

Research Paper

Exploring Interplay Between Self-Compassion, Emotional Intelligence and Quality of Life in Women in Menopausal Transition Phase

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ABSTRACT

Menopause, a transition phase in women's life which is multidimensional in nature and affect various aspects of women's life and this research studies the psychological aspect of this multidimensional biological phenomenon with variables-emotional intelligence, self-compassion, and quality of life of women experiencing menopausal transition and are in age range of 45-60 yrs selected through purposive sampling. To find the interconnectedness of these variables' correlation analysis done revealing a significant positive relationship between Emotional Intelligence and Self-Compassion with another a significant negative relationship found between Self-Compassion and Menopausal Quality of Life, suggesting that women with high self-compassion tend to report a lower perceived symptom burden and, consequently, better quality of life. While Emotional Intelligence and Menopausal Quality of Life no statistically significant relationship. The findings have important implications for menopausal care, suggesting the integration of emotional intelligence and self-compassion in training programs, along with psychoeducational efforts to enhance coping and emotional well-being.

Keywords: *Self-Compassion, Menopause, Quality of Life, Emotional Intelligence*

Menopause, a journey of prolong transformation process in continuum that unfolds in stages, where all women transition from a reproductive to a non-reproductive stage of life with cessation of menstruation (WHO, 2024). Menopause as defined technically by Peacock et al. (2023) is a normal condition which involves the permanent end of menstrual cycles in women due to the discontinuation of the production of reproductive hormones present in ovaries or from nonpathological estrogen deficiency for minimum 12 consecutive months then the women have said to be achieved her menopause. This commonly happens in age range of 45-60 yrs depending upon individual own body functioning.

Every year around 47 million women are naturally progressing towards having menopause where no two experience of this transition are same. Some women's welcome this new phase of life with a knowledge of how to deal with this transition upholding the leverage of

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being educated through many mediums whereas other feels unprepared and uncomfortable while transitioning for life altering changes and experiences that can be deeply debilitating as well as marginalizing (Bayer, 2024). According to Afridi (2017) menopausal period is considered as a climacterium, a period in which is marked by decrease in biological and physiological functioning leading to disturbance in psychosocial domain in form of interpersonal relationships. Psychological factors like experiences of mood disorders in past, a negative attitude towards menopause and aging, personality, coping styles and self-esteem affects the experience of menopause negatively. Whereas social factors like education, socioeconomic statuses, lifestyle and interpersonal relationships are important factors that are found to influence the intensity and symptoms of menopause (Dennerstein, 1996).

There are range of menopause describe by Morse et al. (1994) which are vasomotor symptoms which include symptoms of autonomic instability like hot flushes and night sweats, and chills, psychological symptoms like mood disturbances such as anxiety, depression, irritability, and emotional instability with memory and sexual problems. Physical symptoms include physical sensations like tingling, dizziness, headache, aches, pains, fatigue and sleep changes and physical complaints like joint and muscle pain, and palpitations. Urogenital symptoms includes issues such as vaginal dryness, discomfort during intercourse, and urinary problems.

As women in menopause when deals with their symptoms and multifaceted impacts of menopause then self-compassion plays a vital role helping them dealing with their current situations and making sense of their difficulties and understanding it as a natural part of progression towards ageing. Neff(2003b) defined self-compassion process of turning compassion inward. It refers to how we relate ourselves in instances of perceived failure, inadequacy or personal suffering. It involves present with our own pain, feeling connected to others who are also suffering and understanding and supporting ourselves through difficult moments.

Self-compassion comprises three core elements as given by Neff (2023): self-kindness, common humanity, and mindfulness, each offering a healthier way to navigate personal suffering. Self-kindness involves treating oneself with warmth and understanding during times of failure or pain, instead of resorting to harsh self-criticism. It means offering ourselves the same support we would offer a friend, thereby creating space for emotional healing and resilience rather than reinforcing feelings of inadequacy. In contrast, common humanity emphasizes the shared nature of human experience, reminding us that everyone struggles at times. This perspective helps reduce feelings of isolation and abnormality, replacing self-pity with a sense of connection to others who face similar challenges. Finally, mindfulness supports self-compassion by encouraging us to acknowledge our painful emotions without exaggerating or suppressing them. It helps prevent overidentification—where we become entangled in our distress—and allows us to observe our suffering with balanced awareness. By recognizing that pain is a part of life and not the whole of our identity, mindfulness creates room for clarity and compassionate response. Together, these elements nurture emotional well-being and inner strength.

Recent research highlights the growing importance of Emotional Intelligence (EI), particularly in helping individuals manage emotions during life transitions. This makes EI especially relevant for menopausal women, who often face significant emotional, psychological, and physiological changes during this phase. Emotional Intelligence is

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defined as “the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships” (Goleman, 1998, p 317). There are five main components of emotional intelligence by Goleman (1995) that work together to enhance personal and interpersonal functioning. Self-awareness is the ability to recognize and understand one’s emotions, their origins, and their impact on others. It supports authentic decision-making and offers insight into personal strengths and areas for growth. Self-regulation involves managing emotional responses—especially negative ones—in a calm, constructive manner. It reflects self-control and accountability, helping individuals stay composed and act in line with their values even under stress. Motivation refers to an internal drive to pursue goals with energy and persistence. It includes initiative, resilience, and a positive outlook, enabling individuals to stay focused and optimistic through challenges. Empathy is the capacity to understand others’ feelings and perspectives, fostering compassionate and inclusive interactions. It enhances communication by encouraging sensitivity to both spoken and unspoken cues. Lastly, social skills encompass effective communication, conflict resolution, collaboration, and leadership. These skills are crucial for building strong relationships and successfully navigating social and professional environments.

Quality of life is one of a major indicator of living a good life. Quality of Life is defined as an individual's perception of their position in life within the context of the culture and value systems they live in, and in relation to their goals, expectations, standards, and concerns (WHO,2012). Quality of life (QoL) refers to a concept that seeks to measure the well-being of an individual or population, considering both the positive and negative aspects of their overall experience at a particular moment in time (Teoli and Bhardwaj, 2023).

The WHOQOL-BREF (WHO, 1998) outlines key domains of Quality of Life that provide a comprehensive understanding of an individual's well-being. Physical health covers aspects like energy levels, pain, sleep quality, and rest, reflecting overall physical functioning. Psychological health includes emotional well-being, self-esteem, body image, and cognitive abilities such as memory and concentration. The level of independence domain assesses one's ability to move freely, perform daily tasks, maintain work capacity, and the extent of dependence on medical care. Social relationships focus on the quality of personal interactions, social support, and satisfaction with relationships. The environmental domain addresses factors like financial resources, access to healthcare, safety, learning opportunities, and recreational activities. Lastly, spirituality/religion/personal beliefs evaluate the significance of one’s spiritual or belief system in shaping their overall quality of life.

REVIEW OF LITERATURE

Menopause is a significant transition phase in a women’s life which intervenes in different aspects of their life. Bauld and Brown (2008) through their study highlighted that women’s high on anxiety, depression and stress with low on social support, proactive coping and emotional intelligence have developed a negative attitude towards menopause. And those women’s using greater proactive coping have low level of stress and also have positive attitude about menopause experience. Greendale et al. (2020) through their study articulated that around two thirds of women are experiencing cognitive like difficulties in verbal encoding such as delay in recalling paragraph with lower speed of cognitive processing which affecting the quality of life of women negatively. In memory aspect, Mitchell and Woods (2001) found that women in menopause are facing problems in retrieving words and

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numbers, losing chain of thoughts and also forgetfulness of goal directed behavior concluding that menopause is reciprocally or negatively affecting the cognitive functioning. Literature highlights that menopause give rise to biochemical and hormonal changes which in turn adversely affect quality of life as there are changes in social, physical, sexual domain leading to impact women's quality of life negatively (Ceylan and Özerdoğan,2015). Along the same lines, Lee and Shin (2016), study revealed that lower menopause symptom is directly proportionate to the higher health related quality of life. Additionally, when women indulge in physical exercise and have significant social support then it also affects their health-related quality of life in positive way. Sleep difficulties in Menopause have a prevalence rate nearing around 56% where sleep irregularity problems increase because of endocrine changes happening in the body. Some women's face severe and chronic sleep difficulties in menopause which impacts their day to day functioning leading to affect their quality of life negatively. (Baker et al.,2018). On a similar note, another study revealed that these hot flashes disturb sleep leadings to chronic insomnia, physical discomfort, decreased productivity, impairment in social relationships and social embarrassment resulting in poorer health related quality of life (Pinkerton et al.,2016). Another investigatory research revealed that with increase in quality of life there is an increase in emotional intelligence and there is positive significant impact of quality of life on marital adjustment levels (Sahu and Sharma, 2020).

Research with an aim to analyze self-compassion role in anxiety revealed that the more the self-compassion present in menopausal women the lesser will be her anxiety in this transition phase (Jones et al.,2021). Studies also reveals that there is positive relationship of self compassion with body appearance and negative relation of self compassion with body preoccupation (Young and Kotera, 2021). A comprehensive study also concluded that when women are able to recall early positive memories, it leads to greater social and psychological well-being in turn having a good quality of life (Simões et al.,2016). Likewise self-compassion promotes a positive attitude towards ageing this in turn influence physical and mental health accordingly (Brown et al.,2016). Similarly, another study revealed that self-compassion is a strong predictor of well-being. And also, low interference of hot flashes and night sweats, feeling of having emotional control on menopause and self-compassion have association with good well-being (Brown et al.,2015).

Researchers explored emotion regulation processes among middle-aged Japanese women's where it was highlighted that increase in self-compassion leads to greater well-being (Hashiguchi and Muto,2020). Another study revealed that there is a positive relationship between self-compassion and emotional intelligence, as on increase other will also increase. (Sharma et al.,2025). Along the lines the literature revealed that is a moderately positive correlation of self compassion and emotional intelligence of women who are working, that is as emotional intelligence increases the self-compassion also increase and vice versa (Singh and Srivastava,2024). A comprehensive study on Emotional Intelligence (EI) and Quality of Life (QoL) in perimenopausal women concluded with finding that emotional intelligence is positively related to quality of life- psychosocial aspect interpreting that high emotional intelligence corresponds to high quality of life (Addae and Mensah ,2021).

Although menopause, quality of life, emotional intelligence, and self-compassion have been studied individually, there is a significant gap in understanding their interrelationship, particularly among middle-aged women undergoing menopause. Given the complex

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emotional, biological, and social changes during this phase, exploring how these factors interact is crucial for developing effective interventions to support women's well-being.

METHODOLOGY

Objectives

- To study the effect of Self compassion on Emotional Intelligence in women in Menopausal transition phase.
- To examine the effect of Self compassion on Quality of life in in women in Menopausal transition phase.
- To determine the influence of Emotional Intelligence on Quality of life in women in Menopausal transition phase.

Hypothesis

- H₀₁: There is no significant relationship between Self compassion and emotional intelligence in menopausal women.
- H₀₂: There is no significant relationship between Self compassion and Quality of life menopausal women.
- H₀₃: There is no significant relationship between emotional intelligence and Quality of life in menopausal women.
- H_{a1}: There is a significant relationship between Self compassion and emotional intelligence in menopausal women
- H_{a2}: There is a significant relationship between Self compassion and Quality of life menopausal women.
- H_{a3}: There is a significant association between emotional intelligence and Quality of life in menopausal women

Sample

The data was collected from sample of 105 married women aged from 45-60 yrs, who are experiencing menopause or are transitioning into menopause phase. Demographically, the sample was taken from the population of Delhi and participants were recruited through purposive sampling.

Instruments

Three measures were used in this study,

1. **Menopausal Quality of Life (MENQOL):** Quality of life was measured using the Menopausal Quality of Life (MENQOL) scale developed by Hilditch et al. (1996), a 29-item self-administered tool based on climacteric symptoms. It includes four domains: Vasomotor (3 items), Psychosocial (7 items), Physical (16 items), and Sexual (3 items). Participants rate symptoms experienced over the past month on a 7-point Likert scale (0 = not bothered at all to 6 = extremely bothered), which is then rescaled to an 8-point scale. Each domain score is the average of its items, and the total score is the mean of all domain scores. MENQOL demonstrates strong psychometric properties, with high test-retest reliability and good discriminative construct validity.
2. **Self-Compassion:** For assessing self-compassion of women in menopausal transition the short form of original self-compassion scale (Neff, 2003b) was used. Self-Compassion Scale Short Form (SCSF) by Raes et al. (2011), is a self-administered questionnaire which has 12 items. The 12 items of the SCS-SF are

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divided across six domains: Self-Kindness (Items 2, 6), Self-Judgment (11, 12), Common Humanity (5, 10), Isolation (4, 8), Mindfulness (3, 7), and Over-Identification (1, 9). Each item reflects how individuals typically respond in challenging situations and is rated on a 5-point Likert scale (1 = almost never to 5 = almost always). Negative domains (Self-Judgment, Isolation, Over-Identification) are reverse scored. Subscale means are averaged to compute the total score. The SCS-SF shows strong reliability ($r = 0.97$ with the long form, Cronbach's $\alpha = 0.60$) and good validity, supporting its use as a reliable and valid tool (Raes et al., 2011).

- 3. Emotional Intelligence:** Questionnaire developed by Wongs and Law (2002) named as Wong-Law Emotional Intelligence Scale (WLEIS) was used to assess emotional intelligence. This self-administered WLEIS has 16 items divided equally into 4 major domains which are Self-emotion appraisal, Others' emotion appraisal, Use of emotion, and Regulation of emotion. The responses are scored on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The tool demonstrates high reliability, with Cronbach's α values of 0.89 (self-emotion appraisal), 0.88 (use of emotion), 0.76 (regulation of emotion), and 0.85 (others' emotion appraisal). Confirmatory factor analysis supports its strong convergent, discriminant, and incremental validity, establishing it as a reliable and valid instrument.

Procedure

Initially literature review was conducted to identify the research gap, followed by selection of questionnaires based on the study variables. Purposive sampling was used to recruit women aged 45–60 in the menopausal transition phase. Each participant was individually briefed about the study's purpose and relevance, and informed voluntary consent was obtained. Confidentiality and anonymity were assured. Data were analyzed using SPSS: mean and standard deviation were computed, followed by Pearson's correlation to examine relationships between Quality of Life, Emotional Intelligence, and Self-Compassion. Results were interpreted and discussed with participants.

RESULTS

Descriptive statistics

Table No. 1 Mean and Standard Deviation of Variables

Variables	Mean	Standard Deviations
Self-Compassion	3.188	0.575
Emotional Intelligence	5.067	0.956
Menopausal Quality of Life	3.211	1.174

According to Table 1, self-compassion has mean values of 3.188 with a standard deviation of 0.576 meaning most scores of participants are moderate and clustered around the average. Mean value of menopausal quality of life (MENQOL) is 3.211 along with standard deviation score of 1.175. Whereas for Emotional Intelligence, mean is 5.068 and standard deviation is 0.956.

Inferential statistics

a) Correlation between Emotional Intelligence and Self-Compassion

The results in Table 2 shows that there is a significant positive correlation between Self-Compassion and Emotional Intelligence with $r = 0.560$ indicating moderate positive correlation among two variables. As the p -value is less than 0.01 ($p < 0.01$), then the present

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correlation is statistically significant that is the observed relationship is unlikely due to any random chance.

Table No. 2 Correlation between Emotional Intelligence and Self-Compassion

Variables	Pearson Correlation	Self-Compassion	Emotional Intelligence
Self-Compassion	Pearson Correlation Sig. (2 tailed)	1	0.560**
Emotional Intelligence	Pearson Correlation Sig. (2 tailed)	0.560**	1

***Correlation is significant at 0.01 level*

As there is a statistically significant relation between Self Compassion and Emotional Intelligence at 0.01 level then the null hypothesis H_{01} is rejected and alternative hypothesis H_{a1} which claims that there is a significant association between Self Compassion and Emotional Intelligence in menopausal women is accepted at 0.01 significance level.

b) Correlation between Self-Compassion and Menopausal Quality of Life

The results in Table 3 shows that there is a significant association between Self-Compassion and Menopausal Quality of Life with a correlation coefficient $r = -0.242$ indicating negative correlation between two variables. As the p-value is less than 0.05 ($p < 0.05$), so the present correlation is statistically significant and is unlikely to be correlated due to any random chance.

Table No. 3 Correlation between Self-Compassion and Menopausal Quality of Life

Variables	Pearson Correlation	Self-Compassion	Emotional Intelligence
Self-Compassion	Pearson Correlation Sig. (2 tailed)	1	-0.242**
Menopausal Quality of Life	Pearson Correlation Sig. (2 tailed)	-0.242**	1

***Correlation is significant at 0.05 level*

As there is a statistically significant relation between Self-Compassion and Menopausal Quality of Life at 0.05 level so the null hypothesis H_{02} is rejected and alternative hypothesis H_{a2} is accepted claiming a significant relationship between Self compassion and Quality of life menopausal women.

c) Correlation between Emotional Intelligence and Menopausal Quality of Life

Table 4 figures shows that there is no significant association between Emotional Intelligence and Menopausal Quality of Life as $r = -0.068$ indicating a weak association which is not significant as the p value is greater than 0.05 and 0.01 ($p = 0.493 > 0.01$ and $p = 0.493 > 0.05$).

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Table No. 4 Correlation between Emotional Intelligence and Menopausal Quality of Life

Variables	Pearson Correlation	Self-Compassion	Emotional Intelligence
Emotional Intelligence	Pearson Correlation Sig. (2 tailed)	1	-0.068
Menopausal Quality of Life	Pearson Correlation Sig. (2 tailed)	-0.068	1

So here, null hypothesis H_{03} is accepted claiming no significant relationship between emotional intelligence and Quality of life in menopausal women and alternative hypothesis H_{a3} is rejected.

DISCUSSION

The objective of this research is to explore the association between Emotional Intelligence, Self-Compassion, and Quality of Life in women undergoing menopausal transition. The results found that there is a statistically significant and positive relation between Self Compassion and Emotional Intelligence. The correlation coefficient value for this correlation (r) is 0.560 which can be interpreted as a moderate linear relationship indicating with increase in Emotional Intelligence the Self-compassion of women in menopause also increases and if Self compassion is less then there are high chances that emotional intelligence will also be less. With this result the null hypothesis H_{01} which assumes that there is no significant relationship between Self compassion and emotional intelligence in menopausal women is completely rejected. On the other hand, alternative hypothesis H_{a1} claiming a significant relationship between self-compassion and emotional intelligence in menopausal women was accepted at a significance level of 0.01%. This imply that women with higher emotional intelligence and self-compassion are better equipped to manage menopause symptoms, leading to a more positive experience compared to those with lower levels, who may face greater challenges and a more negative transition. Women with high self-compassion and emotional intelligence are able to recognize, understand, and regulate their emotions more and when coupled with a compassionate approach toward themselves, so it may facilitate adaptive coping strategies, thereby reducing the psychological and physical burdens of menopause. This finding is consistent with similar research conducted on relationship between Emotional Intelligence and Self-Compassion where self-compassion scores were significantly positive correlated with the emotional intelligence scores (Teleb & Awamleh, 2013). Though the cited study focuses on university students, their findings align with our results on research on menopausal women. This is due to a research gap, as the link between self-compassion and emotional intelligence in menopausal women remains underexplored.

The results also found that there is a statistically significant and negative correlation between Self-Compassion and Quality of Life with a correlation coefficient(r) value of -0.242. This can be interpreted as negative and weak correlation between the two variables. Interestingly, in this context, a decrease in MENQOL scores indicates better quality of life. Therefore, as self-compassion increases, MENQOL scores decrease, suggesting that women experience fewer or less bothersome menopause symptoms. This implies that higher self-compassion is indirectly associated with better quality of life during menopause. With this result the null hypothesis H_{02} gets rejected which assumed that there is no significant

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relationship between Self compassion and Quality of life menopausal women. Whereas the alternative hypothesis H_{a2} got accepted at a significance level of 0.05% as it assumes that there is a significant relationship between Self compassion and Quality of life menopausal women. These findings are consisted with studies done with similar variables where it was found that self-compassion in older adults protects them from developing mental health and sleep disturbance symptoms while enhancing their quality of life (Kim and Ko,2018). Although the cited study focused on older adults, its statistically significant results align with our findings in menopausal women.

The results also revealed that there is no significant association between Emotional Intelligence and Menopausal Quality of Life. This indicates that the null hypothesis H_{03} which assumes that there is no significant relationship between emotional intelligence and Quality of life in menopausal women is accepted and alternative hypotheses H_{a3} is rejected which assumes that there is a significant association between emotional intelligence and Quality of life in menopausal women. In contrast to this finding many researches are being done assessing the quality of life in menopausal an in one such study an association was seen between Emotional Intelligence and Menopausal Quality of Life. The study revealed a positive statistically significant correlation between emotional intelligence and the health-related quality of life (Extremera and Fernández-Berrocal, 2002).

So, these results presented valuable insights into the psychological dimensions of the menopausal transition, highlighting the significant roles of Emotional Intelligence and Self-Compassion in shaping the Quality of Life of women during this period. These findings underscore the complexity of psychological experiences during menopause and point to the need for further research in this underexplored area.

Implications

The findings of this research hold important theoretical and practical implications. Theoretically, the study adds to the limited literature on psychological factors in menopause by highlighting the role of Emotional Intelligence and Self-Compassion in enhancing women's well-being during this transition. This suggests that fostering these traits could be key to improving quality of life. Practically, the results underline the importance of incorporating emotional and self-compassion-focused strategies into menopause care. Healthcare professionals—such as counsellors, therapists, and primary care providers—can use these insights to develop targeted interventions or digital tools. Additionally, integrating Emotional Intelligence and Self-Compassion training into broader health programs may help reduce common menopausal issues like anxiety, depression, and sleep disturbances, supporting overall mental and emotional health.

Limitations

This research has several limitations. It focused solely on a specific menopausal phase (transition phase) and an age range of 45-60 years, leaving out other stages like perimenopause and post menopause. The limited literature on self-compassion and emotional intelligence in the context of menopause restricted the depth of the review and posed challenges in drawing comparisons. Additionally, factors such as stress, social support, resilience, hormonal changes, and lifestyle habits were not considered, which could significantly impact menopausal experiences. The sample size of 105 also limits the generalizability of the findings, and the use of self-report questionnaires may introduce response biases that could affect the validity of the results. Future research should explore

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these gaps and examine the broader applications of self-compassion and emotional intelligence.

CONCLUSION

The aim of the research was to examine the relationship between Emotional Intelligence, Self-Compassion, and Quality of Life among women undergoing the menopausal transition. Statistical analysis using correlation revealed a significant positive relationship between Emotional Intelligence and Self-Compassion. Furthermore, a significant negative correlation was found between Self-Compassion and Menopausal Quality of Life, indicating that lower levels of self-compassion were associated with higher MENQOL scores, which reflect a poorer perceived quality of life. It is important to note that in the MENQOL scale, higher scores indicate greater symptom burden and thus lower quality of life. However, no statistically significant relationship was observed between Emotional Intelligence and Menopausal Quality of Life.

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Conflict of Interest

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