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Nature of Expressed Emotion on Pre-Menstrual Syndrome

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Abstract

Purpose: The Premenstrual Syndrome is characterized by physiological, psychological and behavioural symptoms. Despite the increasing prevalence of PMS among population, the association with certain variables have not been explored. This research was aimed to investigate the impact of expressed emotion in mechanism of PMS.

Methodology: Data was collected through convenience sampling technique. The sample comprises of 220 married and unmarried females of age range 15-30 yrs. For data analysis, descriptive statistics and inferential statistics were conducted.

Results: The results evident the impact of expressed emotion in PMS's mechanism. It was observed that emotional involvement was highly experienced among the participants.

Conclusion: Through findings it can be concluded that there is a positive correlation between expressed emotion and PMS.

Keywords: Expressed Emotion; Pre-Menstrual Syndrome; Women's Mental Health; Well-Being

Abbreviations: EE: Expressed Emotion; PMSS: Pre-Menstrual Syndrome Scale; FEICS: Family Emotional Involvement and Criticism Scale; PC: Perceived Criticism; EI: Emotional Involvement.

Introduction

Premenstrual Syndrome is characterized as a clinical condition in the absence of any organic disease where the physiological and behavioural symptoms are represented in a cycle that starts in initial 5 days and disappear in consecutive 4 days of the menstrual cycle. According to approximately 70%-90% females of reproductive age experience PMS symptoms which create hindrances in their daily functioning. The prevalence of PMS in Bhavnagar, Gujarat was found to be 18.4% and most prevalent symptoms reported were fatigue, anger, irritability and decrease interest in pleasurable activities [1].

PMS is a condition in females which is characterised by the presence of biological, psychological and behavioural symptoms. The biological symptoms include fatigability, headache, body aches, weight gain, etc. The psychological symptoms include stress, sleep issues, eating issues, etc. The behavioural symptoms include irritability, aggression, etc. The syndrome generally occurs in the late luteal phase of the menstrual cycle of females. The luteal phase is the phase which begins after ovulation to the next menstrual phase. The symptoms of PMS occur 7-14 days before the onset of menstruation. It occurs in the reproductive age of the females. These symptoms lead to decreased productivity in the personal, socio-occupational and other functioning areas of the women. This impairment remains continued for subsequent days during the early follicular phase.

The follicular phase is the phase that starts from the first day of menstruation and continues till the moment of

ovulation. The quality of life and well-being of the women also gets deteriorated due to PMS symptoms. The psycho-neuro-endocrine dysfunctioning of PMS also results into marital discords, social isolation, criminal activities, etc. Females during or nearby their monthly menstrual cycle feel lethargic, they like to sleep more than usual. This leads to delay into their daily household chores as well as other routine activities. More severe impacts may lead to social disengagement. According to Roca, et al. [2] stress also plays an important role in aetiology of PMS. Continuous or repeated exposure to stressful stimuli or situation would disturb the functioning of neuro-endocrine mechanism and leads to PMS symptoms.

The concept of expressed emotion (EE) was introduced by Brown and his associates in 1960s. It measures quality and amount of emotions displayed by caregivers to the clients. The expressed emotions act as an indicator for relapse, poor prognosis or development of psychiatric disorder. These are generally of two types negative and positive. The negative expressed emotion involves hostility, critical comments and emotional over-involvement whereas positive involves warmth and positive remarks. The hostility signifies the negative behaviour like physical or verbal assaults of the care givers towards the individual having mental illness.

The critical comment refers to the negative comments or sarcasms which care giver directly or indirectly pass towards the individual. The emotional over-involvement is the opposite of other two as in this the care giver started self-blame for the mental illness. The care givers blame themselves for the individual's condition. It is most likely to be felt by the females. They feel guilty for the condition, blame for any negative outcome and show a lot of concern towards the individual with mental illness. In this they start sympathising with the patient and which in turn leads to relapse. These negative expressed emotions are also known as high expressed emotion. They are more likely to result in relapse and poor prognosis than the positive or low expressed emotion. The low or positive expressed emotion directs towards reserved criticism and increase acceptance. The positive expressed emotions involve warmth and positive remarks.

The warmth involves sympathy, empathy, concern and enthusiasm for the patient. The positive remark involves the statements that express approval or appreciation of patient's behaviour. The stress and impact of these types of expressed emotions are more directed towards the care givers. It has been evident that high expressed emotions were manifested by factors like urban residence, joint family, being married and female gender [3]. The quality of expressed emotion elicits different physiological symptoms. The critical comments elicits physiological symptoms which leads to negative mood states while positive praises and appraisals lead to positive mood states [4].

The study aimed to study the impact of expressed emotion in PMS. The objectives of the research are to investigate:

I. The screening and severity of symptoms of PMS.
II. The level of expressed emotion in family of participants with PMS. The hypothesis of the research study is that females with severe pre-menstrual syndrome experience high expressed emotions.

Methodology

The sample was drawn from nearby hospitals and local residential areas in Jaipur. The data collection from these places was convenient and accessible. In hospitals the participants were contacted through gynecological department. The department remains highly populated but the population with pre-menstrual syndrome was limited. On an average 2-3 female with pre- menstrual syndrome per week reported. However, population approached from local residential areas having PMS symptoms were more in number. The educated females of age range 15-30 years were taken as it is most prevalent for PMS. Both married and unmarried females were included. The sample size was 220. The sample has been further divided into two groups for analysis, i.e., study group and comparison group. The technique used for sample collection was convenience sampling. It was used in order to have an access to the eligible participants from the population.

Procedures

The consent for the administration of Pre-Menstrual Syndrome Scale PMSS Padmavathi, et al. [5] and Family Emotional Involvement and Criticism Scale FEICS [6,7] was taken from the respective publisher and author. Participants were selected according to both inclusion and exclusion criterions. Rapport was duly established at inception. The participation was included only after the voluntary agreement of the participants. Informed consent was collected with due signature on the form. No time limit was imposed in filling the questionnaire. While conducting the study, the privacy and confidentiality of the participants were assured. They were priory informed about the nature and aim of the study. Only the properly completed forms were considered and the forms were cross-checked for scoring statistical analysis, discussion and conclusion.

Statistical Analysis

The statistical analysis was done with the help of SPSS 21. The descriptive statistics (i.e. mean, median and standard

deviation) for each variable, i.e., PMS and expressed emotion were calculated. In inferential statistics, to analyse the relation between these variables correlation were calculated.

Results

The Table 1 represents the descriptive statistics of the studied variables. The sample size for the study was 220 out of which 30 were married participants and 190 were unmarried participants. The premenstrual syndrome was analysed by using PMSS scale which has been sub-divided into three groups like physiological symptoms, psychological symptoms and behavioural symptoms. After analysing the result, it was inferred that the physiological symptoms occur most prominently among the sample.

Variables	N	Mean	Median	Std. Deviation
i) Pre-Menstrual Syndrome Scale	220	113.15	115.00	28.648
Physiological Symptoms	220	43.56	44.00	10.808
Psychological Symptoms	220	36.92	38.00	10.809
Behavioural Symptoms	220	32.66	33.00	10.545
ii) Expressed Emotion				
Perceived Criticism	220	16.71	16.00	5.369
Emotional Involvement	220	23.86	24.00	5.057

Table 1: Descriptive Statistics.

The expressed emotion variable is analysed on two aspects perceived criticism and emotional involvement. The most prominent type of expressed emotion seems to be emotional involvement according to the statistical analyses [8].

To investigate the impact/ interrelationship of desired variables on each other, the Pearson correlation Coefficient was conducted. The Table 2 represents the correlation analysis of studied variables. The result analyses indicated that the total PMSS has positive correlation at 0.01 levels with variables physiological symptoms, psychological symptoms, behavioural symptoms and perceived criticism. The physiological symptoms found to be positively correlated at 0.01 levels with total PMSS, psychological symptoms and behavioural symptoms [9].

Variables	PMSS	Physio.	Psycho.	Beh.	PC	EI
PMSS	1	.832**	.933**	.908**	.211**	-.066
Physio.	.832**	1	.640**	.579**	.074	-.032
Psycho.	.933**	.640**	1	.852**	.242**	-.075
Beh.	.908**	.579**	.852**	1	.250**	-.070
PC	.211**	.074	.242**	.250**	1	-.272**
EI	-.066	-.032	-.075	-.070	-.272**	1

Table 2: Bivariate Correlation between premenstrual syndrome scale, expressed emotion and adjustment.

The positive correlation at 0.01 levels was found for psychological symptoms with total PMSS, physiological symptoms, behavioural symptoms and perceived criticism. Similarly, the behavioural symptoms was found to be correlated at 0.01 levels with total PMSS, physiological symptoms, psychological symptoms and perceived criticism [10].

The perceived criticism was found to be positively correlated with total PMSS, psychological symptoms and behavioural symptoms at 0.01 level of significance. It was also found to be negatively correlated at 0.01 levels with emotional involvement [11]. Adjustment was found to be positively correlated at total PMSS, physiological symptoms, psychological symptoms, behavioural symptoms and perceived criticism (0.01 level) [12].

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

Discussion

The study was aimed to investigate the impact of expressed emotion mechanisms in PMS [13]. Particularly, these variables were selected as they have not yet been studied internationally in general, but particularly in India [14]. Through literature review it was concluded that expressed emotion results in severity of symptoms [15]. The high expressed emotion like hostility and critical comment results in worsening of the psychological and behavioural symptoms [16]. The statistical analyses showed that majority of females duly experience profound or severe pre-menstrual syndrome. On an average, all three types of symptoms (i.e., physiological, psychological and behavioral symptoms) were experienced by the participants [17]. The analysis infers that EE was quite high in families of participants with severe pre-menstrual syndrome.

There is a positive correlation between PMS and perceived criticism. It concludes that as the PMS severity increases, perceived criticism also increases [18]. The psychological and behavioral symptoms also have a positive correlation with perceived criticism. It was possible as intensity of perceived criticism directly affected elevation in severity of these symptoms. The psychological and behavioral symptoms have an association with emotions. In fact, human actions are directly affected by their felt emotions. Their experience and reception of supportive and motivating emotions give rise to desirable action and behavior [19]. Also, if they experience emotions that are critical and disheartening, it would result into maladaptive action patterns [20]. These action patterns would then results into maladaptive psychological and behavioral symptoms. This was supported by the study of the study concludes that hostile and critical comments results into severe physiological symptoms [21]. Many research studies also evident the correlation between expressed emotion and psychological and behavioral symptoms. Another study by Kawamura, et al. [8] stated that maladaptive emotional regulation before PMS may worsen the individual's relation with the family members [22]. This results into a vicious cycle where the emotional dysregulation of the individual with PMS results into strained family relationships of clients and further leads to worsening of PMS symptoms [23]. The high EE strained and quarrelsome family relationships. It was also stated that this scenario might be similar to bipolar or other mood disorder [24]. It was suggested that family interventions could create a difference in the scenario [25].

The results of the study, thus, revealed that the expressed emotion have directly proportional impact on PMS symptoms. Thus, some preventive and treatment strategies or techniques should be explored. An awareness programme could be implemented by the health professionals for PMS. This will help in preventing the probability of PMS developing into PMDD. Also, it will further help to enhance the functioning of individual with PMS. This study suggests the relationship between the variables. However, exploration on a large sample size would be more effective for generalization of findings. The etiological factors of PMS could be possibly associated with these factors. Further pertinent exploration on a large sample could be useful in finding more broad and clear and in-depth image of such intricacies. There were few limitations of the study observed. For example, it was conducted on the educated population only and it lacked the sample from rural and illiterate segment population. Secondly, since it was a short-time (to be completed within six months) research, so excludeed females without PMS syndrome.

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