



Emotional Intelligence And Psychological Distress Among Menopausal And Non- Menopausal Women: Comparative Study

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Abstract

The present study explores the relation between emotional intelligence and psychological distress among menopausal and non- menopausal women. This is a quantitative study and is administered to 120 participants (60 menopausal and 60 non-menopausal). Convenient sampling technique was used to draw the samples from the population. Instruments such as emotional intelligence scale (Dr. Arun Kumar Singh and Dr. Shruthi Narain, 2014) and psychological distress scale (Dr. Kessler R.C, 1992) were used for the collection of data. Karl Pearson correlation and independent t- test were used for the analysis of data. The result showed a significant strong negative relationship between emotional intelligence and psychological distress and there was a significant difference among menopausal and non menopausal women in emotional intelligence and psychological distress.

INTRODUCTION

Menopause is that the gradual progression to a permanent loss of ovarian follicular function and is retrospectively diagnosed 12 months after the cessation of menses. Menopause can be called as a natural part of the reproductive life cycle that portends significant meaning in many women's lives. Menopause, derived from the Greek men (month) and pausis (cessation), is defined as the point in life when women experience permanent cessation of menstruation due to irreversible loss of "ovarian activity". The average

age of menopause onset is 51 years, with approximately 1 % of women transitioning before the age of 40 years and 5% after the age of 55 years.

The onset of menopause heralds a time of diminished estrogen exposure, which may have both acute and chronic effect on health and quality of life. The majority of women report hot flashes developing with increasing severity in the menopausal transition and becoming incessant in the years following last menstrual period. Observational studies suggests that, as many as 75% of women will experience hot flashes after menopause. Left, untreated, most women will have spontaneous cessation of hot flashes within 5 years, although some women continue to experience distressing symptoms for 30 years.

Menopause is a defined point in time, with the years preceding the actual onset called the menopause transition or peri-menopause. During this transition time before menopause, the availability of mature eggs in a woman's ovaries diminishes and ovulation becomes irregular. At the same time, the production of estrogen and progesterone decreases. It is the large drop by estrogen levels that causes most of the symptoms of menopause. Menopause can also happen for reasons aside from natural reasons. These include:

- **Premature menopause-** It may happen when there is ovarian failure before the age of 40. It may be related to smoking, radiation exposure, chemotherapeutic drugs, or surgery that impairs the ovarian blood supply. Premature ovarian failure is also called primary ovarian insufficiency.
- **Surgical menopause-** Surgical menopause may follow the removal of one or both ovaries, or radiation of the pelvis, including the ovaries, in premenopausal women. This results in an abrupt menopause. These women often have more severe menopausal symptoms than if they were to possess menopause naturally.

Menopause is neither a disease, an illness, pathology, nor a state of being not well but just a normal physiological phenomenon of aging among females from transition of reproductive life to no more ability to reproduce. It has no impact on sexuality of a female. This transition occurs with some changes in hormones of female endocrine system predominantly estrogen leading to menopausal symptoms.

A wide array of symptoms and signs are observed in women during menopause. The common symptoms associated with menopause and estrogen deficiency include: hot flashes, excessive perspiration, mood swings, depression, anxiety, insomnia, urinary symptoms like frequency and nocturia, vaginal dryness, leucorrhoea, pruritis, backache, muscle weakness, joint pain, memory loss, dementia, dental problems, skin changes and hirsutism etc. many of the above symptoms are age related and aggravated by stresses of life. There are psychiatric conditions such as anxiety, depressive disorder and premenstrual dysphoric syndrome can also observe during menopause.

For women, the menopausal period is taken into account the climacterium, the middle adulthood; a period in life characterized by decreased biological and physiological functioning and may lead to psychosocial disturbances in form of interpersonal relationships. It may start anywhere from the 40s to the early 50s but generally occurs between 47 and 53 years.

All women will not experience menopause in the same way in terms of their onset and symptoms. Apart from a normal response or may be a positive feeling in the form of relief from pain or at least the burden of the management of menstruation each month, many premenopausal women have concerns that they will experience mental instability, sudden signs of aging, and diminution of sexuality at this time. Culture, health, previous experience of mood problems, lifestyle, and whether menopause onset is a natural, surgical, or chemotherapy- induced, will all impact on menopausal symptoms. Increased risk of psychiatric morbidity is seen in women who experiences early menopause or surgical menopause. According to study of Bernice Neugraten, the famous American psychologist who is specialized in adult development and therefore the psychology of aging, almost 90% of females described menopause as an unpleasant experience.

Due to these physiological and psychological problems, the women may get distressed. Decker(1997) and Burnette and Mui (1997), conceptualized psychological distress as lack of enthusiasm, problems with sleep (trouble falling asleep or staying asleep), feeling downhearted or blue, feeling hopeless about the future, feeling emotionally bored (for example, crying easily feeling like crying) or losing interest in things and thoughts of suicide(Weaver, 1995). Lerutla (2000) defined psychological distress as the emotional condition that one feels when it is necessary to cope with upsetting, frustrating or harmful situations.

Mirowsky and Ross (1989) add that psychological distress is the unpleasant subjective state of depression and anxiety (being tense, restless, worried irritable an afraid), which has both emotional and psychological manifestations. They further added that there is a wide range of psychological distress, ranging from mild to extreme, with extreme levels being considered as mental illness such as schizophrenia disorder. In another study of Chalfant et al. (1990), psychological distress is defined as a continuous experience of unhappiness, nervousness, irritability and problematic interpersonal relationships.

All women will be psychologically distressed in their life because of so many reasons. The reasons could be physical problems, mental conditions or other hardships. Most of the women will overcome such hardships and physical mental problems because of the emotional intelligence they have. Emotional intelligence will vary from person to person. Some have high and some have low. According to Peter Salovey and John Mayer, emotional intelligence is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge and to reflectively regulate emotions so as to promote emotional and intellectual growth. Emotional intelligence refers to the mental processes involved in the recognition, use, understanding, and management of one's and other's emotional state required in solving

problems and regulating behavior (Ciccarelli & Meyer, 2006). It is the ability to monitor one's own and others emotions, to discriminate among them and to use the information to guide one's thinking and actions (Mayer and Salovey, 1997; 1990). Emotional intelligence includes traits like self-awareness, social deftness, and the ability to delay gratification, to be optimistic in the face of adversity, to channel strong emotions and to show empathy towards others.

The women who are going through the menopausal period might have to suffer some hot flashes, pains and also mental stress such as mood swings etc. Some with high emotional intelligence can overcome these problems and will take these problems very positively but some others can't and as a result they become depressed, aggressive and moody and also they will become physically tired. So, psychological distress is a common phenomenon in menopausal women but emotional intelligence can wipe out these distresses.

Need and significance of the study

Many studies have shown that menopause will lead to many physical discomforts and so it cause psychological distress. Many people are unaware of menopause and also about its influence on the mood state, aggressiveness and distress in women. So this study intends to have an understanding of the relation between emotional intelligence and psychological distress among menopausal women. Moreover this study helps to increase the awareness of people about what the menopause is and also about its physiological and psychological effects in women especially in women with low emotional intelligence.

The need of this study is to find out how menopause influence women's physiology and psychological stability and also to check whether the emotional intelligence reduce this distress or not. Although much research has already been conducted in this area, so need of this study is to educate the common people especially the family members of the menopausal women about how to manage the psychological distress of the women and how to improve their emotional intelligence and also about how to support them effectively.

A woman especially a mother or a wife is the pillar of the family and also she has to support the family members in their hardships but in their menopausal condition some may become physically weak and helpless and also can't manage their problems so the other's too. This condition will results in a disequilibrium of the family or it will make scratch in the harmony of the family and it increases the distress of the women. So this study will give awareness to the public about present or future condition of their family and to support their women by understanding their discomforts and also to help them in improving their coping skills and emotional intelligence and to maintain the family harmony.

Problems

- To find out the effect of emotional intelligence in menopausal women.
- To find out the degree of psychological distress in menopausal women.

Objectives

- To find out the difference in psychological distress among menopausal and non menopausal women.
- To find out the difference in emotional intelligence among menopausal and non menopausal women.
- To find out the relationship between emotional intelligence and psychological distress.

Explanation of key terms

- Menopausal woman: According to WHO, all women who live beyond the age of 55 to 60 years and many of a younger age experience a period of transition from the reproductive to the non reproductive stage of life, of which the most striking feature is the cessation of menstruation and that is referred as menopause. The woman who is going through the menopausal period can be called as menopausal woman.
- Non menopausal women: The women who are included in the age range of 11-51 and having menstruation in every month can be called as non menopausal women. Even though the age range is not definite, a woman who has menstruation in every month can be called as a non menopausal woman.
- Emotional Intelligence: According to Peter Salovey and John Mayer, Emotional intelligence is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge and to reflectively regulate emotions so as to promote emotional and intellectual growth.
- Psychological distress: According to Decker(1997), Burnette and Mui(1997), psychological distress is lack of enthusiasm, problems with sleep (trouble falling asleep or staying asleep), feeling downhearted or blue, feeling hopeless about the future, feeling emotionally bored (for example, crying easily feeling like crying) or losing interest in things and thoughts of suicide(Weaver, 1995).

Hypotheses

H:1 There will be no significant difference between menopausal and non menopausal women in psychological distress.

H:2 There will be no significant difference between menopausal and non menopausal women in emotional intelligence.

H:3 There will be no significant relationship between psychological distress and emotional intelligence.

REVIEW OF LITERATURE

Bauld R and Brown R.F (2009) had conducted a study on the 'Stress, psychological distress, psychological factors, menopause symptoms and physical health in women.' A total of 116 women aged 45-55 years were selected as sample. They completed a short questionnaire asking about stress, psychological distress, and emotional intelligence, attitude towards menopause, menopause symptoms and physical health. The result shows that low emotional intelligence was found to be related to worse menopause symptoms and physical health. It was also found that these associations were partly mediated by high stress, anxiety and depression, a negative attitude to menopause and low proactive coping.

Masood A, Rashid S, Musarrat R and Mazahir S (2016) had conducted a study on 'Depression, anxiety, psychological distress and quality of life of women in menopausal phase.' A sample of 100 women, age range 45-50 (50 women going through menopause and 50 women without menopause) were selected from two hospitals in Lahore, Pakistan. Assessment scales used included the Kessler Psychological distress scale, the Utian quality of life scale and Hospital anxiety depression scale. The result shows that significant positive correlation between anxiety, depression and psychological distress and a negative correlation in quality of life of menopausal women. There was a significant correlation between anxiety and depression levels, psychological distress and two facets of quality of life, i.e., health and emotional quality of life. Significant differences were found between quality of life of women with and without menopause.

Vijayvargiya S and Singh B (2017) had conducted a study on 'Impact of attitude and emotional intelligence on quality of life of menopausal women.' A sample of women between 45 and 55 years were selected. The result shows that women with high emotional intelligence have positive attitude towards menopause and experience less stress and menopausal symptoms.

Chan D.W (2006) had conducted a study on 'Emotional intelligence, social coping, and psychological distress among Chinese gifted students in Hong Kong'. The study was investigated in a sample of 624 Chinese gifted students in Hong Kong. A mediation- effect model specifying that emotional intelligence had an effect on psychological distress mediated by social coping was hypothesized and tested using structural equation modeling procedures. The results indicated that the mediation- effect model provided an adequate and good fit, suggesting that the effects of self- relevant and other –relevant emotional intelligence on psychological distress were mediated by avoidant coping and social- interaction coping, respectively.

Karim J (2010) had conducted a study on 'Emotional labour, emotional intelligence and psychological distress'. The data was collected from employees of three public sector organizations situated in Quetta, Pakistan. After establishing the psychometric properties of the scales hypotheses were tested through Partial Least Squares (PLS) path modeling algorithm. The result of this study indicated that emotional intelligence was positively and significantly related to deep acting, surface acting was positively and significantly related to psychological distress and neither surface acting nor deep acting mediated the relationship between emotional intelligence and psychological distress.

Mayer J.D and Geher G (1996) had conducted a study on 'Emotional intelligence and the identification of emotion'. The samples of 321 participants were selected. Several criteria were used to evaluate the participant's emotional recognition abilities, including agreement with the group consensus and agreement with the target. Participants who agreed more highly with the group consensus and with the target also scored higher than the other participants on scales of empathy and self-reported SAT scores, and lower on emotional defensiveness. Such results are interpreted to mean that some forms of emotional problem solving require emotional openness as well as general intelligence.

Russ T.C et al. (2012) had conducted a study on 'Association between psychological distress and mortality: individual participant pooled analysis of 10 prospective cohort studies'. 68,222 people from general population samples of adults aged 35 years and over, free of cardiovascular disease and cancer, and living in private households in England at study baseline. The result showed that dose-response association between psychological distress across the full range of severity and an increased risk of mortality. This association remained after adjustment for somatic co morbidity plus behavioral and socioeconomic factors. A similar association was found for cardiovascular disease deaths and deaths from external causes. Cancer death was only associated with psychological distress at higher levels.

RESEARCH METHODOLOGY

Research method is a term used to describe how one has gone about conducting a certain scientific study. Each research method is a standardized and acceptable practice. Method and data collection are the tools to obtain the raw materials of hypothesis testing. The guide principle of method selection is that it must be detailed enough for other researchers to read it and be able to replicate the study (American Psychological Association 1994).

The research method followed for the present investigation is discussed in detail in this chapter. Basically it comprises the selection of sample, method of data collection, statistical tool, statistical analysis, exclusion and inclusion criteria etc.

Sample

The present study consisted of 120 women from India. Among them 60 were menopausal women and 60 were non menopausal women with age ranging from 21- 90. Convenient sampling method was used.

Inclusion and exclusion criteria for menopausal women Inclusion criteria

- Women belonging to the age 45-90.
- Women from India.
- Women who underwent to menopause.

Exclusion Criteria

- Women below the age of 45 years.
- Women who are out of India.
- Women who underwent to menopause due to surgeries like hysterectomy.

Inclusion and exclusion criteria for non menopausal women Inclusion criteria

- Women belonging to the age 18- 35
- Women from India.

Exclusion criteria

- Women above the age of 35 years and below the age of 18
- Women who are out of India.
- Women who have other psychological problems.

Measures

Only self-report questionnaires were used in the present study. The Emotional Intelligence scale and Psychological distress scale were used in this study. A Personal Data Sheet was also used, to gather information on relevant socio-demographic characteristics of the participants.

Personal Data Sheet

This was prepared by the researcher to obtain the socio- demographic profile of the respondents.

1. Emotional Intelligence Scale

The Emotional Intelligence Scale was developed by Dr. Arun Kumar Singh and Dr. Shruthi Narain is a self-report scale, which consists of 31 items. The scale is written in English language. The respondents answered these statements as either 'yes' or 'no'.

Scoring

The raw scores are summed up to get an EI score. Higher the score, higher is the emotional intelligence of the individual and vice-versa. The factors of the scale are understanding emotions, understanding motivation, empathy and handling relations.

Reliability and Validity

The test retest reliability was calculated by administering the test on the same sample (n=100) with a gap of fortnight. It was found to be 0.86 alpha coefficients which were significant at .01 levels.

2. Psychological Distress Scale

The Psychological Distress scale was developed by Dr. Kessler R.C and is a self report scale, which consists of 10 items. The scale is written in English language. The respondents answered to these statements by choosing one among five options such as:

All of the time (5), Most of the time (4), some of the time (3), A little of the time (2), none of the time (1)

Scoring

Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress.

Reliability and validity

The Cronbach's alpha of psychological distress scale was 0.885 which was significant at 0.01 levels.

Procedure

Because of the Covid-19 condition the proper way of data collection was difficult so I tried to collect data through Google form questionnaire and shared the link through online platforms. The participants were requested to respond sincerely and were assured that the information gathered from them would be used only for research purposes and would be kept confidential. Instructions for responding to the statements were printed in the tools itself very clearly. The style of responding varied from one scale to the other.

Statistical Analysis

The statistical techniques selected were based on the objectives and hypotheses formulated. The statistical techniques used are as follows.

Pearson Product Moment Correlation was calculated to find out the relationship among two study variables. The correlation coefficient is a measure of linear association between two variables.

Usually the Karl Pearson's correlation is used. Values of the correlation coefficient are always between -1 and +1. A correlation coefficient of +1 indicates that two variables are perfectly related in a positive linear sense, and a correlation coefficient of 0 indicates that there is no linear relationship between the two variables.

Independent sample 't' test is a parametric test used for judging the significance of mean or judging the significant of differences between means of two samples. It is the ratio of static to its standard error. The statistical significance of t is dependent upon its size and the number of degrees of freedom, or the number of observations minus the number dependent restrictions on the sample. A common use of t is in the determination of the significance of differences between two means.

The 't' test was used to compare difference between menopausal women and non menopausal women on emotional intelligence and psychological distress.

RESULTS AND DISCUSSIONS

Major analysis consists of independent sample 't' test and product moment correlation.

Table 4.1: Mean, SD, t value and level of significance obtained by the menopausal and non- menopausal women in emotional intelligence.

Variable	Menopausal /non menopausal	Mean	S.D	Df	t- value	Significance
Emotional Intelligence	Menopausal	17.72	3.542	119	-18.48	0.001
Emotional Intelligence	Non Menopausal	27.33	1.972	119		

Table 4.1 indicates the mean, standard deviation, t value and level of significance among menopausal and non-menopausal women. From the table, it is seen that there is significant difference between menopausal and non-menopausal women because the mean score obtained by non- menopausal women in emotional intelligence is more than menopausal women. Therefore the null hypothesis stands is rejected.

Non- menopausal women show more emotional intelligence than menopausal women. Researchers reflected that biological and psychological changes may be more vulnerable with women experiencing menopause and thus reduces emotional intelligence. The hectic schedule of women to fulfill all the demands of life creates a lot of stress, frustration, anxiety leading towards depression where hormonal changes also play their role. Changes in the family structure and/or the work place, death of loved ones, children leaving home for studies and job, financial difficulties, peaking professional responsibilities and ageing itself combined with unpredictable hormonal changes, leave woman overwhelmed and out of control.

Table 4.2: Mean, SD, t value and level of significance obtained by the menopausal and non- menopausal women in psychological distress.

Variable	Menopausal / Non menopausal	Mean	S.D	df	t- value	significance
Psychologic al distress	Menopausal	29.93	4.811	119	17.90	0.001
Psychologic al distress	Non menopausa l	16.77	3.106	119		

Table 4.2 indicates the mean, standard deviation, t value and level of significance among menopausal and non-menopausal women in psychological distress. From the table, it is seen that there is significant difference between menopausal and non-menopausal women because the mean score obtained by menopausal women in psychological distress is more than non menopausal women. Therefore the null hypothesis stands is rejected.

Menopausal women show more psychological distress than non menopausal women. It may due to the menopausal symptoms, age related issues, family problems, death of loved ones, children leaving home for studies or jobs, financial difficulties, responsibilities etc. During menopause because of hormonal changes the women will experience mood swings, irritation, depression, aggression etc. and if the women have low emotional intelligence, they can't control themselves and manage others so it will lead them to a psychologically distressed condition. Along with menopausal symptoms, empty nest syndrome also occurs around the same time as menopause starts. It affect women badly especially mothers. Because when children leaving home, they may think that their most important role of nurturing and raising children is over and it may raise questions in them about their purpose of existence and what there is left to do. So it will also results in surge of psychological distress.

Table 4.3: Correlation between variables emotional intelligence and psychological distress

	Emotional intelligence	Psychological distress
Emotional intelligence	1	-0.889
Psychological distress	-0.889**	1

** Correlation is significant at the 0.01 level (2- tailed).

Table 4.3 indicates the product moment correlation between study variables. It depicted that emotional intelligence and psychological distress have a strong negative correlation with high significance ($r = -0.889$,

$p < 0.01$). So the hypothesis which states there will be no significant relationship between emotional intelligence and psychological distress (H3) is rejected.

Several studies show that emotional intelligence and psychological distress are very much related variables. Zhand P et al. (2016) had conducted a study on 'the mediating role of emotional intelligence between negative life events and psychological distress among nursing students: a cross-sectional study'. And in the result of his study, he revealed that negative life events were positively associated with psychological distress and also emotional intelligence was negatively associated with psychological distress and negative life events.

Emotional intelligence is the ability to monitor one's own and others emotions, to discriminate among them and to use the information to guide one's thinking and actions. A woman at menopause stage has low emotional intelligence, which means she may be unable to manage her own and others emotions and also may not be capable to direct her own thinking and actions in an appropriate way. So their coping ability in a stressful situation becomes low and it may results in severe psychological distress.

In the result there is a negative strong correlation between emotional intelligence and psychological distress can be seen. From that we can understand, when emotional intelligence increases psychological distress will reduces. So in a menopausal woman when emotional intelligence decreases it may cause the increased level of psychological distress.

SUMMARY AND CONCLUSION

There are so many studies done in the areas of menopausal women which have provided more information about the physiological and psychological effects of menopause. The present study was conducted to find out the relationship between emotional intelligence and psychological distress among menopausal and non menopausal women.

The sample for the present study consisted of 120 women (60 menopausal and 60 non-menopausal) from different places of India. The sample consisted of women and the age range for menopausal women was above 45 years and the age range for non menopausal women from 18- 35 years. Emotional intelligence scale and psychological distress scale were used in the study. The collected data were analyzed using appropriate statistical technique such as t- test and Pearson correlation coefficient.

Tenability of hypotheses

HYPOTHESES	TENABILITY
There will be no significant difference between menopausal and non menopausal women in psychological distress.	Rejected
There will be no significant difference between menopausal and non menopausal women in emotional intelligence.	Rejected
There will be no significant relationship between psychological distress and emotional intelligence.	Rejected

Implications of the studies

Studies are the growing pillars for next generation. Menopausal women face many problems in their daily life like physiological and psychological discomforts. The awareness about menopause among people has to be increased. The family members have to listen and understand their discomforts due to menopause and relax and support them when they get tired and moody. Menopausal women should follow proper food and health habits because it may reduce their physiological problems to a greater extent.

Limitations of the study

Major limitation of the study was that it was conducted during lockdown period due to Covid-19 pandemic, so it might affect the result of the study and it can be positive or negative effects.

The mood state of women and also lack of understanding of questions might affect the study. Lack of interest or tiredness due to more number of items in the questionnaire might affect the study.

- Sample size was comparatively small and so cannot be generalized.
- This is a cross sectional study.
- Limited to a particular country.
- Study was conducted in a short term.
- The truthfulness of the study depends on the honesty of those who filled the questionnaire.

In the quantitative study, the results are limited as they provide numerical description rather than detailed narrative and generally provide less elaborate accounts of human perception.

Scope for further research

The variables included in the present study were limited. Hence further studies may be conducted incorporating new variables.

The study can redesign to include more samples from different area. Various extraneous factors, such as family structure, physical status, emotional maturity etc should also be explored in the future study. The study can redesign by following longitudinal study.

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