SYNOPSIS

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Title of the thesis: Psychological Manifestations During Menopausal Period In Relation To Some Personality And Background Variables

Degree: Ph. D.

Subject: Psychology

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Indian women have known to lag behind the changing times in contrast to their counterparts in the developed countries.

History tells us that the main reason for this backwardness was the over seven centuries of Moghul stronghold on the Indian ethnic development. During that period of Indian history, the woman was generally treated as one without any function, save as the object of man's lust. Such was the "purdah" role of the woman in those times that even some of the liberal and progressive reforms undertaken by the British rulers in their 150 years of colonial rule did not enable the Indian woman to progress towards a state of emancipation.

However, many scholars and scientists state that even the inherent and age-old cultural and social factors of conservatism and orthodoxy are to a large extent responsible for this very slow progress. In other words, the suppression under the Moghul regime and ancient traditions were such powerful influences on the Indian woman that it took over twenty five solid years after the nation's independence in 1947 to realize the grave need to improve her status and position by tackling head-on the problems related to her lifestyle. There is no denying, of course, that the earlier pioneering efforts of visionaries like D.K. Karve and Jyotiba Phule in western India did contribute to the cause of women mainly by promoting academic education amongst women and
bringing about the removal of certain social barriers which had for long oppressed them.

It was only around the time of the declaration of the International Women's Year in 1976 that many Indian women in the major cities became aware of the need to make a serious effort for their own improvement and progress.

Bearing this background in mind, the problem for the present study was chosen as one concerning women as its focal point.

The Problem: The precise problem taken up for this dissertation was the investigation of psychological manifestations of women during their menopausal period in relation to some personality and background variables.

Women around the age of 40 to 55 years encounter the menopausal period and show signs of psychological vulnerability. It was considered vital to probe this vulnerability and ascertain the extent of suffering caused. It was also thought important to determine the degrees to which the reactions to inevitable body changes brought about by middle age were linked with personality and background facets.

Besides, the menopausal period is often referred to in very strong phrases like "dangerous age", "end of hope" and "endocrinological disorder". All these labels indicate a negative perception which arises from observance of certain traits which obstruct personality development and create problems in the smooth life style of a woman in the menopausal period. This study hoped to pinpoint such adverse experiences.
The Focus: The present study attempts to:

1) Investigate the common negative experiences during the menopausal period in a non-clinical sample of Hindu women. A clinical sample was eschewed to exclude the emergence of sufferings caused by biological disorders. Women of the same religion were preferred in order to exclude the possible vitiation of findings likely to be caused by the effect of assorted religious viewpoints and beliefs on a most sensitive biological occurrence which is menopause. Hinduism being the majority religion in India, the sample was confined to women from that fold.

2) Reach the core of the problem by a detailed investigation of personality traits and background conditions.

3) Analyse the psycho-social factors influencing women during their menopausal period.

Interestingly, there are very few studies dealing with the menopausal period in a psychological perspective. In fact, this subject of menopause has been generally neglected both by the social scientists and the gynaecologists. The present study is novel in its approach because it includes unmarried and hysterectomised women in the age group of 40 to 55 years.

The Framework:

The sample for the study consisted of 250 Hindu women who were administered a specially devised Menopausal Experience Scale (MES) to find out those who suffered during the menopausal period. The MES was itself derived from a
pilot study on a sample of 47 comprising 27 menopausal women and 20 non-menopausal ones. Further, a qualitative analysis was carried out to unearth the personality and background variables associated with the menopausal period.

The study is presented in eight Chapters; the gist of each of them is set out below.

Chapter I: This introductory chapter justifies the selection of the topic for study through a review of prevalent conditions and printed material on women in general.

It is subdivided into two sections: (a) Why a topic exclusively on women? and (b) Why a topic on the menopausal period? The former part mainly brings out the neglect and biased treatment accorded to women in the field of psychology, while the latter explains the general reluctance in knowing more about the problems of the middle years in women.

Chapter II: It describes the nature of the problem under investigation and explains the terms used in it before passing on to the objectives.

The term most repeated is "the menopausal period" which denotes the years constituting three phases during mid-life namely (a) premenopausal, (b) menopausal and (c) postmenopausal. The pre-menopausal phase is the period just before the irregularities in the menstrual cycle start. It is a phase of "no change" in the monthly cycles. The menopausal phase is the actual phase during which there is
either decrease or increase in the menstrual flow; sometimes the monthly cycles are skipped or delayed or hastened, thereby giving rise to irregularities. The post-menopausal phase is the one in which menstruation had ceased completely for at least one whole year prior to this investigation.

After the explanations of the technical terms, some sub-problems, objectives, hypotheses, and, finally, the significance and the limitations of the study are discussed.

The objectives of the study were:

1) To construct a Menopausal Experience Scale (MES) which could be utilized as a tool to assess the degree of suffering (average or high) during the menopausal period by medical practitioners and psychologists before deciding their line of treatment.

2) To investigate the personality traits and the background conditions responsible for the suffering, if any, during this period.

3) To develop factual data on the menopausal period in order to remove prevailing myths and misconceptions about menopause.

4) To try and create a healthy, positive viewpoint about menopause through suggestions based on the data analysis.

To facilitate the above, Chapter II is divided into seven components: 1) The problem, 2) Explanations of terms, 3) Sub-problems, 4) Objectives, 5) Hypotheses, 6) Significance and 7) Limitations.
Chapter III: It consists of a thorough review of existing literature and their findings, views of experts on the basis of a small universe of study, and ends by making a comparative assessment of the essential features of past studies and the way in which they differ from the present one.

The studies reviewed are both — those conducted abroad and those done in India. The sum total of such studies is small and all of them failed to establish a relationship between the negative experiences and personality as well as background conditions. This was true of studies with and without clinical samples.

The expert views presented are from the fields of Sociology, Anthropology and Biology.

It was found that none of the past studies and none of the expert views had the content and scope of the present study which aims to bring out systematically the common negative experiences of physically healthy and non-clinical sample of women in the menopausal period.

Thus, after introductory remarks, the Chapter goes through a coverage of Indian studies, foreign studies, related Indian study, relative findings and views of experts in diverse sciences, and salient features that distinguish the past studies from the present one.

Chapter IV: It unfolds extensive background information about the menopausal period in women. Descriptive in nature, this Chapter presents various viewpoints on the phenomenon.
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Though the phenomenon is mostly perceived as being essentially biological in nature, the views by gynaecologists as well as social scientists are presented to reveal the physiological and psychological aspects. The presentation is carried out under the subheadings of: 1) Menopause, 2) Age and duration of menopause and 3) Menopausal manifestations.

Chapter V: The Chapter deals with theoretical perspectives on women. The three personality theories thought to be most relevant are discussed with reference to women in their middle age. This is dealt with under the subheadings of 1) Introduction, 2) The theory of psychoanalysis, 3) The theory of analytical psychology and 4) The theory of psycho-social development.

Chapter VI: This Chapter on methodology encompasses the procedure, the method, the tools and the design of the study. It details the pilot study, the construction of MBS and the main study which used the descriptive statistical method covering t-test, R1, X^2 and other relevant procedures.

It also deals with the location of the sample and its constituents.

The sub-topics presented are: 1) Research design 2) Variables, 3) Method adopted, 4) Pilot study, 5) Main study including findings of MBS as well as in-depth studies, and 6) Location and characteristics of the sample studied.

Chapter VII: This Chapter deals with statistical and qualitative analysis of the data collected on 250 women in
the age group of 40 to 55 years. It also includes the ES questionnaires, its reliability (which was .70), and validity and distribution of the sample according to scores and variables. The hypotheses are verified with statistical tests. Tables and graphs are used to support and highlight the statistical analysis.

Some of the notable findings of the MES scores revealed that compared to the pre-menopausal phase, women showed higher scores during the menopausal and post-menopausal phases. Secondly, all those who belonged to the nuclear family structure and had male as well as female issues showed higher scores on MES.

In the qualitative analysis of in-depth studies, the common features comprised poor husband-wife compatibility, self pity, diffidence and an inclination towards traits shown by "manic" and "depression" categories.

Chapter VIII: This is the last rung of the dissertation's ladder. From that rung it views most of what has gone before, especially the nutshell results of the MES and the in-depth studies consisting of personal interviews with 12 selected menopausal women who were also administered T.A.T. and M.P.I.

Finally are the suggestions for the future. One of these is the need to undertake a comprehensive research study involving a team of gynaecologists, psychologists and social workers to cover clinical as well as non-clinical samples. Such a study would make possible the comparative
analysis of psychological factors in women with and without physical problems during the menopausal period.