Karl D. Lehman, M.D. Charlotte E.T. Lehman, M.Div.

Mood, Monthly Cycle, and the Immanuel Approach/Theophostic®[1]

A number of women have asked me about the effects of the monthly hormonal cycle on mental health. These women have noted a dramatic increase in negative emotions that seem to correspond with certain times in their cycle, and have asked whether hormonal changes should be treated as the primary cause of their negative emotions. I have tried to summarize several thoughts gathered from reviewing recent medical research, my personal psychiatric experience, and our experience with emotional healing.

There are thousands of pages of research about the effects of the female endocrine system on the central nervous system and psychiatric concerns. There is strong evidence that estrogen and progesterone affect mood, the efficacy of antidepressants, the thyroid system, and many other psychiatric variables. Unfortunately there is still much confusion. An entire issue of one of my journals was devoted to this subject in the last year or two. One of the conclusions was that there must be variables we have not yet identified, since different women respond differently to the "same" situation. For example, some women feel much worse when their estrogen levels drop during transition into menopause, and they feel much better when estrogen is replaced. Other women show the same low estrogen levels but feel fine. Still other women feel much better when their estrogen levels drop during transition into menopause (I have had women in each of these categories in my own practice). So far nobody has figured out why this is, hence the conclusion that there must be variables we have not yet identified.

There is also dramatic variability regarding emotional effects of the monthly cycle. There are some women who perceive almost no emotional effects of their monthly cycle. There are many who experience some emotional symptoms, but perceive them to be moderate with no significant impairment. Finally, there are some women who experience marked emotional changes during the monthly cycle, but different women in this category will experience the effects at different points in the cycle. Premenstrual dysphoria[2] is most common, but some experience the most intense negative emotions at ovulation and others at still other points in their cycle. Note that lab results have not yet found any significant differences in the hormone levels between any of these groups.[3] These women also experience a lot of variability in their response to treatment. The same hormonal treatment that provides tremendous benefit for some women will produce no significant effects in others and will cause still other women to feel much worse.

My observation from my own psychiatric practice is that many women experience some block of time during the monthly cycle when they feel much more vulnerable emotionally, are less able to deal with stress, and experience increased unpleasant emotions. In working with these women I

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[1] Theophostic is a trademark of Dr. Ed Smith and Alathia, Inc. We do not claim any endorsement by the trademark-holder.

[2] Dysphoria is a general term for unpleasant emotions. It can refer to restlessness, depression, irritability, anxiety, general dis-satisfaction, or any combination of these.

[3] Catherine Roca, et al., "Implications of Endocrine Studies of Premenstrual Syndrome," *Psychiatric Annals,* (26:576-580, 2000).

have also discovered they are more connected to old trauma and psychological wounds during this same time of the month. They experience an increase in negative emotions but they are also more able to access the old wounds that the Lord wants to heal. This effect is so dramatic for several of our clients that they refer to this time as their "hormonal window for healing." We even adjust their appointment schedules to take advantage of this "window." We have been learning (and encouraging others) to re-frame intense negative emotions as "emotional healing opportunities." I know it is hard to do when one is in the middle of it, but it might be valuable to re-frame monthly patterns of increased negative emotions in the same way.

My perception at this point is that hormonal changes may cause unpleasant emotions indirectly by bringing unresolved old wounds closer to the surface and thereby making it easier to trigger the lies associated with them[4]. This is consistent with the discovery that serotonergic antidepressants are the first choice for treatment of both post traumatic stress disorder (PTSD)[5] and for women with premenstrual dysphoric disorder (PMDD)[6]. A growing collection of research indicates that serotonergic antidepressants buffer the effects of emotional trauma in many ways[7]. My experience is that serotonergic antidepressants can both increase a person's "strength" for dealing with emotional pain and also increase the buffer between a person's adult ego state and their old psychological wounds. A July 2000 discussion article concludes that serotonergic antidepressants are the most effective treatment for PMDD[8]. If a component of PMDD is indeed old trauma being closer to the surface, serotonergic antidepressants would be expected to decrease the intensity of PMDD symptoms.

Medical intervention may be appropriate if the monthly pattern of increased negative emotions is severe. The antidepressants mentioned above are helpful for many. Hormonal interventions can also be helpful. This can be understood in the same way as the use of medication in mental illnesses that are rooted in wounds and lies: medication can moderate symptoms and impairment while underlying wounds and lies are being addressed (see also "The Immanuel Approach, Theophostic, Mental Illness, and Medication" at www.kclehman.com).

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[4] I perceive that this phenomena contributes to the emotional symptoms of PMS, PMDD, and menopause. I am not saying that old psychological trauma causes all the symptoms of PMS, PMDD, or menopause.

[5] Teri Pearlstein, "Antidepressant Treatment of Posttraumatic Stress Disorder," *The Journal of Clinical Psychiatry*, (61 supplement #7:40-43, 2000).

[6] Premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) are similar but not the same. Emotional symptoms (dysphoria) are more pronounced in premenstrual dysphoric disorder (PMDD), whereas physical symptoms are more pronounced in premenstrual syndrome (PMS).

[7] Peter Kramer M.D. discusses this at length in his book *Listening to Prozac* (New York: Penguin Books, 1994). See especially pp. 108-143.

[8] Lee Cohen, M.D., ed., "New Trends in Treating Premenstrual Disorders," *The Journal of Clinical Psychiatry Intercom*, (July:1-12, 2000).