

Growing Pains:

A study of disidentification and abjection regarding chronic menstrual pain

Healthcare is a societal institution that allows individuals to be vulnerable and open when seeking medical treatment from expert doctors. This means disclosure and compassion are at the forefront of the system, ensuring individuals get what they need in a safe environment. However, the inherent abjection, societal dismissal and negative bias that many Canadians face while accessing these institutions, particularly surrounding reproductive health, causes a blatant dismissal of patient care and awareness for silent chronic pain sufferers. The internalization of the stickiness of abjection, gendered reinforcement treatment, as well as patient disidentification leads to misdiagnoses, underdiagnoses and silencing of chronic menstruators.

Chronic menstrual pain, specifically endometriosis - a “gynecological disorder characterized by the relocation of endometrial tissue from inside the uterus to other organs” (Mercer & Wren, 2021, p. 1) - often goes undiagnosed or overlooked for a “delay of five years” (AbbVie, 2020). In Canada, “it's estimated that seven percent of women will develop endometriosis” (AbbVie, 2020). Reproductive health is chronically dismissed in the medical system as well as in small-scale institutions such as the workforce and education system. Individuals suffering from chronic menstrual pain experience “reduced job productivity, an increased number of sick days and pain-related work disturbances” (Mercer & Wren, 2021, p. 1) without proper medical recognition and resources available.

My journey with chronic pain has taken away opportunities in comparison to those who do not experience chronic pain. From missing shifts at work, education instability from leaving

school for a semester due to unreliable health, and also friendships as I am often seen as “flaky” or “introverted” because my unpredictable pain causes me to stay in bed instead of participating in able-ist activities. This is a physical form of disidentification which relates to certain theories or ideologies that “the disidentifying subject takes up, uses, or revamps while leaving behind or being critical of other problematic or damaging elements” (Schalk, 2013, para. 14). Capitalistic society is extremely disabling towards individuals with chronic pain, however, I do not consider myself to be a person with a disability purely through the form of chronic pain. My sense of disidentification follows me through the immense pressure “to perform as much able-ness as possible, even when the strain and fatigue of such effort cause health problems” (Schalk, 2013, para. 24). The pressure then leads to an incomplete feeling of self-worth, which is often reinforced through the dismissal of physicians while seeking treatment.

Following this sense of disidentification, is a sense of abjection that lingers around reproductive healthcare and endometriosis. Upon my journey for understanding the chronic pain I experience, I was dismissed, ignored, and treated as if my pain was understandable for a woman of childbearing age. I was consistently met with pregnancy tests from doctors and sent home when it was negative, despite showing up for reasons of pain, not for reasons of wondering if I was pregnant, nor offered any diagnosis. This reinforces that there is a “distinction between involuntary abjection by dominant social forces” (Hennefeld & Sammond, 2020, p. 4) which include the Canadian healthcare system but are not limited to employers or academic institutions. Creating a normative abject terminology in society decreases the importance of language, specifically surrounding private bodily functions. Explaining to a doctor your in-depth sexual life, bleeding cycles, vaginal discharge patterns, and weight fluctuations are simultaneously seen as “gross” or even “taboo” despite the medical necessity surrounding the small symptoms that

may go unnoticed for a large diagnosis. This sense of abject terminology and inherent self-consciousness decreases discourse surrounding bodily functions and may limit patient disclosure. This goes to show the abjection that society holds upon menstruators and the pain experienced with it as if it is a blessing instead of a silent curse.

For this project, I decided to resist societal abjection by allowing participants, four cis-gender men and two cis-gender women, to experience a menstrual pain simulator using a TENS (Transcutaneous electrical nerve stimulation) machine. I set it to my daily pain threshold that I experience on a daily basis when I am not menstruating; 4.5 out of 8 scales. I received verbal consent from my participants before starting which included their rights to begin and stop at any time and the recognition that they do not need to go to the 4.5 thresholds to continue the study; ensuring they are in full control. I then asked them a series of questions pertaining to their immediate experience and future experience if this pain was something they experienced in their daily lives (See Appendix A).

Once the TENS machine was attached to the participants, the two cis-gender women were able to go to my pain threshold for the full 15 minutes and exclaimed that “the pain is worse than I feel normally, but I can get used to it” (Participant LV, 2022). Both women said they would continue going to work and would not call in sick due to a lack of understanding from their boss and fear of employment dismissal. Regarding their sexual lives, one woman explained that she would be able to engage in sexual intercourse, but not be able to have an orgasm, whereas the other said she would not engage due to feeling “too uncomfortable to focus” (Participant CP, 2022). Once asked if they would seek healthcare treatment, both women said they would not for fear of not being “taken seriously since this is something all women experience when they have their periods, right?” (Participant CP, 2022). I found this statement

simultaneously validating of my medical experience while also infuriating since the concept of abjection was quite inherent before even speaking with a medical professional in regards that “all women experience this” as if this pain should be considered normal and not worthy of further medical investigation.

In comparison, the results in regards to the e four cis-gender men were quite different. Three of the participants were able to go to my pain threshold, while one went to one level below (3.5). When asked about their work attendance, two of the men said they would go to work because their boss would “tell me to ‘man up’ and get the job done” (Participant CH, 2022) whereas the other two would call in sick and be unable to perform daily work duties. The notion of having to ‘man up,’ while in obvious pain, is not only inherently reinforcing toxic masculinity, but also sheds light on the gendered abjection within women’s reproductive health. Once asked about sexual activity, three of the men said they would not be able to engage in sexual intercourse while one said he could since “it wasn’t pain, just uncomfortable” (Participant TB, 2022). Finally, when asked about seeking medical care, all male participants said they would seek help from a doctor “even after one day” (Participant TB, 2022). The men all agreed that they would be seen by a physician and expect a diagnosis as “an educated doctor would be able to tell me what is happening just from my symptoms” (Participant TB, 2022). Along with a diagnosis, three men exclaimed that they would seek disability leave as a viable option to manage their pain since they could not function, as they normally would, on a daily basis. (See Appendix B for full results).

The gendered differences with these results reinforce the notion that reproductive pain is particularly abject within our society. Being unable to go to work, engage in sexual intercourse,

or be an able body caused more distress for the men than the women within these study. Women who are subjected to this kind of abjection inherently know that their pain is something that needs to be resolved privately because of the immediate dismissal from physicians due to the biological nature of menstruation. This sort of abjection has ties toward “knowledge-based stigma” (Vickers, 2000, p. 139), particularly surrounding disabilities. The common conception for invisible disabilities in emergency rooms is “that disabled people are incompetent, ... and that disabled people are overly sensitive about their condition” (Vickers, 2000, p. 139). This has an immense impact on disclosure and feelings of self-worth within a medical institution. The gender difference in medical treatment seeking for men versus women also reinforces the concept of disidentification that some women experience by knowing they will be met with subpar medical treatment because of their gendered biological mechanics, despite knowing the pain they are experiencing is very real and out of the norm.

To conclude my project, I asked the participants how their view on chronic menstrual pain has changed since participating in the study. For both women, they agreed that menstrual pain should be taken more seriously and they have “always known a lot of people have it worse than I do, but that if [th]is is a constant for people, I can’t imagine how the day-to-day functioning is impacted by that and mood is insane” (Participant LV, 2022). The men were particularly enlightened and explained “I was curious [as] to how I could relate to it. In the past I pictured it as cramps from sports and related it to that” (Participant CH, 2022) and “I now understand what you feel a little bit. If it isn’t the same, it is a representation of the kind of pain level that you feel” (Participant TB, 2022). It also went as far as some participants exclaiming “I definitely won’t bug another girl about it or say anything in my life” (Participant TC, 2022) and “chronic

pain should be considered a disability, this is insane” (Participant DC, 2022). Hearing the sense of activism among all participants was extremely emotional as I was able to shed light on the silent suffering chronic pain individuals often experience.

The aim of my project was to spread first-experience menstruation pain that is often considered “normal” and abject. The amount of discomfort it had on the participants proved that the dismissal of physicians for a biological mechanism such as menstruation is taken less seriously than other forms of pain. While analyzing these responses, I am careful to acknowledge that my daily pain threshold, along with other menstruators, is personal and different, which causes a subjective lens. However, this experience was very much telling of the disidentification women experience within their own menstruation experience in comparison to non-menstruators and goes beyond the scope of our personal subjective bodies by bleeding into larger institutionalized settings.

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FOR THE APPENDIX : PLEASE VISIT THE THAT’S WHAT WE SAID WEBSITE

Appendix A

Questions that were asked to the participants while hooked up to the TENS machine.

1. Could they make it to my threshold? Did they make it past the allotted time period?
2. How are you feeling?
3. Can you go to work or school like this? Would you call in sick?
4. Can you focus and take an exam?
5. Could you have sex?
6. Could you have an orgasm?
7. Would it affect your mood or appetite?
8. Would you go to the doctor? If yes, what would you expect them to do for you?
9. Would you take pain medication?
10. Has your view on menstrual pain changed?

Appendix B

This table is the results of the project and answers questions from each participant.

F = female, M = male.

Questions	LV (F)	CP (F)	DC (M)	TB (M)	CH (M)	TC (M)
How are you feeling?	Worse than ordinary period pain but I can get used to it.	Good but uncomfortable.	Literally what the fuck. This is insane.	Tingly down one side and spreads down the legs. It's not pain, just uncomfortable	Discomfort down the legs. Less tolerable as time goes on.	Very uncomfortable and an odd pain.
Can you go to work or school like this? Would you call in sick?	I would struggle to go but would feel guilty calling in sick because I wouldn't be taken seriously.	I would go to work and I wouldn't call in sick.	I would definitely call in sick to work.	Yes. I wouldn't call in sick because it is not a discomfort to where I could not focus.	I would force myself to go to work because society and my boss would tell me to man up and get the job done.	I would definitely call into work. I wouldn't be able to go with this amount of discomfort.
Would you be able to focus and take an exam?	No.	Probably not.	No.	Yes just because I think I am getting used to it already.	No. It is very distracting and would take me out of focus.	No. I would try and defer it if I could.
Could you have sex?	No.	Yes, maybe.	No.	Yes. It's not pain it's just uncomfortable.	No, it would not be enjoyable.	No.
Could you have an	No.	No, it would be too	No.	Yes if I focused	No.	Absolutely not.

orgasm?		uncomfortable to focus.		enough.		
Would it affect your mood or appetite?	Yes. I would be more irritable and I think eating would make the pain worse.	Yes, I wouldn't want anyone to talk to me and I would lose my appetite.	Yes. I can't do or focus on anything.	A little bit.	Yes. I would be more irritable, and less patient and eating would be less enjoyable.	Yes, I think I would be tense and hate when people talked with me. I don't think I would be able to eat at all.
Would you go to the doctor? If yes, what would you expect them to do for you?	Yes, I would but only because my current doctor specializes in uteruses. Otherwise, I would not because they would just tell me to take Tylenol and brush me off.	No, I wouldn't. I don't think it would be taken seriously since this is something all women experience when they have their periods, right?	Definitely. I would want the doctor to admit there is pain and I would ask to go on disability leave.	Yes, even after one day. An educated doctor would be able to tell me what is happening just from my symptoms and offer a diagnosis.	Yes, but I wouldn't expect them to treat it as an immediate concern. I would want some solution and disability leave would be an option.	Yes, definitely. I would ask for a test and possibly surgery. I would most definitely ask to go on disability leave.
Would you take pain medication?	Yes.	Yes.	Yes.	No, I would just go to the doctor and they would help me with something other than pain medication to stop the pain.	I would take them to alleviate the pain but would be concerned about long-term health risks.	I wouldn't take opioids but I would take smaller pain medication.
Has your view on menstrual pain	Always known a lot of people have it worse	Yes. It is a lot more painful for some women than	Chronic pain should definitely be	I now understand what you feel a little bit. If it	I was very curious about how I could	Yes, it has changed. I always told my sister to

changed?	than I do, but that is a constant for people I can't imagine how their day-to-day functioning is impacted by that and my mood is insane.	for others. This is insane.	considered a disability and taken seriously.	isn't the same, it is a representation of the kind of pain level that you feel.	relate to it. Yes, it has changed now.	suck it up and I thought it was just a saying that all girls are moody on their periods. I definitely won't bug another girl about it or say anything in my life. I'm sorry.
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