

# CAN MINDFULNESS BUFFER THE RELATIONSHIP BETWEEN POOR MENSTRUAL ATTITUDES AND PREMENSTRUAL SYMPTOM SEVERITY?

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## INTRODUCTION

Mindfulness practices improve physical and affective symptoms of a broad range of conditions (Greeson, 2009) and the development of mindfulness traits is predictive of improved symptomatology and well-being (Carmody & Baer, 2007). Given that premenstrual symptoms may be physical, affective and impair quality of life and well-being, it is reasonable to expect improvements in such symptoms from mindfulness-based practices. Also, given the relationships among negative attitudes towards menstruation and amplified symptom reporting (Woods et al., 1982), it is reasonable to expect that cultivating mindfulness aimed at dispelling negative anticipatory and judgmental thinking will moderate these relationships. Thus, our purpose was to assess the interrelationships among Premenstrual symptom reports (PMSR), Menstrual Attitudes, and mindfulness in women.

## METHOD

Female students from a small liberal arts university (university in the Pacific Northwest ( $N = 127$ ), 89% Caucasian, 18-26 years of age, completed assessments

**Five Facets Mindfulness Questionnaire (FFMQ; Baer et al., 2006)**: Five mindfulness traits (observe, describe, act with awareness, nonjudge, nonreact).

**Menstrual Attitudes Questionnaire (MAQ; Brooks-Gunn & Ruble, 1980)**: Attitudes toward menstruation (debilitating, bothersome, natural, anticipate, and denial).

**Shortened Premenstrual Assessment Form (PMSR, Allen, McBride, & Pirie, 199)**: Self-reported premenstrual changes in symptom intensity overall and in three symptom clusters (pain, water retention, and affect).

**Mindful Attention Awareness Scale (MAAS, MAAS; Brown & Ryan, 2003)**: Dispositional mindfulness as a single factor represented through awareness/attention to present moment events.

**Modified Version of the Penn Alcohol Craving Scale (Craving, Flannery, Volpicelli, & Pettinati, 1999)**: Self reported craving for week prior to menses. Probed for type of craving (i.e. behavior, substances) and severity of craving.

## RESULTS

- Multiple Regression analyses with probing for interactions using mindfulness as a moderator in symptom—attitude relationships were performed with Aiken & West (1991).

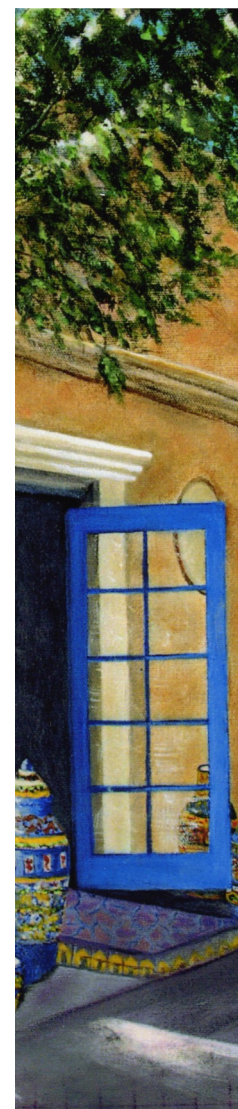
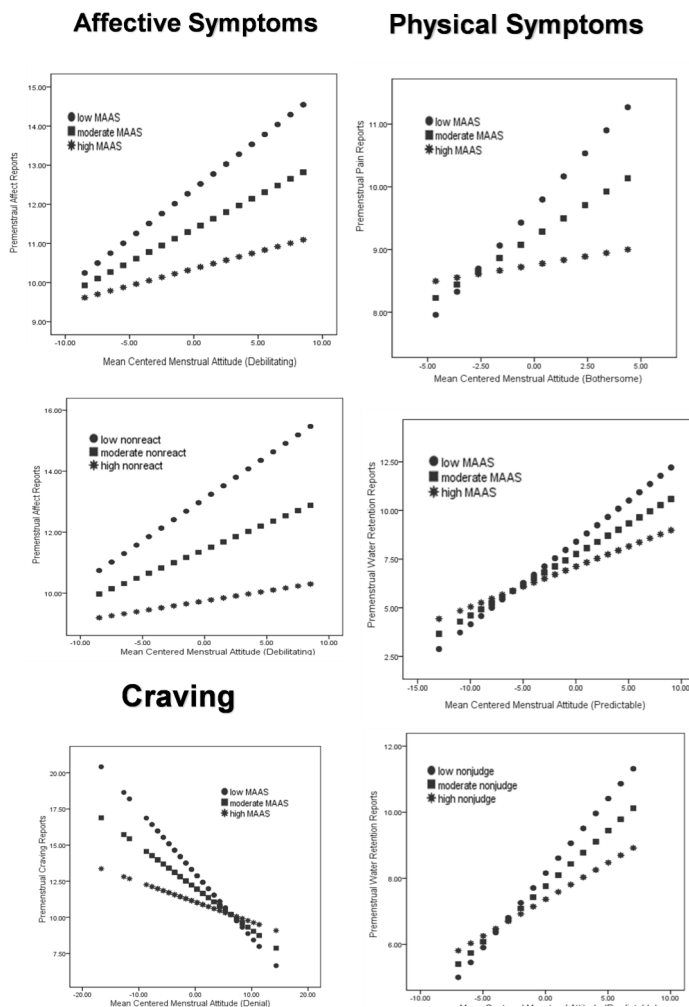
	MAAS	Observe	Describe	Actaware	Nonjudge	Nonreact
PMSR	-.37**	-.36**	-.37**	-.12	-.20*	-.45**
Pain	-.22*	-.23*	-.23**	-.05	-.07	-.35**
Affect	-.37**	-.33**	-.30**	-.10	-.19*	-.45**
WR	-.31**	-.34**	-.37**	-.14	-.22*	-.30**
Craving	-.29**	-.04	-.15	.08	-.03	-.14

- Significant Interactions were seen between dispositional mindfulness and menstruation as bothersome, dispositional mindfulness and denial, and trait mindfulness observe and denial (see Graphics).

## CONCLUSIONS

- Poor menstrual attitudes are associated with more severe premenstrual symptomatology.
- More mindfulness is associated with less symptom severity.
- Mindfulness can buffer the relationship between attitudes and symptoms.
- The apparent buffering effect that mindfulness has in the reported symptom experience and attitudes towards menses, provides empirical evidence that research concerning mindfulness-based interventions for helping women manage PMS/PMDD symptomatology are warranted.
- Develop a mindfulness practice for women affected by symptoms (e.g., meditations geared toward the female anatomy).
- See how symptoms and the cycle affect other types of cravings (e.g., substance use disorders)

## GRAPHICS



## REFERENCES

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