

Research Article

Nature of Adjustment in Pre-Menstrual Syndrome

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Abstract

Purpose: The Premenstrual Syndrome (PMS) includes several physiological, psychological and behavioural symptoms. This is a monthly crucial phase especially for young females affecting their adjustment in living. The current research aimed at studying the impact of adjustment in PMS. Convenience sampling was administered for data collection 200 married and unmarried females of age range 15-35 years, and eventually descriptive statistics and inferential statistics were computed for analysing results. The results showed the impact of PMS on adjustment of the participants. A negative correlation was concluded between adjustment mechanisms and PMS.

Keywords: Adjustment, Pre-Menstrual Syndrome, Psychological Impact, Women's Well-Being.

1. Introduction

Premenstrual Syndrome is weak health condition mostly seen without organic reasons, comprising physical as well as behavioural symptoms during monthly cycle in initial 5 days and finishes in 4 days of the menstrual cycle (American College of Obstetrician and Gynaecology, 2001). The PMS is characterised by the presence of biological symptoms (e.g., fatigability, headache, body aches, weight gain, etc.), psychological symptoms (e.g., stress, sleep issues, eating issues, etc) and behavioural symptoms (e.g., irritability, aggression, etc). The syndrome generally occurs in the late luteal phase (begins after ovulation) of the menstrual cycle of females. Estimated approximately 70% -90% females of fertile age-group duly experience symptoms of PMS giving rise to obstacles and problems in their daily functioning. In India, it is prevalent with a rate of 18.4% and symptoms like irritability, fatigue, anger, and lacking interest in pleasurable activities [1].

The symptoms of PMS start early approximately 7-14 days before the onset of menstruation in fertile females. Its symptoms decrease women's productivity almost all walks of personal, emotional, and socio-occupational life. The PMS also affects general well-being and quality of life of women. The psycho-neuro-endocrine impacts of PMS also results into marital disharmony, social isolation, interpersonal distance, violent acts, etc. During/ nearby menstrual cycle, females feel relatively more lethargic, and sleepy – negatively affecting their daily and other routine activities. Severe effects of PMS sometimes also lead to social disengagement. Observed that stress as well as continuous / repeated exposure to the same may causes a change/s in aetiology of PMS through affecting neuro-endocrinal mechanisms [2].

The concept of adjustment was coined by Darwin through his theory "survival of the fittest". The theory claims that in the continuous changing environment only the one who has the ability of adjustment can survive. Through adjustment they can create a harmonious environment around them. The adjustment can be done either by changing self or the environment. The skill of adaptability or adjustment is quite essential for the survival of the individual. Any aberrations in such activity can lead to maladjustment which will further hinder the harmonious environment of the individual. It is a two way process between his self and the environment. Thus, adjustment is considered to be an ongoing process which continues till the individual live. According to adjustment is a way to cope with daily hazels. Individual gets indulged in the vicious cycle of maintaining balance between demands and satisfaction. The demands of individual are not restricted to self but also it keeps on incorporating the demands of society which are directed towards them. In order to maintain a harmonious relationship between self and environment individual indulge in the continuous process of balancing them. Females have better adjustment abilities than boys in health, emotional, social and academic areas [3].

To study the impact of PMS in adjustment mechanisms. Its objectives included exploring: severity of PMS, and nature of adjustment in females with PMS. The study hypothesized that females with severe PMS have poor adjustment.

2. Methods

The sample was selected from few noted hospitals and local residential location of Jaipur, INDIA. The participants were referred by the gynecologist after proper diagnosis with the

rate of 2-4 samples weekly. The educated females (married & unmarried) of age range 15-35 years were taken as it is most prevalent for PMS. The sample has been further divided into study group and comparison group, comprising 100 participants in each group, for statistical analysis. Participants with co-or multiple morbidities (both physical / medical & psychological) were not considered.

Procedures

The consent for the administering of Pre-Menstrual Syndrome Scale and Brief Adjustment Scale-6 was duly received from the authors [4]. Participants were selected according to inclusion and exclusion criterions, and rapport was es-

tablished. The participants were included with their voluntary agreement. Informed consent was duly received with signature on the form of questionnaire. Time limit was not imposed in completing protocols. Privacy and confidentiality of the participants was necessarily assured. Fully completed protocols were considered for statistical computations.

Statistical Analysis

The results were analysed through the SPSS 21. The descriptive statistics (i.e. mean, median and standard deviation) for each variable, i.e., PMS, and adjustment were calculated. In inferential statistics, to analyse the relation between these variables correlation were calculated.

Table 1.1: Descriptive Statistics

Variables	N	Mean	Median	Std. Deviation
i) Pre-Menstrual Syndrome Scale	200	110.76	112.91	26.581
Physiological Symptoms	200	41.63	43.87	08.780
Psychological Symptoms	200	33.06	36.56	08.762
Behavioural Symptoms	200	30.66	31.80	08.465
ii) Brief Adjustment Scale-6	200	24.57	25.08	08.706

The table 1.1 represents the descriptive statistics of the variables and findings conducted on 200 out of which 44 were married participants and 156 were unmarried participants. The PMS was analysed and divided into three sub-groups like physiological symptoms, psychological symptoms and behavioural symptoms. It was observed that the physiological symptoms occur prominently among the participants. The adjustment variable values represent average adjustment ability among the sample.

To observe the impact of variables on each other, correlation was conducted. The table 1.2 represents the Pearson's cor-

relation analyses of study variables. The physiological symptoms were found to be positively correlated at 0.01 level with total PMSS, psychological symptoms, behavioural symptoms but negatively with adjustment.

The positive correlation at 0.01 level was found for psychological symptoms with total PMSS, physiological symptoms, behavioural symptoms, and adjustment. Similarly, the behavioural symptoms was found to be correlated at 0.01 level with total PMSS, physiological symptoms, psychological symptoms, and adjustment.

Table 1.2: Bivariate Correlation between premenstrual syndrome scale, and adjustment.

Variables	PMSS	Physio.	Psycho.	Beh.	BAS -6
PMSS	1	.642**	.731**	.605**	.628**
Physio.	.762**	1	.540**	.619**	.393**
Psycho.	.823**	.604**	1	.753**	.646**
Beh.	.814**	.496**	.742**	1	.613**
BAS -6	.661**	.435**	.636**	.614**	1

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

*. Correlation Coefficient at the 0.05 level (2-tailed).

PMSS - Pre-Menstrual Syndrome Scale

Physio- Physiological Symptoms

Psycho- Psychological Symptoms

Beh- Behavioural Symptoms

PC - Perceived Criticism

EI - Emotional Involvement

BAS-6 - Brief Adjustment Scale-6

A negative correlation was found at 0.01 level with total PMSS, psychological symptoms, behavioural symptoms with adjustment.

4. Discussion & Conclusion

The research was aimed at studying the impact of PMS on adjustment mechanisms. In fact, these variables have not been studied in the context of India or the Indian sub-continent. The study was a part of professional dissertation to be completed at the level of Master of Philosophy in Clinical Psychology. The results were calculated and it inferred that majority of females duly experience very severe or severe pre-menstrual syndrome. On an average all three types of symptoms, that is, physiological, psychological and behavioral symptoms were experienced by the sample. The way an individual experience, emotions results into their actions. If they experience emotions that are supportive and motivating their actions would be different. Also, if they experience emotions that are critical and disheartening, it would result into maladaptive action patterns. These action patterns would then results into maladaptive psychological and behavioral symptoms. Another study by stated that maladaptive emotional regulation, occurring before PMS, may worsen the individual's relation with the family members. This then results into a vicious cycle where the emotional dysregulation of the individual with PMS results into stress among the familial relations and further leads to worsening of PMS symptoms [5]. This impact can be worsened by expressed emotion (EE). The authors have already published a research on EE, PMS and adjustment mechanisms [6]. They further concluded that as the intensity of expressed emotion increases the individual experience lower adjustment and vice-versa. The stress among the familial relations could develop into high expressed emotion. It was also stated that this scenario might be similar to bipolar or other mood disorder. It was suggested that family psycho-education or therapy could create a difference in the scenario.

Participants with severe pre-menstrual syndrome have poor adjustment. This was inferred as there was negative correlation between all the PMS symptoms and adjustment. According to the scores of BAS-6 the higher the score lower will be the adjustment. Hence, the increase in severity of PMS symptoms would results into lower adjustment and vice-versa.

Thus, some treatment strategies to be explored have been indicated. Furthermore, efficacy of existing strategies could also be revisited. Besides, a prevention awareness programme might be useful in PMS and related disorders. Nonetheless, there could be a possibility for similar research to be conducted on a large sample size for relatively more robust results, leastways in the context of India or Indian sub-continent. Besides, participants from rural areas, illiterates, co-morbidities could also be included for comprehensive findings.

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