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Examining Perceptions of Maternal Support and PMS Symptoms in College Women

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Bridgewater State University

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Abstract

Premenstrual syndrome (PMS) is categorized by individuals experiencing symptoms, such as bloating, cravings, and emotional dysregulation, beginning one to two weeks before menstruation that interfere with their daily lives. PMS is experienced by much of the female population; specifically, around 40% of women experience moderate to severe PMS symptoms (Ussher, 2003). It has been shown that familial relationships can affect one's emotional state in a multitude of settings, and a mother-daughter relationship is one of the most important, yet conflictual, relationships in a daughter's life (Brooks-Gunn & Paikoff, 1997). The purpose of this study was to examine the impact of perceived maternal support during daughters' childhood and discover whether it impacts their PMS symptoms moving forward. A convenience sample of undergraduate participants was collected through the SONA recruitment system at Bridgewater State University. Twelve participants were interviewed individually, and interviews lasted between 30-60 minutes. Interviews were then transcribed, coded, and analyzed using thematic analysis. Three main themes were discovered, including maternal support, gender bonding and modeling, and coping with PMS. Findings from this research are useful for those who are looking for more information on PMS and the impact maternal support may play in symptom intensity.

Examining Perceptions of Maternal Support and PMS Symptoms in College Women

Menstruation and PMS

Menstruation is the process by which physiological changes occur in a woman's body, indicating the onset of fertility (Çevirme, Karaoğlu, Uğurlu, & Korkmaz, 2010). Girls typically begin menstruating between the ages of 11-13, with one study showing that the average age for participants was 12.6 years old (Costos, Ackerman, & Paradis, 2002). The onset of menstruation is also known as *menarche*. From a social stand-point, the beginning of menstruation can be seen as a time for girls to self-identify as women. During this time period, girls experience many different changes all at once, making this new journey into adulthood overwhelming for some.

Adolescence has long been related to social distress and calamity, and can be associated with heightened emotional sensitivity (Rosenblum & Lewis, 2003). During adolescence, both females and males tend to have difficulties regulating their emotions (Hollenstein & Lougheed, 2013). During puberty, adolescents are known to be self-critical and awkward around others, which can stem from their insecurities surrounding their budding identity. As menstruation is a major life transition, girls tend to reevaluate their sense of selves which adds another level of stress and increases self-scrutiny during this time. Without a healthy amount of support from close friends and family members, girls' self-identification may be skewed for years to come (Brooks-Gunn & Ruble, 1982a).

Some of these insecurities surrounding menstruation can be associated with the negative symptoms that can be experienced by some, known as premenstrual syndrome (PMS). This condition is experienced by around 40% of the female population of reproductive age (Ussher, 2003). PMS is defined as the emotional or physical discomfort that occurs in the weeks or week prior to menstruation, associated with distress or functional impairment (Yonkers, O'Brien, &

Eriksson, 2008). Some of the symptoms associated with severe PMS include irritability, mood swings, and depression. Many times, when asked about their PMS symptoms, women report that interpersonal relationships greatly impact the severity of their symptoms, and studies have shown that women report feeling more sensitive to the annoyances of everyday interactions with partners, family members, and friends while experiencing PMS (Ussher, 2003).

Individuals who are experiencing PMS may perceive the diagnosis of PMS or premenstrual dysphoric disorder (PMDD) to be validating, as it offers an explanation for why they have had irregularities around their period, taking away any blame they may put on themselves (Sojourner, 1983). For these individuals, having a diagnosis helps them work through their symptoms, and it allows them to reach out to a doctor for advice, medications, or treatments that could help alleviate symptoms. Although many women believe PMS to be purely biological and something that requires external coping mechanisms, such as medication, Ussher (2003) has argued that PMS symptoms are situational and depend on life stressors. She claims that changes in self-expectations, relational interactions, or hormonal changes that women experience may impact the severity of their symptoms. She further argues that women themselves, family members, or clinicians can diagnose PMS via women's narrative of their symptoms. Diagnoses may help PMS sufferers better understand their experiences and make sense of how menstruation and premenstrual symptoms impact their life, without causing them to have feelings of guilt.

Although many individuals find a sense of understanding through receiving a diagnosis of PMS or PMDD, others may perceive diagnoses less favorably. Some individuals critique the PMS diagnoses and believe that it may encourage the stigma associated with menstruation and instead support the "raging hormone" hypothesis. The "raging hormone" hypothesis promotes the idea that women are fundamentally emotionally unstable (McDaniel, 1988). The notion of

the “raging hormone” hypothesis may impact how women perceive a diagnosis of PMS, such that it is a sentence for experiencing negative symptoms or being belittled by others who may not experience PMS (Reid & Yen, 1981) The debate whether PMS and PMDD should be diagnosed and whether it is helpful or harmful may never be resolved.

PMS is widely known and diagnosed in western cultures, yet not in non-western cultures, indicating that PMS may be a culture-bound syndrome (Chrisler & Caplan, 2002). Premenstrual symptoms appear to be perceived as more negative and abnormal in western cultures than non-western cultures. For women in the United States, the adverse emotional effects of PMS are seen as problems requiring professional help to resolve, which could be due to the unrealistic cultural desire to be in control of one’s body and life (McDaniel, 1988). Research has shown that menstrual complaints have been most reported by women living in western cultures such as Western Europe, Australia, and North America. Other cultures, such as East Asian cultures, report different kinds of premenstrual symptoms, which rarely include negative affect, a symptom commonly reported in western cultures (Chrisler & Caplan, 2002). Therefore, it is important to note that for the purpose of this study, PMS was self-identified by participants and contextualized through a western cultural lens.

Menstruation, although a natural process, can be disparaged by society as evidenced by the ongoing stigma associated with it. It is something that many girls and women know of yet choose to keep hidden from others. Societies around the world have encouraged the idea that menstruation is ‘bad’ or ‘dirty’ and that it must be kept hidden by using ‘proper sanitary products,’ and the underlying message to girls is that menarche is shameful and negative (Houppert, 1999; Martin, 1987). In fact, mothers may encourage the same message when they only provide sanitary products instead of emotional support when approached by their daughters;

studies have reported that some mothers even reinforce the taboos of secrecy, dirtiness, and precocious sexuality, when approached by daughters (Lee, 2008). Mothers can often offer emotional and practical support and many times encourage openness within the mother-daughter relationship, however when mothers impress upon the need for sanitary products, and the secrecy surrounding them, girls receive mixed messages that may only confuse them.

Maternal Support

When beginning menstruation, girls generally turn to their friends and family members, specifically maternal figures, for support and advice (Costos, et al. 2002). Mothers are the most common source that daughters turn to for information during this time (Brooks-Gunn & Paikoff, 1997), but little is known of the impact that lack of maternal support can have on daughters' perceptions of menstruation. The purpose of this study is to examine the impact that maternal support can have on daughters' perceptions of menstruation in the early phases of their lives.

Family members are important sources for support and knowledge when girls enter menarche, but maternal figures are incredibly significant due to their likeness of anatomy. According to a study conducted by Teitelman (2004) with 22 participants, 23% of participants' mothers responded to their daughters' menarche with the "products talk", while 58% refused to discuss the topic at all. Mother's lack of communication about such an integral part of daughters' growing self-identity can make them feel unprepared and concerned for this transition. It has been shown that when girls feel unprepared for menarche, they perceive menstruation, and their mothers, more negatively than those who felt prepared (Brooks-Gunn & Ruble, 1982a). In knowing this, when girls come to their mothers with questions about menstruation, adverse effects may transpire if mothers are not open to discussing the sensitive topic. Mothers who prepare their daughters for such a monumental transition in life give them a better chance at

being able to understand it once it does occur, as well as to adopt it into their identity (Teitelman, 2004).

The confusion menstruating girls must feel when receiving conflicting messages, such that menstruation is natural and part of maturation in contradiction to menstruation being depicted as shameful and secretive, may be heightened in social scenarios. This potentially stressful life event can cause girls to feel limited in their ability to grow into themselves, due to the restricting messages they receive about menstrual changes (Costos, et al., 2002). Once entering into adolescence, girls can become victims of hurtful comments such as ‘she must be on her period’ or ‘it’s that time of the month again’ in day-to-day life situations. Girls who are aware of this stigma, or who have been victims of this behavior, may develop an unhealthy view of their menstruation which could include feeling embarrassed or ashamed (Houppert, 1999). Alternatively, with the support that friends and family can offer during this time, girls may be able to develop a healthy self-image as a menstruating woman (Teitelman, 2004). A healthy self-image surrounding menstruation is important because it is a major aspect of being a woman, and learning how to accept it as a natural part of womanhood could even positively impact symptoms associated with menstruation.

Maternal support is a major influence on how children learn to regulate emotions and interact with others. According to Calkins, Smith, Gill, & Johnson (1998) maternal support is defined as providing praise, validation, and providing explanations and reasons to children, and these interactions may be most influential on emotional regulation during toddlerhood. Maternal support is also crucial during puberty to help teens adjust to their new bodies and maturing sense of self. Mother-daughter interactions during puberty may be strained, though, with the amount of divergence that also occurs during adolescence. One of the main problems for adolescents during

this time is their desire for more autonomy from parents; however, when parents decline their terms or set firm boundaries, conflict may arise (Montemayor, 1983).

Mothers and daughters have long been known to have a conflictual relationship specifically when daughters are entering and extending through the pubertal years (Graber & Brooks-Gunn, 1996). The heightening of conflict during this time may in part be due to daughters' rapidly changing hormones, making them more sensitive (Buchanan, Eccles, & Becker, 1992). It has been shown that daughters tend to report higher levels of conflict with mothers than mothers report with daughters (Graber & Brooks-Gunn, 1996), which may imply that daughters' perceptions of conflict may also be increased during times when they are experiencing PMS, heightening sensitivity to adversities and increasing stress levels (Hoyer, Burmann, Kieseler, Vollrath, Hellrung, Arelin et al., 2013). Mother-daughter conflict increases during puberty, but a daughter's need for her mother's guidance also increases around menarche, creating an inconsistent pattern of interaction between mother and daughter at this time. Parent-child conflict at this time does not commonly cause deteriorating of the relationship, though it may cultivate a more positive parental relationship in the future (Cooper, 1988; Hill, 1988; Steinberg, 1990).

Menarche can be an intimidating time for girls, yet mothers can offer support in many different ways including emotionally, physically, and practically. When a girl begins menstruating, it may bring up emotions such as fear, embarrassment, anxiety, anger, or joy; whatever emotions come up, processing them with support from others may lift some of the burden experienced by adolescent girls. Maternal support during girls' early stages of menstruation may help daughters in understanding the major changes that have occurred within their bodies physically and emotionally. With these changes comes distress and discomfort for

some girls, and it can be confusing, which is why support from mothers is so important (Lee, 2008).

Some mothers might be uncomfortable with their children's distress and may push away or dismiss their needs and emotions to escape themselves feeling distressed (Gottman, Katz, & Hooven, 1996). In knowing that mothers and daughters tend to experience most conflict during these years, certain mothers may be deterred from helping their daughters work through tough emotions that arise with fluctuating hormonal changes. When mothers omit information about menstruation from their daughters or restrict the information they give, children have been shown to have more negative feelings about menstruation and sometimes their relationship with their mother (Costos, et al. 2002).

In contrast to this type of behavior, other families give excessive support when their children are ill, emotionally distraught, or hurt, (Whitehead, Busch, Heller, & Costa, 1986) and these behaviors may carry over into menstrual aches, pains, and other stressors. There is a balance for mothers to establish when supporting their children, where an excess of too much or too little support could leave lasting effects for their children as they age. When children are continuously given special treatment when ill, such as removal from school or extra doctors' appointments it may impact how they perceive their symptoms. Studies have shown the result of parents' specialized and excessive treatment in response to their child's illness in childhood is an adult who makes much more frequent doctors' visits than others and more absences from work due to illnesses (Whitehead, et al. 1986); if parents treat menstrual pains or aches like other illnesses, there is a possibility that women will be more affected by their PMS symptoms. Other parents encourage their children to continue on with their daily schedule and push through their illness, and this response to illness or somatic complaints may produce more resilient adults. This

specialized treatment may also increase the likelihood of girls making more somatic complaints during menstruation or their absenteeism from school or work due to menstrual symptoms.

Present Study

Much of the previous research has focused on women's PMS in regard to others, after PMS has begun; however, this study aims to look at relational influences on the progression of PMS development in young women. Previous studies have shown that many factors impact how women perceive menstruation and experience PMS, such as maternal and peer support or modeling, menstrual preparation, and specialized treatment. As shown in previous research, internal, relational, and societal factors all play a role in determining the severity of women's PMS symptoms, but few studies have yet looked at the relationship between all these factors and PMS development. The present study aims to examine whether maternal support and modeling relates to a women's PMS development throughout adolescence and young adulthood.

Method

Participants were identified for this study via Bridgewater State University's psychology department subject pool, a recruitment program for students who are required to participate in research for course credit. Inclusion criteria for students to participate in this study included identifying as female over the age of 18 and currently or previously experiencing PMS symptoms. For the purpose of this study, symptoms of PMS include cramping, nausea, aches and pains, bloating, mood swings, and irritability. Once an announcement was posted on the SONA system, the recruitment management system for the subject pool, twelve participants signed up.

Participants

Twelve participants recruited through the SONA system were interviewed for this study. Participants' age ranged from 18 to 21, with a mean age of 18.83. Participants' mean age at

menarche was 11.83 years of age. Nine participants were freshman, one a sophomore, one a junior, and one was a senior. Nine of the participants lived on campus and two commuted. Two participants' mothers had passed away while the remaining had living mothers. Two participants were adopted, one by her grandmother and another by her once foster family. To maintain confidentiality, participants were assigned pseudonyms randomly as decided by the researcher. To reduce any distractions and in an effort to maintain confidentiality, semi structured interviews were conducted in an individual room in the BSU psychology lab. Each interview lasted between 30-60 minutes and was audio recorded with a digital recorder provided by Bridgewater State University.

Procedure

In the process of creating this study, the researcher acquired IRB approval stating that this research is ethically sound. An initial pilot interview was completed by the researcher, after which additional questions were added to the interview script to obtain more specific details about participant's maternal attachment or bond and information about their menstrual cycle, PMS symptoms, or medical problems associated with menstruation.

All participants reported to the psychology lab at the time they signed up to be interviewed, and followed the researcher into a small meeting room. Participants were given a consent form to read over and sign before beginning the interview. After answering any questions, the participant may have had about the study, the researcher then turned the audio recorder on and proceeded with the interview. The researcher asked the participant general questions when initiating the interview such as age, identification of any significant relationships, and current living situation. Then the researcher progressed into asking more specific questions about participants' relationships with their family members, particularly their

mothers. After participants answered many questions related to maternal support, the researcher transitioned into asking menstruation and PMS related questions. These included questions such as when participants began menarche and details about the experience. Specifically, participants were asked how their mothers reacted to their menarche and how their reaction made participants feel. Finally, the researcher asked questions about participant's PMS symptoms. Specifically, questions addressed when participants' symptoms occurred within the menstrual cycle, what types of symptoms were experienced, and how they handled them. A complete list of interview questions used in this study can be found in the appendix. Before concluding the interviews, participants were given the opportunity to ask the researcher any questions they may have about the study. Finally, the researcher stopped and saved the audio recording and participants left the lab if they had no questions.

Data Analysis

In analyzing the data, the researcher acknowledged that participants' statements indicate their relative experience as they perceive it, but may not be representative of reality (Devault, 1999; Kruks, 2001). For the purpose of observing and generating meaningful patterns and themes in the participants' interviews, a thematic analysis was applied to the data (Braun & Clarke, 2006). The researcher proceeded with inductive and deductive analyses, noting nuances in participants' narratives when they arose. First, the researcher and several students enrolled in a psychology research course transcribed interviews word-for-word. Once transcriptions were completed, the researcher read through individual transcripts multiple times observing and marking any notable patterns within the interviews through an initial line-by-line coding process. This initial coding process resulted in a multitude of codes which was narrowed down to around sixteen codes. These were specifically related to maternal relations or menstruation. The

researcher then read over codes from each transcript and collated similarly coded passages, giving each a short description. Through narrowing down the codes through this initial collating process, three significant themes were created: maternal support, gender bonding and modeling, and coping with PMS. For example, a participant's statement "probably everything. If she died I think that I would probably die. Because she's my best friend, she's everything" was coded as close 'maternal relationship'. It was then combined with another statement "I talk to her every day, she's like the one person in my life that I can actually really trust with anything and like I'll ask her anything and not feel weird about it" to result in the major theme categorized as 'maternal support'.

The first theme, maternal support, can be characterized by participants' perceptions of their mothers including maternal sacrifice, communication with children, attachment between mother and daughter, and menstrual preparation. The second theme, gender bonding and modeling, was characterized by participants' seeking out menstrual information from other women rather than men. Participants who inquired about menstruation always turned to a close female figure for advice, helping them to learn how to behave during their menstrual cycles. The final theme, coping with PMS, was mentioned by all participants who had suffered from any PMS symptoms, and describes how they used either internal or external coping mechanisms. All participants mentioned ways they managed or coped in externally based ways with menstrual pains. These three significant themes contained subthemes, which will be further discussed in the results section.

Results and Discussion

Maternal Support

Maternal support can be characterized by participants' perceptions of their mothers which may include maternal sacrifice, communication with children, attachment between mother and daughter, and preparing daughters for menstruation.

Communication. During their interviews, participants mentioned that they felt supported when they could openly communicate with their mothers. Participants noted that they felt understood or heard by their mothers and that they could talk about anything with them. For example, Hallie (age 21) stated:

“um we're really close I'd probably count her as one of like my best friends uh she was always like, she was very open and understanding like the whole time growing up so it's like she never made it seem like it was uncomfortable to go to her for like issues, so she's always been very like welcoming with like anything I want to talk about.”

The participant reported that she felt supported by her mother, and she felt that she could openly communicate with her mother, exemplifying her perceptions of maternal support through communication. Bringing up problems with her mother was normal, and her mother even promoted this practice.

Another participant, Faith (age 18), indicated that open communication was an important aspect of trust between her and her mother. She reported feeling like she can rely on her mother for support when discussing any topic, even being able to discuss uncomfortable topics. For example, when asked, “*What does your mother mean to you?*” Faith responded, “*a lot, she's I talk to her every day, she's like the one person in my life that I can actually really trust with anything and like I'll ask her anything and not feel weird about it*”

Communication, as exemplified above, is an important aspect of maternal support for this participant as it impacted the level of trust between mother and daughter.

Maternal Attachment. Daughters felt a strong connection to their mothers, with most of them feeling this way for their entire lives. Daughters reported that they felt more attached to their mothers after beginning their college career. Several participants lived on campus and were separated from their mothers for longer spans of time; for most participants, this was the first time they had this experience of independence. However, distance appeared to bring daughters closer to their mothers.

Participants discussed how much they valued their maternal relationship, with many stating that they would not know what to do without their mother. For example, in response to the question “*How do you see your relationship with your mother in the present? Can you talk about the growth or changes you’ve seen?*”, Grace (age 18) stated: “*I feel like it’s gotten stronger since I’ve moved away... um yeah we’ve definitely grown a bit stronger like um like sometimes she’ll like come out on a Friday night and we’ll go out to eat just the both of us. (yeah) yeah or like if I need groceries she’ll come down...*”. Grace explained how she and her mother have gotten closer since she moved to college. It appears that participants put more value in the time they do get to spend with their mothers after going to college, exemplifying greater levels of maternal attachment.

Betty (age 18) also mentioned how attached she is to her mother, after being asked “*What does your relationship with your mother mean to you?*” she replied: “*umm probably everything. If she died I think that I would probably die. Because she’s my best friend, she’s everything... maybe not when I was younger, but now I realizing it now that I’m older I guess and not living with her every second... probably like the first week of college, honestly. Like not seeing her every single day.*” Betty stated how much her mother means to her and how her feelings have changed as she has aged. She referenced her first week in college and the challenges that not

seeing her mother everyday brought. This quote exemplifies the participant's increased attachment to her mother after distancing herself from her home.

Maternal sacrifice. Maternal sacrifice was also mentioned in interviews, with participants stating that they had stay-at-home mothers who were reliable for transportation and many times simply for comfort. Participants perceived their mothers as self-sacrificing during their early-mid childhood years. Participants brought up how their mothers would give up a lot of their own freedom to take care of their children. Mothers tended to provide practical support, such as staying home with the kids, driving the kids where they need to go, preparing dinner for the family, and planning birthday parties.

Participants reported that their mothers also gave up their careers for the sake of their children's happiness and safety, to be able to be fully present during their developmental years. For example, Betty stated: *"She would make sure she had enough time to bring us everywhere, like even to this day she only works like a part-time job right now too, because my brother still doesn't have his license and he does things after school, so yeah"*. The participant reported that her mother lessened her time at work by stepping down to a part-time position instead of full-time. Betty perceived this sacrifice, and this quote is an example of maternal sacrifice as Betty's mother put her career on hold for many years in order to be around for her children.

Another participant, Emma (age 19), stated that during hard times her mother would support her to the best of her ability. For example, Emma stated: *"the whole year she kinda like had to put her life on hold...I had to go into like an outpatient program it was lot of like stuff like that where like she couldn't really like leave the house as much because like of my anxiety so like it was just a lot but she like was there and now I'm here so it worked out."* Emma perceived her mother as very supportive as she felt cared for, emotionally supported, and had someone to rely

on during her time of need. This quote is an example of maternal sacrifice because Emma's mother remained with her daughter in her house during this sensitive time period.

Menstrual preparation. Daughters tended to feel supported by their mothers when learning about menstruation. Participants stated that after beginning to menstruate, they turned to their mothers for advice and support. Maternal support can also be seen in the ways that mothers provided information, supplies, and comfort to their maturing daughters during their transitional period. When describing the process of adapting menstruation into their lives, daughters mentioned their mother as a primary source of information.

Some participants mentioned an external reference source provided by their mothers as their initial introduction to menstruation. For example, Emma stated: *"I had the um American Girl Doll book... Yeah it just talks about like I don't know it talks about like acne and like everything and then it's like this is getting your period. So I like read about it then and did not understand it until like my mom was showing me like what a tampon was."* This participant was first introduced to menstruation through an external source, the American Girl Doll book provided by her mother. Participants mentioned having the same American Girl Doll book as their introduction to their maturing bodies. Although the book confused Emma, after her mother explained menstrual products and how to use them, she felt more prepared and knowledgeable about the subject.

Betty learned about menstruation from both her mother and a different external source, much like Emma, but she had mixed feelings about it. When asked who taught her about menstruation, Betty stated: *"um my mom told me about it. She brought me to one of those talks in middle school, which I didn't want her to (laughs) so I kinda learned about it then. Probably in like 5th grade or something. It was actually in Bridgewater. It was at the middle school or*

something.” Although not appreciated at the time, this participant reflected on the experience and stated that she learned some basics about menstruation through it. This quote is an example of menstrual preparation in a direct manner, as Betty’s mother made an effort to educate her daughter about menstruation through a school-based presentation.

Another participant, Lilah (age 18), learned about menstrual products through a number of females such as her mom, her friends, and her sister. Lilah stated: *“I know like my sister would always like tell me what to buy because it’s what she learned to buy. Ummm or like my friends would like tell me what they have or if I like borrowed something from them they would tell me what brand they were using and I’d probably go off of that... I think my mom would too cause she would buy me things like that”*. This participant learned about menstruation and menstrual products primarily from her sister and, to a lesser extent, her mother. Although her first source may not have been her mother, she sought out another close female-figure to find out information about menstruation. This quote is an example of menstrual preparation from multiple sources including the participant’s mother in terms of providing menstrual products.

Gender Bonding and Modeling

All participants interviewed for this study mentioned that they turned to a female figure for menstrual information or advice, and many times it was their mother. Daughters see their mothers almost as veterans with handling menstruation and some even mimic their mothers’ behavior when menstruating. Mothers model certain behaviors when they are menstruating, with some promoting resilience toward menstrual pains, while others allow their PMS to control their behaviors. Mothers appeared to influence how their daughters perceive and work through their own menstrual symptoms and how they should act when menstruating.

Gender Bonding. Daughters always sought advice about puberty and menstruation from a female figure in their life, which was usually their mother. For participants who were adopted or living with other family members, older female figures were their suppliers of menstrual information.

Daughters looked to their mothers for menstrual advice because of their ample experience with menstruation as a woman, even if their mother no longer menstruated. For example, Ana (age 18) spoke of her mother's knowledge in terms of the length of time that she had experienced womanhood, *"um she's been through being a woman and stuff, longer than like my sisters have, so I can like look up to her more"*. This participant appeared to trust her mother's advice more than her sisters' with menstrual questions. Although her older sister had begun menstruating, she preferred to discuss menstrual topics with her mother. This quote is an example of gender bonding because Ana trusted her mother's knowledge of menstruation more firmly than her sister's due to her mother's advanced experience as a woman of reproductive age.

Participant Isla presented with a unique situation as she was adopted, and later lost her adopted mother to cancer. Isla (age 20), was not able to converse with her biological mother nor later her adopted mother for advice on menstruation. When she first began menstruating, her adopted mother was able to provide support emotionally and practically to her, however after her adopted mother passed away, Isla did not have as many resources to go to for advice. In situations where a mother is not available to give advice, daughters turned to other older female figures. For example Isla stated, *"there were times where I was like well I can't tell him everything so I would either talk to my brothers fiancé. She was like not a mom figure but like someone older and like a female I could talk to uhm also my nana"*. Although her grandmother no longer experienced menstruation, she was able to help provide the information necessary to

work through menstruation and the symptoms that come with it. After her mother's passing this participant went to her father for many things, but went to her grandmother or her brother's fiancé for information on menstruation. This quote is an example of gender bonding because although Isla reported feeling comfortable discussing many topics with her father, she felt uncomfortable bringing up any questions about menstrual situations with him due to their dissimilarity of anatomy. In the absence of a living mother, girls sought out the advice of other women to take on this maternal role.

Modeling Emotions. Participants reported that their mother's emotional state impacted their own emotions. This can be seen in many settings and influence daughters in many ways. Participants' perceptions of their mother's emotions influenced the kind of emotional response they gave in certain situations. As exemplified in the previous section, daughters learned much information about menstruation from their mothers, and mothers also modeled their PMS to their daughters, influencing how daughters behave and feel during menstruation.

Participants mentioned how observing their mother's emotions affected their own emotional state. For example, when discussing her mothers' PMS, Betty was asked, "*did observing her influence how you felt about menstruation?*" to which she responded, "*um, maybe a little bit, like when she's in a bad mood on it then I'm like, oh I should be in a bad mood when I'm on it too I guess*". Betty reported that both she and her mother have increased mood swings when menstruating. She saw her mother behaving emotionally while menstruating, and this influenced her to allow her emotions to take control in similar situations of her own. This shows how seeing her mother modeling PMS symptoms impacted how Betty dealt with her own.

Although some participants modeled their mother's feelings and behaviors when menstruating, others felt uncomfortable with their mothers during menarche and menstruation.

Claire (age 21), reported *“it was so awkward telling because I didn’t know where anything was so I had to tell my mom and uh she was like oh congratulations! She was like on the phone with my grandma so then she was like oh Claire just got her period, it was like this whole fiasco. And I was just like this is god awful”*. This participant reflected on her mother’s reaction to her menarche, stating that her reaction made her uncomfortable. In this case, the participant’s mother was modeling that it is exciting to begin menstruating, however the participant was not as joyous about the circumstances. This participant reported that a strong emotional reaction from her mother, in response to her menarche, made menstruation feel worse for her. Although her mother was not emotional in a negative manner, her emotional reaction still impacted her daughter’s emotional state and initial perceptions of menstruation. This quote exemplifies how maternal modeling of emotions can be perceived positively or negatively from daughters, where in this case the participant rejected her mother’s modeling of excitement due to her discomfort about her maturing body.

Coping With PMS

PMS can be a constant stressor in a woman’s life, sometimes to the point that it is debilitating. Without coping mechanisms, internal or external, PMS symptoms can impact a woman’s emotional, physical, or psychological state. Internal coping mechanisms can be categorized by a shift in thinking about something or regulating how one feels about stressors around them (Lazarus & Folkman, 1984). External coping mechanisms can be characterized by any external method of reducing PMS symptoms, including for example, using medications, physical exercise, venting to others, or using heating pads. Both methods were mentioned by participants during interviews.

Internal Coping Mechanism. Participants reported that they did not enjoy menstruation. Many said that it was ‘annoying’ or ‘something else to worry about’; however, all participants came to the conclusion that it is not something to fight, but to accept. Acceptance was also a coping mechanism that many participants used to deal with their PMS. Acceptance for some participants involved resiliency toward their symptoms, not allowing PMS to ruin their day, and emotion regulation through positive reframing.

Emma used resiliency to cope with her PMS and continue with her daily activities. When the researcher posed the question, “*so how do you feel about your period currently?*”, Emma responded, “*I mean, it’s fine, it is what it is. Just like get used to it. Since I’m a dancer it’s just like annoying when I’m on my period and my stomach hurts and I’m just like bleh, but I just kind of do it anyways.*” This participant did not have very fond feelings toward menstruation or PMS. Although it was difficult for her to cope, she focused on working past it and accepting her symptoms. Emma felt extremely uncomfortable due to her stomach pains when she experienced PMS, but instead of letting it negatively impact her day she continued with her dance classes. This quote exemplifies Emma’s use of internal coping mechanisms through her resilience toward her PMS and continuing on with her daily activities.

Another participant coped with her PMS through both resiliency and positively reframing how she perceived her emotional states. When asked how she copes with her menstrual symptoms, Hallie stated, “*I was emotional and stuff like even just recognizing that like my hormones are out of whack and I’m on my period made me a little bit better I feel like. Just realizing that like nothing’s actually wrong with me I’m just like need to like give my body a break kinda.*” This participant reported that she gets extremely sensitive around the time of menstruation. As a method of getting through her PMS, she tried to reframe her behaviors and

emotional state as a symptom of hormonal imbalance. She was able to accept that she was going through PMS and that it is not something to worry about, but rather to accept and listen to. This demonstrates the use of internal coping mechanisms because Hallie was able to reframe her dysregulated emotions as a sign that she should give her body a break rather than think that she is 'crazy'.

External Coping Mechanism. In contrast to the internal coping strategies exemplified above, external coping included the usage of external mechanisms, such as medication or physical activity. Participants reported the usage of oral contraceptives or contraceptive implants. Almost all participants mentioned currently taking or previously taking oral contraceptives to regulate their menstruation. Participants also reported the use of pain relievers, exercise, and heating pads to alleviate some PMS symptoms.

Participants often mentioned birth control in reference to a decrease in certain PMS symptoms they may have. For example, Dawna (age 18), who was a runner during high school, described a typical day for her during menses, *"that was I went on birth control I think my senior year and that's when I stopped [running] so... it was like when my bleeding was really bad before birth control I was just like miserable and it was so annoying. And also like because I was running like umm like when I would like stop, when I would be off season, like my periods would be all over the place because I would be like running constantly and then I would stop [running] and it would be all like weird"*. This participant mentioned the use of two external coping mechanisms, birth control and running. She stated that she bled heavily during menstruation and that her daily functioning was impacted by it until she began to take an oral contraceptive. She also referenced running in track as an external method to regulate her menstrual cycle, indicating

that it “would be all like weird” when she was not doing this. This quote exemplifies Dawna’s use of external coping mechanisms in relation to relieving her menstrual discomforts and PMS.

Another participant, Betty, used pain relievers to reduce her symptoms, “*yeah um, I just, I feel like I’m more irritated that I have it, but then I don’t know. I take Advil usually and then I feel so much better. I’ve noticed that taking Advil definitely does help it. And um I was on birth control for a bunch of years and when you get on that it makes your period so much more regular and you know exactly when you’re going to get it. So I feel like that definitely helped because I had really bad cramps*”. This participant reported the use of Advil to alleviate cramping and emotional irregularities associated with her PMS. This quote is an example of external coping mechanisms in terms of medications, which not only helped alleviate symptoms, but improved her mental state around menstruation because she was able to prepare for the week of her period.

Conclusion

The goal of the present study was to explore the question of whether maternal support affects daughters’ PMS symptoms from menarche onward. The transition from childhood to adolescence during puberty is accompanied by confusion and uncertainty for both males and females, however this study focused on females. Previous research has shown that familial support is essential during puberty in order to assist girl’s self-identity development (Brooks-Gunn & Ruble, 1982a); furthermore, maternal support via menstrual preparation has been shown to shape how daughters understand and adopt menstruation into their identity (Teitelman, 2004). With this in mind, it was expected that daughters who received a greater amount of maternal support would more positively perceive menstruation and better be able to cope with PMS than those who received less maternal support.

This study found that aspects of maternal support influenced daughters' perceptions of menstruation and PMS. Daughters who valued communication in their mother-daughter relationship felt increased levels of trust and were more likely to feel comfortable discussing a variety of topics with their mothers. Those who communicated frequently with their mothers tended to feel more comfortable going to their mothers for menstrual advice. Although not always direct, mothers played a large role in informing daughters about menstruation either in preparation or response to their daughter's menarche. Many participants reported receiving information in the form of a book or menstrual informational session from their mothers in preparation for menarche. After daughters' onset of menarche, participants sought out maternal figures for more direct support and advice. These findings are consistent with previous research, showing daughters' primary source of information about menstruation is their mother (Costos, et al. 2002).

Maternal support was not the only factor that influenced daughters' perceptions of menstruation and PMS. From birth throughout childhood daughters tend to look to their mothers as an example of what being a woman looks like. This includes how they dress, how they behave, and how menstruation 'should' impact their lives. The gender bond, or shared experience of being a woman between mother and daughter, influenced how daughters handled menstruation and PMS. Daughters looked to older female figures (mothers, older sisters, grandmothers, and friends) to help them navigate how to adopt menstruation into their everyday lives as Costos, et al. (2002) also described.

Maternal modeling also influenced how daughters perceived and behaved around menstruation. For example, some participants mentioned observing how their mothers behaved when menstruating and adopted that behavior into their perception of what women should act or

feel while menstruating, which is consistent with Whitehead, et al. (1986) findings that daughters' perceptions of somatic sensations are influenced by maternal modeling and encouragement of the sick role. While some participants adopted to their mother's example of how to feel or behave when menstruating, others viewed their mothers' behavior as extreme and used that behavior as an example of what not to behave like when menstruating. This finding shows that daughters are not simply adopting their mother's modeled behavior to understand menstruation, but rather they utilize their mothers' input and create their own opinions on how they should behave during menstruation as well.

It was found that the majority of participants viewed PMS as something requiring external assistance, such as medications, to work through. Participants mentioned their mothers providing these supplies, and thus this was another way that maternal support was seen to help daughters cope with PMS. Although previous research had not directly examined the connection between maternal support and PMS symptoms, this finding exemplifies the ways that mothers influence daughter's perception of PMS by providing options for external coping mechanisms. Others dealt with PMS by using internal coping mechanisms. Participants whose mothers encouraged positive reframing in order to work through PMS did not use these external coping mechanisms. In comparison to participants who utilized external coping mechanisms, those who used internal coping mechanisms had an overall more accepting view of menstruation and felt that PMS was a normal process; these findings are consistent with findings by Ussher & Perz (2013) which showed that women who are aware of their PMS symptoms can understand and rationalize their emotions instead of pathologizing them.

As this study only collected twelve participants, a potential limitation with this research could be that it may not be generalizable in the larger population of adult women. Since participants

that joined this study were comprised of a college population including students from ages 18 to 21, older women may have a more evolved perception of menstruation. College aged women are just entering emerging adulthood and have not lived with menstruation and PMS as long as their mothers have. Due to their lack of experience, college aged students may have a more naïve perspective on menstruation than women who have had more time to adapt to the biological and emotional changes that came with menarche.

What has been learned from this study may be useful for educating future mothers of ways they may be able to assist their daughters in the pubertal transition, which many parents feel ill prepared for. This information may also be beneficial for health care providers to learn in order to better prepare parents and their pre- or early adolescent children to handle the biological and emotional changes that may come with menstruation, such as PMS. Primary care physicians (PCP's) will be able to prepare parents with methods to help emotionally support their daughters and provide them with an explanation for why emotional support is so essential during this time in their daughter's life. PCP's will also be able to provide emerging adolescents with the methods on how to cope with any associated symptoms of menstruation, such as internal coping mechanisms such as positive reframing and rationalization of the underlying factors causing any emotional or physical menstrual symptoms.

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Appendix

- Tell me about yourself (relationships, emotions, work, history, etc.)
 - *You know that I'm interested in discussing PMS and maternal relationships, but I wanted to get to know you first—personal life, significant relationships, any major life events, etc.*
 - What does your relationship with your mother mean to you?
 - How much do you value it compared to other relationships?
 - Can you give me an example of one of your earliest memories with her?
 - Could you give an example of a time you felt supported?
 - Can you give an example of when you felt unsupported or disappointed by your mom?
 - What do you feel/do when you are hanging out one-on-one with your mother?
 - How often do you talk to your mom? (if at school, by phone/text)
- Can you tell me about your relationship other family members?
- Could you tell me about what it was like to grow up in your household?
 - Siblings?
 - Can you talk about the parenting style your parents used?
 - Equal treatment between you and siblings?
- When you think back on your relationship with your mother, how do you remember the relationship's dynamic being when you were a child (3-12)?
 - How often was your mother at home when you were young?
 - When she wasn't home, was she working?
 - Was she involved in planning birthday parties or play dates for you?

- Did things change when you started going through puberty?
 - Throughout Adolescence?
- How do you see the relationship you have with your mother in the present?
 - Can you talk about the growth or changes you've seen in your relationship?
- (Transition into menstruation) Tell me about what you remember about the day when you began menstruating. (Where? When?)
 - Did you tell your mother when it began?
 - When your mom found out, how did she react/respond?
 - How did you react when you started your period?
 - Do you have any significant feelings associated with your first period?
- How did you learn about menstruation? Who taught you about hygiene and products used for menstruation?
- When you began menstruating, were there any changes in your family?
 - If so, what?
 - Mother-daughter relationship changes?
 - Throughout adolescence?
 - Did you talk to your mom about it?
 - Were you comfortable talking to her about this stuff? Why or why not?
- Was your mother open about her own menstrual cycle? Did you notice any changes around her period? (emotional, physical complaints)
 - Did observing her influence how you felt about menstruation?
- How do you feel about your period, currently?

- Describe to me a typical day in your life when you are experiencing premenstrual symptoms (cramps, mood swings, irritability, etc.). Include social interactions, home life, feelings, etc.
 - Does it affect your life or normal daily activities?
- When did you start having PMS symptoms?
 - What kinds of symptoms?
 - Time frames (monthly/weekly timeline)
- How much your PMS would interfere with a regular day for you?
 - Have your symptoms changed since they began? If so, how? (severity/more or less symptoms)
- Are you open with others about your menstruation?
 - Would you ever talk to your family about your period?
 - Any special treatment during your period?
 - Did anyone know about your PMS? If so, who?
 - How did their perceptions affect how you felt about it?
 - How did you cope with your menstrual symptoms?
- Did you experience any medical problems associated with your menstruation? Please explain.
- Do you take any contraceptives?
 - Any other medications to suppress your menstruation? Or to help with symptoms?
- If you have a daughter someday, how would you like her to learn about menstruation?
 - Would you do anything differently from your own mother? If so what?
 - Will you teach about PMS?

- How do you want her to feel about menstruation?
- Are there any questions that you think I should ask, that I have not?
 - Anything else you want to tell me?