

Tilburg University

Crying and the menstrual cycle

Horsten, M.; Becht, M.C.; Vingerhoets, A.J.J.M.

Published in:
Psychosomatic Medicine

Publication date:
1997

[Link to publication in Tilburg University Research Portal](#)

Citation for published version (APA):
Horsten, M., Becht, M. C., & Vingerhoets, A. J. J. M. (1997). Crying and the menstrual cycle. *Psychosomatic Medicine*, (59), 102-103.

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

CRYING AND MENSTRUAL CYCLE, M. Horsten MA, M. Becht, A. Vingerhoets PhD, Department of Psychology, Tilburg University, Tilburg, The Netherlands.

The aim of this study was to examine the relationship between crying tendency and phases of the menstrual cycle. Whereas there are ample data that mood may vary with phase of the menstrual cycle, little data are available on crying.

Subjects were female students (N = 2018) from 29 countries, distributed all over the world. The mean age was 22.5. Twenty-one per cent indicated that they used a birth control pill. They were asked to indicate during which days of their menstrual cycle they generally cried most easily.

ABSTRACTS

Of the total sample, 44.9% admitted that their crying tendency was dependent on the phase of the menstrual cycle. More birth-control pill users (55.8%) reported this association than the no birth-control pill group (43.5%) ($p < .001$). However, the groups did not differ in the pattern of days that one feels more prone to cry. There was a significant increase in crying tendency from the seventh day before menstruation until the second day of the periods. The percentages of women admitting that they were more prone to cry increased from less than 7.5% to 17.4%. Maximum percentages of nearly 50% were found during the second premenstrual day until the first day of the menstruation. A smaller, but also significant, peak was found on the first day after the menstruation. Further research has to focus on the reasons of this increased crying proneness. Is it merely related to hormonal factors or play social and relational factors also an important role?

The American Cancer Society has proposed guidelines for the early detection of breast cancer in women. The Breast Oncology Clinic at The Oregon Health Sciences University sees women who have detected a lump in their breasts or whose physician has requested a consultation from breast oncology specialists. Other women who have fibrocystic disease, breast pain, or concern about having cancer are also seen in the Clinic.

The authors of this abstract were invited to help assess psychosocial factors in this clinic population that warrant special attention and care. It is the aim of this study to introduce relatively non-intrusive psychological questionnaires to be completed by patients at the time of their initial visit to the Breast Oncology Clinic while they are waiting to go into an examining room. Two questionnaires being used in our pilot study are The Symptom Checklist-90-R and the Cornell Medical Index Health Questionnaire (CMI).

Thirty-four women have completed questionnaires to date. Their mean age is 45.1 years and they range in age from 19 to 78 years. Their average number of years of education is 14.2 years (range 10 to 19 years). The women are mostly Caucasian ($N = 27$) with three Black, three Asian, and one Hispanic. A preliminary finding of interest to the authors is that those women who were subsequently given a diagnosis of cancer ($N = 7$) reported more symptoms in the area of moods and feelings on the CMI than did the patients not subsequently given a cancer diagnosis. The CMI subscales included: inadequacy, depression, anxiety, sensitivity, anger, and tension. The cancer patients had a higher symptom score on each subscale. A question we will consider with a larger number of patients is whether women subsequently given a diagnosis of cancer can be differentiated from patients not receiving such a diagnosis even though they might all have had the same concern in common.