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Adaptive Expressivity & Life Satisfaction In Women with and Without Menstrual Disorders

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Abstract

Menstrual disorders are often portrayed as inherently disabling, presumed to undermine relationships and overall well-being through uncontrollable symptom spillover. In contrast, emerging perspectives from resilience and subjective well-being homeostasis propose that individuals can adapt to recurring stressors without a broad decline in life satisfaction.

Building on this, the present study introduces Menstrual Resilience Decoupling Theory (MRDT), which posits that women with menstrual disorders maintain stable life satisfaction by engaging in adaptive interpersonal expressivity and by separating domain-specific difficulties from their overall sense of well-being.

A quantitative, cross-sectional ex post facto design was employed with 181 women aged 18–

35. Participants were divided into a menstrual-disordered group (n = 36; mainly dysmenorrhea and PMS) and a regular-cycle control group (n = 145). Life satisfaction was measured using the Satisfaction With Life Scale (SWLS; α = .87), while interpersonal functioning was assessed through the FIAT-Q-SF, covering dimensions such as Avoidance, Connection/Reciprocity, Argumentativeness, Expressivity, Excessive Expressivity, and
Conflict Aversion. Due to non-normal data and unequal group sizes, analyses included Welch's t-tests, Bayesian factors, and Spearman correlations.

Contrary to deficit-based assumptions, no significant differences were found in life satisfaction between groups (disordered: M = 22.06 ± 6.06; controls: M = 23.08 ± 6.81; p =
.413). Both groups fell within the "homeostatically protected" range of subjective well-being (approximately 70–80%), suggesting that global life satisfaction remains intact despite chronic cyclical stress. However, women with menstrual disorders showed significantly higher levels of Excessive Expressivity and greater Argumentativeness, along with a tendency toward increased Connection/Reciprocity. These patterns indicate heightened interpersonal engagement rather than withdrawal.

Importantly, within the disordered group, life satisfaction was not significantly related to any interpersonal domains, reflecting a decoupling between relational strain and overall wellbeing. In contrast, the control group showed the expected negative associations, where greater interpersonal difficulties were linked to lower life satisfaction.

Drawing on well-being homeostasis, resilience frameworks, and principles akin to cognitive defusion in Acceptance and Commitment Therapy, MRDT conceptualizes menstrual disorders as cyclical stressors that prompt strategic interpersonal behaviors—such as increased expressivity and assertiveness—to maintain support and relational balance. At the same time, psychological homeostasis protects overall life satisfaction from these domainspecific disruptions.

Overall, these findings challenge traditional deficit and isolation narratives surrounding menstrual disorders, instead highlighting a resilience pattern characterized by "adaptive expressivity with well-being insulation." The study proposes multiple directions for future research, including longitudinal, cross-cultural, neurobiological, and intervention-based investigations, and advocates for the development of cycle-sensitive therapeutic approaches and stigma-reducing policies that recognize cyclical communication as an adaptive, rather than pathological, response.

Menstrual disorders like dysmenorrhea and PMS, highlight severe conditions impacting women of reproductive ages and leading to various psychological and physiological challenges for them.(Amza et al., 2024).These conditions involve cyclical hormonal changes /fluctuations which result in mood swings, cognitive impact and overall behavioral disturbances ,thus impacting daily life.(Bień et al., 2020)

Prevailing deficit models refer menstrual disorders as causing relational withdrawal, disturbances in interpersonal functioning and disrupted subjective well-being due to stigma, particularly in collectivist socieities of urban and rural India.(Verma et al., 2021). Existence of resilience and homeostasis model ,provide a contrast predicting a perspective that women with chronic conditions adapt to recurring stressors and maintain stable life satisfaction.(Sturgeon & Zautra, 2010)

This deficit-oriented lens highlights correlation with anxiety , pain, tiredeness and other cognitive and emotional disruptions leading to reduced life quality .(Liu et al., 2024). This perspective has fostered a prevailing narrative that predominantly characterizes menstrual disorders as debilitating conditions with consistently adverse outcomes .(Liu et al., 2024)

Life satisfaction is a major component of subjective well-being , defined as global cognitive judgement of one's life quality (Diener et al., 1985). It is more secure as compared to short term experiences , integrating overall experiences across various domains such as health , relationships , etc. (Holistic Living: What It Is and How You Can Embrace It, 2024.)

Studies suggest that higher life satisfaction is associated with lower chronic diseases and overall balanced wellbeing too gets disrupted by chronic health issues in an individual and thus, suggests chronic issue developments gradually leads to reduction in life satisfaction.(He et al., 2026). Findings suggest that health related qualiry of life and health risk behavior depends and varies with life satisfaction.(Strine et al., 2008)

Well-being homeostasis theory proposes that internal regulatory mechanism balance life satisfaction through resilience ,specifically under chronic /acute /prolonged stress.(Tomyn & Cummins, 2011). Recent research in health psychology and well-being indicates that individuals subjected to chronic or recurring stressors frequently develop adaptive mechanisms that allow them to sustain overall psychological functioning. (Radley & Herman, 2023)

A study comparing 70 adults with chronic illness and 70 without from Goa assessed perceived stress and life satisfaction using standardized scales. Results, analyzed through a ttest, revealed no significant differences between the two groups, suggesting that individuals with chronic illness may adapt effectively and maintain similar levels of stress and life satisfaction.(Karamadi & DSilva, 2020)

Within the domain of menstrual irregularities, a pivotal inquiry emerges: do recurring physiological and psychological stressors inevitably result in a decline in life satisfaction, or do individuals develop adaptive mechanisms that safeguard their general sense of well-being? Current research presents a dichotomy of findings. Although certain investigations indicate a reduction in life satisfaction among those with persistent health issues,(Shah, 2025) others propose that effective coping strategies, robust social networks, and cognitive reappraisal can mitigate adverse impacts. This divergence highlights the imperative for a more refined investigation into life satisfaction as it pertains to menstrual health.(Rauf, 2023)

Interpersonal relationships is another variable of adjustment , as emotional support and social support is often provided by these.(Chen et al., 2025). Emotional and cognitive disruptions due to menstrual issues can lead to communication disruptions , conflicts and social withdrawal .(Ojezele et al., 2022)

Yet , it is viewed as multidimensional and each domain shows different variabilities and separate strategies are developed by individuals for coping with dysregulations in these domains, despite fluctuating behavioral patterns.(Du et al., 2021)

Recent research has highlighted the co-occurrence of conditions such as Premenstrual Dysphoric Disorder (PMDD) and Polycystic Ovary Syndrome (PCOS) and their psychological impact. A review focusing on women with these disorders emphasizes how hormonal changes and brain functioning influence self-efficacy. It also outlines effects on interpersonal relationships and personality traits, while underscoring the need for further research on illness disclosure and the development of support systems for women affected by these conditions.(Mazumdar & Singh, 2023)

Notwithstanding these observations, interpersonal functioning does not exhibit uniform impairment across individuals. Certain individuals may cultivate adaptive strategies to regulate emotional variability, thereby sustaining stable interpersonal relationships despite exhibiting fluctuations in particular behavioral patterns.(Iovoli et al., 2025a) This indicates that interpersonal functioning is best conceptualized as a multidimensional construct, wherein specific domains demonstrate differential susceptibility to change.(Hodgetts & Kinghorn, 2025)

Crucially, a limited number of studies have concurrently investigated life satisfaction and interpersonal functioning, especially within the context of menstrual disorders. It remains uncertain whether variations in interpersonal functioning correspond to alterations in overall well-being or if these domains function independently of one another.

The literature regarding the impact of menstrual dysfunction on psychological health remains characterized by conflicting findings. Early empirical efforts consistently identified a correlation between symptomatic severity and significant impairments in emotional regulation and subjective well-being; however, recent comparative studies fail to uniformly replicate these deficits. (Halbreich et al., 2003)

Furthermore, perspectives on psychological resilience introduce the concept of 'stress inoculation,' suggesting that chronic exposure to physiological stressors may catalyze adaptive functioning rather than progressive impairment. This framework posits that navigating the recurring challenges of menstrual disorders can foster sophisticated coping repertoires, allowing individuals to maintain high levels of efficacy despite persistent healthrelated perturbations.(Bonanno, 2004)

The psychological mechanism of 'decoupling' offers a critical lens through which to view these findings, particularly when contextualized within Acceptance and Commitment Therapy (ACT). ACT emphasizes the process of cognitive defusion, wherein individuals are trained to observe physiological distress and affective fluctuations without allowing these transient states to govern their overarching cognitive evaluation of life. (P & S, 2025). In the context of menstrual disorders, this suggests that the ability to psychologically distance one's identity from cyclical pain is a primary driver of sustained life satisfaction.(Adib-Rad et al., 2022)

This process, referred to as affective decoupling, highlights the possibility that negative experiences may not necessarily determine global life satisfaction. (Levin et al., 2015)While global research has touched upon individual components of menstrual health, there is a significant lack of integrated data examining whether naturalistic decoupling occurs in individuals facing the unique socio-cultural and physiological stressors of menstrual dysfunction.

Acceptance and Commitment Therapy (ACT) provides a valuable framework through the concept of cognitive defusion, which encourages individuals to relate differently to their internal experiences. (P & S, 2025.-b).Rather than becoming overwhelmed by physiological discomfort or emotional fluctuations, individuals learn to observe these experiences in a more detached and non-judgmental manner. This approach reduces the tendency to let temporary distress shape broader evaluations of one's life.(Gkintoni et al., 2025)

In the context of menstrual-related conditions, such an approach can facilitate what may be understood as "affective decoupling," where cyclical pain and mood changes are experienced without being fully integrated into one's sense of identity. By creating psychological distance from these recurring symptoms, individuals may be better able to preserve overall life satisfaction, despite ongoing physical and emotional challenges.

1. AIM

The study pursued several key aims. It sought to determine whether life satisfaction remains consistent in women experiencing menstrual disorders despite repeated stressors, to examine variations across specific areas of interpersonal functioning, and to explore whether life satisfaction and interpersonal functioning are interconnected or operate independently. It also aimed to identify the presence of a possible decoupling

mechanism and to use these findings to introduce and offer preliminary support for the Menstrual Resilience Decoupling Theory (MRDT) as a model of adaptive functioning under chronic cyclical stress.

The primary hypotheses were:

H_1: There will be no significant association between life satisfaction and interpersonal functioning in women with menstrual disorders, reflecting a decoupling effect.
H_2: Life satisfaction will not differ significantly between women with and without menstrual disorders.
H_3: Differences will be observed in particular interpersonal domains, such as heightened expressivity and argumentativeness, across groups.
H_4: Interpersonal difficulties in women with menstrual disorders will be specific to certain domains rather than widespread.

MRDT is therefore proposed not as a conclusive theory, but as an emerging framework that brings together three components: the maintenance of subjective well-being (SWB) homeostasis, the relative independence of interpersonal functioning from overall life evaluations, and a resilience-based understanding of expressive interpersonal patterns in the face of recurring cyclical stress.

2. Methodology:

This research employs a quantitative, non-experimental, cross-sectional comparative design to investigate the differences in life satisfaction and interpersonal relationships between women with menstrual disorders and those without. As the independent variable, which is the presence or absence of a menstrual disorder, occurs naturally and is not manipulated by the researcher, the study utilizes an ex post facto approach. Data collection will occur at a single point in time, characterizing the study as cross-sectional.

A comparison between the groups will be conducted to assess whether there are significant differences in the dependent variables, which include life satisfaction and interpersonal relationships. To analyse the differences between the groups, appropriate statistical methods, such as the independent samples t-test, will be employed.

Both dependent variables will be measured using standardized psychological scales to ensure reliability and validity of the findings. The present study encompasses the following variables:
1.Independent Variable:

Menstrual Disorder Status - The independent variable in this study is the status of menstrual disorders. This variable pertains to the presence or absence of clinically diagnosed menstrual disorders among women.

For the purposes of this research, participants are categorized into two groups: women diagnosed with menstrual disorders and women without any diagnosed menstrual disorders (healthy controls). This variable is naturally occurring and is not subject to manipulation by the researcher.

2. Dependent Variables:

Life Satisfaction - Life satisfaction is defined as an individual's overall cognitive evaluation of their quality of life based on their chosen criteria. It represents a subjective assessment of well-being and contentment with life circumstances.

a) Interpersonal Relationships - Interpersonal relationships refer to the quality and nature of social interactions and relationships maintained by an individual. This includes aspects such as emotional closeness, communication, trust, and social support within personal and social contexts.

The present study consists of sample size - within age range of 18 – 35 females. The participants were divided in two groups :

Group 1 – Women diagnosed with menstrual disorders .

Group 2- Women without any diagnosis of menstrual disorders. (healthy controls) Participants were selected using purposive sampling technique . Women with menstrual disorders will be recorded on basis of their self – report of clinical diagnosis .23

Control group consists women who report regular cycles of menses and have no history of menstrual disorders.

There was no specific location for participant recruitment , as it was online based research and thus ,participants from everywhere were welcome ,falling under the required criteria.

Inclusion Criteria :

- Women within age group of 18 – 35 years.
- For the clinical group – Women diagnosed with menstrual disorders.
- For the control group – Women without any diagnosed menstrual disorders.
- Willingness to participate in the study

Exclusion Criteria :

- Age above 35 years or below 18 years.
- Pregnancy or Postpartum Period
- Severe Psychiatric Disorders (e.g. Bipolar disorder , psychosis, etc.)
- Chronic physical illnesses unrelated to menstrual health (In group 1 can exist as comorbidity with primary focus on menstrual disorder)
- Substance Addiction
- Inability to understand English

Sample size was determined based on availability and feasibility.

3. Description of Tools

The following tools were used in the present study:

SATISFACTION WITH LIFE SCALE (SWLS):

The Satisfaction with Life Scale (SWLS)(Diener et al., 1985) is designed to measure individual's global cognitive judgments of life satisfaction.
The scale has 5 items, where responses are recorded on 7- point Likert scale ,with ranges – 1 (Strongly Disagree) to 7 (Strongly Agree). Higher scores indicate higher life satisfaction. Scale has good internal consistency , with Cronbach's alpha coefficient of approx.. 0.87. It also presents satisfactory construct validity across various populations.

FIAT -Q-SF INTERPERSONAL RELATIONSHIPS QUESTIONNAIRE – Short Form

The Functional Idiographic Assessment Template – Questionnaire – Short Form (FIAT-Q- SF)(Darrow et al., 2014) is grounded in the principles of Functional Analytic Psychotherapy
(FAP) and aims to evaluate interpersonal functioning and relationship
challenges.

Comprising 32 items, the FIAT-Q-SF assesses five areas of interpersonal behavior: Assertion of Needs, Bidirectional Communication, Conflict Management, Emotional Expression, and Interpersonal Closeness. Participants respond using a 6-point Likert scale, with options ranging from 1 (Not at all characteristic of me) to 6 (Very characteristic of me). Higher scores suggest more significant interpersonal difficulties.

The scale has shown strong internal consistency, with Cronbach's alpha coefficients indicating reliable results. It has also demonstrated adequate construct validity in both clinical and non-clinical groups.25

In this study, the FIAT-Q-SF will be employed to evaluate the interpersonal relationship functioning of the participants.

DEMOGRAPHIC DATA SHEET:

The researcher developed a Demographic Data Sheet to gather essential background details about the participants. This sheet contained questions regarding age, educational background, marital status, menstrual disorder status, and other pertinent clinical information. The collected data was utilized for classification and descriptive analysis.

PROCEDURE:

Prior to data collection , ethical approval for study conduction was taken from concerned faculty/ department . Participants were approached on campus, through online platforms , social media and other sources). The study purpose was explained to them and informed consent before participation , responses were received with assurance of them being confidential and their use only for academic purpose.

Data was collecting using google form circulations , which consisted of basic demographic information sheet followed by standardized tools : (Life satisfaction Questionnaire , FIATQ-SF.)
Clear instructions were provided on how to fill form with required information about score associated with each option. They were also informed that there were no wrong or right answers and were encouraged to respond with complete honesty.

The average time taken to complete questionnaires was approx. 10-15 min. Participation was voluntary and were free to withdraw at any stage without penalty.
A total of 185 responses were collected , which were finalised after screening for incomplete or invalid responses, making final sample to be N = 181 . The collected data was compiled and prepared for statistical analysis.

Categorization of Participants:

The study used cross – sectional design , where participants were initially grouped based on self -report clinical history or symptoms.
There were two groups in which data was classified into two distinct groups – Menstrual Disorders (n= 36) and Non – Disordered Women (n = 145).
The total sample (N = 181) was reviewed for completeness before being entered into the statistical software (JASP).

Since research focused on global constructs , raw responses were aggregated online into broader categories:

• Life Satisfaction – total scores were formulated using Satisfaction with Life Scale

(SWLS).

Interpersonal Relationships – Scores were computed for six broad sub – scales , including Excessive Expressivity, Argumentativeness, and Conflict Aversion.

Descriptive Statistics – For each category , Mean and Standard Deviation were calculated to understand average performance of each group.

Normality and Assumption Testing :

Before conducting main comparative tests , distribution of data for these broad categories were assessed.

- Test Used : The Shapiro – Wilk test was performed .
- Result **:** tests revealed significance of $p < .001$, indicating that data for broader
- categories significantly deviated from normal distribution.
- Decision – Due to this non – normality and unequal group sizes , more robust statistical methods were used rather than T – tests.27

- Comparative Analysis (Welch's T – test)

It was used to determine if significant existed between two groups :

- A Welsch's T- test was conducted on all broader categories. This test was used as it does not assume equal variances or equal group sizes.
- A statistically significant difference was identified in category of Excessive
- Expressivity (p = .012)
- Cohen's d was calculated , to measure magnitude of difference , revealing a medium effect (d = 0.511).
- Relationship Testing (Correlation)
- Correlation was used to explore link between interpersonal styles and overall well – being.
- A Spearman's Rho Correlation was performed due to non – normal data shape. • It was used to check higher scores in broader interpersonal categories were associated to lower life satisfaction scores.
- No significant correlation was found , (p = .367) . It concludes that interpersonal differences in women with menstrual disorders do not necessarily diminish their global life satisfaction.

4. Results

Based on dissertation data , the Results section focuses on comparative analysis of the broad categories : Life Satisfaction and Interpersonal Relationships (with six subscales).
1.Descriptive Statistics (Group Comparisons)

Descriptive statistics were computed to examine mean and standard deviation of life satisfaction and interpersonal interpersonal relationships variable among disordered and non – disordered groups.
Total of 181 participants were included in study , with 36 individuals in disordered group , 145 individuals in non – disordered groups.
The mean life satisfaction score for disordered group is 22.06 (SD – 6.06)., whereas the non

– disordered group has mean score of 23.08 (SD- 6.81)

With respect to overall interpersonal relationships, the disordered group had a mean score of 101.10 (SD = 25.65) , while the non – disordered group had a mean of 93.52 (SD = 23.57).

Descriptive Statistics:

Table 1:

Descriptive Statistics for Life Satisfaction and Interpersonal Relationship variables for menstrual disordered and non-disordered females .

the average score for disordered group was slightly lower than that of non - disordered group. Interpersonal relationships reported higher overall mean score than non – disordered group.
Subscales :

Further analysis was conducted for sub -dimensions of interpersonal relationships :

Avoidance of Interpersonal Intimacy had mean and S.D of disordered group – 22.06 and 6.06 respectively . For non -disordered group , mean was 23..08 and S.D – 6.81.
Connection and Reciprocity had mean (10.03) , S.D (6.51) for disordered group and mean (8.93) , S.D (5.31) for non – disordered group. (See Table 1)

Table - 2 :

Descriptive statistics for Life satisfaction and sub parts of Interpersonal Relationships variables for menstrual disordered and non-menstrual disordered females .

The descriptive statistics presented in Table 1 indicate that the disordered group obtained a mean life satisfaction score of 22.06 (SD = 6.06), whereas the non-disordered group reported a mean score of 23.08 (SD = 6.81).For Avoidance of Interpersonal Intimacy, the disordered group had a mean score of 26.81 (SD = 7.63), while the non-disordered group had a mean of 27.91 (SD = 9.24).In the dimension of Argumentativeness or Disagreement, the disordered group obtained a mean score of 21.50 (SD = 9.22), compared to 18.41 (SD = 7.81) in the non-disordered group. For Connection and Reciprocity, the disordered group reported a mean of 10.03 (SD = 6.51), whereas the non-disordered group reported a mean of
8.93 (SD = 5.31).In Conflict Aversion, the mean score of the disordered group was 10.00 (SD

= 3.61), while the non-disordered group had a mean of 10.19 (SD = 3.86). (see table 2)

5. Inferential Statistics:

Table – 3

Shapiro -Wilk test, assumptions of normality for life satisfaction , Interpersonal Relationships and sub parts of Inte

rpersonal Relationships.

assumption of normality was assessed separately for disordered and non- disordered groups using the Shapiro–Wilk test. Results indicated that while some variables showed statistically significant deviations from normality ($p < .05$), several variables met the assumption of normality ($p > .05$).(see table 3)

Assumptions Check:

Table - 4

Test of Equality of Variance (Levene's):

The assumption of homogeneity of variance was examined using Levene's test. Results indicated that the assumption was met for life satisfaction, interpersonal relationships, avoidance of interpersonal intimacy, argumentativeness or disagreement, conflict aversion, emotional experience and expression, and excessive expressivity ($p > .05$).
However, the assumption was violated for connection and reciprocity ($p = .013$). Therefore, Welch's t-test was interpreted for this variable.(see table 4)

Table -5

Independent Samples T-test
ndependent samples t-tests were conducted to compare disordered and non- disordered groups on life satisfaction, interpersonal relationships, and its sub-dimensions. Levene's test indicated violation of homogeneity of variance for connection and reciprocity; therefore, Welch's t-test was interpreted for this variable.
Results indicated no significant differences between the two groups in life satisfaction, interpersonal relationships, avoidance of interpersonal intimacy, conflict aversion, and emotional experience and expression ($p > .05$). Welch's t-test also revealed no significant difference in connection and reciprocity ($p > .05$).
However, significant group differences were observed in argumentativeness or disagreement ($p < .05$) and excessive expressivity ($p < .01$). The effect size for argumentativeness was small to moderate, whereas excessive expressivity demonstrated a moderate effect size (see table 5)

Table – 6

Correlation (Menstrual Disordered)

Pearson's correlation analysis was conducted to examine the relationships among life satisfaction and interpersonal relationship variables within the menstrual disordered group. Results indicated that life satisfaction was not significantly correlated with overall interpersonal relationships or any of its sub-dimensions ($p > .05$).
However, overall interpersonal relationships demonstrated significant positive correlations with avoidance of interpersonal intimacy ($r = .334$, $p < .05$), argumentativeness or disagreement ($r = .770$, $p < .001$), connection and reciprocity ($r = .740$, $p < .001$), conflict aversion ($r = .377$, $p < .05$), emotional experience and expression ($r = .759$, $p < .001$), and excessive expressivity ($r = .857$, $p < .001$).

Furthermore, several interpersonal sub-dimensions were significantly positively correlated with each other, indicating strong interrelationships among components of interpersonal functioning within the menstrual disordered group. (table -6)

Table 7

Correlation (Non -Menstrual Disordered)

Pearson's correlation analysis was conducted to examine the relationships among life satisfaction and interpersonal relationship variables within the non-disordered group. Results indicated that life satisfaction was significantly negatively correlated with overall interpersonal relationships ($r = -.292$, $p < .001$), avoidance of interpersonal intimacy ($r = -.282$, $p < .001$), argumentativeness or disagreement ($r = -.223$, $p = .007$), and emotional experience and expression ($r = -.244$, $p = .003$). However, life satisfaction was not significantly associated with connection and reciprocity, conflict aversion, or excessive expressivity ($p > .05$).

Furthermore, overall interpersonal relationships demonstrated strong positive correlations with all interpersonal sub-dimensions ($p < .001$), indicating substantial internal consistency among interpersonal components in the non-disordered group.(see table 7).

6. Discussion:

Chronic Cyclical Stressors

(Menstrual Disorders)

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| |

Interpersonal Domain Life Satisfaction

(Specific Fluctuations) (Global Stability)

| |

↑ Expressivity Stable Evaluation

↑ Argumentativeness (Homeostasis)

| |

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↓

Decoupling Mechanism

(Separation of global well-being from domain-specific disturbances)

↓

Adaptive Resilience Outcome

Large-scale epidemiological and clinical research indicates that conditions such as dysmenorrhea, PMS, and PMDD are highly prevalent and are often linked with notable impairments in occupational, academic, and social functioning, thereby supporting a deficitoriented perspective on menstrual health. However, more recent findings in menstrual cycle research highlight considerable individual variability, showing that not all women with premenstrual disorders experience consistent cognitive or emotional deficits. This perspective aligns with the present findings, where overall life satisfaction in the disordered group remains within a normative range despite ongoing pain and interpersonal fluctuations.

Subjective Well-Being Homeostasis and MRDT

The theory of subjective well-being (SWB) homeostasis suggests that individuals actively regulate their well-being around a stable set point, typically maintaining levels within 70– 80% of the maximum scale range in non-clinical populations.(Cummins et al., 2002) The observed life satisfaction scores for both groups fall within this range, indicating that menstrual-related distress may function as a chronic stressor that is effectively buffered by homeostatic mechanisms, rather than significantly diminishing overall life satisfaction.

Further, the concept of domain insulation in well-being research proposes that global life evaluations can remain stable even when specific domains, such as health or relationships, fluctuate.(Delhey, 2014) This occurs because such domains contribute only partially to overall judgments and are often cognitively compartmentalized. The absence of significant correlations between life satisfaction and interpersonal functioning in the disordered group, contrasted with the negative associations found in the control group, provides empirical support for this domain insulation effect under conditions of health-related stress.

Resilience, Stress Adaptation, and Menstrual Functioning Resilience research demonstrates that many individuals exposed to chronic or repeated stress maintain stable or even enhanced functioning, a pattern sometimes described as thriving rather than mere recovery.(Kuntz, 2021) This framework supports interpreting increased expressivity and argumentativeness not as dysfunction, but as adaptive coping responses. Theoretical models of resilience further suggest that repeated exposure to stress can strengthen coping capacity over time. In this context, chronic menstrual challenges may act as a form of experiential "training," enhancing interpersonal and emotional regulation.

Additionally, evidence in menstrual health research shows that higher resilience can buffer the effects of stress on physiological functioning, such as cycle irregularities. (PalmFischbacher & Ehlert, 2014) Extending this idea, MRDT proposes that resilience operates not only at a biological level but also at a psychosocial level, facilitating both effective menstrual functioning and the psychological separation of interpersonal strain from overall life satisfaction.

Interpersonal Functioning and Decoupling

Extensive meta-analytic findings establish a strong link between interpersonal difficulties and various forms of psychopathology.(Iovoli et al., 2025b) Against this backdrop, the current findings—where elevated interpersonal difficulties do not correspond to reduced life satisfaction in the disordered group—are theoretically significant. They suggest a disruption in the typical pathway through which interpersonal strain impacts well-being, consistent with the decoupling mechanism proposed by MRDT.

Moreover, the use of the FIAT-Q-SF, which assesses clinically relevant interpersonal behaviours, reveals higher levels of expressivity and argumentativeness in the disordered group. However, the absence of a corresponding decline in life satisfaction indicates that these behaviours may serve adaptive, context-dependent functions rather than representing purely maladaptive traits.

ACT-Based Mechanisms and Cognitive Processes

From the perspective of Acceptance and Commitment Therapy (ACT), processes such as cognitive diffusion and acceptance enable individuals to experience distressing internal states without allowing them to dominate behaviour or self-evaluation.(Bonfil & PsyD, 2023) MRDT may reflect a naturally occurring parallel to this process, where individuals learn over repeated menstrual cycles to perceive pain and mood fluctuations as temporary and nondefining. The lack of association between interpersonal functioning and life satisfaction in the disordered group is consistent with such cognitive distancing.

Neuroscientific models of resilience further support this interpretation, suggesting that adaptive functioning involves effective regulation of emotional responses through prefrontal control over limbic activity.(Russo et al., 2012) This allows emotionally intense experiences to remain context-bound, preventing their spillover into broader life evaluations—an idea closely aligned with the decoupling mechanism central to MRDT.

Cultural Context and Adaptive Interpersonal Expression Research on menstrual stigma, particularly in collectivist cultural settings, indicates that norms emphasizing silence and concealment can increase

distress while limiting helpseeking. (Elliason et al., 2025)At the same time, social support systems can mitigate these effects. Within such contexts, heightened expressivity and assertiveness observed in women with menstrual disorders may represent adaptive strategies to counteract stigma, facilitate communication, and secure interpersonal support. Rather than reflecting dysfunction, these behaviours may enhance relational equity and psychological coping.

Integrative Theoretical Perspective

Taken together, these findings suggest that menstrual disorders function as chronic cyclical stressors, yet overall well-being remains protected through homeostatic regulation and resilience processes. Interpersonal difficulties, which would typically predict lower wellbeing, appear to be decoupled from life satisfaction, reflecting mechanisms consistent with domain insulation and cognitive diffusion. Furthermore, increased expressivity and argumentativeness can be understood as context-sensitive, adaptive strategies rather than maladaptive traits.

In this way, MRDT emerges as an integrative framework that synthesizes subjective wellbeing homeostasis, resilience theory, interpersonal psychopathology, and ACT-based mechanisms, grounded in the specific context of menstrual health while offering broader relevance for understanding adaptation under chronic cyclical stress.

7. Conclusion:

MRDT reconceptualizes menstrual disorders not as automatic routes to withdrawal or reduced life satisfaction, but as situations where many women demonstrate intentional relational competence. They enhance adaptive emotional expression and assertiveness to obtain support, while underlying regulatory processes maintain overall life satisfaction. This pattern of decoupling reflects a form of resilience that contests deficit-based perspectives and opens up new avenues for research, clinical interventions, and menstrual health policy.

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