

The Impact of Media Portrayals on the Stigmatization of Individuals with PMDD and PMS

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Abstract: *This study investigates the misrepresentation of menstrual periods in media portrayals and its role in fostering false perceptions and stigma. It further explores societal attitudes toward Premenstrual Dysphoric Disorder (PMDD) and Premenstrual Syndrome (PMS), aiming to develop a nuanced understanding of these real issues. The research adopted a qualitative approach, employing semi-structured interviews with individuals who had sought medical or psychological care for PMDD and PMS. Guided by research questions such as how physical and psychological experiences of individuals with PMDD and PMS are appreciated, and whether media portrayals align with real experiences, the study collected rich, firsthand accounts. Participants were selected using purposive sampling, focusing on individuals visiting healthcare professionals for PMDD and PMS-related concerns. The responses were transcribed, coded, and analyzed to identify recurring themes. Key themes included cultural stigmas, the lack of authenticity in media representations, and the challenges faced in healthcare interactions. The implications of these themes were explored, emphasizing the need for accurate media portrayals and collaborative platforms involving healthcare providers and media professionals to address menstrual health issues genuinely. Recommendations include aligning media narratives with real experiences and enhancing the role of healthcare organizations in public education and advocacy.*

Introduction

This study takes interest in the misrepresentation of menstrual periods in media portrayals and how it corrupts supposed truth and stigmatizes the same. Next, it examines society's reactions and attitudes towards Premenstrual Dysphoric Disorder (PMDD) and Premenstrual Syndrome (PMS), with the purpose of contextualizing those very real issues (Hofmeister et al., 2020; Lee et al., 2021). It was a qualitative research with the use of semi structured interviews of individuals who have sought medical or psychological care for PMDD and PMS. The study, guided by research questions like how physical and psychological experiences associated with PMDD and PMS are sensed and if media representations match up to real experiences, presented rich firsthand accounts (McCormack et al., 2019).

Purposive sampling was used to select participants attending healthcare professionals with PMDD and PMS concerns. Patients with PMDD and PMS seeking care from doctors and psychologists comprised the universe of the study. The same was transcribed, coded and analyzed so as identify recurring themes (Braun & Clarke, 2019). Cultural stigmas and the lack of authenticity in media representations were some of key themes, as well as the challenges encountered in such a healthcare interaction. These themes have implications that were examined, including the need for accurate media portrayal and engagement by healthcare providers and media professionals in a

shared platform to equitably address wholistically wellbeing of menstrual health (Crabtree & Miller, 2021). Align media narratives with real experiences and augment the public education/advocacy role of healthcare organizations are both recommended.

Menstruation is portrayed in negative media as a cultural taboo, which has an impact on women's perceptions of their gender identities. Advertisements for feminine products frequently include advice on how to handle menstrual discomfort and look well. There is a conflict in the way that menstrual women act femininity when they see advertising that portray bodily discomfort as Unimportant or that demand women to be overburdened by their periods. Many times, women feel pressure to express the same feelings as the ladies in these ads (Lese, 2016.)

The theoretical framework that this study is based upon includes all studies mentioned related to the impact of media portrayals of individuals with PMS and PMDD. Aside from this, (Osborn et al., 2020) study on facial expressions, neurobiological variations in neurobiological variations in PMDD and PMS-affected women, which was then considered as a psychiatric condition and now to be understood as a neuro-hormonal disorder which comes under the gynae- jurisdiction, will support the theoretical framework. The results showed differences in facial expressions, brain sensitivity towards the allopregnanolone which was related to hormonal processing. Another study (Osborn et al., 2020) suggested that these women have a perception, where during the times of PMS they turn into monsters or alter ego which makes them feel uncontrollably wild, these participants mentioned that they often have this urge of harming or doing bad things.

However, (Menstruation in Advertising Print Ad Analysis, n.d.) did an analysis on a renowned brand Tampax's advertisement, where the advertisement seems to depict masculinity with sexualized overtones and the man was dressed completely in white, in contrast to this the woman in the advertisement is shown as someone who is gullible by only chocolates and flowers, short The impact of media portrayals on the stigmatization of individuals with PMDD and PMS 19 tempered and dressed in red. This will also be the foundation for the theoretical framework. As presented by (Osborn et al., 2020) the various PMS and PMDD symptoms women go through every month, comparatively, there are no advertisements or advertisement agencies that depicts truly what PMS, menstruation in actuality are. These false depictions of women wearing white pants, not showing any signs of emotional or mood disruptions, nor showing any signs craving salty or sweet foods, such advertisements put a pressure on individuals to act as actors and actresses that were in the advertisement (Lese, 2016).

(Grider & Elon University, n.d.) suggested that it was not only about the advertisements, the period and menstruation products itself do not depict true periods. Around 150 menstruation periods were being studied and all these products either had discreet packaging or had pastel colors like pink and blue. No true PMS or PMDD symptoms were mentioned nor there were any coping strategies to manage these symptoms.

Psychologists have spent decades studying how the menstrual cycle affects behavior. Daily symptom monitoring studies show that these changes are abnormal and may indicate a pathological reaction in a subgroup of hormone-sensitive people. Psychiatric comorbidity is frequently reported by PMDD patients, which increases the risk of misdiagnosing severe PMDD with other psychological disorders. A significant amount of research indicates that the menstrual cycle affects self-harming thoughts and behaviors (STBs), implying that neurobiological hormone sensitivity, like those found in premenstrual dysphoric disorder (PMDD), may be the primary cause of suicide risk in females. Comparatively, women with PMDD have unipolar depression at higher rates than in women who are able to manage their symptoms. Depressive disorders, including dysthymia, mild depression, and severe depression, were found in 18% to 69% of women with PMDD in trials where the illness was retrospectively identified. In research where PMDD was identified prospectively, 12% to 25% of women with PMDD also had depressive disorders. There seems to be cultural similarities to this occurrence. Depression was the most common comorbid diagnosis in women with PMDD, occurring in 24% of cases compared to 3.6% in women without PMDD (Kim and Freeman, 2010). Over 80% of women have a lifetime history of passive suicidal thoughts (SI), with three-quarters reporting active SI.

A small percentage of women have experienced hospitalization for STBs around the premenstrual phase. These rates are above national averages for STB prevalence, including active SI (9.2% in general population), suicidal planning (3.1% in general population), and suicide attempts (2.7% in general population) (Eisenlohr-Moul et al., 2022).

PMS and PMDD are complex conditions primarily involving central neurotransmitters, ovarian hormones, and neurosteroids. Therapeutic approaches target brain neurotransmitter systems and the hypothalamus-pituitary-ovarian axis. Progesterone fluctuations, particularly progesterone, are key factors for PMS/PMDD. Progesterone receptors are widespread in the amygdala, hippocampus, hypothalamus, and frontal cortex. Progesterone's mood-affecting effects are largely due to its metabolite allopregnanolone, which acts as a strong positive modulator of the gamma-aminobutyric acid (GABA) receptor. The involvement of the GABAergic system in PMS/PMDD has led to growing interest in finding new therapies focused on premenstrual symptoms. High concentrations of allopregnanolone can cause sedation but may also induce paradoxical reactions with adverse moods in susceptible women. Fluctuations in allopregnanolone can alter the conformation of the GABA-A receptor, which can induce anxiety-like behaviors in women who are sensitive to this (Tiranini, 2022).

Research Question:

1. What are the prevailing ideas about menstruation among young girls at?
2. What is the impact of media portrayals of PMS symptoms on society?
3. How do media portrayals impact the coping strategies and emotional responses, of affected females?

Methods

It is a qualitative study of subjective perceptions and experiences and emotional reactions to the portrayals of PMS and PMDD in the media. To explore how such conditions are portrayed in media, particularly advertisements, and how such portrayals shape public perceptions, participants were interviewed. To conduct this research in-depth interview transcripts and media content were examined for recurring themes, patterns, and trends in the representation of PMS and PMDD across different outlets.

Twelve individuals from different demographic groups such as consumers exposed to Ads related to their lifestyle or general health, Medical students and also those who have had personal experience with people who suffered from PMS or PMDD composed the sample. Participants were chosen based on a combined purposeful sampling which included the selection of persons who possess relevant perspectives and snowballing sampling, which involves first selecting participants who refer a second batch of participants who in turn refer a third batch, and so on. The diversity on the basis of age, gender and cultural background as well as roles and personal experience was ensured.

Data collection involved two key methods: To that end, in addition to using in depth interviews, in which participants are able to discuss their opinions, emotions, and perceptions about media representations in a flexible and flexible manner, media content analysis is utilized, a systematic method of analyzing advertisements to find recurring themes, stereotypes, and variations in portrayals. This sought, therefore, to give a comprehensive picture of the social and individual effects of media portrayals of PMS and PMDD.

Results

Table 1.. Demographics from the Interviews Conducted

Category	Subcategory	Frequency
Age	12-20	3
	21-25	6
	27-30	3
Marital Status	Unmarried	9

Education	Married	3
	Higher Secondary	1
	A-Levels	3
Location	Undergraduate	1
	Graduate	7
	DHA	4
	Bahria Town	1
	Clifton	1
	Garden East	1
	Korangi	1
	Mehmoodabad	1
North Nazimabad	3	

Note. Categories and subcategories represent the participants' demographic information collected during the study.

Table 2. Themes extracted from the Interviews Conducted

Theme	Description	Frequency
Censored Viewership	Experiences of channel switching or avoidance of ads related to menstruation in the presence of family.	3
Isolation from Opposite Gender	Experiences of stigma and lack of discussion about menstruation with men in familial or social settings.	5
Lack of Authenticity	Criticism of unrealistic portrayals of menstruation in media advertisements.	4
Personal Narratives and Hushed Conversations	Accounts of fear, confusion, and lack of prior knowledge about menstruation during early experiences.	3
The Doctor-Patient Dynamic	Perspectives on healthcare professionals' attitudes toward menstruation and reproductive health issues.	4
Hope for Change	Suggestions for improving the representation and education on menstruation in media and healthcare.	3

Note. The themes and their frequencies were identified through thematic analysis of interviews.

Thematic Analysis

The thematic analysis revealed several interconnected themes highlighting the media's role in shaping perceptions and stigmatizing Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD). The first theme, **Censored Viewership**, demonstrated how menstruation-related advertisements were often censored in family settings, creating a culture of silence and ignorance. Participants described how elders frequently changed channels when menstrual product ads aired, regardless of the audience's age or gender. This censorship led to misinterpretations of such advertisements, with one participant recalling she initially thought pad commercials were for tissues. This suppression of information perpetuated discomfort and stigma surrounding menstruation, discouraging open conversations and fostering a cycle of ignorance.

The second theme, **Isolation from the Opposite Gender**, revealed how cultural and social norms further alienated women. Participants described the need to conceal menstruation-related experiences from male family members and colleagues. For example, during Ramadan, women pretended to fast to avoid disclosing their menstrual status, which heightened feelings of shame and isolation. Participants also noted dismissive attitudes from men, such as trivializing menstruation as "just bleeding" or attributing women's emotional reactions to "that time of the month." These experiences highlighted the lack of education and empathy among men, exacerbating the stigma and affecting women's psychological well-being.

The media's **Lack of Authenticity** emerged as another significant theme, with participants criticizing unrealistic portrayals of menstruation. Advertisements often depicted women in white pants, engaging in hyperactive activities, which contrasted sharply with the physical and emotional

realities of PMS and PMDD. These sanitized and oversimplified portrayals alienated women by ignoring the pain, mood swings, and other complex symptoms they experience. Some participants noted that such advertisements also misled the opposite gender, reinforcing misconceptions that menstruation is a minor inconvenience that can be resolved with commercial products.

The fourth theme, **Personal Narratives and Hushed Conversations**, underscored the confusion and fear many women experienced during their first menstruation. Participants shared stories of initially mistaking menstruation for serious medical conditions, such as cancer, due to a lack of prior knowledge. Cultural taboos prevented open discussions, leaving young girls to navigate menstruation without adequate preparation. This lack of education and support deepened feelings of anxiety and shame, perpetuating a cycle of misinformation across generations.

The analysis also highlighted the **Doctor-Patient Dynamic**, showing a generational gap in healthcare attitudes toward menstruation-related issues. Older doctors often dismissed menstrual pain as normal and failed to investigate underlying conditions, reflecting societal discomfort with reproductive health. In contrast, younger doctors showed greater empathy and engagement with research, offering hope for improved healthcare practices. Participants emphasized the need for better training and resources in public healthcare settings to address menstrual health comprehensively.

Finally, the theme of **Hope for Change** emerged from participants' suggestions for improving media and societal approaches to menstruation. They called for more authentic, educational advertisements that address the physical and emotional realities of menstruation. Recommendations included featuring medical professionals in campaigns, raising awareness about related health conditions such as PCOS and PMDD, and targeting younger, diverse audiences. Participants also advocated for workshops to train healthcare providers and partnerships with reproductive health organizations to create more informed and supportive environments. Overall, the thematic analysis revealed that media portrayals and cultural norms significantly shape perceptions of menstruation, often perpetuating stigma and misinformation. Addressing these issues through authentic representation, education, and improved healthcare practices could foster a more inclusive and empathetic understanding of PMS and PMDD.

Discussion

Menstruation, a natural biological process that is shared by women all over the world, has historically been veiled in secrecy, stigma, and ignorance. Despite being universal, menstruation is still a taboo issue in many cultures, resulting in a lack of open dialogue, education, and understanding. The research paper was focused on finding the impact of media stigmatization of PMS and PMDD and whether it has an impact on the perception of the females before and after getting periods. Thematic analysis was conducted to extract main themes from the advertisements (not one in particular) in focus and from interviews conducted. The silence and shame surrounding menstruation have profound repercussions for interpersonal relationships and gender dynamics. Women feel unconfident and insecure to openly discuss their experiences or symptoms, resulting in a lack of understanding and empathy, especially from the opposite gender. Participant narratives highlight instances of men's dismissive or improper behavior, which alienates women and contributes to feelings of shame and loneliness.

The interviews also revealed how cultural attitudes, certain beliefs and generational disparities contribute to the prevalence of stigma. Participants highlight how older generations, especially moms and grandparents, were never taught about PMS and PMDD, resulting in a lack of information handed down to the opposing gender. This age gap in awareness reinforces myths and perpetuates prejudices concerning menstrual symptoms.

The stigma around menstruation extends to healthcare settings, where women frequently encounter barriers to receiving treatment and assistance for menstrual-related illnesses. Participants report discrepancies in treatment depending on the type of healthcare institution they attend. While private hospitals can provide more customized treatment, public hospitals frequently dismiss menstrual discomfort as normal, ignoring underlying illnesses and concerns.

The literature review conducted revealed that these advertisements have a significant impact on how these young women view and perceive their menstrual cycle. Red liquid hasn't been approved to promote period products for around 11 years, it was usually the blue liquid. In order to avoid giving an overly graphic image of periods, fluid was frequently not depicted. Menstruation was rarely mentioned on the packaging of 150 boxes of tampons and pads that were studied, and the product's intended purpose was not stated. Instead of using the color red or making any visual allusions to women, the package frequently used white and soft pastel pinks and blues (Grider & Elon University, n.d.).

The literature review also focuses on how menstruation is portrayed in the media and how it affects women's notions of gender identity. It emphasizes the prevalence of cultural taboos around menstruation and how the media feeds negative preconceptions, generating shame and discomfort. Advertisements for feminine goods sometimes convey inconsistent signals, encouraging unrealistic standards of femininity while downplaying the importance of menstruation pain. This puts pressure on women to adhere to cultural ideals while handling the obstacles of menstruation (Lese, 2016).

The primary research conducted revealed that the —real|| experiences of menstruation were different from what they saw on television, the in-depth interviews revealed that censored viewership throughout infancy removed the possibility of discussion, showing a larger both social and cultural discomfort with the subject. The primary data (Age 12-25) revealed that menstruation was typically coated in silence in households, perpetuating the stereotype that it should not be addressed among males. The impact of suppressed viewing was obvious, since switching channels happened whenever the menstrual product was shown on television, regardless of the audience's age or gender.

Participants expressed dissatisfaction with the inaccurate representation of menstruation in such advertisements, claiming that it suppresses women's experiences and encourages feelings of loneliness. The uniformity of these depictions undermines the diversity of women's menstrual experiences, leading to misinterpretations among viewers, particularly males, who may dismiss period discomfort as minor and easily controlled.

The thematic analysis supported the previous studies regarding menstrual products and advertisements along with the lack of representation, which creates a social impact on the viewer's regardless of their gender.

In conclusion, the thematic analysis revealed that the portrayal of PMS and PMDD in media (particularly advertisements) does indeed lack authenticity, frequently limit the bodily process to —only|| bleeding and over-simplify the emotion and psychological complexities.

Limitations

The study's findings and conclusions are based on the interviews of twelve participants (all women), which limits the generalizability of the results. The interviews were mostly conducted in Karachi city, it may not be representative of the experiences of other locations, regions or countries. As a result, it restricts the findings' applicability to other situations with diverse cultural views regarding menstruation. The participants were chosen based on their willingness to share their experiences, women who are more open to discuss their menstruation experiences may hold different beliefs than others who are less inclined towards discussing such things. Media portrayals and cultural views around menstruation can shift over time. The study's findings are based on current media and societal attitudes, which may change, making the current conclusions less applicable in the future.

Research Implications

This study's implications highlight how the media depiction of premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) symptoms reinforces stigma by offering a limited and often inaccurate image of menstruation. This adds to a culture of secrecy and shame, where women are reluctant to speak of their experiences freely, resulting in a lack of understanding and empathy from others. This silence goes beyond public and professional settings and contexts, which ends up negatively impacting women's mental and emotional health. Inaccurate media portrayals complicate gender dynamics by reinforcing stereotypes that menstruation is a weakness or used as an excuse for irrational behavior. This can lead to dismissive responses from males, which further isolates

women and undermines their self-esteem. The opposing gender's failure to comprehend and trivialize menstruation symptoms can perpetuate sexism in both personal and professional settings. For young girls, the media's representation of menstruation can be very detrimental. The lack of correct information can worsen the uncertainty and worry that accompany the start of a menstrual cycle. This can lead to misinformation and anxieties about their own bodies, impacting their self-esteem and contributing to long-term emotional and psychological problems. The oversimplified depiction of menstruation in commercials might contribute to misunderstanding regarding menstrual health. Women who are continually exposed to false representations of menstruation may fail to detect the signs of more serious illnesses such as PMDD or PCOD. This can often lead to delayed diagnosis and treatment, worsening health problems and lowering quality of life for many women.

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