

PMS, CBT & Mindfulness

by NAPS Trustee
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FROM A PSYCHOLOGICAL PERSPECTIVE

PMS is present when women experience wide variation in mood, social, emotional and behavioural functioning which can be traced directly to their menstrual cycle.

Generally, only 3-8% of women experience severe PMS symptoms — often characterised as PMDD - most often in their 30s.

Women tend to describe themselves in terms of a Jekyll and Hyde mental state: 'me' and 'not me' or 'my demon'. They worry about the depth of their feelings of despair, anger and frustration and the impact on their partners, their children, their family and friends. Not surprising perhaps in the context of highly negative, mocking, media depictions of raging hormonal women. Typically symptoms emerge during the week preceding menstruation, improve with the onset of menses, and are not present during the week after menstruation, although some women say they feel fortunate when they have one free week out of four.

Frequently, women feel neither properly heard nor understood both in terms of medical diagnosis/treatment (e.g. being diagnosed as bipolar, being prescribed anti-depressants or anti-psychotic medication) and particularly on the mild to moderate level of PMS - being properly listened to, their worries and distress acknowledged.

There does appear to be a link to diet: in PMS carbohydrate cravings can be seen as attempts at self-medication with a (temporary) increase in serotonin activated in the brain as a result www.pms.org.uk. In addition to dietary changes, either alone or in combination with hormonal or anti-depressant (i.e. medical) treatment where indicated www.pms.org.uk,



Diet is important

B vitamins are important to help the body's neurotransmitters function properly and diets low in B1 and B2 particularly, are associated with a higher occurrence of PMS.



Relaxation

“Counselling and CBT often involve training in relaxation as a way of easing the build-up of tension that is so often experienced. Regular practice and guided imagery can be helpful alongside increased sporty physical activities and, if possible, high intensity aerobics, as these raise endorphin levels and generate ‘feel good’ hormones (i.e., raise serotonin levels)”.⁹⁹

counselling or cognitive behavioural therapy (CBT) and Mindfulness can be helpful in the sense of finding someone who listens and who ‘gets it’, an ally to collaborate with.

CBT & Counselling

One of the main psychological features of this condition is the fear of going mad, being taken for mad, and loss of control. CBT is a short-term, skills focused form of talking therapy that focuses on the interaction between thoughts, feelings, and behaviours. A core tenet is that an individual’s perception of an event can affect the way in which she experiences that event, including physical sensations. As such, it claims to offer practical as well as emotional ways of dealing with the situation. For example, one way of regaining a greater sense of control is by keeping a diary, dividing the cycle by phases and comparing the symptoms and their degree of severity for each phase.

Counselling (which can also be short term and focused) and CBT often help women identify how, when most hard pressed by their physical and emotional symptoms, they tend to isolate themselves when actually, engaging in meaningful and generally pleasurable interactions with others at that time — having fun — might stimulate physiological changes in the form of increased serotonin levels. This is helpful to stabilise moods: mind and body interact, in both directions, so is something women can do something about. Conversely, not engaging in rewarding social interactions tends to risk lowered serotonin levels triggering more troublesome psychological turbulence.

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At the same time, taking the time to look at how women think about their situation can help. Often women tend to interpret the physiological changes they experience in an unhelpful way, not helped by expectations of a negative, even debilitating experience which then in circular fashion intensifies feelings of

anxiety, worry and depression — particularly in situations that are stressful in other ways (e.g. unemployment, poverty, relationship or child care issues).

This vicious cycle may look as follows: expected changes may interfere or override usual coping mechanisms, be viewed as unmanageable and further heighten apprehension and anxiety, creating fear of imminent loss of control. Circles of negative thinking which lead to self-defeating behaviours (e.g. isolating oneself) maintain an unhelpful response to physiological changes. Sometimes, difficult early life experiences — such as feeling constantly criticised — contribute to the setting of high, possibly unrealistic, but in any event rigid standards for behaviour and performance which do not allow for variation or fluctuations in wellbeing. Therefore, when such fluctuations are experienced they tend to go hand in hand with unhelpful responses, some so automatic they are hard to access alone.

CBT or any type of counselling, tries to help the individual find more helpful ways of dealing with their experiences. There is some research evidence to show that CBT is particularly effective in working with unhelpful (negative) ways of thinking, self-blame and avoidant behaviours with the added advantage, as at least one study showed, that physiological symptoms such as breast tenderness and bloating improved with CBT1 (again, the mind body connection). The suggestion is that women’s negative expectations are challenged — that is the unhelpful belief that “I’ll be premenstrual next week and can’t cope” is no longer accepted as obvious, a necessary result of physiological changes, because there is now a reason to question it — I’m being treated for this, this is a condition that I can do something about. This effectively waters down previously fixed ideas — moving from an ‘I can’t’ position to one that says ‘I can’. The side effect is to boost self-esteem allowing the individual to access more helpful ways of dealing with herself and her situation — outcomes seem less catastrophic at the very least or even provide a sense of positive achievement/more control at best. This shift in thinking will be reflected in the daily self-ratings

Daily self-ratings diary embarking on a more upward virtuous circle vs. the previous downward vicious circle².

Another area of interest in regards to counselling or CBT, is a large 'placebo' effect when women are prescribed medication, in the range of 30-40%, and in one study as high as 94%! The theory is that it is the attention given to the woman and her belief in it, that that is the active ingredient – arguably present in all types of counselling and psychotherapy. CBT/counselling can serve to either help maintain such a (placebo) effect by making the mechanism explicit, providing a woman with a sense of her ability to be more in charge and/or do similar work alongside medication in the more severe end of the spectrum.

A note of caution: although randomized controlled trials have shown CBT to be effective², the results are not consistent. One systematic review and meta-analysis showed that CBT significantly reduces both anxiety and depression and suggested a possible beneficial effect on daily living³. However, the risk of bias may be high because of weaknesses in trial design, implementation and possible reporting bias. Another systematic review revealed a dearth of evidence supporting the view that CBT exerts statistically significant interventional effects¹.

Mindfulness

Mindfulness-based practices – a form of meditation - are becoming increasingly mainstream for all sorts of health conditions and wellbeing in general. The idea is that by encouraging people to focus on their current thoughts, the practice of mindfulness discourages anxiety and worry.

One example would be to begin and end the day with a 10-minute meditation; just pay attention to your breath as it comes in and as it goes out. Notice any thoughts that come to your mind without judgment or interference and then let them go. Just become an observer of your breaths, thoughts and bodily sensations. At first, 10 minutes can

feel incredibly long (some people start with three and work their way up), but it does get easier with time. Just sit and observe your breathing, that's all. Some people may also find it beneficial to join a meditation or mindfulness group to practice together, especially when starting out, as the group's energy helps support individual practice. After a while, and with consistency, mindfulness practice becomes quite natural and needs very little discipline or effort.

This is a relatively new area, so there are few studies on how mindfulness may help with PMS specifically although there are a number on anxiety and depression. One study⁴ looking at 127 young women aged 18-26 revealed several statistically significant positive relationships between menstrual attitudes and severity of symptoms. Mindfulness practice seemed to act as a kind of buffer apparently reducing the severity of symptoms experienced, thus improving well-being. A more recent study⁵ indicated a significant decrease in symptom severity for seven out of 11 premenstrual symptoms, and a sense of relief at being able to tolerate stress more effectively. In that albeit small study, all women reported that they carried on using the stress reduction skills they had learned in an 8 week course and were thus feeling better.

Overall it would seem that CBT, counselling and Mindfulness are potentially useful avenues to explore, often as an adjunct to medication www.pms.org.uk and nutrition. www.pms.org.uk. However, like any form of treatment, these may not be helpful to everyone. If in doubt, consider consulting your health professional.

NAPS is always happy to receive your views and learn about your experiences so please let us know what kind of psychological support you have found helpful.

References:

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Resources

Free online (general) CBT courses:

Living life to the full
www.livinglifetothefull.com

MoodGYM
www.moodgym.anu.edu.au

To find an accredited CBT therapist near you visit: www.babcp.com