

# Perceived Stress, Coping Styles and Emotional Regulation in Relation to Psychological Well-Being among Women During Menopausal Phase

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## Abstract

*The term natural menopause is the absence of menstruation for 12 consecutive months. The average age of menopause in India is 51 years, although this can vary widely. During this transition period, women undergo many changes along with its underlying hormonal changes like hot flushes, night sweats, vaginal symptoms, difficulty sleeping and other symptoms such as anxiety, irritability and depression which abruptly disturb their daily activities and overall health. The objectives of this study were to identify the relationship between perceived stress, coping styles and emotion regulation on psychological well-being among menopausal women and also to find out the influence of perceived stress, coping styles and emotion regulation on psychological well-being among menopausal women. The sample consists of 193 middle aged women who attained menopause using Purposive sampling and snow ball technique and whose age ranged from 47-60 years. Ex-post facto research design was used. Assessment tools used were Menopause Rating Scale Heinemenn, et al. 2003, Perceived Stress Scale (Cohen, 1988), Coping Inventory for Stressful Situations-short (CISS 21) (Endler and Parker, 1999), Emotion Regulation Scale (Gross & John, 2003), Psychological Well-being Index (Dupay, 1984). Percentage analysis was done to find out the intensity of symptoms. Pearson product moment and multiple regression were used for data analysis. The study has implications for Psychologists and Doctors as this would help women to reduce negative impact and to view menopause in a positive way.*

**Keywords:** Perceived stress, Coping styles, Emotion regulation, Psychological Well-Being, Menopausal women.

## Introduction

Menopause is a natural process and is universally experienced around the globe. During this phase women experience somatic, psychological and urogenital problems. These problems occur over a period and its effects that can occur during the menopause transition period can significantly disrupt their daily activities and have an impact on their psychological wellbeing. In consultation with a Gynecologist the average age of menopause in Chennai is 48-52 years. In rare

instances, menopause can occur as early as the 30s or as late as the 60s. Perceived stress is how much an individual experience excessive stress beyond their control and inability to cope. Coping style is a general tendency to manage stressful events in a particular way. Emotion regulation refers to how an individual effectively deals and respond to emotional situations. Psychological well-being means when an individual has the potential to effectively cope with the daily stressors of life, taking care of themselves and others and realizing one's own ability.

### **Need for the Study**

As women are twice prone to psychological problems when compared to men, as midlife is a prime period particularly for women due to factors related to family and social issues, stress due to dual role of women as breadwinner and homemaker etc. Women undergo a different phase of life during menopausal period which enforces the extensive need to study the influence of perceived stress, coping styles and emotional regulation on psychological well-being among women.

### **Review of Literature**

Abdelrahman, Abushaikha and Al-Motlaq (2014) analyzed a study on Jordanian menopausal women and found that women who had low psychological well-being had high perceived stress. Potdar and Shinde (2014) in their study on post-menopausal women found that there was a strong association between the psychological problems and coping strategies. 57% of women had mild psychological problems and 78% of women adopted coping strategies to overcome their psychological problems during their post-menopausal phase to improve their well-being. Wu, Liang, Wang, Zhao & Zhou (2016) found that reappraisal is more effective than suppression. Habitual Emotional Regulation may influence women's premenstrual affect and psychological responses.

### **Statement of Problem**

Does Perceived Stress, Coping Styles and Emotional Regulation Influence Psychological well-being among menopausal women?

### **Objectives of the Study**

1. To identify the relationship between perceived stress, coping styles and emotional regulation on psychological well-being among menopausal women
2. To find out the influence of perceived stress, coping styles and emotion regulation on psychological well-being among menopausal women.
3. To identify the intensity of menopausal symptoms during the menopausal stage.

### **Hypotheses**

Hypotheses 1: There would be a significant negative relationship between perceived stress and psychological well-being among women during menopausal phase.

Hypotheses 2: There would be a significant relationship between various dimensions of Coping Styles and Psychological well-being among women during menopausal phase.

Hypotheses 2.1: There would be a significant positive relationship between task-oriented dimension of coping style and psychological well-being among women during menopausal phase.

Hypotheses 2.2: There would be a significant negative relationship between emotion-oriented dimension of coping style and psychological well-being among women during menopausal phase.

Hypotheses 2.3: There would be a significant negative relationship between avoidance-oriented dimension of coping style and psychological well-being among women during menopausal phase.

Hypotheses 3: There would be a significant relationship between various dimensions of Emotional Regulation and Psychological well-being among women during menopausal phase.

Hypotheses 3.1: There would be a significant negative relationship between cognitive reappraisal dimension of emotional regulation and psychological well-being among women during menopausal phase.

Hypotheses 3.2: There would be a significant negative relationship between expressive suppression dimension of emotional regulation and psychological well-being among women during menopausal phase.

Hypotheses 4: Perceived stress, coping styles and Emotional regulation would influence psychological well-being among women during menopausal phase

## **Method of Investigation**

### **Research Design**

Ex-post facto

### **Inclusion Criteria**

1. Women who were 47-60 years.
2. Women who attained menopause.
3. Willing to participate.
4. Married women.
5. Women of Chennai City.

### **Exclusion Criteria**

1. Women who attained surgical menopause, early menopause.

### **Sample size**

The researcher initially approached 260 women aged 47-60 years from Chennai city out of which 193 were selected for the study as they had attained natural menopause which was based on the inclusion criteria.

### **Sampling Technique**

Purposive and Snowball sampling technique was adopted

### **Variables used for the present study**

The variables used for the present study were:

#### **Independent Variables**

Perceived stress  
Coping styles  
Emotional Regulation

#### **Dependent Variable**

Psychological well-being

### **Tools**

Personal Data sheet was given to all subjects and were asked to fill in their demographic details and gynaecological health status.

Menopause Rating Scale Heinemann, et al (2003).

Perceived Stress Scale, Cohen (1988).

Coping Styles CISS, Endler & Parker, (1999).

Emotion Regulation, Gross & John, (2003).

Psychological general well-being Index, Dupuy, (1984).

**Pilot Study**

A pilot study was conducted before starting the main study to establish validity and reliability of the tools to be used for the selected sample.

**Data Collection Procedure**

The researcher initially conducted personal interviews with a group of women to understand the severity of the menopausal symptoms. The research was carried out as per the ethical guidelines.

**Analysis**

Pearson Product-moment correlation was used to find the relationship between the variables. Multiple regression was used to find the influence of independent variables on the dependent variable. Percentage analysis was done to understand the intensity of menopausal symptoms.

**Results and Discussion**

**Table 1**  
**Relationship between Perceived Stress and Psychological Well-Being**

Variables	N	r
Perceived Stress	193	-0.566*
Psychological Well-Being		

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

Table 1 shows the relationship between perceived stress and psychological well-being. The correlation analysis reveals that there was a significant negative relationship between perceived stress and psychological well-being ( $r = -.566$ ), when perceived stress increases, psychological well-being decreases and vice versa. Hence the hypothesis 1 stating that there would be a significant negative relationship between perceived stress and psychological well-being was accepted. According to Bhaskaran, (2016) many women find the time around menopause stressful. This may be due to hormonal changes and moreover Indian women spend their lives focusing their family, financial and other social issues. This unnoticed or neglected issue is taken only when the symptoms gets aggravated and eventually makes it less effective in managing the issue. This ultimately drives them to an elevated stress level which could lower psychological well-being.

**Table 2**  
**Relationship between dimensions of coping styles and psychological well-being**

	Psychological Well-Being	
Variables	N	r
Task Oriented	193	.385**
Emotion oriented	193	-.489**
Avoidant Oriented	193	-.197**

\*\*Correlation significant at 0.01 level(2 tailed).

Table 2 shows the relationship between three types of coping styles namely task oriented, emotion oriented and avoidant oriented coping and psychological well-being. The table indicates that task oriented was positively related to psychological well-being ( $r = .385$ ) and the coping style dimensions namely emotion oriented and avoidant coping were negatively related to psychological well-being. ( $r = -.489, -.197$ ). Hence the hypothesis 2.1 stating that there would be a significant positive relationship between task-oriented dimension of coping and psychological well-being

was accepted. The finding was in line with a study conducted by Tanaka, Kanazawa and Sugimoto (2015). According to the researcher, women who are able to cope (i.e.) who use task oriented coping style in a harmonious and effective manner will buffer the effect between the menopausal symptoms and psychological well-being and vice versa.

The sub hypothesis 2.2 which states that there would be a significant negative relationship between emotion-oriented dimension of coping style and psychological well-being was accepted. As Emotion-focused coping is used when the situation is uncontrollable and too difficult to handle and solve. Thus though it reduces and manages the intensity of the negative and distressing emotions due to stressful events or problems it does not solve the problematic situation itself. Similarly, the sub hypothesis 2.3 which states that there would be a significant relationship between avoidance-oriented dimension of coping style and psychological well-being was accepted. The researcher feels that, as Indian women generally has a mental block and they suffer in silence, and consequently cannot receive the understanding and support they need. Hence, a different psychobiological stress response pattern could be associated with distinct ways of coping with social stress, emphasizing the importance of individual differences.

**Table 3**

**Relationship between dimensions of emotional regulation and psychological well-being**

Variables	Psychological Well-Being	
	N	r
Cognitive Reappraisal	193	.125
Expressive Suppression	193	-.285**

\*\*Correlation significant at 0.01 level (2 tailed).

Table 3 shows the relationship between the two types of emotional regulation and psychological well-being. The table indicates that cognitive appraisal was not significantly related to psychological well-being ( $r = .125$ ) and the expressive suppression was negatively related to psychological well-being ( $r = -.295$ ). Hence the hypothesis 3 stating that there would be a significant negative relationship between dimension of emotional regulation namely cognitive reappraisal and psychological well-being was not accepted. Earlier study by Berrent-Spillson, et al., (2016) had suggested the same. This could be because although cognitive reappraisal mainly reduces the unpleasant emotional arousal, it has the possibility of increasing negative emotions and perceive it worse than initially. This results in more depression which ultimately lead to poor decision making and lead to negative mood. Similarly, the sub hypothesis 3.1 stating that there would be a significant negative relationship between dimension of emotional regulation namely expressive suppression and psychological well-being was accepted. The researcher feels that women when they suppress their emotions will end up in more stress. Taking Indian women into consideration, from childhood women are brought up in such a way to control emotions. Hence, suppression is culturally developed and according to each gender there is a behavioral expectation in our society. Hence, when women bottle up their emotions they cannot vent out their emotions resulting in low psychological well-being.

**Table 4**  
**Predictors of Psychological Well-Being among Women during menopausal phase**

Variables	t	p(sig)	Beta	F	df	R Square
Perceived Stress	6.868	.000	-0.437	37.445*	192	.500
Task-Oriented Coping	0.880	0.380	0.055			
Emotion Oriented Coping	6.872	0.000	-0.379			
Avoidant Oriented Coping	0.642	0.522	-0.035			
Expressive Suppression	2.501	0.013	-0.134			

\*Significant at .05 level

Table 5 shows multiple regression which was done as there was correlation between independent and dependent variable which reveals that 50% has been predicted significantly by perceived stress, task-oriented coping, emotion-oriented coping, avoidant oriented coping and expressive suppression. The 't' value of task-oriented coping and avoidant oriented coping was not statistically significant and it could be interpreted that task oriented and avoidant coping was not the significant predictor of psychological well-being. However, the 't' value shows that perceived stress, dimension of coping style emotion oriented and expressive suppression was statistically significant predictor of psychological well-being. The beta value reveals that the independent variable perceived stress, dimension of coping style namely emotion oriented and dimension of emotional regulation namely expressive suppression as the risk factors associated with psychological well-being which means higher perceived stress, emotion oriented coping style and expressive suppression would result in lower psychological well-being. Thus, based on the results obtained, the hypotheses 4 stating that Perceived stress, coping styles and Emotion regulation would influence psychological well-being among women during menopausal phase was partially accepted. The perceived stress was a significant risk predictor of psychological well-being, the reason to receive such a result could be because, culturally in India, adequate importance to be given for such issue is less. On the other side, considering Maslow's need theory (1943), every person would function well which would ultimately enhance their esteem needs. Any disturbances caused for such needs would result in poor dealing with menopause and stress leads to low psychological well-being emotions.

The second negative predictor of psychological well-being was emotion-oriented coping. This was in line with a study conducted by Geenblum, Rowe, Neff & Greenblum (2013). According to researcher, Indian women being too emotional and upset is not seen as an auspicious sign to the family which would have made Indian women to avoid their felt emotions.

The third risk predictor of psychological well-being is expressive suppression. According to the concept of emotion regulation, expressive suppression has been considered as a negative behavioral pattern. This is because, it does not allow her to showcase the true emotions felt at that moment or later, leading to piled up thoughts. Hence high expressive suppression would definitely have negative effect on a person. The task oriented coping style did not show any influence over psychological well-being. This could be because, considering menopausal women undergoing drastic physical changes, they tend to function in their own possible ways. In such case they might not prefer coping tasks or any other activities. Similarly, avoidant coping on psychological well-being might not be predicted as this could be because avoiding the problem instead of coping could make things worse than ever too. Avoiding an issue may not be effective to everyone. As menopause being a biological condition, the effects of it depends on each individual's health condition and enduring capacity.



**Table 5**  
**Frequency of menopausal symptoms assessed using MRS. n=193**

S. No	Menopause Symptoms	None		Mild Grade		Moderate		Severe		Very severe	
		n	%	n	%	n	%	n	%	n	%
1	Hot Flashes, Sweating	--	--	26	13.5	108	56	53	27.5	6	3.1
2	Heart discomfort	--	--	80	44.5	53	26.8	60	28.7	--	--
3	Sleep Problems	--	--	--	--	55	28.5	123	63.7	15	7.8
4	Depression	--	--	--	--	62	32.1	85	44	46	23.9
5	Irritability	--	--	--	--	81	42	106	54.9	6	3.1
6	Anxiety	--	--	3	1.6	83	43	103	53.4	4	2
7	Exhaustion (Physical and Mental)	--	--	27	14	73	37.8	45	23.3	48	24.9
8	Sexual Problems	5	2.5	17	8.8	26	13.5	103	53.4	42	21.8
9	Bladder Problems	54	28	66	34.2	67	34.7	5	2.6	1	0.5
10	Vaginal dryness	--	--	2	1	46	23.8	128	66.3	17	8.9
11	Joint and Muscular Problems	--	--	--	--	120	62.2	62	32.1	11	5.7

Table 5 describes the characteristics of samples based on severity of occurrence. The study made use of Percentage Analysis to enable us to understand in detail the intensity of symptoms women undergoing menopausal transition experienced. The results obtained indicates the degree of highest and lowest symptoms the women undergo.

Menopausal symptoms rating scale comprised of three subscales namely Somatic, Psychological and Urogenital. Among the urogenital symptoms vaginal dryness was reported to be severe among 128 women with a percentage of 66.3%. As this could be because Oestrogen levels begin to fall as menopause approaches. This is supported by study (Panay & Marmari 2012).

Among the somatic symptoms 123 women reported 63.7% sleep disturbances. This is because of changing oestrogen levels which may cause symptoms including hot flushes which last on an average of three minutes leading to less sleep quality. The findings of the research outcome was justified by a study conducted by Singh & Pradhan, (2014).

In the psychological symptoms 106 women experienced irritability with a percentage of 54.9%. Hormonal fluctuations are often the prime cause of it and other negative emotional state during this phase. The findings was in line with the study by Borker, Venugopalan and Bhat., (2013).

### Findings of the Study

- Perceived stress was negatively correlated with psychological well-being
- Task-oriented coping style was positively correlated with psychological well-being
- Emotion-oriented coping style was negatively correlated with psychological well-being
- Avoidance-oriented coping style was negatively correlated with psychological well-being
- Cognitive re-appraisal was not significantly correlated with psychological well-being.
- Expressive suppression was negatively correlated with psychological well-being
- Perceived stress, emotion-oriented coping and expressive suppression are strong risk predictor of psychological well-being.

- Most of the respondents reported severe vaginal dryness followed by sleep disturbances/problems and irritability as the most frequently reported health issues during the menopausal phase.

### **Limitations of the Present Study**

1. The questionnaires were distributed only in the English language. It would have been more effective if a Tamil translated version of the tool be used.
2. A larger sample would have yielded greater generalizations of the results.
3. This study have used only the quantitative methods for analysis which might hinder the in depth understanding of the problem in greater detail relating to menopause among women.
4. The present study examined menopausal symptoms among Chennai women alone.
5. The study used only the non-probability sampling which might create concern over the generalizability of the results.

### **Implications**

The study has implications for medical practitioners, psychologists, social workers and policy makers.

1. Cognitive Behaviour therapy can be provided by trained therapists as it would help women to reduce their negative thoughts and to accept new challenging tasks..
2. Psychologists have a vital role to play in helping women to cope during the stage of menopause, offering individual, family counselling and psychoeducation.
3. Doctors should consider the psychological effects of the drugs and not merely concentrating on treating the physical health issues alone.
4. Doctors can provide a checklist to the patient, based on the research findings to check on their symptoms and then to provide appropriate treatment.
5. Government should work on creating awareness on women health. They should provide more health care and fund services. They should recruit more psychologists to work on this specific subject.
6. Social workers and non-governmental organizations, could help the government by supporting the projects, creating awareness, finding the resources and providing to the right beneficiary especially to the rural and lower-income population.
7. Government can set up exclusive centres working for women which addresses problems related to menopausal issues.

### **Conclusion**

It could be concluded from the findings of the present study that except cognitive reappraisal all other variables that were tested either positively or negatively related to psychological well-being. Among the variables that were related to psychological well-being- perceived stress, emotion-oriented coping and expressive suppression are strong risk predictors of psychological well-being.

### **Scope for Future Research**

1. Based on the research studies conducted on menopausal women, researchers can develop a checklist particularly for Indian population to measure the symptoms which particularly includes body esteem, cry spells, recurrent thoughts of death or suicide, insomnia and mood swings so that it would be helpful for the health care professionals to check on their symptoms and then to provide appropriate treatment.



2. Further researchers should consider the study during the perimenopause stage itself so that it would provide required knowledge to understand menopause from the earlier stage so that women can view and cope up with menopausal symptoms in a better way.
3. Demographic variables like education, life style, residing location, employment, type of menopause can be considered.
4. A module can be developed on coping up with the problems of menopause based on Seligman's pleasure, engagement and meaning theory (2002).
5. Longitudinal, cross-cultural and interventional studies could be adopted for further research.
6. Other variables like Sleep quality, resilience, optimism, attitude towards life, spiritual well-being and psychological hardiness can also be considered for psychological well-being among menopausal women in future.

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