

Breaking the cycle: Memorable messages of “grin n’ bear it” and silence in menarche narrative recall

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ABSTRACT

To better understand adolescent experiences of menstruation, the CODE Red project was initiated to examine period poverty and menstruation stigma. As part of the project, a survey was posted online through Qualtrics, and the link was posted to social media sites. One hundred and eighty-seven individuals completed the open-ended questionnaire between January and August 2022. The individuals are based in the United States, with most coming from north-eastern Indiana. Using an iterative analysis, the data were analyzed using the theory of memorable messages. Three themes emerged supporting memorable messages: *the negative cycle of self*, *talk silence breeds silence*, and *my mom wasn't there*. The study concludes that *grin n’ bear it* and *silence* are the predominant types of memorable messages first-time menstruators’ experience. Moreover, first-time menstruators experience self-silencing and other-silencing. Implications include that silence negatively impacts the mother-daughter relationship and that attention should be paid to the importance of communication before menarche.

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Introduction

Early communication about menstruation differs in terms of health and practical information, often leaving young menstruators feeling unsupported (Aragón & Cooke-Jackson, 2021; Rubinsky et al., 2020). How adults communicate with young menstruators about their menstrual experience has a lasting impact on the latter’s well-being and sexual health (Aragón & Cooke-Jackson, 2021; Rubinsky et al., 2020). Many young women experience menstruation while lacking supportive communication regarding such factors as the biological process and how to use various menstrual products before menarche.

The lack of adequate menstruation communication between caregivers and children inhibits adolescents from having an accurate foundation of menstrual knowledge and contributes to their lack of understanding of menstrual preparation (White, 2013). Menarche is a significant psychological and/or sociocultural transition point in young menstruators’ growth because they are undergoing many physiological and sociological changes (Ruble & Brooks-Gunn, 1982). Drawing on data from 119 female-identifying participants between the ages of 18 and 45 years who were enrolled in out-patient mental health care, Ross et al. (2023) determined that thoughts of suicide increased during some days leading up to one’s period and the first few days of the period; this study is groundbreaking as it is one of the first to measure the impact menstruation has on one’s mental health.

There is limited evidence that menstruation impacts mental health, leaving some young menstruators not fully prepared for the physical or psychological aspects of menstruation. For example, in their study with seventeen low-income African American mothers in the northeastern U.S., Cooper and Koch (2007) found that mothers and daughters avoid or have negative dis-

cussions about menarche. Moreover, the information African American girls receive from school is inadequate. Schmitt et al. (2022) found that girls in general lack knowledge on how to deal with menstruation in schools or the impact menstruation has on them when engaging in sports. The lack of menstruation knowledge is established in menstruation research, often exploring the messages older menstruators remembered from their experiences, such as beliefs about tampon use and parents expecting schools to provide the education (Aragón & Cooke-Jackson, 2021; Rubinsky et al., 2020).

Many families attempt to communicate about menstruation (Aragón & Cooke-Jackson, 2021; Cooper & Koch, 2007; Costos et al., 2002; McKeever, 1984; Rubinsky et al., 2020); however, not all families do so effectively (White, 2013). This is despite the large body of research that supports parents and children discussing sex and sexuality-related questions (Coffelt, 2021; Manning, 2021). In their study of 389 participants of high school and college age, Holman and Koenig-Kellas (2018) found that communication between parents and adolescents focuses more on comprehensive sex conversations than on biological functions. Discomfort regarding talks about menstruation and body parts often results in silence on the issue. Silence is a memorable message, and young menstruators carry this silence with them, contributing to the taboo nature of menstrual communication (Aragón & Cooke-Jackson, 2021).

Silence is a key response to menstruation, but silence brings consequences. Silence results in a lack of knowledge passing. In addition, silence impedes instrumental and emotional support (Rubinsky et al., 2020). In a study of 165 girls between the ages of 18 and 37, Rubinsky et al. (2020) determined that participants want healthy and practical menstruation information; however, they do not receive this from family members, school, or health professionals (Rubinsky et al., 2020). Silence is thus experienced as a memorable message of menstruation (Aragón & Cooke-Jackson, 2021). This finding builds upon the silence literature and specifically contributes to how the lack of support and communication impacts adolescents' menarche memories.

The present study addresses the impact of inadequate communication about menstruation on early menarche experiences, informed by the theory of memorable messages (ToMM). Specifically, the focus is on how women recall their menarche to explore how *not* having the "menstruation talk" beforehand impacted their experience. Early menstrual communication theorizing is focused on the impact of having a conversation (Aragón & Cooke-Jackson, 2021; Cooper & Koch, 2007; Costos et al., 2002; McKeever, 1984; Rubinsky et al., 2020); however, this study focuses on understanding what happens when we *do not* have menstrual communication.

The theory of memorable messages

Memorable messages from family or healthcare providers have received considerable scholarly attention in the last three decades.¹ In the last decade, the framework of memorable messaging shifted into not only the positive messages one may receive, but also, the impacts of negative messages or the absence of messaging (Cooke-Jackson & Rubinsky, 2021; Rubinsky & Cooke-Jackson, 2017; Rubinsky et al., 2020). This study is thus

grounded in the scholarly shift from positive to negative messaging.

Memorable messages explore types of lasting messages or those with lasting impact (Cooke-Jackson & Rubinsky, 2018). The ToMM expands upon the lasting effect and examines what messages would be more constructive in place of the negative memorable message (Cooke-Jackson & Rubinsky, 2021).

Young adults receive memorable messages regarding sexual health from their families. Children look to authority figures, such as a parent or guardian, to learn or share these messages (Cooke-Jackson & Rubinsky, 2018; Keeley, 2004; Kellas, 2010). The absence of positive messages about menstruation is itself a message that one carries throughout their life (Rubinsky et al., 2020). This often leads to a paradox between being able to recall the experience, but not being able to talk about the experience. Messages of silence convey that menstruation is normal, but should not be openly discussed (Rubinsky et al., 2020). For instance, Cooper and Koch (2007) found that adolescents recalled asking their mothers about menstruation, but did not recall their mothers' responses. Likewise, Aragón and Jackson (2021) found that the mother-daughter dyads in their study did not talk about menstruation, often resulting in the daughters feeling misinformed and frustrated (Aragón & Jackson, 2021). The ToMM aids in identifying where messages may challenge, disrupt, or intervene in harmful or inadequate messages (Aragón & Cooke-Jackson, 2021).

Supporting the message

Families may avoid many sex and sexuality-based conversations because they consider the topics taboo. Taboo topics reflect their familial culture, religion, or fear of in-depth discussions (Thorson & Holman, 2023). The absence of menstrual communication within the home is salient because families embrace the standard set forth by the master menstrual narrative which consists of keeping menstruating women away from others to avoid talking about it (Delaney et al., 1988). This salience leads to two types of messages: "grin-and-bear-it" (Costos et al., 2002) and silence (Rubinsky et al., 2020).

Grin-and-bear-it

While some mothers may not be prepared to talk about menses (Zakaria et al., 2020), others may do so by pushing the grin-and-bear-it message (Costos et al., 2002; Rubinsky et al., 2020). Grin-and-bear-it messages normalize young menstruators' pain. These messages set young menstruators up to a life of receiving messages that their pain is manageable and must be tolerated (Scott et al., 2022). The pain-is-normal message, especially when it comes to menstruating individuals, keeps some from pursuing needed treatment or medical interventions (Scott et al., 2022). When it came to her pre- and post-menstrual pain, for example, Wright (2019) received cultural-specific, grin-and-bear-it messages such as "You in pain again?! You need to go breed!" (p. 913). This message implies how pain would disappear after childbirth. These grin-and-bear-it messages thus center around regulating menstruation as part of life and learning to live with the discomfort.

Grin-and-bear-it messages duplicate traditional gender roles by impacting one's identity formation and behavioral choices (Cooke-Jackson & Rubinsky, 2022). Young menstruators are not taught how to communicate their pain, so they struggle to describe pain later in life, as seen in pelvic pain patients and those with en-

¹ For comprehensive reviews see Cooke-Jackson (2018, 2021).

dometriosis (Scott et al., 2022). Grin-and-bear-it messages teach young menstruators that they should treat menstruation as secretive, dealing with menstruation independently and privately (Rubinsky et al., 2020). Because of this, young menstruators tend not to hear about or learn of experiences from others, missing out on knowing what they are experiencing is normal or if they should seek medical attention (Scott et al., 2022). Finally, grin-and-bear-it messages often prevent women from being taken seriously by medical providers and being discredited or dismissed (Thompson et al., 2023). Grin-and-bear-it messages communicate that women lack proper knowledge when it comes to their health and their bodies (Scott et al., 2022; Thompson et al., 2023). By receiving the grin-and-bear-it message, young menstruators learn that they must be strong and carry on as part of the socialization process into adulthood.

Scott et al. (2022) relayed that menstruators are taught at an early age to normalize their cramps and pelvic pain. As such, menstruators are taught to tolerate discomfort. This grin-and-bear-it communication impacts future communication, especially with doctors who label it as a psychological condition—a form of medical gaslighting (Scott et al., 2022).

Silence

The second type of message many receive is silence. The conditions of "silence" differ depending on the cultural context, but when it comes to menstruation communication, silence can cause "unease and be uncomfortable for those sharing it" (Krajewski & Schröder, 2008, p. 600). Silence is a form of memorable messaging (Cooke-Jackson & Rubinsky, 2021; Rubinsky & Cooke-Jackson, 2017). Societal silence breeds even more silence from first-time menstruators resulting in self-silencing, i.e., keeping one's menarche from others. Others experience "other-silencing," where young menstruators are explicitly instructed not to talk about their period (Rubinsky et al., 2020). For instance, Wright (2019) would go to great lengths to hide her period and pain, such as by taking pain medicine and hiding in her office while lying in the fetal position. Normalizing pain in these ways contributes to the more general silence surrounding women's health and the dismissal of women's knowledge of their bodies.

Many young women lack valuable information or are restricted from learning vital facts (Costos et al., 2002). Young women report receiving more instruction on menstrual products than information on what is happening and what this means for their bodies (Rubinsky et al., 2020). For example, young Latinas recalled messages where mothers focused strictly on pads rather than the menstrual cycle (Aragón & Jackson, 2021). Other mothers went straight to worrying about pregnancy. King et al. (under review) determined that "Oh! You can get pregnant" became the response among mothers and daughters when a daughter experienced menarche. The absence of body messaging has consequences as, for example, many midwestern young adults graduate from high school knowing more about the biology of animals they dissect in school than their own bodies (Cotrovia, 2019).

In summary, memorable messages "remain over time, are influential to the message receiver through behavior or identity formation and assessment...and can take many forms" (Cooke-Jackson & Rubinsky, 2022, p. 7). Often, grin-and-bear-it and breaking-the-silence messages do not occur until after one's menarche (Rubinsky et al., 2020). These messages communicate what to expect and how to feel about one's identity, family, relationships, health/illness, and role in the world. Building on grin-and-bear-it and silence as menstrual messages research, this study

explores how these messages are unspoken in first menarche narratives. Therefore, I ask: How are grin and bear it and silence communicated in menarche memories?

Materials and Methods

This study is part of a larger area of research assessing menstrual stigma and period poverty in a large county in Northern Indiana, USA. To assess whether period poverty is a problem in the county, a survey was conducted by the researcher to measure menstrual stigma and period poverty. Quantitative questions measured period poverty in the area and menstrual stigma. As the researcher, I decided to add open-ended questions to gather, analyze, and reflect upon experiences described in the words of participants.

Participants

After institutional review board approval, participants were recruited. Recruitment techniques included social media, community events, community pantries, word of mouth, and promotional materials such as flyers and stickers.

To be considered for inclusion, participants needed to live in a zip code located in a specific Indiana county, be over the age of 18, and provide consent to taking the survey. A total of 217 participants attempted the survey and answered the question at the time of this manuscript. Of the 217 who completed the qualitative question, only 173 completed the demographics. They ranged in age from 18 to 71 ($M=32.5$; $SD 13.12$), with 41 participants not providing their age. All participants reported being assigned female at birth, but as adults, many participants reported being non-binary or trans. More information about the participants can be found in Table 1.

Data collection

The sampling period began in January 2022, and raw data was downloaded in June 2022. As part of the survey, four open-ended

Table 1. Breakdown of participants.

Age range	18-71
Breakdown of race/ethnicity	
White/Caucasian	134
Native American	2
Black/African American	10
Hispanic	5
Latina	1
Mexican	2
Asian	4
Mixed/Bi-racial	6
African	3
Other	2
Breakdown of education	
High school	40
Some college	37
Associates	12
Bachelors	51
Masters	25
Law school	3
Ph.D.	4
Other	2

questions were asked ranging from first experience to how they may have been stigmatized or lived without products. For purposes of this study, only the first set of questions were used: “Tell us about your first menarche (first period). What stood out? How did the experience impact your attitude/beliefs about menstruation?” All responses were downloaded, coded, categorized, and analyzed.

Analysis

Thematic analysis began by utilizing the steps outlined by Braun and Clarke (2006). The results of the survey question were reviewed at length prior to making notes or noting similarities between responses. During the second read-through, initial codes or relevant phrases were identified. For example, one participant’s narrative read: “I remember having a lot of pain and cramping. I felt embarrassed and gross. My initial belief was that this was something to hide and dread.” For coding purposes, “cramping,” “embarrassed,” and “gross” were circled as they indicated mental responses. “A lot of pain” and “something to hide and dread” are tied into pre-existing definitions of grin-and-bear-it and silence. This process continued until all responses had been marked up. The markings were then transferred to a chart in Microsoft Word, where all circled words and phrases were entered. Multiple respondents made similar remarks or used similar words. This process allowed the deletion of duplicates. The words and phrases were then examined, making notes of relationships and creating initial codes and categories.

Using a clean copy of the data on the third read-through, notes were made on how the narratives reflected a lack of pre-menarche communication, allowing note-taking in the margins. A Google Jamboard was created to include margin notes and to add the categories and codes created from the initial two readings to create and examine relationships between the codes.

After the fourth reading, the data were categorized using a two-level analytical scheme: emic, emergent, and etic use of existing models or theories (Tracy, 2020). First, emic issues were identified. With emic analysis, we focused on the words and phrases emerging from the narratives. Second, etic analysis emerges from previous literature, such as the research used in the literature review (Tracy, 2020). Examples of etic data include hindrance, obstruction, unhygienic, painful, and distress. Individual “post-its” were made on the Jamboard including the emic readings. Studying the board resulted in questions such as: What is happening?, Why is this occurring?, What does this mean?, and What consequences does not communicating about menstruation have? Using this latter question, secondary coding began. Secondary coding includes interpretation of the codes and identifying patterns and cause and effect progressions (Tracy, 2020).

The codes were then grouped into categories. Each category was examined via further questions: “What does this say?” “What does this mean?” and “How does it relate to the impact of silence?” This facilitated the opportunity to look for similarities within existing research and determine new scholarly contributions (Tracy, 2020).

Results

Three key themes emerged highlighting the impact not talking about menstruation has on one’s menarche recall: *the negative cycle of self-talk*, *silence breeds silence*, and, *my mom wasn’t there*.

The negative cycle of self-talk

Ninety-six percent (n=209) of the participants used a negative adjective or verb to communicate how they felt when their period started. Some of the more commonly used words included “embarrassed,” “shame,” “gross,” “humiliated,” “scared,” and “alone.” One participant noted that her first menarche “was embarrassing and I didn’t know that much about the whole thing.” In this instance, “embarrassed” captures the lack of knowledge or preparation a young menstruator may be equipped with. Another participant wrote, “I was never taught about anything regarding sex ed. It scared me and I was very young. 11 years old.” In this example, “scared” captures the moment of panic or fear a young menstruator experiences the first time they notice a brown or red stain in their underwear. “Scared,” for this participant, also captures how not knowing about something increases the chance of a fear response. Finally, one participant captured how she felt both positive and negative emotions: “I felt a sense of excitement as well as a sense of bother and shame about the experience.” Here, “shame” expresses the perception of someone doing something wrong.

The start of many participants’ periods wounded their pride and/or impacted their self-confidence. Many of the words capture self-deprecation or a possible lowering of self-esteem. This includes words like “humiliating” and “gross.” The intention behind these words could mean that menstruators are disparaging or undervaluing themselves. Adolescence is a vulnerable time for mental health issues, which impacts more females than males (McLaughlin & King, 2015). In turn, menstruation impacts mental health (Ross et al., 2023). The use of self-deprecating language could signal a decline in first-time menstruators’ mental health. For example, one participant thought “something was wrong with me” when starting her period as she did not know or understand her body. Even with supportive caregivers, participants continued to express confusion over what was happening to their bodies. One noted,

My first period was very frightening because it was one of the first steps of growing up. You would now have physical and mental pain because of all of the emotions, cramps, headaches, mood swings, etc that come along with starting your period. I definitely was scared of how my body was changing at such a young age. I always thought it was gross to have a period.²

This statement demonstrates this participant’s perception that her menarche is the first sign of impending adulthood and associated pain.

Some participants suggested that they felt that it was more than something being out of the ordinary—perhaps, even fatal. As one participant wrote, “I thought I was going to die.” When one lacks the underlying knowledge or understanding of menarche and its bodily functions, they are only exposed to scenes of blood. The connection between blood and death is evident in one participant’s narrative, “I was dying because I bled so heavily.” This is similar to findings in Rubinsky et al. (2020) where many of their participants would claim they were physically dying.

One participant in this study found her menarche to be

² Spelling and punctuation is reported as found in the data.

“traumatizing in all honesty” while another expressed a similar sentiment:

It was traumatic for me. I was suicidal. I have a toxic mother and having my period represented that I could become a mother, which was something I, at the time, very much did not want (for fear that I, too, would be a horrible and abusive mother).

These words reflect how participants were expected to grin-and-bear-it. Grin-and-bear-it connotes the acceptance that something negative is happening to them and that the only recourse is to tolerate it.

Silence breeds silence

Participants noted how many of their parents and/or guardians did not communicate about menstruation beforehand. *Silence breeds silence* explores the consequences of silence before menarche, including the two subthemes: *how the silence cycle continues* and *why silence occurs*.

The silence cycle continues

Despite the negative experiences of menarche, such as the belief that it is a medical emergency or a signal of death, participants expressed the need to keep their menarche silent and hide it from others. Silence from others may have taught them to remain silent themselves and hide menarche. One participant wrote, “I remember having a lot of pain and cramping. I felt embarrassed and gross. My initial belief was that this was something to hide and dread.” First, this participant experienced significant body pain, yet told no one. Second, they felt the need to keep their experience secret. While this participant did not note when their menarche began, another remembers hers starting in the fifth grade (typically ages 11-12): “It felt very shameful, and I was told it must be kept a secret from the males in my life.”

Some participants experienced being explicitly told not to mention menarche in front of others. For example, “I was told by my mom not to talk about it and was yelled at when I mentioned it in front of my brother. This made me feel alone.” The inability to share, in this case, contributed to the participant’s feelings of isolation and loneliness.

For many, the act of keeping menstruation hidden or remaining silent about the experience was an ongoing experience. One participant shared her experience of self-silencing:

I hid my first 4 periods from my parents and used only pads that I could buy from school. I felt the need to be secretive about it and hide the quarters I’d use to purchase the pads. I thought people would think I was gross and embarrass me about it.

Keeping menstruation secrets from one’s parents could be a form of self-protection; however, it can lead to isolation and loneliness. Moreover, not sharing demonstrates a lack of trust between new menstruators and their parents or caregivers.

Silence and ignorance

As to why participants would keep their menarche a secret, three reasons arose from the data: lack of knowledge, lack of understanding, and lack of control. The word “ignorance” captures

this lack of knowledge, understanding, and control. As one participant expressed:

I was in 5th grade. I woke up to blood-soaked underwear but I didn’t understand what was going on. I had been told what a period is but not what that looks like so I didn’t make the connection when I woke up so I put on new underwear and went to school. At school, I went to the restroom and my underwear was blood-soaked again and that’s when I realized what had happened.

Despite having some knowledge of what a period is, this participant did not initially realize that she was menstruating. It was only after the second incidence of noticing that her underwear was blood-soaked that it became clear. Unspoken in this quotation is how the participant did not seek out a parent or caregiver to discuss the blood-soaked underwear prior to leaving for school. It was only after being picked up from school that she did so. She continued,

[I] told my mom about it when she picked me up having used toilet paper as a backup in the meantime. She gave me what she could and explained the proper usage of feminine products. I had no cramps the first time and it was very spotty so when it stopped for a moment, I was confused why it started again later that day.

Even after informing her mother, she continued to have moments of confusion. This could be a result of the mother explaining the proper use of period care products, but not how menstrual cycles work and what is “normal.” In this example, menstruation education is reduced to menstrual product education. By only receiving menstrual product education, new menstruators do not receive “lived experiences” of menstruation, such as what to expect while menstruating (Brown et al., 2022).

This participant’s experience is not an isolated incident, as is clear in the data. Many expressed not knowing or understanding what was happening to them. One participant recalled “not being prepared and not understanding my body.” New menstruators wonder what is happening to their bodies and why they are not able to control their bodies. As another participant shared, “I did not like NOT having control over what came out of me.”

“My mom was(n’t) there”

Studies on mother/daughter dyads indicate that communication about sex and sexual topics is a positive experience for the dyad (Coffelt, 2021; Manning, 2021). Coffelt (2017) notes that mothers communicate the importance of healthy relationships, discuss sexual behaviors, and share sexual health education, using the experience to communicate family values and beliefs. Whereas some mother-daughter dyads may be comfortable discussing sex, menstruation can be a difficult topic to navigate. Studies have found that some mother-daughter pairs have awkward or non-existent menstrual communication (Berger, 2018; Cooper & Koch, 2007; Costos et al., 2002). As a result of the negative self-talk and the pressure to keep their menstruation silent, the mother-daughter relationship is negatively impacted. This third theme builds upon this potential impact. The language of the theme is derived from the words of a participant: “My mom wasn’t there.”

Of the different segments of data containing either the word “mom” or “mother,” 38 participants noted that their mother was absent (figuratively and literally). As in Rubinsky et al. (2020),

many young menstruators are left feeling unsupported. The act of being absent indicates a lack of support.

In contrast, some participants reported having supportive mothers, who prepared their daughters ahead of time. These latter experiences demonstrate the positive benefits of adolescents being knowledgeable and well-prepared for menarche. Positive and negative mother-child experiences are highlighted in two subthemes: *Can't I just wear a pad?* and *No one ever sat me down to explain*.

Can't I just wear a pad?

Despite research that says mothers and daughters do not talk about menstruation (Cooper & Koch, 2007), participants here reported communicating with their mothers about menstruation. Some support occurred during the period when many participants experienced menarche, but most support occurred after menarche. Some mothers helped by providing excuses so their daughters would not have to participate in sports practice. This support intended to ensure that the daughters would not feel uncomfortable, should anything menstruation-related happen. One participant shared that while her mother helped to provide an excuse that allowed her to leave her sporting practice, the help did not extend beyond that. She wrote, “[I] rode my bike to swim team practice to say I was sick and couldn't swim because my mom said that was the only way out of it. She did not offer a tampon as a solution.”

Some participants alluded to only asking for help when choosing what menstrual product to use or running out of menstrual products. One participant, for example, kept asking her mother if she could wear tampons, despite her mother's wishes that she wear pads. Another participant commented,

Once I asked my mom if I had to wear a tampon because I wanted to wear a pad instead. She told me I had to because of being a swimmer. (This was before I had my first period) other than that, we've never discussed it.

Another form of support came from mothers who suggested relevant reading materials. As one participant shared, “My mom gave me some pads but discussed it a little. She gave me *Hello God, It's Me Margaret*. She gave me a subscription to YM magazine.” These mothers suggested books and magazines to their daughters to increase their menstrual education. While this demonstrates some level of support, this practice continues to leave most of the educational work to media.

No one ever really sat me down to explain

The second subtheme explores how lack of parental support tainted one's menarche. This lack of support manifested through the absence of communication pre-menarche and negative reactions post-menarche. While some mothers were absent even before menarche, it was only after menarche began that participants realized this absence. These participants' narratives highlight how silence bred silence; because their mothers did not communicate with them about menarche, they were less likely to initiate communication about menarche. One participant wrote,

I was in middle school and used toilet paper and was unsure what to do because I didn't have a phone at the time to text or call my mom and hadn't ever had a conversation about it or what to do when I get my first period.

Another shared, “I didn't know it was my period because my mom didn't talk to me openly about it.” Hence, these mothers' lack of communication before menarche contributed to participants' ignorance surrounding menstruation. Moreover, while some participants did not express any negative emotions or experiences when their periods began, they did express disappointment that their mothers did not teach them anything prior. As one participant noted, “My first one was 1/1/2000. I was happy because I was ‘an adult’ but my mom barely taught me anything.” Another participant captured how she was too embarrassed to share her experience with her mother:

When I had my first period, I was so embarrassed. I didn't tell anyone, not even my mom. I did not want anyone to know so I worked extra hard to not act out of the ordinary or moody because I was so worried about the stigma of PMS and periods in general.

This participant notes how she felt the need to hide her period and any signs associated with it so she would not be stigmatized. This fear extended to her own mother, potentially indicating that she anticipated a lack of parental support.

Moreover, many participants feared asking their mothers for help in dealing with menarche. If they did ask for help, it was due to dire circumstances. “It was a sad, painful day. Awkward to ask my mother for help” a participant expressed. This captures how the pain of the participant's period potentially impacted her mood. However, she found asking her mother for support difficult. A second participant shared, “I was 14 and asked my mom if I was dying because I bled so heavily.” This participant only sought out her mother because she feared that she was experiencing a medical emergency and needed her mother's help to drive to the hospital. If it was not fear that drove them to talk with their mother, it was because of bathroom mishaps:

No one told me what was going on and I tried to wipe the blood with toilet paper and ended up clogging the toilet. [I] had to ask my mom for help and told her what happened. She then explained what was happening and made me feel relieved I wasn't just bleeding for no reason.

What these participants bring forth is how participants turned to their mothers only because how they were trying to manage their menarche resulted in a bigger mess, not because of the menarche itself.

Not all participants experienced relief when seeking out or sharing menarche news with their mothers. One participant was shamed when sharing her experience of menarche with her mother and her sister:

When I told my older sister and mom that I started my first period they both laughed. I was humiliated. After that experience, I only whispered to my mom when I had my period so I could get tampons or pads. She did not often know about the severe cramps that I had every month. I hated my period. It affected me and everything that I did for at least two weeks every month of my life.

This quotation demonstrates how this participant's period was experienced as a hindrance. Moreover, her mother's and sister's reactions made her feel ashamed of experiencing menarche. This prevented her from seeking support. This participant's experience highlights how she “grinned-and-bore” the cramps in order to avoid seeking out her mother again.

Discussion

Recalling one's menarche produced narratives highlighting the grin-and-bear-it and silence associated with memorable messages. More importantly, these memories demonstrate the consequences of how menstrual silence beforehand impacts what occurs during one's first period. To discuss the impact of these consequences, three implications are explored below.

First, this study highlights how recalled narratives contain memorable messages (Cooke-Jackson & Rubinsky, 2018). Participants recalled their menarche. Some of these memories featured messages they received beforehand, primarily focusing on not receiving menstruation-related education or communication from their mothers or other caregivers. Others experienced messages that instructed them not to share their experience with others after their menarche. For some participants, the memorable message was not just about their experience, but also how sharing their experience led to more memories. The lack of communication before menarche highlighted the consequences of negative feelings and negative self-talk, especially surrounding shame. Previous research reveals that menstruators recall receiving negative messages of shame (Gunning et al., 2020); however, this study finds that shame is felt by young women when they receive a silent, yet memorable, message. This finding supports Gunning's et al. (2020) claim that how young women process messages impacts their self-identity and the conclusion regarding how silence impacts self-concept (Rubinsky et al., 2020).

In addition to impacting self-concept and self-identity, participants self-silenced. Self-silencing occurs when young women who first menstruate choose to keep their menarche hidden or secret from their families. Unlike Rubinsky et al.'s (2020) observations, participants did not keep silent because menstruation is a normal and natural experience. Instead, their narratives capture how participants kept silent because they were fearful and embarrassed or because silence was taught. The self-silencing led to menarche being seen as a negative experience, leaving many feeling isolated. Moreover, because of not receiving menstrual knowledge before menarche, many young women, when first menstruating found silence to be an acceptable form of communication and carried on the cycle of silence by not communicating with their families about menarche.

Self-silencing suggests young women mirror their mothers' communication by remaining silent. Diverging from the silence would bring to light a taboo topic. The silent message continues because the menstrual topic is considered taboo in many contexts. Taboo has no visible indicator and is usually marked by silence (Krajewski & Schröder, 2008). If a young woman breaks the silence, then the taboo topic is revealed and must be addressed by either talking about it or having the conversation be shut down immediately. Menstruation is not talked about (De-laney et al., 1988); hence, by asking for help or bringing it to the attention of their parents, adolescents no longer use their silence as a form of keeping their period hidden or secret (Krajewski & Schröder, 2008).

The results demonstrate how participants self-silence and that this also builds upon "other-silencing." Participants expressed how their mothers "other-silenced" them by asking them not to talk to males about their menarche. Rubinsky et al. (2020) defined "other-silencing" as when "someone explicitly directed them to keep their period hidden or quiet" (p. 6). By other-silencing, young menstruators contribute to patriarchal norms in which menstruation is seen as women's domain, which can result in a lack

of understanding or a sense of discomfort by men (Allen et al., 2010). In contrast, Allen et al. (2011) found that young university-level men in the United States learned about menstruation at home within their families. These young men learned about menstruation from their sisters' experiences of menarche (Allen et al., 2011). Menstruation education is vital for young boys and men. By other-silencing, young menstruators are taught that menstruation is a feminized experience, yet body knowledge should not be. Hence, additional research needs to be done to encourage young women to talk about menstruation with other genders.

Other-silencing impacts the mother-daughter relationship. Previous research has explored menstrual communication between mothers and daughters, revealing how many do not promote constructive communication (Costos et al., 2002), how mothers may find the topic uncomfortable (Costos, et al., 2022), how opportunities for menstruation talk decrease as girls age (Stubbs, 2008), and how mothers lack preparation to have menstruation-related discussions (Zakaria et al., 2020). This study not only supports these findings, but also demonstrates how the lack of menstrual communication impacts mother-daughter communication, especially regarding health matters. Baiocchi-Wagner (2015) argues that scholars should study the influence of family silence on individual health behaviors; menstruation should not be left off this list. Mothers are viewed as trusted sources of health information (Coffelt, 2017); hence, mothers must be prepared to initiate discussions and support their children's experiences of menarche and menstruation.

The findings include instances of mothers laughing at their daughters or forcing their daughters to figure out menstruation on their own. Not discussing taboo topics could lead to decreased relational satisfaction and decreased relational belongingness (Affi et al., 2007). Findings suggest not talking about menstruation within the mother-daughter relationship leads to relationship dissatisfaction. Mothers may lack communication efficacy regarding menstruation (Affi & Steuber, 2009), and mothers' motivation for not talking about menstruation may be to protect themselves from remembering their menstruation talk experience with their mother (Costos, et al., 2022). However, the lack of mother-daughter communication may cause daughters to feel a lack of trust in their mothers (Baiocchi-Wagner, 2015), contributing to why they kept their menarche secret (self-silence).

Like findings by Rubinsky et al. (2020), some participants believed that something was medically wrong with them or that they were dying upon experiencing menarche. These thoughts emerged because of negative self-talk. The negative self-talk, in turn, impacted young menstruators' mental health. Given that menstruation is a part of reproductive care and menarche impacts an adolescent's mental health, communication channels should open within families as well as within other sites of education, such as public schools (see Sappenfield & Nugent, 2023). Moreover, future research should heed Kartch's (2022) call for families to be studied as sites in which to dismantle menstrual taboos. Namely, what happens if we normalize menstruation talk in homes and in schools? How should we encourage young menstruators to talk about their physical and mental health pertaining to their menstrual cycle? Further research should explore the specific effects of negative self-talk due to menarche on how young adolescents describe their mental health.

This study supports and builds upon previous findings on menstrual communication impacting adolescents (Rubinsky et al., 2018). Gottlieb (2020) points out that silence has consequences. While Gottlieb (2020) refers to the use of euphemisms when communicating about menstruation, the lack of words within the fam-

ily and school setting has consequences. By remaining silent on menstruation, we reinforce the notion that talking about menstruation is off-limits (Dahlqvist, 2018), but even more significant, results show how not communicating is harming young menstruators and teaching them to remain silent about their health concerns. The lack of menstruation communication leads many to remain silent about their menstrual cycles, pains, and other concerning symptoms (Kartch, 2022).

Limitations

The present study makes an important contribution to the growing field of menstruation communication; however, some limitations warrant mentioning. Our data collection method focused only on the voice of those who could recall their first menarche, but this resulted in two consequences. First, we were unable to follow up with the participants to ask the “why” behind many of the narratives shared. We could not help but wonder “Why couldn’t you go to mom?” or even “Why did you cry in Walmart?” As Rubinsky et al. (2020) suggested, our data collection limited the follow-up, but did provide a diverse range of voices and experiences. Second, our study continues to limit the use of marginalized voices. Our study was predominantly Caucasian and confined to those with access to the survey. Future researchers should continue to work on seeking out marginalized voices and gathering their menstrual experiences. Finally, we continued the individualistic data-gathering technique. Future research should include mothers and daughters, or, ideally, dyadic data collection. The use of dyadic data collection addresses Afifi et al.’s (2021) suggestion that sexual communication—in this case, effective menstrual communication—should be bi-directional in nature.

Conclusions

Rubinsky and Cooke-Jackson (2017) assert that messages are impactful if they can be recalled over time. Recalled messages qualify as memorable messages. This study addressed the call for exploring how formative ideas about menstruation occur over time and how adults evaluate them after the fact.

Watzlawick et al. (1967) once proclaimed that communication is not a panacea. But when it comes to menstruation, silence is causing significant harm. Menstruation is a common experience among adolescents. Therefore, it is prudent to examine the effects of not talking about menstruation in early adolescence, particularly about how this impacts the disclosure of future health concerns to caregivers and healthcare providers. If we want to keep menstruators healthy—physically and emotionally—we must normalize menstruation communication.

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