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The role of anxiety level, coping styles, and cycle phase in menstrual distress[☆]

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Abstract

Using three samples, researchers investigated the relation between various anxiety levels, coping strategy use, and menstrual cycle phase to menstrual distress. In Studies 1 and 2, women low in anxiety sensitivity used more acceptance coping strategies and women high in anxiety sensitivity reported using more maladaptive coping strategies. In Study 2, women with medium anxiety sensitivity reported similar coping strategies to women low in anxiety. Menstrual cycle phase did not differentially affect coping strategy use in women varying in anxiety sensitivity levels in Studies 1 and 2. In addition to depressed mood emerging as a significant predictor of premenstrual distress in these two studies for all participants, avoidance coping for women high in anxiety sensitivity and problem-focused coping for women low in anxiety sensitivity were also significant predictors of premenstrual distress. In Study 3, during the premenstrual phase, women with panic disorder, compared to controls, reported using more avoidance coping whereas controls reported used more active coping and seeking social support for emotional and instrumental reasons. Results are discussed within a continuity model from high anxiety sensitivity to anxiety disorder for maladaptive coping and menstrual distress.

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1. Introduction

The menstrual literature is replete with equivocal findings as to whether specific menstrual cycle phases are associated with increased symptomatology (see Gallant & Derry, 1995). Recent studies suggest that anxiety sensitivity and panic attack history may greatly affect the experience and reporting of menstrual symptoms. In these studies, women high in anxiety sensitivity reported more severe menstrual symptoms relative to low and medium anxiety sensitivity women irrespective of current menstrual cycle phase (Sigmon, Dorhofer, Rohan, & Boulard, 2000a; Sigmon, Fink, Rohan, & Hotovoty, 1996). Similarly, women with panic disorder endorsed more intense menstrual symptoms than controls across the menstrual cycle (Sigmon et al., 2000b). To account for these findings, the authors proposed the menstrual reactivity hypothesis (i.e., women high in anxiety, especially those with panic disorder, may be more vigilant about physical sensations associated with the menstrual cycle and develop negative expectancies about them).

In addition to anxiety sensitivity level, coping style represents another variable to consider in explaining menstrual distress. In the general population, men tend to use more active, problem-focused coping strategies (e.g., active planning) and women tend to use more emotion-focused coping strategies (e.g., seeking social support, focus on and venting of feelings; Ptacek, Smith, & Dodge, 1994; Vingerhoets & Van Heck, 1990) to cope with stressful situations. Preliminary research on coping and panic suggests that individuals with panic disorder use fewer problem-focused coping strategies and more wishful thinking strategies than controls (Cowley & Roy-Byrne, 1988; Vitaliano et al., 1987). Although no research has been published that directly examines coping strategy use in individuals varying in anxiety sensitivity levels, researchers have hypothesized that individuals high in anxiety sensitivity engage in more anxious rumination and avoidant behaviors when coping with anxiety-provoking situations (Reiss, Peterson, Gursky, & McNally, 1986). However, coping styles related to menstrual cycle phase have not been specifically explored among high anxiety sensitivity women or among women with panic disorder. Comparing high anxiety and panic populations to controls across the menstrual cycle would highlight whether specific coping styles may contribute to heightened menstrual distress in these groups. For example, the ways in which a woman copes with stressful events (e.g., avoidance or emotion-focused coping) may influence the experience and reporting of menstrual symptoms.

The relation between coping styles and the menstrual cycle has received some attention in the menstrual literature. In a survey to determine how women naturally cope with menstrual symptoms, Choi and Salmon (1995) found that women with more severe premenstrual symptoms were more likely than controls to use avoidance coping strategies (e.g., substance use) and were more likely to rate them as effective compared to active strategies (e.g., socialization, exercise). The majority of the research in this area, however, has focused on investigating coping style use in women who have been characterized as suffering from

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