

Couples counselling key to coping with severe premenstrual distress

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A Western Sydney University study has found that couples counselling can be critical for women in the treatment of severe premenstrual symptoms (PMS).

Leading women's health researchers Professor Jane Ussher and Professor Janette Perz, from the University's Translational Health Research Institute (THRI), compared the impacts of one-to-one and couples counselling for Premenstrual Disorders (PMDs).

The results, which have been published in the prestigious *PLOS ONE* journal,[\(opens in new window\)](#) indicate that couple-based interventions have a greater positive impact upon women's ability to cope with premenstrual distress.

As part of a three-year Australian Research Council (ARC) funded study, 83 women who suffered from severe PMS were randomly divided into three groups: a one-to-one [therapy](#) group, a couple's therapy group, and a waiting list group.

The results revealed that couple-based interventions were the most effective in improving coping, reducing [relationship](#) difficulties and alleviating premenstrual distress.

- 84 per cent of those in the couple's therapy group reported increased partner awareness and understanding of PMS, compared with 39 per cent of the one-to-one group and 19 per

cent of the wait list.

- 57 per cent of women in the couple group reported an improved relationship with their partner, compared with 26 per cent in the one-to-one group and 5 per cent of the wait list.
- There was an 18 per cent reduction in reports of intimate relationship difficulties within the couple group, compared with a 5 per cent increase in the one-to-one group to a 10% increase in the wait list.
- Increased self-care and coping was reported by 58 per cent of women in the couple's group, compared to 26 per cent in the one-to-one group, and 9 per cent of women in the wait list.

Professor Ussher says research consistently shows that relationship issues are deeply connected to women's experiences of PMS.

"Issues within a relationship can trigger PMS symptoms, just as 'that time of the month' can seemly compound and worsen existing issues," says Professor Ussher.

"It's so common to hear that women are dissatisfied by elements of their relationship – whether it is the emotional support that they receive at home, or the dishes that are left in the sink at the end of the day.

"To use the metaphor of a pressure cooker – for women who suffer from severe PMS, these issues can be left to simmer and for three weeks of every month they are able to be repressed or ignored.

"But during that one week, when PMS takes hold, suddenly it all becomes too much. The pent-up anger and resentment finally reaches boiling point and they are no longer in control – leading to significant distress, and of course, relationship issues."

As part of the research, the two therapy groups participated in five

90-minute therapy sessions over a five-month period with a female clinical psychologist, while the women on the waiting list received no immediate treatment.

Each PMDs therapy session was targeted to address the woman's experiences of PMS, introduce a range of positive coping strategies, as well as to explore the role that their relationships played in their premenstrual distress.

Professor Ussher says, following the therapy sessions, women reported lowered premenstrual distress; increased coping; the resolution of relationship difficulties; greater couple communications; and greater closeness.

"Women reported that they were less likely to 'lose control' when expressing their feelings. They had increased awareness of the potential for relationship conflict; described relationship tension as less problematic; and were more likely to talk to their partner about PMS and ask for support," she says.

These improvements were evident in both therapy groups, irrespective of whether or not their partner was involved – indicating that any psychological intervention can have positive relational impacts.

"Even if women do therapy on their own, it can still have a positive impact. The women will still learn self-care and coping strategies, will develop a better understanding of PMS, and will go home and tell their partner about the experiences in therapy," says Professor Ussher.

"However the results of this study clearly indicate that the greatest positive impact is evidenced when a women's significant other participated in the therapy sessions as well."

Professor Ussher says the research further highlights the importance of providing women with access to psychological interventions for PMDs.

As an outcome of the ongoing research in this area, a [self-help information pack \(PDF, 289.82 KB\)](#) has been developed to provide all [women](#) the opportunity to explore the psychological symptoms of PMS, as well as learn effective problem-solving, relaxation and stress management techniques.

Provided by University of Western Sydney

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