women who feel content to have their periods					
14. Women wish that we did not have our periods					
15. It is uncomfortable for us women to talk about our periods					
16. There are women who are happy every time they have their periods					
17. It is important that nobody knows when a woman is having her period					
18. Women must avoid smoking while we are having our periods					
19. The period is annoying					
20. Women must avoid eating certain foods while we are having our periods					
21. It is embarrassing when a man finds out that a woman is having her period					
22. Women must drink tea while we are having our periods					
23. The period is painful					
24. Women blush when we see an advertisement about sanitary pads when we are with a man					
25. The period disables women					
26. There are women who enjoy having their periods					
27. Women must avoid carrying heavy things when we are having our periods					
28. There are women who look more attractive while					

they are having their periods					
29. It is important to keep the period a secret					
30. It is uncomfortable for us women to have our periods					
31. Women must take showers with hot water while we are having our periods.					
32. We women should avoid talking about our periods when there are men present					
33. The period is a big problem.					
34. Women must avoid exercising while we are having our periods					
35. The period is something that we women have to bear					
36. Women get excited when we have our first periods					
37. The period affects a woman's ability to do housework					
38.It is hard to live with the period					
39. It is important to discuss the topic of the period at home openly					
40. Having the period is a punishment for women					
41. It is annoying for us women to have the period every month					
42. The period affects women's daily activities					
43. The period is really annoying					
44. Women must eat or drink hot things when we are having our periods					

45. Women must stay away from men while we are having our periods					

Marván, M. L., Ramírez-Esparza, D., Cortés-Iniestra, S., & Chrisler, J. C. (2006). Development of a new scale to measure beliefs about and attitudes toward menstruation (BATM): Data from Mexico and the United States. *Health Care for Women International, 27(5),* 453-73. doi:10.1080/07399330600629658

Appendix I

Workshop Evaluation

How effective was this workshop in helping you understand Shame?
1. Not effective
2. Somewhat Effective
3. Moderately Effective
4. Effective
5. Very Effective

How organized was the workshop?
1. Very organized
2. Organized
3. Unsure
4. Unorganized
5. Very unorganized

How much of the content of the workshop did you already know?
1. I knew most of the information
2. I knew some of the information
3. Unable to judge
4. I knew little of the information
5. I knew none of this information

How effective was this workshop in changing the way you think about your menstrual cycle?
1. I am thinking very differently
2. I am thinking somewhat differently
3. Unsure
4. I am not thinking differently

In what ways did this workshop impact your understanding of Shame/Menstrual Shame?

In what ways could the researcher improve the workshop?

What were the strengths of the workshop?

What were the weaknesses of the workshop?

The most important thing I learned today was:

Appendix J

Responses to Open Ended Questions on Workshop Evaluation

Question 1

In what ways did this workshop impact your understanding of shame/menstrual shame?

Provided me with a better grasp of the common female response to their cycle

It taught me that others feel the same way when they are menstruating and that you don't have to feel alone

I learned a lot about how people have the same feelings I do and im not alone

What the menstrual cycle was exactly, when cycles occur, women shame is popular

I realized shame that I felt about my emotions during my period which I didn't realize I was feeling

The web info about women/expectations

Some women still feel shame at the idea of having their period but there is no reason to be

I realize how common it is amongst young girls

It made me think back to middle school when I had those shameful experiences and made me think about how I don't really have those experiences now

I still consider period is not a shame thing it's normal to female

I understand that it's not just me other people feel it too which is important

I understand that shame is internal and is only brought out within a person but it is willing to be fixable Ex: Bleeding through

It helped me realize how prevalent shame still is when it comes to the menstrual cycle and how I can change my own ways of thinking

It made me think it was ok to feel the shame that comes with the period as long as afterwards I know there's nothing to be ashamed about

it helped me realize that I wasn't the only person to feel that way

it helped me understand how shame has such a huge impact on girls and women.

it is a problem we should try to change

it was interesting to see other peoples thoughts since it's a hush hush subject

it helped me understand that even some women can still feel shame from other women as well, not just men

I believe it made me understand that the embarrassment that I sometimes feel with my period is much deeper than embarrassment but its shame

this workshop helped me understand that I was once ashamed of having a period rather than just embarrassed

how it can impact the mind of young women and hinder their daily lives with shame

That it is a thing most women go through and it honestly is a stupid thing and shouldn't be a thing

I didn't know much about birth control pills

helped me understand it is a universal thing

impact my understanding, my knowing that periods don't always have to be negative

it hasn't changed

I feel much more empowered now to talk about my period. this workshop helped me

understand the components of shame and how it relates to women on their periods

this workshop helped me understand my own shame by telling what it exactly was

instead of the image in my head

Question 2

In what ways could the researcher improve the workshop?

More conversational prompts rather than just questions

Share tips with dealing with PMS symptoms

I think everything was pretty straight forward and hit all the points

Good open discussion

More research? Interesting

more discussion

If choosing a workshop setting, I feel that it is always important to open with an

icebreaker to get conversation started

Examples of answers their looking for

its good

N/A

Maybe scenario games

I thought that the workshop was conducted very well in a way that made me feel

comfortable

Maybe more activities but other than that I thought the workshop was well thought out

and helpful.

Maybe had like activities to do

I really enjoyed the workshop very educational, learned new things about periods

more interaction like activities

it was overall pretty effective. I enjoyed it

maybe not make it as long. Clarify some questions during the talk

Possibly a little bit less long

I believe the researcher did a good job especially presenting information

Researcher was perfect. if there were more people it would have been more effective

I think it is great the way it is

Talk to females more

By making everyone speak

none. She did an amazing job. good discussions

cant think of any

Maybe a handout before the workshop with an outline of some info might have sparked ideas + more conversation

maybe having men present to see if women would still speak about their periods and shame.

Question 3

What are the strengths of the workshop?

Strong information + presentation

Asking everyone to engage in the conversation Giving medical advice which makes you feel less shameful.

Being able to talk about feelings and encounters we had

organized questions, eye contact, visual examples, open discussion, fill in awkwardness

Conversational setting, good topics

Her ability to guide proper thinking about periods vs menstruation

The ideas discussed and promoting similar thoughts about how we are feeling on or

about our periods

Having all women to participate

everyone relating to what everyone was talking about

Let me know more about the female body

open discussion about many different aspects of the period

ability to talk about menstruation

the topic

Having us share experiences and thoughts. a lot of topics discussed. including possible

thoughts of men

Connecting with other girls about this learning about why its important to track your

period

the researcher made me feel comfortable & didn't push anyone pass their limits

very informative + very inviting atmosphere, I didn't feel like I would be judged I shared

and didn't feel pressured to share

comfortable

clear explanations

good topics everyone had something to say good details

nice person good group, because most talked about how they feel

we were able to connect through our similarity of being women and experiencing the

menstrual cycle. I gained some valuable insights on what it means to be a woman.

The instructor was very informed made me feel like it was a safe place to talk taught me

things I wish I would have known when I was younger

Question 4

What are the weaknesses of the workshop?

The participants didn't talk much, no fault of researcher

im not good with expressing myself so it was harder for me

More select, clear choice of words

Not really any for me maybe a shy person could have felt uncomfortable

Some of the discussion failed just needed to throw some more talking in

none that I can think of

if the question was confusing their were silent moments

none

none

maybe more activities or examples

some people didn't speak much

The structure of some questions need clarifying

opening up to strangers about somewhat private things was strange

I thought there would be more activity than discussion

none that I know of

none

moments of silence

none

not able to change my mind about menstruation

there weren't many people, so it was hard to talk a lot about the subject and hear differing opinions. I think more of a guided/interactive activity would have been easier to facilitate disscussion

none

Question 5

The most important thing I learned today was:

The menstrual cycle isn't just your period

about the menstrual cycle and also how it's okay to not feel yourself when you are on your period

love your body and don't doubt yourself

menstrual cycle occurs more often than just a period

5th vital sign realizing that I feel some shame associated with my period - - this is unnecessary

I need to assess why I feel shame now

Women rock! We can do anything and bleed!

other women feel empowerment from their periods too

never feel ashamed of your body and your menstrual cycle or period

I think is shame of period issue

it is important to be informed when younger and to know its normal and your not alone

How far we have come as girls in this generation and the ability to be ok with conversations about ones period

to realize your period is nothing to be ashamed of

I'm not the only one who experiences the issues I've had in the past, and that a lot of women not only feel embarrassed about their periods they feel shameful. I don't think I understood that too well prior to this discussion.

we all feel or have felt somewhat insecure about our periods and I would like to help change that shame now

its ok to admit being ashamed

that this generation is becoming more accepting of periods publicly – less backlash, still some though

not being ashamed of having period

periods are not only a bad thing

periods aren't always negative

I still hate my period

That the menstrual cycle is the 5th vital sign and can show irregularities/regularities in the bodys health

female periods are a positive. I am proud to have my period and talk about it

Appendix K

Thematic Coding Results

Question 1: *In what ways did this workshop impact your understanding of*

Shame/Menstrual Shame?

Theme: **Connection with other women and universality**

"It taught me that others feel the same way when they are menstruating and that you

don't have to feel alone."

"I learned a lot about how people have the same feelings I do and I'm not alone"

"I understand that it's not just me other people feel it too which is important"

"it helped me realize that I wasn't the only person to feel that way"

"helped me understand it is a universal thing"

That it is a thing most women go through"

"It made me think it was ok to feel the shame that comes with the period"

Theme: **Importance of the topic/extent of the problem**

"Women shame is popular"

"I realize how common it is amongst young girls"

"It helped me realize how prevalent shame still is when it comes to the menstrual cycle"

"it is a problem we should try to change"

 "I feel much more empowered now to talk about my period."

"how it can impact the mind of young women and hinder their daily lives with shame"

"it helped me understand that even some women can still feel shame from other women

as well, not just men "

"it honestly is a stupid thing and shouldn't be a thing"

Theme: **Factual knowledge/improved understanding of Shame/Menstrual Shame**

"This workshop helped me understand the components of shame and how it relates to women on their periods"

"I realized shame that I felt about my emotions during my period which I didn't realize I was feeling"

"The web info about women/expectations"

"I understand that shame is internal and is only brought out within a person"

"this workshop helped me understand my own shame"

"I believe it made me understand that the embarrassment that I sometimes feel with my period is much deeper than embarrassment but its shame"

Theme: **Factual knowledge/improved understanding of Menstruation/ Menstrual Cycle**

"What the menstrual cycle was exactly, when cycles occur"

"I didn't know much about birth control pills"

Theme: **Not a Problem**

"I still consider period is not a shame thing it's normal to female"

"Some women still feel shame at the idea of having their period but there is no reason to be"

"and made me think about how I don't really have those experiences now"

Question 2 *In what ways could the researcher improve the workshop?*

Theme: **Discussion**

"More conversational prompts rather than just questions"

"more discussion"

"By making everyone speak"

"Maybe a handout before the workshop with an outline of some info might have sparked ideas + more conversation"

Theme: **Activities**

"If choosing a workshop setting, I feel that it is always important to open with an icebreaker to get conversation started"

 "Maybe scenario games"

 "Maybe more activities but other than that I thought the workshop was well thought out and helpful."

"Maybe had like activities to do"

 "more interaction like activities"

Theme: **Information/clarification**

"Clarify some questions during the talk"

"Share tips with dealing with PMS symptoms"

 "More research?"

"Examples of answers their looking for"

Theme: **Shorter length**

"maybe not make it as long"

"Possibly a little bit less long"

No Suggestions

"none. She did an amazing job"

"good discussions"

"cant think of any"

"I think everything was pretty straight forward and hit all the points"

"Good open discussion"

"I think it is great the way it is"

"it was overall pretty effective. I enjoyed it"

"I really enjoyed the workshop very educational, learned new things about periods"

"I thought that the workshop was conducted very well in a way that made me feel comfortable"

"its good"

"N/A"

<p style="text-align:center">Question 3 What are the strengths of the workshop?</p>

Theme: **Comfort**

"the researcher made me feel comfortable & didn't push anyone pass their limits"

"comfortable"

"made me feel like it was a safe place to talk taught me things I wish I would have known when I was younger"

"very informative + very inviting atmosphere, I didn't feel like I would be judged I shared and didn't feel pressured to share"

Theme: **Connection**

"nice person good group, because most talked about how they feel

"we were able to connect through our similarity of being women and experiencing the menstrual cycle. I gained some valuable insights on what it means to be a woman."

"everyone relating to what everyone was talking about"

"Connecting with other girls about this learning about why its important to track your period"

"Having all women to participate"

"good topics everyone had something to say good details"

Theme: **Information/ Facilitator**

"Strong information + presentation"

"Her ability to guide proper thinking about periods vs menstruation"

"Let me know more about the female body"

"Clear explanations"

"Giving medical advice which makes you feel less shameful."

"The instructor was very informed"

"organized questions, eye contact, visual examples, open discussion, fill in awkwardness"

Theme: **The Topic**

"Conversational setting, good topics"

"The ideas discussed and promoting similar thoughts about how we are feeling on or about our periods"

"ability to talk about menstruation"

"The topic"

"open discussion about many different aspects of the period"

Question 4 *What are the weaknesses of the workshop?*

Theme: **Silence**

The participants didn't talk much"

"Some of the discussion failed just needed to throw some more talking in"

"if the question was confusing there were silent moments"

"some people didn't speak much"

"moments of silence"

Theme: **Discomfort**

"I'm not good with expressing myself so it was harder for me"

"maybe a shy person could have felt uncomfortable"

"opening up to strangers about somewhat private things was strange"

Theme: **Lack of clarity**

"More select, clear choice of words"

"The structure of some questions need clarifying"

"if the question was confusing"

Theme: **Need for more activities**

"maybe more activities or examples"

"I thought there would be more activity than discussion"

"I think more of a guided/interactive activity would have been easier to facilitate discussion"

No weaknesses

"none that I can think of"

"none"

"none"

"none that I know of"

"none"

"none"

"none"

<center>Question 5 The most important thing I learned today was:</center>

Theme: **Information about menstruation/menstrual cycles**

"The menstrual cycle isn't just your period"

"about the menstrual cycle and also how it's okay to not feel yourself when you are on your period"

"menstrual cycle occurs more often than just a period"

"That the menstrual cycle is the 5th vital sign and can show irregularities/regularities in the body's health"

Theme: **Empowerment/Call to action**

"love your body and don't doubt yourself"

"Women rock! We can do anything and bleed!"

"How far we have come as girls in this generation and the ability to be ok with conversations about ones period."

"that this generation is becoming more accepting of periods publicly – less backlash, still some though"

"female periods are a positive. I am proud to have my period and talk about it"

"other women feel empowerment from their periods too"

"we all feel or have felt somewhat insecure about our periods and I would like to help change that shame now"

Theme: **Reduction in Shame/Stigma**

"never feel ashamed of your body and your menstrual cycle or period"

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"to realize your period is nothing to be ashamed of" "not being ashamed of having period"

"periods are not only a bad thing"

"periods aren't always negative"

"it is important to be informed when younger and to know its normal and your not alone"

Theme: **Increased awareness/understanding of shame**

"5th vital sign realizing that I feel some shame associated with my period - - this is unnecessary"

"I need to assess why I feel shame now"

"I think is shame of period issue"

"I'm not the only one who experiences the issues I've had in the past, and that a lot of women not only feel embarrassed about their periods they feel shameful. I don't think I understood that too well prior to this discussion."