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Managing Menopause through Psychotherapeutic Approach

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ABSTRACT

Menopause or cessation of menses is one of the most important physiological as well as psychological phenomena in a woman's lifespan. Menopause has been of great interest to gynecologists and other medical doctors since past few decades, however with the advancement of multidisciplinary approach; it is also emerging as one of the most sought after issues of psychology. It is now an established fact that menopause has a lot of psychological aspects that need to be tackled with sensitivity. As with great power comes great responsibility, with great changes, comes great adjustments that can demand a lot .

The present piece of work attempts to review the various studies done in the field of psychology that demonstrates the psychological repercussions of menopause and gathers some of the strongest arguments that appeals the women undergoing menopause to seek out professional advice to cope up with this transitional phase and also see menopause as seriously as any other transitional phase. Also, this presents a need for being sensitive towards menopausal women and provide them the much required social support.

KEYWORDS: Menopause, Psychotherapy, Counseling, social support

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INTRODUCTION

Menopause is the transitional period in a female's life when her ovaries begin delivering less of the sex hormones estrogen and progesterone. Menopause is pronounced when a female stops to have a menstrual period for 12 sequential months, denoting the termination of her conceptive years. Any woman who has her ovaries medically dissevered instantly enters menopause.

Natural menopause is a steady process, starting with per menopause, or premenopausal, typically beginning in a female's 40s or even 30s. Per menopause can last up to ten years, as the menstrual cycle decreases and menopausal side effects, for example, hot flashes, night sweats, and emotional episodes may start.

Other physical and mental changes that may happen all through menopause and the postmenopausal years incorporate desultory heartbeat, headache, inability to sleep, anxiety, and depression, alongside cognitive symptoms like forgetting. Menopause is additionally includes, vaginal dryness, excruciating sex, urinary leakage, and joint pain..

The psychological repercussions of menopause

As a female approaches the time of menopause, encountering her first hot flush can be a turning point in her life. It is an indication of the start of the menopause, and with it, there can be a feeling of immense loss of youth, appeal, womanhood, and for some an existential crisis where the lady may knowingly or unknowingly evaluate where she stands in her life and what future holds for her. This might be with a feeling of recharging of the start of another part or a feeling of disappointment and fear and dread of what lies ahead. For a childless woman, it is the last step in understanding that parenthood is not a possible thing anymore. Notwithstanding for other people, who have had kids, there might be anguish and deprivation around the cessation of that part of their lives – the potential to support and bring a new life into the world.

Menopause can significantly affect relationships inside the family as well. Reduced sex drive may flag the loss of a feeling of womanliness and allure, which may exert an unwelcomed pressure on her spouse. She might be balancing between hormonal teenagers and aging parents and in-laws, and this might demand a lot of physical as well as mental labor especially in cultures like India where the woman of the family is everyone's go-to person and has to juggle among many social roles. She might be restless inside herself and low on energy. Having an adulting daughter who is turning into a youthful woman can add insult to the injury when one starts to realize that her own youth and charm is diminishing with the passage of time

Menopause and psychological distress

A cross-sectional survey by **Shuvankar Mukherjee et al. (2012)** was conducted at the sector clinics of urban health center of All India Institute of Hygiene and Public Health, Kolkata. The study was done on women in the menopausal phase to determine the psychological distress. A total of 189 participants of 40-55 years were who visited the sector clinics during the study period (March 2011 to August 2011). They interviewed with the help of a pre-designed and pre-tested questionnaire comprising of questions on socio-demographic factors, menstrual cycle and physical symptoms related to menopause. For assessment of psychological distress, 12-item general health questionnaire (GHQ-12) was used as a tool. The results showed that most common menopausal symptoms were body and joint pain (60.3%) and were followed by hot flashes (36.5%). About 28.6% of the study participants had evidence of psychological distress, which was more common among peri-menopausal women (47.8%) Psychological distress was found to be significantly related to menopausal status ($p = 0.00002$). It was inferred that the association between menopausal status and psychological distress indicated towards the need for organizing specific mental health services for middle-aged women particularly in relation to menopause. Simple assessment tool like GHQ-12 might be useful in the initial assessment of such psychological distress by physicians and health workers at field level.

Anita H. Clayton and **Philip T. Ninan (2010)** examined the risk of depression onset in per menopausal and postmenopausal women. The study also aimed at discussing the importance and rationality for screening for major depressive disorder (MDD) in women in the menopausal transition. Therapeutic options for management of MDD in per menopausal and postmenopausal women were also noted down. All relevant articles on menopause, depression, and stages of menopause were identified, searched for reviewing reporting original data and published in English were considered for inclusion.

For the evaluation of the relationship between the menopausal transition and risk of mood disorders and to formulate recommendations for screening and management of MDD in per menopausal and postmenopausal women around twenty-two cross-sectional and longitudinal studies were identified. For the assessment for the research, postal questionnaires, Women's Health Questionnaire, Beck Depression Inventory, Center for Epidemiologic Studies-Depression scale, Modified Menopause Symptom Inventory, 12- item symptom questionnaire, or Structured Clinical Interview for DSM-IV was used. Data Synthesis revealed that menopause is normal. For some women, the menopausal transition is a period of biologic vulnerability with noticeable physiologic, psychological, and somatic symptoms and for most women, it was an unhealthy phase. The studies

resulted into the per menopausal period is likely to be associated with a higher vulnerability for depression, with risk rising from early to late per menopause and decreasing during post-menopause. It was concluded in the study that women with a history of depression are up to 5 times more likely to have an MDD diagnosis during this time period.

A study done by **Karkhan is Rutuja** et.al (2015) on irritability among women in the period of menopause found that irritability in the menopausal women in context to the severity of the menopausal symptoms. A total sample of 30 women was taken and Menopause rating scale and Stern-Borne Irritability Scale were used as the tools. The results indicated that women in the phase of menopause experienced increased in the irritability significantly in severe level compared to a mild and moderate level of the psychological domain for F is equal to be 10.14, for somatic 3.81 and for urogenital 6.07. Thus the level of severity in the menopausal symptoms, whether overall or domain wise was found to be significant to raise irritability criteria among the menopausal women.

A study done by **Viviana Mauas et.al (2014)** investigated whether the personality trait of self-criticism has moderated the effects of irritability. It was also to study whether emotional regulation has effects of depressive symptoms in the women passing through the phase of menopause. 376 women were taken as subjects, of whom 157 women had entered the transition phase to menopause. Assessment of self-criticism, irritable mood, emotional regulation, and depressive symptoms has been done on the women passing through a menopause transition phase. Through moderated mediation regression analyses showed that higher levels of irritability and depression were associated with poorer emotional regulation in highly self-critical women. The findings of the research suggested that the transition to the menopausal phase may represent an especially vulnerable period for women with high levels of self-criticism. Although irritability is fugacious for many women, for women who are extremely self-critical, irritability could tax their ability to self-regulate and result in additional encompassing symptoms of depression.

Ruma Dutta et al. (2012) conducted a cross-sectional study to estimate the prevalence of menopausal symptoms. The menopausal symptoms reported were hot flushes and sweating as vasomotor symptoms, depressive mood, anxiety, irritability, and sleep-related symptoms as Psychological symptoms, burning sensation, difficulty in holding urine, increased frequency of urination as urinary symptoms, joint pain. The assessment of the extent of the treatment, those were availed to treat the menopausal symptoms. The population of the study included all the women who had attained natural menopause and those who had their last menstrual bleeding at least one year prior to the data collection. A total of 780 post-menopausal women participants were taken in the

study. A structured questionnaire was assessment and for collecting the information regarding the background characteristics, the obstetrical history, the menopausal history and the menopausal symptoms of the women. It was revealed the mean age of the study participants was 50.20 years. The prevalence of any one symptom during the postmenopausal period among the study participants was 88.1% (95%CI: 85.8-90.3). It was found that women in the post-menopausal phase, reported the frequency of vasomotor symptoms (60.9%), followed by sleep-related symptoms (40.1%) and anxiety (35.4%). Interestingly it was noted that only 46% of the post-menopausal women who had any one symptom had taken treatment. The reasons noted for not taking treatment for the menopausal symptoms among the study subjects were mainly their financial constraints (56.1%) and family problems (35.2%). Overall in this study, it was found that a majority of the women (88.1%) reported one or more post-menopausal symptoms. The presence of post-menopausal symptoms may decrease due to the health-related quality of life in women because a majority of them still do not take any treatment for these symptoms.

L. E. Leidy (1996) did research using a lifespan approach to study the frequency of symptoms associated with menopause. The Symptom frequencies were examined in relation to past menstrual symptoms those were experienced during reproductive events. The data were collected from a cross-sectional community survey carried out in Greene County, New York. The symptoms frequently reported were hot flashes, irritability, mood changes, sweating, and headaches. It was seen that vasomotor symptoms (hot flashes, sweating) were highly correlated and frequencies of psychological symptoms (irritability, mood change) were also highly correlated. Vasomotor and psychological symptoms were associated not with parity, age at menarche, or ages at first and last childbirth. Hot flashes were significantly associated with post-menopause status, later age at natural menopause, and fewer years of education. In contrast, it was found that the frequency of psychological symptoms was not related to menopause status, age at natural menopause, or years of education. Results also revealed that menstrual abdominal cramps and leg cramping were associated with hot flashes frequently at the stage of menopause, but not in the frequency of menopausal mood change. Menstrual bloating and mood changes were associated with menopausal irritability and mood change. Self-reported vasomotor and psychological symptoms demonstrated dissimilar relationships to lifespan events, however, it was difficult to determine that which dimension of the lifespan (biological, sociocultural, or psychological) was involved in determining differences in the frequency of the menopausal symptom.

How psychotherapy and counseling can help

At the point when a woman encounters early signs of menopause, it is critical that she visits her specialist to get this examined and to address it from a physical and therapeutic viewpoint. Also, it is imperative that she additionally address what is happening from a physical and mental wellness viewpoint so that she has satisfactory help as she experiences this transition.

Here, counseling and psychotherapy can be very beneficial. Menopause can further ostentate into troublesome symptoms like anxiety, depression, aggression, loss of enthusiasm, feeling overwhelmed and issues with relationships. Also, certain traumatic and childhood issues or the repressed feelings can come to the fore at this time.

By listening and understanding the concerns of that woman, a mental health practitioner can help her to discover the problems she is struggling with and may assist her to reframe her perspective of what is happening in her life. This is helpful in making peace with those issues, and to discover alternatives for the response. The psychotherapeutic approach can help in exploring more resources within her and to find social support at times when she is feeling depressed and is encountering difficulties in coping. This may make her feel less overwhelmed and anxious, and therefore, find suitable coping strategies.

Psychotherapy may help a woman to develop a perspective about the implication of menopause on her life. A menopausal woman goes through tremendous changes in all spheres, that is, physical, mental and spiritual. Menopause in inescapable and therefore it is important that the intensity of such changes are identified by her and the people surrounding her. She has to accept the fact that her fertility and youth is gone and would no longer be able to attract the attention anymore. However, if she is able to cope up with these changes she may be able to embrace the future without any hassle and perhaps see this as a beginning of a new chapter of her life, which could possibly bring greater independence and rewards with itself.

A study evaluated an open trial of cognitive-behavioral group intervention that embodied psycho education, group discussion and coping strategies training for women undergoing climacteric symptoms.

Physiological as well as psychosocial factors affect menopausal psychological symptoms along with a decline of sex drive, lifestyle changes, attitudes regarding menopause, pre-menopausal well being and sociocultural determinants.

In the trial, 30 women were given standardized and specially designed assessment instruments. The test batteries were administered thrice, two times before (T1 and T2) and again after the group intervention (T3).

Remarkable improvements were seen in anxiety, depression, interpersonal relations, and net score of sexuality, hot flashes and cardiac problems from pre- to post-intervention. No changes were observed for sexual satisfaction and stressfulness of menopausal symptoms.

This pilot study pointed out a probable success of cognitive-behavioral interventions for the treatment of climacteric syndrome. Further studies will have to use randomized trials, comparing different treatments (HRT, phytoestrogens, relaxation training, discussion groups) for their effectiveness.

CBT : Cognitive Behavioral Therapy

Many women throughout menopause wrestle with sleep issues and symptoms of depression, anxiety, or different problems with mood. A number of women, feel frustrated and debilitated by changes to mood and sleep that often accompany menopause. A significant majority—roughly three-quarters or more—of people dealing with depression also have problem with their sleep. And poor, inadequate sleep makes people more susceptible to depression, anxiety and different issues with mood. Also the hormone changes associated with menopause to the mix, and it's not surprising that so many women in menopause suffer dual issues of sleep and mood.

It shall be remembered that estrogen and progesterone help to stabilize mood and keep stress in check. Fluctuations and declines to these vital mood-regulating hormones can evoke symptoms of depression and anxiety even in women who haven't experienced these conditions before.

CBT is a form of therapy that brings awareness and change to thoughts, feelings, and actions or habits related to an issue or set of unwanted symptoms. There's a specifically designed version of CBT for insomnia (CBT-I) that has been shown a staggeringly effective tool for sleep issues, working as well or usually better than sleep medication. CBT is also effective at addressing climacteric symptoms, both on their own and in conjunction with sleep problems. Studies show:

- CBT is helpful in improving sleep and relieve symptoms of depression in menopausal women who experience both
- CBT can be used to reduce the discomfort of hot flashes and night sweats
- In women who experience climacteric symptoms after undergoing treatment for breast cancer, CBT can boost sleep, mood, and hot flashes or night sweats
- CBT will improve insomnia symptoms in women plagued by chronic pain, and cut back the degree to which pain interferes with their ability to perform at their best during the day. For women in climacteric who have muscle and joint pain, or different forms of pain that interfere with sleep and quality of life, CBT can stand out as panacea.

This form of therapy includes a lot of benefits as a treatment for sleep and climacteric symptoms. Typically, CBT targeting these symptoms involves a brief course of treatment. Research shows advantages to sleep issues and different menopausal symptoms in as few as 4-8 CBT sessions. Individual and group CBT sessions are choices offered to women—and thus are guided self-help versions of the therapy, using apps, CDs, and books. One just has to make sure that he is relying on a well-trained, certified and experienced therapist, whether in the group or individual sessions or in guided self-help treatment.

Person-Centred Approach for Menopause

The person-centered approach is grounded in the idea that the client is his or her own best resource for solving problems. The counselor takes on the responsibility of providing an accepting, empathic and open atmosphere and it is believed that this therapeutic relationship allows the client to express him or herself freely. The client is then thought to be able to share, clarify and perceive feelings that have created issues. This type of counseling is heavily focused on the client's development as a person and his or her self-perceptions and power to change. While the therapist facilitates an environment conducive to development and change, it is the client who ultimately creates and chooses his or her path.

Psychodynamic Approach for Menopause

The psychodynamic approach is concentrated on both unconscious and conscious reactions and thoughts to past experiences and the way these are associated with behaviors in the 'here and now.' The client is questioned concerning his or her past experiences, which can sometimes include childhood, relationships, family and the other areas that a client presents as being important. One may have a negative view of menopause because her mother had a hard time with her menopausal transition or one may have various experiences in childhood that have shaped her feelings on womanhood, menstruation, and menopause. All of these are seen as root issues in the psychodynamic approach.

Which Type of Counseling is best?

In terms of research, the cognitive/behavioral approach has the greatest volume of research in general. It should be noted, however, that the factors cited by approaches such as person-centered are considered immeasurable by scientific standards. This therapeutic approach, for instance, is bothered with areas like the quality of the therapeutic relationship, and this can be troublesome to measure in scientific terms. Therefore, there is much less research available to attest to the effectiveness but this does not mean you can't find success by utilizing this type of counseling therapy. Many experts will agree that it is the rapport between counselor and client that is vital for success and the approach and

any techniques used are secondary. Try to find a counselor who provides a comfortable and warm environment where you are able to talk about yourself freely and openly. No amount of training on the part of the counselor is likely to make up for a poor rapport that leaves you unable to share what is bothering you during menopause.

CONCLUSION

Menopause is often a stressful time for any woman, however support from friends and family can make the transition easier. Some women believe that depression is a natural by-product of menopause; members of the family should encourage them to seek treatment instead of enduring their symptoms. Family members may also facilitate menopausal women maintain healthy lifestyles by offering to exercise with them or keeping unhealthy foods out of the house. Many changes that occur with climacteric are caused by middle age and aren't necessarily directly caused by hormonal changes. Family members ought to be sensitive to women's feelings concerning these changes. Children can make a special effort to frequently talk to mothers experiencing empty nest syndrome. Spouses should also be aware that hormonal changes can impact their wives' responses to sex, but clear communication and seeking help from a doctor as necessary will keep a physical relationship in good health.

REFERENCES

1. Counseling, 2(2), 155-164.Osinowo, H.O. (2003). Psychosocial factors associated with perceived psychological health, perception of menopause and sexual satisfaction in climacteric women in Ibadan, Nigeria. West African Journal of Medicine, 2011; 22(3), 225-231.
2. Ellis-Christensen, T. What is the connection between menopause and anxiety. Available Online www.wisegeek.com/whatis the connectionbetweenmenopauseanxiety.html Retrieved April 27, 2011.
3. Hunter, M.S. (2009). Psychosocial aspects of premature menopause. Available online http://www.18.03/mman-feature-042409.pdf Retrieved April 27, 2011.
4. Leadership Journal, 27. Available online www.iiavi.ni/ezines/IAV.pdf Retrieved April 27, 2011.
5. Lih-Mei, K. & Hunter, M.S. (2011). Knowledge and beliefs about menopause in a general population sample of mid-aged women. Journal of Reproductive and Infant Psychology. Available online http://cat.insist.fr/?aModel=afficheN&cpsidt=2917855 Retrieved April 27, 2011.

6. Melby, M.K., Lock, M. & Kaufert, P. Culture and symptom reporting at menopause Human Reproduction Update, 2009;11(5), 495-512.
7. Olaolorun, F.M. & Lawoyin, T.O. (2009). Experience of menopausal symptoms by women in an urban community in Ibadan, Nigeria. Available online http://as.webmd.com/envent.ng.menopause Retrieved June 22, 2011.
8. Oluwole, D.A., Hammed, A.T. & Awaebe, J.I. (2008). Patterns of stress, social support and mental health among Nigerian women. Advancing Women in
9. Osarenren, N., Ubangha, M.B., Nwadinigwe, I.P. & Ogunleye, T. (2009). Attitudes of women to menopause: Implications for Counselling. Edo Journal of Psychotherapy and Psychosomatics
10. Southin, T.E. Nigerian women and menopause. Available online http://www.bellaonline.com/articles/art18414.asp Retrieved August 20, 2010.
11. White, N.E. & Richter, J.M. Attitude toward menopause and the impact of the menopausal event on adult women with Diabetes Mellitus. .Journal of Women and Aging, 1990; 2(4), 21-38.