GirlhoodUnfiltered

Personal encounters with medical gaslighting from women of all ages and backgrounds.

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DESTIGMATIZING THE LABLE OF THE

Whiney Woman

OUR VOICES HAVE POWER



"I HAVE A BRAIN AND A UTERUS AND I USE BOTH."

-Pratt Schroeder

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Disclaimer

THIS MAGAZINE ISNOT MEANT TO BE USED AS REPLACEMENT FOR MEDICAL ATTENTION. MAKE SURE TO CONSULT YOUR MEDICAL PROVIDER IF YOU HAVE ANY CONCERNS.

Warning

MENTIONS OF SEVERE PAIN, DISCOMFORT, AND ABORTIONS WILL BE MENTIONED THROUGHOUT THIS ISSUE. PLEASE ONLY CONTINUE READING IF YOU ARE COMFORTABLE.

Being a Woman:

Different Aspects According to Research

From denying pain to denying bodily autonomy, explore the science and history behind these universal experiences.





PCOS AND ENDOMETRIOSIS: "IS IT ALL IN MY HEAD?"

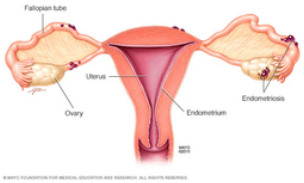
Women's healthcare has always been a touchy subject. Whether it's prototypes designed for men and handed over to women *(even though we don't function the same),* or abortion access, it's difficult to make ourselves known in the industry. Especially when it comes to chronic illnesses.

Polycystic ovary syndrome (or PCOS), is a condition where cysts carrying underdeveloped eggs– called follicles – begin to line your ovaries. Because they are immature, they will not be able to expel that egg.

The exact cause of PCOS has yet to be discovered, but it may be due to high insulin levels. When cells reject the insulin, blood sugar levels spike, and causes the pancreas to work overtime, trying to bring them down. Excess insulin can lead to excess androgen, which will result in trouble ovulating and fertility issues. When this happens, eggs aren't created, and sometimes, if they are made, are not released – causing the cysts. External signs of excess androgen are dark spots on the skin, weight gain/large appetite, and acne. Having irregular periods, abnormally long or short periods, is also a sign to look out for. Additionally, PCOS has been found to be hereditary, making it possible to catch onto early, as long as the patient is aware of family history.

Subsequent complications of the illness can include infertility or birth complications, gestational diabetes, n*onalcoholic steatohepatitis* (a liver disease caused by fat build up), cardiovascular diseases, diabetes, sleep apnea, endometrial cancer, and disordered eating.

When going to see a doctor for a diagnosis, you can expect a pelvic exam where your healthcare provider will check for abnormal growths on your internal organs, blood tests tests to measure androgen levels, and an ultrasound which will provide images of your ovary sizes, as well as the thickness of your uterine lining.



Endometriosis is a chronic disease believed to be caused by tissue similar to the uterine lining growing in other regions of the female reproductive system, sometimes even expanding to the intestines and diaphragm among other internal organs *(although the exact cause remains unknown).*

The pain stems from the fact that this tissue - that is meant to shed during one's menstrual cycle - cannot be flushed out of the body because it does not grow in the uterus where it belongs. This causes inflammation and scarring. These scar tissues can form into large bands called adhesions which cause the surrounding organs to stick together, leading to pain and discomfort. The adhesions are not always able to be caught on scans, as they range from very thin to very dense. Surgery involving the separation of the organs from the scar tissue is a very common practice in cases such as these, however, it will not remove the discomfort, as the adhesions cause a pain that is different from the initial endometriosis pain. Additionally, if the endometriosis is found in the ovaries, endometriomas - cysts - may form.

Symptoms of endo range from painful menstrual cycles not only in your stomach or abdomen region, but also in your lower back, excessive bleeding such as spotting in between periods or an extremely heavy flow. Infertility is also common among individuals with this condition. Unfortunately, some individuals with endometriosis show no symptoms at all, making it harder to diagnose.

Retrograde menstruation – where period blood flows through the fallopian tubes back

to the pelvis instead of exiting the body like it normally would – can be linked to endometriosis. The blood that is being flushed out carries the uterine lining, and if it is not properly expelled, it can attach to the walls of nearby organs. From there on out, that tissue will keep growing. Immune diseases such as lupus, inflammatory bowel disease, and celiac disease can perpetrate endometriosis because the body may not be able to scope out the harmful tissues. Having endometriosis raises one's chances of getting ovarian cancer as well as infertility, because the egg kept in the ovaries must travel down the fallopian tubes in order to be fertilized. The endometriosis tissue has been known to block the tube and stop conception.

Increased levels of estrogen play a big part in endometriosis. Going on birth control, exercising regularly, and avoiding large doses of caffeine and alcohol are all efficient ways to balance your hormones.

Medical Gaslighting

Unfortunately, it takes on average a year for someone to get diagnosed with PCOS, and up to 10 for endo. 6 million women in the United States (11%) have endometriosis, and around the same number struggle with PCOS. So why does it take so long to diagnose if it's so common? This has everything to do with society's perception of women as "emotional" and "irrational". In fact, this dates back to ancient times when it was believed that the uterus was a living being that would travel around the person's body, causing illness and disease. This stereotype has been upheld to the modern day. But instead of doctors saying that your uterus has somehow ended up in your kidney, they will relate most of your complaints to your period – especially in the case of endometriosis.

When a medical professional jumps to conclusions of a "diagnosis" (or lack thereof), without having performed the proper tests or conducted the appropriate examinations of the patient, that is called medical gaslighting.

The term gaslighting originated from a play set in the 1800s where a man is actively manipulating his wife and making her question her own sanity for the sake of getting ahold of her inheritance. As the synopsis of the plot suggests, gaslighting is a technique for distorting an individual's perception of reality as well as the world around them through lying.

This is not uncommon in the medical world because of the preconceived notion for women to be dramatic, or even simply believing that they know best because they have the upper hand in the doctor-patient relationship. The person in charge of providing the diagnosis might not have any direct malicious intent towards whom they're treating. Their behavior could be a consequence of their lack of awareness towards certain conditions. Minorities such as women, members of the LGBTQ community, and people of color are especially subject to such microagressions. Some healthcare providers even go as far as labeling individuals who they suspect are being irrational as "WWs", or Whiney Women. The code would be written on the person's medical chart without the patient's knowledge, as a way to let their coworkers know that "there is no real issue". Additionally, patients can be labeled as "difficult" especially when their symptoms can be linked to mental health issues. These patients make up 15-25% of total clientele.

When a person is subjected to medical gaslighting and invalidation stemming from prejudice, it can result in a major loss of hope, feelings of frustration and anxiety, as well as depression. The only ways to fight medical bias relating to endometriosis is to talk more openly about the condition, keep funding research, and train practitioners to communicate correctly with their patients.



HAS IT ALWAYS BEEN THIS WAY?: A COMPREHENSIVE ABORTION TIMELINE

Abortion has been a back and forth, controversial topic – especially in the United States – for over one hundred years. The two oppositions? Pro Choice and Pro Life. The former claims that every woman has the right to her own bodily autonomy, and the government should not be able to prioritize an unborn child over the woman's quality of life. The latter argues that terminating a pregnancy is equivalent to ending a life, comparable to murder. This feud of human rights, feminism, and ethics was not always around, though. Even when abortions were becoming an option.

The first records of abortion date back to 1550 BC, often mentioned on Ancient Egyptian Papyrus. At the time, common methods of pregnancy termination were herbal treatments, strenuous physical activity such as manual labor, and applying physical pressure on the uterus. To be safe, all of the above were practiced to ensure results. Back then, abortion was not considered a taboo, and women were not scrutinized for not wanting to carry out a child. Publius Ovidius Naso, who was a Roman poet, wrote of his partner suffering from a mal-performed abortion. After the conflict of the story is resolved, he thanks his Gods for getting rid of the child, as that is what saved his lover's life. This outlook on women's reproductive care shows that there was once a time in society where the woman bearing the child was prioritized over the unborn fetus. In fact, in Ancient Greece and Rome, the fetus wasn't considered sentient until the mother felt it move for the first time – therefore marking the moment the child developed a soul.

As we know, this outlook on women's rights shifted quite a bit from then to present day. The American Medical Association (AMA) was founded in 1847, and became a stepping stone to abortion bans, famous court rulings, and nation-wide outrage. The AMA looked down on reproductive care, and soon, midwife and nurse services were marginalized. The male staff of the AMA was composed of unsuitable physicians that did not receive proper training for reproductive care, but it was decided that only they should be able to decide when an abortion can be performed. Abortion was criminalized, which only led it to be performed underground as stigma rose. In 1930, 2,700 women passed due to illegal abortions that were not executed properly. In 1955, the death toll rising from concealed abortions gained much uproar from media coverage, that a conference was held by Parenthood, and attendants urged abortion laws to be rewritten for the sake of health and safety. Consequently, the Association for the Study of Abortion (ASA) was founded in 1964, and people assembled to advocate for "medically necessary abortions", although other, larger abortion advocacy groups were already fighting for total abortion access. The National Association for the Repeal of Abortion Laws (NARAL) was founded in the late 60s, and began making reappeals for abortion bans. By the early 70s, Alaska, Hawaii, New York, and Washington legalized abortion entirely, while other states began loosening their requirements for the procedure, allowing it in cases where the pregnancy is derived from rape or incest, or when it could be detrimental to the patient's mental health, or if the pregnancy can lead to defects. Finally, in 1973, the court ruled that the 14th Constitutional Amendment was general enough to allow abortion rights to be protected by it. All 50 States were granted the right to abortions.

In 1976, Henry Hyde created the Hyde Amendment, which prevents federal funds from being factored into health organizations like Medicaid that offer abortion services. In 1984, President Reagan put the Mexico City policy, which prevents other countries receiving health benefits from the U.S from obtaining proper abortion access. Since then, the bill has been rescinded by those opposing it, as well as reinstated and expanded (Donald Trump). And finally, on June 24th of 2022, Rove v. Wade – which granted abortion access to the entirety of the United States, was overturned, leaving healthcare access and limitation up to each individual State.



Personal Stories From Women Everywhere

Stories from those who have experienced dismissal from providers the public is meant to trust.









AN OUTRIGHT DISMISSAL

I went to the doctors because I was fainting a lot and was having trouble with my vision. I was also having a lot of back pain and felt really down (emotionally) for a while. I had previously had a few very mild problems with being underweight due to me having a fast metabolism and not eating as much as I should have been. These problems were solved a year before I went to the doctors about the new issues I was beginning to experience.

At the doctor's office, they immediately dismissed my concerns by telling me I was just not eating enough. I started eating more and starting feeling even worse because I was overeating and still having the symptoms. We went back to the doctors and they started asking me about my period symptoms. I told them I had pretty irregular periods but that they were pretty light and didn't last very long. My doctor (a guy at the time) told me that all of my symptoms were probably just because of my period, and that it would go away once my cycle ended. (My symptoms had been happening for two months at this point, whether or not I was on my period). We went back two months later and at this point, my symptoms became even worse. I was having stomach aches and mild non-epileptic seizures. My parents were convinced that the seizures weren't happening. My doctor did not take a blood test or any sort of examination and told me that I was faking them and sent me home. About a month later I switched to a female doctor who immediately decided that those symptoms weren't normal nor something I would fake. I took multiple blood tests, an electroencephalogram (EEG), and an magnetic resonance imaging (MRI) scan. The blood tests came back and it turned out the dizziness and the fainting were from an iron deficiency – something that was really easy to fix, and should not have taken four months and about 12 doctors appointments to figure out.

However, no one told me what the cause of this was, and I had to find out that iron deficiencies could be caused by menstruation via science class about a year later.

My other symptoms got worse and again, they were blamed on my period. My concerns were quickly dismissed by the same female doctor. I started to believe that having tics and having my hearing randomly stop were just another part of having a period, because that is what my DOCTOR told me.

About two months later, I got in contact with a psychiatrist who ended up meeting with me a few times and diagnosed me with a disorder called functional neurological disorder. Those things were not normal, and I was unable to get the help I needed and the knowledge I needed because doctors kept ignoring my symptoms, not understanding menstruation, or using period cramps as a catch-all for health symptoms in women.

-A*nonymous*
January 2026



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BEING BELIEVED SHOULD NOT REQUIRE A CRISIS

For most of my life, I did what I was told regarding reproductive healthcare. As a teenager, I went on birth control before I was ever sexually active. I stayed on it for years, even though I frequently expressed concern about my difficulty taking the pill consistently and asked about other options. Those concerns were largely brushed aside.

In my mid-30s, while living in South Korea, I learned about IUDs from other women—specifically other English teachers—who described how accessible and judgment-free the process was. In 2010, I had my first Mirena IUD inserted by a female doctor. During the procedure, she told me she noticed small fibroids on my scans. She explained that fibroids tend to grow over time but reassured me that the hormones in the Mirena would likely help slow their growth.

For the next decade, I lived in multiple countries and replaced my IUD as recommended. When I returned to the United States, I had it changed at Planned Parenthood locations in Florida and later California. Each time, there was hesitation. I was told IUDs were "usually recommended for women who have had children," despite the fact that I had already been using one successfully for years. Still, they complied.

In early 2020, I had my IUD replaced again—right as COVID was beginning to shut everything down. About a month later, I experienced bleeding that looked and felt like a normal menstrual period. This immediately concerned me because I had not had a single period since my first IUD was inserted in 2010. I called my doctor and was told this was "totally normal."

It wasn't.

Over the next year, the bleeding became more frequent and more severe. It did not follow a regular cycle. It often started during or after sex. The flow was extremely heavy and full of clots. I tracked everything—frequency, duration, volume—because I knew something was wrong. I called my doctor approximately five times during that year, each time expressing fear and urgency. Each time, I was dismissed.

By 2021, the bleeding was happening sometimes every other week and lasting for days. It became so severe that I slept in my bathtub because even super tampons and pads could not contain it overnight. I set alarms to wake up and change them, and still bled through my clothes and sheets regularly. I begged to be seen.

When I finally got an appointment, I wasn't actively bleeding. I was told there was "nothing they could do" unless they could see it happening. I explained that all of this began after my last IUD insertion and asked for it to be replaced again, believing it must be the cause. With no other suggestions offered, they agreed.

The replacement was painful and required two attempts. I was bleeding during the procedure. I went home—and the bleeding continued. I kept calling. I was told again that without seeing it, there was nothing they could do, yet they could never schedule me when it was actively happening. Eventually, I called in tears and said I needed help.

That time, they saw the blood and the clots. Only then was I believed. I was referred to a specialist.

The specialist ordered an ultrasound before our appointment. During the scan, the technician audibly gasped. She wasn't allowed to tell me anything, but she told me she was sending the results to the doctor immediately. She asked if I could feel what was inside me. She guided my hand to my abdomen and I felt large, hard masses. I was terrified. I assumed I had cancer and that I was dying.

That night, the specialist called me personally. She was calm, patient, and kind. She told me I had three massive fibroids, which were the source of the bleeding. Fibroids are blood-filled tumors that grow in the uterus. She moved my appointment up to that same week and scheduled a biopsy. At that appointment, she explained everything—where the fibroids were, how large they were, and what my options were. She discussed the possibility of a hysterectomy and explained what it would mean for my health and fertility. For the first time in nearly two years, I felt seen, informed, and respected.

The biopsy came back that same Friday night. She called me personally to tell me there was no cancer. She spoke with me for ten minutes, answered my questions, and told me to take the weekend to think—but also held a surgery spot for me the following week if I chose to proceed.

As I talked with family, I learned something no one had ever told me: both of my mother's sisters had severe fibroids and required full hysterectomies. I had never known this because women's reproductive health was simply not discussed.

I chose to have the hysterectomy.

The surgery was long, and recovery took weeks, but I have had no complications—only relief. One doctor changed my life by listening, believing me, and acting.

People often ask why I didn't switch doctors sooner. The answer is simple: limited insurance, limited access, and not knowing when you're "allowed" to push back harder. Women are constantly taught to doubt themselves, to accept pain as normal, and to trust that if something were truly wrong, someone would notice.

But no one noticed except me—until my condition became impossible to ignore. Medical gaslighting doesn't always sound cruel. Sometimes it sounds calm or reassuring or even reasonable. And it can delay diagnosis, treatment, and relief for years.

If there is one thing I want others to know, it is this: you know your body. If something feels wrong, keep pushing. Keep documenting. Keep asking. There are good doctors out there—but too often, women have to fight to find them. You are not imagining it. You are not overreacting. You deserve to be believed.

-Bandi Morford
January 2026



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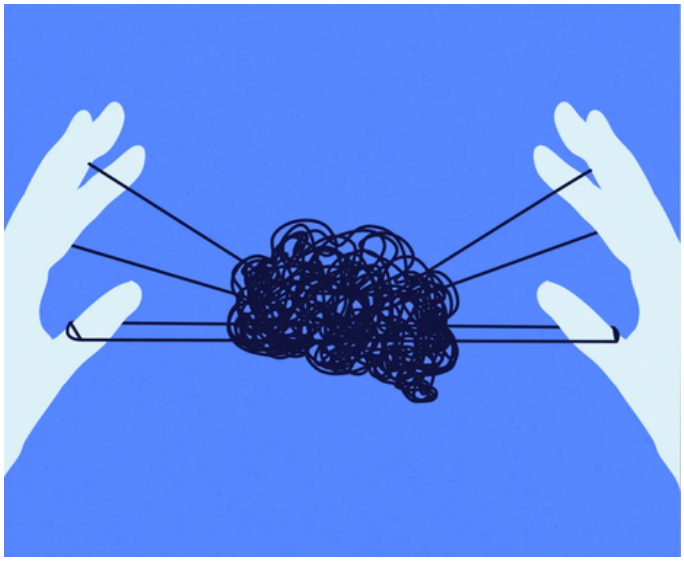
SEARCHING FOR RELIEF

I am a female who has struggled with painful and irregular periods my whole life. My pediatrician first expressed concern when I had missed my period for over six months. They suggested that if it doesn't return within another two months, further examination was required to determine if hormonal therapy was necessary. As a ten-year old, hearing this made me worry; I felt like something was wrong with me because I didn't know anyone who had gone through something similar.

The day my period returned, it was the night before a trip planned to New York. I was bleeding heavily; I couldn't sleep due to the pain and felt extremely nauseous. My parents didn't know how to handle the situation, so they took me to the emergency room. There, the doctors conducted blood tests and an ultrasound to try to determine the issue. They wanted to eliminate the possibility of a twisted ovary, which could lead to tissue death and harm fertility. Evidently, hearing this was terrifying. I had no idea how long I would be stuck there or what to do. The ultrasound proved useless because it had to be done as fluid was passing through the bladder, and I wasn't able to be kept in the ER long enough after ingesting fluid to observe this. I left the ER feeling even more afraid than before I had arrived.

I still struggle with menstrual pain today, as well as irregular periods. I bring it up regularly at pediatric appointments, but my pediatrician always explains it as a result of stress or physical strain from exercise. I still do not know the specific cause of my symptoms, and pain medication does not alleviate them.

-Anonymous
January 2026



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