



Leaks, Lumps, and Lines: Stigma and Women's Bodies

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Psychology of Women Quarterly
35(2) 202-214
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sagepub.com/journalsPermissions.nav
DOI: 10.1177/0361684310397698
http://pwq.sagepub.com



Abstract

Women's bodies have often been positioned in art and popular culture as monstrous or defiled and women's bodily products (e.g., menstrual fluid, breast milk) as disgusting. This framing has led to the stigmatization of aspects of women's bodies (e.g., leaking fluids, lumps of fat, and lines in the skin that indicate aging), especially those aspects that are perceived as threats to culture and society. In this article, the author draws on feminist theory, stigma theory, and terror management theory to explain the positioning of menstruating, fat, and old women as threatening and stigmatized. Evidence for the stigma is discussed, as are the effects of stigma on the stigmatized and the stigmatizers. Ways of resisting, reframing, and coping with stigma are suggested.

Keywords

stigma, body image, sexism, aging (attitudes toward), body weight, menstruation, premenstrual syndrome, menopause

We live in a culture of contradictions. Last fall, a columnist for Salon.com argued in response to a review of *My Little Red Book*—a collection of menarche stories designed for early adolescents (Nalebuff, 2009)—that there is no need for menstrual activism because menstruation is no longer a taboo topic (Fortini, 2009). A few months later, comedian Joan Rivers, a guest on the Wendy Williams television talk show, was censored for using the word “period,” a common euphemism for menstruation. The message sent was that “it is okay to menstruate as long as you do not mention it and no one knows you are doing it.” Thanks to advances in medicine, people in industrialized nations are living longer than ever before. Yet in the United States, “anti-aging” products are best-selling commodities, thus sending the message: “It is good to live a long time—as long as no one can tell how old you are.” As the average weight of Americans is increasing, the government declares a “war on obesity” as if fat people themselves are the enemy. Heavyweight people, especially women who do not disguise their fat with foundation garments or loose clothing, are targets of discrimination in daily life and are objects of amusement on “reality” television shows, such as *Fat Actress* and *Dance Your Ass Off*. Yet, we are inundated with advertisements for high-calorie treats and the labor-saving devices we are told we “deserve”: “Indulge yourself, take it easy, but don’t gain weight.”

Bellicose metaphors about the body, especially women's bodies, are common in popular culture. Magazine articles about the menstrual cycle, for example, refer to the “war being waged by the body's hormones” and “the battle between estrogen and progesterone,” and they ask “Can you win the hormone war?” (Chrisler & Levy, 1990, pp. 97, 98). Every day we are urged to battle our weight and to fight

aging. A recent article by Whitaker (2004) is titled “Managing the Battle of the Bulge,” another by Rubi (2010) explains that “America is Losing the Battle of the Bulge,” and a current advice book for dieters is titled *How I Won the Battle of the Bulge* (Theel, 2010). The website MSNBC.com (n.d.) asked readers: “Are you fighting aging every step of the way? Tell us about your priorities, fears, and other thoughts on growing older.” Wellsphere.com (2010) has a page titled “Fighting Aging,” and many of the posts there use the metaphor in their titles: “Fight aging by eating right,” “How to fight aging and stay young,” and “3 tips to help fight aging.”

Women's studies scholars have used the metaphor of colonization to talk about women's bodies (e.g., Morgan, 1991), but wars and occupations generally result in resistance. There are groups of women engaged in menstrual activism (see Bobel, 2006, 2008), promoting positive aging (e.g., The Red Hat Society, the Taos Institute), and working toward fat acceptance (e.g., Fat Liberation Movement, Healthy at Any Size, and National Association to Advance Fat Acceptance). These groups are small, and their work is not well known to the general public. It seems that most women (at least in the United States) have accepted the idea that women's bodies in their natural state are somehow disgusting (Chrisler, Gorman, Abacherli, et al., 2010) and must be battled, controlled, and

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“improved.” I am reminded of the cartoon character Pogo’s sad discovery: “We have met the enemy, and he is us.”

Women’s Bodies as Threats

Why have women’s bodies become a battleground? The simple answer is because they present (or represent) a threat to culture and society. An ancient threat, believed by many to be the root of patriarchal oppression of women, concerns paternity and men’s uncertainty about whether they have a genetic connection to the children they are raising. This threat has resulted in colonization: attempts to control women’s bodies and to curtail women’s freedom. However, it does not concern us here because it does not lead to stigmatizing women’s bodies, although it certainly has led to stigmatization of women as adulterers and children as bastards, often with disastrous consequences. Today, in some parts of the world, women are still killed because they have been accused of adultery.

The Threat of the Menstruating Woman

A more relevant threat is the positioning of women’s bodies as monstrous and polluted, “a unique blend of fascination and horror” (Braidotti, as cited in Ussher, 2006). As Jane Ussher (2006, p. 1) put it: a woman’s body “is a body deemed dangerous and defiled, the myth of the monstrous feminine made flesh . . . Central to this positioning . . . is ambivalence associated with the power and danger perceived to be inherent in woman’s fecund flesh, her seeping, leaking, bleeding womb standing as site of pollution and source of dread.”

Superstitious beliefs about menstruation were (and are) common, and many led to taboos that circumscribed menstruating women’s behavior. Among the beliefs described by Frazer (1951) are the following: Drops of menstrual blood upon the ground or in a river kill plants and animals; wells run dry if a menstruating woman draws water from them; men become ill if they are touched by or use any objects that have been touched by a menstruating woman; beer turns sour if a menstruating woman enters a brewery; and beer, wine, vinegar, milk, and jam go bad if touched by a menstruating woman. These beliefs have been reported in various places in Europe, Asia, Africa, Australia, and the Americas, and they are related to contemporary beliefs that women should not bathe, swim, wash their hair, do heavy housework, play sports, tend houseplants, eat or drink certain things, or engage in sexual intercourse during the menses (e.g., Davis, Nowygrod, Shabsigh, & Westhoff, 2002; Marván, Ramírez-Esparza, Cortés-Iniestra, & Chrisler, 2006; Snow & Johnson, 1978; *Tampax Report*, 1981; Williams, 1983). As recently as the 1930s, scientists were attempting to demonstrate that menstruating women exuded menotoxins (i.e., poisonous elements) in their menstrual blood, perspiration, saliva, urine, and tears (see Delaney, Lupton, & Toth, 1987). Although

most Westerners today do not believe in menotoxins, the sex taboo during menstruation is still widely observed, and most people believe that it is at least good manners, if not absolutely necessary, to hide evidence of menstruation, not only from public view but in private as well (Johnston-Robledo & Chrisler, in press).

Advertisements for menstrual hygiene products, although now ubiquitous and not nearly as oblique as those of my youth (e.g., “Modess . . . because.”), still do not show evidence of the products in use or as having been used, as Judy Chicago did in her 1972 art installation *Menstruation Bathroom*. Some ads actually use blue liquid, rather than red or brown, to illustrate the products’ functionality (Merskin, 1999). The ads contribute to the communication taboo by promoting secrecy and by their use of allegorical images (e.g., flowers, hearts), and they contribute to stigmatizing the menses by their emphasis on being clean and fresh and avoiding embarrassment (Coutts & Berg, 1993; Delaney et al., 1987; Houppert, 1999; Merskin, 1999). Advertisements emphasize women’s worry about shameful leaks and their fear that they will be “outed” as menstruating—because discovery means stigma (Coutts & Berg, 1993). Ads for panty liners tell women to use the product everyday so that they can be “confident” that they are always “fresh” and untainted (Berg & Coutts, 1994). The term “feminine hygiene” itself suggests that there is something dirty about women (Kane, 1997), and Kotex now markets a new “crinkle-free” wrapper, so that other women in a public restroom will not know that someone is unwrapping one of their products (Kissling, 2006). A print advertisement for “U” by Kotex plays on stigma: “I tied a tampon to my keyring so my brother wouldn’t take my car. It worked” (Newman, 2010). A series of television commercials that Tampax is currently running play on the menstrual euphemism “Mother Nature’s gift.” They show Mother Nature, a middle-aged woman in a green suit, approaching women in public places and trying to hand them a small, red gift box. The humor comes in as the women dodge and weave, trying to avoid Mother Nature, because menstruation is the “gift” no one wants to receive.

In a recent study, my colleagues and I investigated product placement in three major drugstore chains (Chrisler, Gorman, Abacherli, et al., 2010). We found that menstrual hygiene supplies were always placed in the rear of the store, where people who were not looking for them would be less likely to encounter them. The signs in the aisles were euphemistic (e.g., “Personal Care”), and in one store, the aisle sign read “clean, revitalize, cleansing, fresh.” The uninitiated might expect to find soap and detergent in an aisle marked that way, but the shelves contained tampons and pads, breastfeeding supplies, and douching supplies. The sign (and the ads) suggests that, without those products, women are dirty and stigmatized, but with them, women can be clean and fresh and keep their stigmatized conditions concealed.

Besides the threat of discovery, the menstrual cycle is connected to another, more modern threat: the erratic, out-of-control premenstrual woman (Chrisler, 1996, 2002; Chrisler & Caplan, 2002). In 1981, two women in England on trial for murder received lesser convictions because Dr. Katharina Dalton testified that they had premenstrual syndrome (PMS). Prior to that, PMS was a little known phenomenon. Most women coped with premenstrual signs and symptoms and considered them, if they considered them at all, to be part of the ups and downs of life. The trials resulted in an explosion of media interest in PMS, which led to the current belief that most women are ill for at least several days prior to their menses. Images of violent premenstrual murderers merged with ancient images of women as dangerous beings who lured men to their doom, but now women's hostility and duplicity were seen to arise from their own bodies.

PMS was referred to in the popular press as a "menstrual monster" that turns women into Jekyll and Hyde (Chrisler & Caplan, 2002; Chrisler & Levy, 1990). Self-help books and qualitative studies suggest that women have embraced this metaphor as a way to explain unfeminine behavior or to reject words or actions they wish they had not said or done (Chrisler, 2008). A woman interviewed by Swann and Ussher (1995, p. 364) spoke of "this thing that takes over me." Authors of confessional/self-help books have written about "premonstral syndrome" (Ferrare, 1999, p. 43) and warned about an "untamed monster" that can "raise its ugly head and devour family and friends with uncontrolled words, moods, or action" (Frangipane, 1992, p. 8). One author wrote, "When I'm in PMS mode, no one is safe" (Ferrare, 1999, p. 49), and another that "Once a month, I'm a woman possessed" (Post, as cited in Chrisler & Levy, 1990, p. 97).

Premenstrual symptoms are not technically part of the menses; they are defined as resolving when menstruation begins. However, it seems that the threat of the menstruating woman and the threat of the premenstrual woman have merged into one stereotype of a moody, and possibly dangerous, woman. Recent studies of attitudes toward women indicate that premenstrual and menstrual women are now described in similar ways (e.g., angry, tense, irritable, and changeable; Chrisler, Gorman, Marván, & Johnston-Robledo, 2010; Forbes, Adams-Curtis, White, & Holmgren, 2003; Marván, Islas, Vela, Chrisler, & Warren, 2008).

If you think that I am exaggerating the menstrual cycle as threatening, just search "Hillary Clinton and PMS" online and see how many hits you get. Or consider what pundit G. Gordon Liddy said on his radio show about then Supreme Court nominee Sonia Sotomayor: "Let's hope that the key conferences aren't when she's menstruating or something, or just before she's going to menstruate. That would really be bad. Lord knows what we would get then!" ("Liddy Worried About Sotomayor," 2009). Of course, neither Clinton nor Sotomayor are likely to continue to menstruate, but the threat of a woman in a position of power sometimes seems to cause emotional reactions that defy logic.

The Threat of the Menopausal Woman

I do not plan to say much about menopause, but I can never resist an opportunity to quote Tavis (1992, p. 133): "The only thing worse for women than menstruating is not menstruating." In youth-oriented cultures, such as our own, menopause is experienced by some women as a threat because it provides clear-cut evidence of aging. I believe that women complain about hot flashes, not just because they are uncomfortable but also because flushing, sweating, and suddenly shedding a layer of clothing when no one else seems to be hot, communicates to others something a lady is never supposed to tell: her age.

A menopausal woman can also be a threat to others. In recent studies of attitudes toward women, menopausal women were described as old, irritable, tense, and bitter (Chrisler, Gorman, Marván, et al., 2010; Marván et al., 2008). These beliefs suggest that menopausal women, like menstruating women, could be dangerous to approach. Furthermore, in cultures where older people are respected, and moving past the childbearing years brings increased status, menopausal women might be a threat to the men in their families because they are not as docile and submissive as they once were.

The Threat of Aging

Signs of aging writ on the body are a reminder that time is passing and are often experienced as a threat to mortality (Zebrowitz & Montepare, 2000). The cultural discourse about fighting aging, including MSNBC.com's request for comments about "fears" of "growing older," is evidence that aging is considered a threat—to functionality and status as well as mortality. In a recent study, my colleagues and I investigated the possibility of stigma-by-association with certain commercial products (Chrisler, Gorman, Abacherli, et al., 2010). We gave college students a shopping list of 33 items and asked them to rate how comfortable they would be purchasing each of the items if a family member had requested that they do so. Adult diapers and the erectile dysfunction drug Viagra, products associated with aging (and leaking), were among the items that would make students most uncomfortable, even though it would be obvious to the store clerk that the products were not for their own use. Shame about aging has been connected most strongly to physical dysfunction in both genders (McKee & Gott, 2002), and our results suggest that even a remote connection to someone else with an age-related dysfunction is enough to cause embarrassment.

The appearance of hot flashes, gray hair, lines on the face, or other signs of aging can, of course, cause both women and men to think about how much time they have left and how they want to spend it. However, it is women, not men, who typically lose status with the first signs of aging because the female beauty ideal requires youth (Chrisler, 2007). Men do not lose status until much later than women do because early

signs of aging (e.g., salt-and-pepper hair) make them look distinguished. It is even possible for men with deep lines in their faces to be considered attractive (e.g., actor Robert Redford). This double standard of aging (Halliwell & Dittmar, 2003; Harris, 1994; Sontag, 1979) pushes women to cover up, or remove, signs of aging through the use of cosmetic products and surgeries and even strategic clothing choices (Clarke, Griffin, & Mahiha, 2009). Indeed, both anxiety about aging (Slevec & Tiggemann, 2010) and self-objectification (Calogero, Pina, Park, & Rahemtulla, 2010) are predictors of women's willingness to consider cosmetic surgery. Anxiety about aging also predicts how likely women are to use antiaging products, such as hair dye and wrinkle cream (Muisse & Desmarais, 2010). Women who report having experienced age-related discrimination in the workplace also report greater use of hair dye, make-up, cosmetic surgeries, and other procedures in response to the negative experience of economic threat (Clarke & Griffin, 2008).

Although age-concealment products and techniques are increasingly commonly used, attitudes toward them are, at best, ambivalent. In a recent study by Muise and Desmarais (2010), women reported that they both used antiaging products and criticized media messages about them; thus, women had positive attitudes toward "natural aging" even as they concealed evidence of it. Harris (1994) found that her participants expected women, more than men, to conceal signs of aging; that female participants were more likely than male participants to use (or to expect to use in the future) age-concealment products and techniques; and that women who engaged in age-concealment practices were judged harshly. The participants described them as conceited, foolish, vain, and pathetic. Similar harsh judgments are reflected in the negative terms used to describe some of the effects of aging on the body (e.g., crow's feet, bat wings, and turkey wattles; Clarke et al., 2009), which, like menstrual blood, can be seen as stigmatizing marks. Women's concerns about signs of aging are not only reflected in sales of antiaging products; for example, Nora Ephron's (2006) book *I Feel Bad about My Neck* was a national bestseller.

The Threat of Fat

The current beauty ideal requires not only youth, but thinness, which has been a central feature of Western beauty culture for about 50 years. In fact, as the average woman in the United States grew larger, the ideal woman got smaller (Freedman, 1986; Stearns, 1997). This trend means that fewer and fewer women will find it possible even to approach the ideal body weight and shape; however, that virtual impossibility does not stop many women from attempting unsafe weight loss. The threat to a woman's self-esteem if she is labeled unattractive can be great enough to motivate her to try anything to lose weight, especially in a consumerist culture that defines beauty work as part of women's role and supports the objectification of women's bodies.

Popular culture often positions body fat, perhaps especially cellulite and lumps or rolls of fat, as ugly and stigmatizing. Some recent magazine and website articles offer advice about how to get rid of "ugly belly fat" (Martyn, n.d.), "ugly back fat" (Stephens, 2006), and "ugly body fat" (Wanglass, n.d.), and a female body builder tells "How I lost 30 lbs of ugly fat" (Blackburn, n.d.). In a recent interview study, 94% of Australians with a history of weight-loss attempts said that they had experienced stigma and discrimination (Thomas, Hyde, Karunaratne, Herbert, & Komesaroff, 2008). A recent field study in the United States showed that fat shoppers experienced interpersonal discrimination from store clerks (King, Shapiro, Hebl, Singletary, & Turner, 2006), and that is only one of many such studies showing discrimination against heavyweight people in employment, college admissions, housing rentals, and health care settings (see Puhl & Heuer, 2009, and Rothblum, 1992, for reviews).

American culture encourages people to believe that they have more control over their lives and their bodies than is actually possible (Brownell, 1991; Chrisler, 2008; McDaniel, 1988; Ussher, 2004). Women who gain "too much weight" are often accused of "letting themselves go." Self-control is a marker of femininity (Baumeister, Heatherton, & Tice, 1994; Chrisler, 2008), and indulging one's appetites is considered unfeminine (Chrisler, 1991a, 2008). Stigmatizing fat women may be a way for other women to motivate themselves toward self-control and to protect themselves from the threat that they, too, could gain weight. If thinner women believe that fatter women are lazy and undisciplined, they can think, "I'll never let myself go like that."

Body fat has also been positioned culturally as a threat to health and mortality. Although it has been known for sometime that certain chronic illnesses (e.g., diabetes, heart disease) are associated with weight, the association is confounded with behavioral and socioeconomic issues, as well as with the effects of dieting, which itself is hard on the body (Campos, 2004; Ernsberger, 2009; Rothblum, 1990). Furthermore, it is not known how much weight people must gain before they are at risk for chronic illness, nor do we know much about the physical functioning of healthy fat people. However, the state of the data has not halted the progress of the medicalization of body fat.

Popular culture has incorporated the notion that obesity itself is a "disease" of "epidemic" proportions, that obesity can be accurately and scientifically measured and categorized according to the body mass index (itself a social construction), and that at-risk individuals must lose weight, even though medicine has little help to offer to them in their attempt. Diets rarely work, and surgical and pharmaceutical interventions often have side effects that can be as bad as (or worse than) the illnesses they are intended to prevent (Campos, 2004). The end result is stigma and victim-blame. The health threat also provides cover for women whose real motivation for dieting and exercise is appearance related, which might be deemed vain or frivolous, whereas health is a widely shared value in the United States.

Women's health and fitness magazines tend to be as much or more about beauty culture as they are about physical health.

Although both men and women gain weight as they age, and both are at risk for many of the chronic illnesses associated with heavy weight, women are judged more harshly than men for weight gain at all points in life (Rothblum, 1992). Men have more degrees of freedom in how much weight they can carry and still be considered attractive. This is a conundrum because fat distribution on the body is a signal of femaleness and fecundity. A certain percentage of body fat is needed to support menstrual cycles and pregnancy. Women tend to gain weight at each reproductive milestone (at menarche, at menopause, and after each pregnancy), and fat was once believed to signal contentment in women (i.e., "fat and happy"). Therefore, it is odd that a low-body weight is considered more attractive in women than in men. Popular culture has so thoroughly incorporated the idea that fat is bad that many are ignorant of its vital importance—to store energy reserves, insulate us from the cold, and cushion us from injury.

The Threat of Difference

Perhaps one reason why so many women think that a lean body is better than one with fat pads is that man, not woman, is considered to be the prototypical human. Many feminist theorists have discussed the notion of woman as "other" (e.g., de Beauvoir, 1952; Kitzinger & Wilkinson, 1996; Tavis, 1992). If man is the standard and woman is the deviation, then men must distance themselves from women, or things associated with women, in order to maintain their privileged status (Chrisler, Gorman, Abacherli, et al., 2010). Theories of masculinity suggest that, in order to "be a man," men must reject anything feminine and avoid contact with objects related to women's nature (Englar-Carlson, Stevens, & Scholz, 2010; Smiler, 2004). This distancing may explain why natural processes (e.g., birthing) and products (e.g., menstrual blood, breast milk) associated with women's bodies are considered disgusting by many people. When I show my students a video of a woman giving birth, some avert their eyes, and others are obviously squeamish. When chef Daniel Angerer made cheese from his wife's breast milk and added it to his restaurant's menu, the media in New York City reacted with shock and outrage, and the Health Department quickly forbade him to sell it (Greene, 2010). Young (2005) argued that menstruation renders women "queer" in societies where nonmenstruators are considered "normal."

Terror management theorists have postulated that people distance themselves from nature because, as the only animals thought to be intelligent enough to recognize our own mortality, we defend against the anxiety aroused by our fear of death by insisting that we are different from other animals (Goldenberg, Pyszczynski, Greenberg, & Solomon, 2000; Goldenberg et al., 2001). As a result, people are uncomfortable with aspects of our own bodies that remind us that we are

animals; natural processes (e.g., reproduction, digestion, and elimination) are controlled or circumscribed in cultures around the world. In our shopping list study (Chrisler, Gorman, Abacherli, et al., 2010), most of the products participants felt most uncomfortable purchasing (besides adult diapers) concerned reproduction or reproductive organs: Viagra, a pregnancy test kit, jock itch treatment, yeast infection treatment, and douching supplies.

Many cultures consider women to be closer to nature than men are because of women's central role in reproduction and the rhythms of the menstrual cycle (de Beauvoir, 1952; Hubbard, 1990; Roberts & Waters, 2004). The flight from corporeality (Goldenberg et al., 2000) and attempts to deny "creatureliness" (Goldenberg et al., 2001) have been theorized to factor into women's self-objectification (Roberts, 2004; Roberts & Waters, 2004). In addition, self-objectification has been linked to negative attitudes toward menstruation (Johnston-Robledo, Ball, Laut, & Zekoll, 2003; Roberts, 2004), willingness to eliminate the menstrual cycle by using continuous oral contraceptives (Andrist, 2008; Johnston-Robledo, Sheffield, Voigt, & Wilcox-Constantine, 2007), negative attitudes toward breastfeeding (Johnston-Robledo & Fred, 2008; Johnston-Robledo, Wares, Fricker, & Pasek, 2007), discomfort with sexuality (Hirschman, Impett, & Schooler, 2006; Sanchez & Kiefer, 2007), and willingness to schedule an elective caesarian section (Andrist, 2008). Terror management and objectification theories might also explain why so many women (and, increasingly, men) regularly remove body hair (Basow, 1991; Boroughs, Cafri, & Thompson, 2005; Martins, Tiggemann, & Churchett, 2008; Tiggemann & Kenyon, 1998). At the Golden Globes ceremony in 2010, the actress/singer Mo'Nique stopped in front of reporters on the red carpet, where she created a controversy by lifting her skirt to show her hairy legs. People posted comments online like this: "Disgusting is an understatement" (Saint Louis, 2010).

Threat Leads to Stigma

The word *stigma* applies to any mark or attribute that sets some people apart from others because it conveys the information that those people have a defect of body or character that spoils their social identity (Goffman, 1963). Any substance or condition that evokes disgust or avoidance can be referred to as stigmatized. Stagnor and Crandall (2000, pp. 62–63) theorized that "stigma develops out of an initial, universally held motivation to avoid danger, followed by (often exaggerated) perception of characteristics that promote threat, and accompanied by a social sharing of these perceptions with others."

Stigma is a social construction, and the marks or attributes that are stigmatized can vary between cultures and across time (Stagnor & Crandall, 2000). Lumps and lines, for example, may be stigmatizing marks in some cultures, but not others (Crandall & Martinez, 1996). In societies where food is scarce, body fat is a sign of health and wealth—as it was in

the United States 100 years ago (Schwartz, 1990). In societies where elders are respected for their wisdom, signs of aging are not something to hide (O'Leary, 1993). Even in the case of stigmas that are widely shared across cultures (e.g., leaks), not everyone accepts the belief that the marks expose a threat.

In the United States, for example, celebrations of menstruation are associated with cultural feminism and earth-based spirituality (see, e.g., Stepanich, 1992; Wind, 1995), some physicians and nurses are attempting to have menstruation declared the fifth vital sign and its presence reframed as evidence of good health (www.projectvitalsign.org), and menstrual activists promote openness about menstruation and advocate the use of eco-friendly alternatives to tampons and pads (Bobel, 2006). The same can be said about Americans' attitudes toward lumps and lines. Blacks have often been found to have less body dissatisfaction than Whites, especially where weight is concerned (e.g., Stevens, Kumanyika, & Keil, 1994), and they are less likely than Whites to stigmatize heavyweight targets (Hebl, King, & Perkins, 2009); feminists, especially older women, appear to have less body dissatisfaction than nonfeminist women (Murnen & Smolak, 2009); and complaints about signs of aging are more likely to be reported by mid-life and older women when they are asked about them directly than when they are interviewed about aging or current well-being in general (Chrisler, 2007).

Nevertheless, there is ample evidence of stigma attached to women's bodies in both popular culture and psychology research. For example, Rozin, Haidt, McCauley, Dunlop, and Ashmore (1999) asked 250 college students to interact with a series of objects hypothesized to evoke disgust. In one test, the researchers placed an unopened sanitary tampon on a clean paper plate in front of the participants. All were willing to pick up the wrapped tampon, and fully 97% were willing to unwrap it and hold it in their hands. However, only 54% were willing to touch it to their lip, and even fewer (31%) were willing to put it in their mouth.

A recent survey by Allen and Goldberg (2009) found that only 43% of young women (ages 18–23) reported that they had ever violated the sex taboo, and in a clever experiment, Tomi-Ann Roberts and her colleagues (2002) demonstrated what can happen when a woman's normally concealed menstrual status is revealed in public. A research assistant dropped either a tampon or a hairclip in front of a group of participants who were waiting for the study to begin. The participants in the tampon condition later rated her as less likable and less competent than did participants in the hairclip condition. Similarly, research participants have been observed to stand or sit farther away from pregnant (Taylor & Langer, 1977) and heavyweight women (Hebl & Mannix, 2003), as well as from women they believe are menstruating (Roberts et al., 2002). Adult participants have reported less willingness to hire pregnant (Masser, Grass, & Nesic, 2007) and heavyweight (O'Brien et al., 2008) job applicants, and children have reported less willingness to befriend a fat child

(Goldfield & Chrisler, 1995). Pregnant women expect to experience stigma and discrimination in the workplace (Fox, 2010) and worry about others' reactions to their weight gain during pregnancy (Earle, 2003). Women who were led to believe that a male interviewer knew that they were menstruating expected him not to like them and were less motivated than other women were to make a good impression (Kowalski & Chapple, 2000).

The absence of older women and fat women in the media, relative to their numbers in the general population, is evidence of stigma (Gerike, 1990; Nett, 1991; Zebrowitz & Montepare, 2000) because it suggests that viewers, even viewers like themselves, do not want to see them. A recent study by Latner, Rosewall, and Simmonds (2007) showed that total media use, magazine readership, and videogame use all predicted early adolescents' (ages 10–13) negative attitudes toward fat peers. Researchers have also demonstrated stigma-by-association. For example, in a recent study conducted in Wales, children (ages 5–10) liked a fat target character less than a thin target character, and they liked a thin female target less if she was presented with fat people in the background; no such difference was found with the male target (Penny & Haddock, 2007). In another study, average weight job applicants who sat next to heavyweight job applicants were evaluated negatively (Hebl & Mannix, 2003). Moreover, men who are attracted to fat women are themselves stigmatized (Goode & Preissler, 1983).

To capture the subtlety of these associations, my colleagues and I linked a target woman with commercial products related to stigmatized conditions by showing our participants one of four photographs of the target's bathroom (Chrisler, Gorman, Abacherli, et al., 2010). The only difference between the photos was the presence of two particular products. Group 1 (the control group) saw shampoo and baby powder, Group 2 saw a box of tampons and a bottle of Midol (a common treatment for menstrual cramps), Group 3 saw a box of dye for gray hair and a jar of antiwrinkle cream, and Group 4 saw a box of appetite suppressants and a bathroom scale. Participants were asked to imagine the woman whose bathroom they saw and to rate her on a series of items. Regardless of condition, women rated the target as more pleasant, more organized, and more successful than men did, but there were other differences by condition. The target associated with the weight-loss products was judged more harshly than the other targets; participants rated her as less confident and less emotionally stable than the others.

The battle to control women's bodies has resulted in a series of double binds, documented by researchers and reflected in popular culture, which suggest that there is something inherently wrong with women no matter what we do. For example, there is stigma attached to both pregnancy (Taylor & Langer, 1977) and infertility (Maill, 1994; Spector, 2004); there are negative attitudes toward mothers (especially in the workforce; Crosby, Williams, & Biernat, 2004; Cuddy, Fiske, & Glick, 2004; Masser et al., 2007) and also toward

women who choose not to have children (LaMastro, 2001; Russo, 1976); there is stigma linked to breast milk and breastfeeding (Johnston-Robledo, Wares, et al., 2007; Smith, Hawkins, & Paull, 2010) as well as to women who choose not to breastfeed their infants (Forbes et al., 2003; "Supermodel Gisele Bundchen," 2010); there is stigma associated with fat women (Penny & Haddock, 2007; Royce, 2009), with anorexic women (Crisafulli, von Holle, & Bulik, 2008; Stewart, Keel, & Schiavo, 2006), and with women who take extreme measures to lose weight (e.g., bariatric surgery; Mattingly, Stambush, & Hill, 2009); and there is stigma attached to visible signs of aging (Clarke & Griffin, 2008; Clarke et al., 2009) and to women who seek cosmetic surgery in order to look younger than they are (Harris, 1994).

It is powerful members of a society who determine what the social (or physical) norms are and what defines people as deviant (Dovidio, Major, & Crocker, 2000). In the case of stigma applied to women's bodies, the norms are androcentric. Stigmatization legitimates the status hierarchy (Zebrowitz & Montepare, 2000) because it allows the nonstigmatized to justify the status quo and their place in it (Dovidio et al., 2000). Stigmatizing others also enhances the self-esteem (Dovidio et al., 2000) and personal empowerment (Klein, Snyder, & Gonzalez, 2009) of the stigmatizers because it promotes favorable social comparisons with outgroups. Powerful people can also protect themselves from the types of threats discussed earlier by distancing themselves from stigmatized individuals, bodily substances, and biological processes; by objectifying the stigmatized groups and thinking of them less as individuals and more as objects to be derided, admired, or manipulated; by discriminating against stigmatized individuals in social and employment settings in order to minimize their contact with those individuals; and by setting and enforcing cultural rules that require individuals to control, eliminate, or hide their stigmatized marks from public view. After all, as Steinem (1978) wrote, if men could menstruate, the menses would be a badge of honor, not a mark of stigma.

Effects of Stigma Consciousness on the Stigmatized

The effects of stigma on stigmatized people is variable in general (Major, 2006), and in the case of stigmatized aspects of women's bodies, perhaps even more so. After all, women are not continuously menstruating, pregnant, or lactating, and, when we are, others do not necessarily know it. In cases where body size, shape, or signs of aging are obvious, the situation still makes a difference. Who is the woman with, and what do they look like? What is she doing? Has she heard a sexist, ageist, or sizeist comment recently? Is someone in authority evaluating her? In other words, as Steele (1997, p. 613) put it, is there a "threat in the air?" Although nothing I say here affects all women in all situations, there are some things we do know.

First, stigmatization appears to be connected to the objectification of self and other women. When both women and men feel threatened, their tendency to objectify women increases (Grabe, Routledge, Cook, Anderson, & Arndt, 2005). Furthermore, negative attitudes toward reproductive functioning have been linked to self-objectification (Johnston-Robledo, Sheffield, et al., 2007; Roberts, 2004). For example, Roberts (2004) reported that women who scored high on measures of objectification also reported negative emotional reactions to menstruation, such as loathing and self-consciousness. Johnston-Robledo, Sheffield, et al. (2007) found that women higher in self-objectification reported higher levels of shame associated with menstruation and breastfeeding. Objectification can be seen as part of the "flight from corporeality" (Goldenberg et al., 2000)—an attempt to convert the body from a part of the self into a thing or a project (Brumberg, 1997), as a way to provide distance from the threats discussed earlier, and perhaps as a way to exert control. As Roberts (2004) noted, concealment of biological functioning is part of women's body work. Self-objectification has been linked to negative physical and mental health outcomes for women (e.g., depression, disordered eating, and cognitive deficits), including potential health risks such as avoiding breastfeeding (Johnston-Robledo, Wares, et al., 2007), suppressing menstruation through long-term continuous oral contraceptive use (Andrist, 2008; Johnston-Robledo et al., 2003), seeking unnecessary Cesarean and cosmetic surgeries (Andrist, 2008; Braun, 2005; Calogero et al., 2010), and an inability to communicate with doctors about (and to understand information about) childbirth and sexuality (Braun & Kitzinger, 2001).

Second, self-objectification, negative attitudes toward menstruation and aging, dissatisfaction with body size and shape, fat phobia, a belief that the appearance of one's breasts is more important than their functionality, and ignorance about one's reproductive functioning (as suggested by the preference for euphemistic and slang terms) all are connected to body shame. A recent qualitative study of young women's experiences with menarche showed that shame was a commonly reported emotion, even among those who had looked forward to their first menstruation as a sign of maturation (Lee, 2009). Shame may also be related to women's body hair removal. For example, a recent study showed that 96% of the 235 Australian women surveyed regularly removed leg and underarm hair, and 60% also removed at least some of their pubic hair; additionally, women who read more fashion magazines were more likely than those who read fewer to remove their pubic hair (Tiggemann & Hodgson, 2008). Research conducted in the United States shows that women report greater proneness to both guilt and shame than men do (Benetti-McQuoid & Bursik, 2005). Furthermore, women who internalize the cultural body ideal and see themselves as deviating from it are especially likely to report body-related shame (Bessenoff & Snow, 2006), and women with higher scores on the body shame factor of the Objectified Body

Consciousness scale also agreed that menstruation and breastfeeding are shameful (Johnston-Robledo, Sheffield, et al., 2007).

Third, stigma and shame can lead to self-fulfilling prophecies, perhaps especially when threat is in the air. This process was demonstrated experimentally by Kowalski and Chapple (2000) in their study where women who thought that an interviewer knew they were menstruating did not try to make a good impression because they believed it to be futile. Other studies have shown that women believed they performed worse on cognitive tasks when they were menstruating, even when objective scores did not support their belief (e.g., Chrisler, 1991b; Sommer, 1973).

Although studies have not, to my knowledge, tested stereotype threat and women's reproductive shame empirically, women have written about instances when they felt shame or embarrassment because they sensed a threat. For example, a postpartum professional woman wrote about being ashamed by the horrified expressions on her audience's faces when her breast milk leaked while she was making a presentation (Moore, 2007). A pregnant teacher was embarrassed when she overheard some of her students making crude jokes about what they might see if she went into labor in the classroom (Chrisler & Johnston-Robledo, 2010). A heavyweight professor with a disability found comments on her course evaluations that suggested that she was not qualified to teach a course on Health Psychology (Escalera, 2009). A researcher who studies women's knowledge about, and attitudes toward, their genitalia wrote about her concerns about whether, when, to whom, and how much she could talk about her work with others without embarrassing them and herself (Braun, 1999). Thus, stigma and shame could cause women to alter their behavior in ways that affect their social interactions and work performance, as shown in the classic study where women tried on either a swimsuit or a baggy sweater and then took some cognitive tests (Frederickson, Roberts, Noll, Quinn, & Twenge, 1998). The women in swimsuits performed worse than those in sweaters, no doubt because the swimsuit caused them to be aware that their bodies' flaws were on display.

Fourth, although many members of stigmatized groups are resilient and cope well with the stress and threat they confront, others find that "the experience of being devalued, stereotyped, and targeted by prejudice" affects their self-esteem, social behavior, and academic and work-related achievement (Dovidio et al., 2000, p. 2). Again, these effects tend to be context dependent (Dovidio et al., 2000; Major, 2006) and may also depend on whether or not women internalize the cultural body ideal and strive to meet it.

Fifth, the stigma attached to women's bodies can divide women from each other and create conflict between "good" and "bad" women. Scholars have documented such divisions between women who suffer during the menstrual or premenstrual phases of their cycles and women who say "it's no big deal" (Stubbs & Costos, 2004) and between women

who believe they should devote their lives to their children and those who assume multiple roles (see Johnston & Swanson, 2004). Recent online debates about breastfeeding and body hair show evidence of harsh judgments against women with different attitudes. Women's judgments against each other appear to be especially harsh when they believe that women can and should take steps to avoid or conceal stigmatizing marks. Those who believe that anyone can lose weight if they try hard enough are especially likely to report negative attitudes toward heavyweight women (Crandall, 1994; Crimin & Miller, 2005). Fat women who themselves hold this belief are likely to be prone to shame and to believe they deserve social rejection (Crocker & Major, 1994).

Resilience and Resistance

As I noted earlier, it is members of powerful groups in society who determine which marks or identities are stigmatized; indeed, ingroups and outgroups are defined from their perspective. However, their perspective is not the only one. It is possible, as we have seen, for women to reject cultural demands and refuse to internalize ideals they know they cannot meet or which they find objectionable. Women have used speak-outs, satire, media literacy workshops, zines, blogs, and other activist techniques to expose and reject sexist oppression of all types, including stigmatizing messages about women's bodies. Some Western feminists (e.g., Taylor, 2003) have advocated menarche parties for girls, similar to celebrations that other cultures have. Girls might find the idea embarrassing, but a party could promote positive attitudes toward menstruation and help them to realize that other girls and women in their life are not embarrassed (Johnston-Robledo & Chrisler, in press). Simply talking openly about our bodies can help to reduce stigma (Culpepper, 1992); reading blogs and zines and viewing works of art, such as Vanessa Tiegs' *Menstrala* series of paintings (<http://menstrala.blogspot.com>) and Leonard Nimoy's *Full Body Project* photographs (www.rmichelson.com/artist_pages/nimoy/pages/MaxBeaut.htm), might have a similar effect. It is questionable, however, whether media such as the Mother Nature commercials and the tampon-on-the-keyring advertisement, which are based on stigma, can possibly do any good, even though they are aired in public and people talk openly about them.

Stigma is in the eye (or the mind) of the beholder. One way that stigmatized groups build self-esteem and acceptance is to spend time with groups of people in which the stigma "disappears" (Stagnor & Crandall, 2000, p. 64). These groups could be composed of others who share the stigmatized mark (e.g., support groups for breastfeeding mothers) or others who reject the stigma (e.g., National Association to Advance Fat Acceptance). Resistance movements, educational groups (e.g., breastfeeding support groups such as the La Leche League), ethnic associations, and disability rights

organizations are all examples of groups that promote collective self-esteem and work to challenge stereotyping.

Feminist organizations are an example of an ingroup that can promote collective self-esteem and help women to find ways to speak up, stand out, and resist stigmatizing messages. Recent research shows that feminist identity and beliefs are good for individual women, as well as society as a whole. There is evidence that feminism provides some protection against body dissatisfaction (Murnen & Smolak, 2009), promotes more satisfying romantic relationships (Rudman & Phelan, 2007), and helps women to feel better about their lives in general (Yakushko, 2007), perhaps because feminism empowers women to reject oppressive messages, assert their opinions, and voice their desires. The empowering messages of feminism are as important today as ever, given that young women now believe that, in order to be successful, they must be perfect and controlled in every way—body, mind, and behavior (Chrisler, 2008). It is not enough today to become powerful through developing expertise; even professional women are expected to be attractive and sexy. Still, the language of feminism is everywhere in popular culture, and many women agree with it, even if they do not think of themselves as feminists (Williams & Witig, 1997; Zucker, 2004).

It is our job, as therapists, researchers, and educators to help women to situate themselves in empowering ingroups and adopt identities that protect them from oppressive messages about our bodies and ourselves. It is possible to redefine the standards of comparison, but we have to start now. Furthermore, we have to realize that not all feminists are already enlightened about stigma and women's bodies; rather, we have work to do with ourselves as well (see, e.g., Rothblum, 1994).

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The author(s) received no financial support for the research and/or authorship of this article.

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