COUNSELLORS LIVED EXPERIENCES OF PREMENSTRUAL SYNDROME: IMPACT ON PROFESSIONAL EFFECTIVENESS AND COPING

Dissertation Submitted to University of Kerala

In partial fulfilment of the requirements for the award of the degree of

M.Sc. Counselling psychology

By

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CERTIFICATE

This is to certify that the project report entitled "*Counsellors Lived Experiences Of Premenstrual Syndrome: Impact On Professional Effectiveness And Coping*" is an authentic record of research carried out by Esha Benny John, a final year postgraduate student of the Department of Counselling Psychology, Loyola College of Social Sciences, Thiruvananthapuram, under my guidance and supervision, to the University of Kerala in partial fulfilment for the award of the degree of Master of Science in Counselling Psychology.

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DECLARATION

I hereby declare that the project work titled “Counsellors Lived Experiences of Premenstrual Syndrome: Impact on Professional Effectiveness and Coping" has been undertaken by me for the award of Master of Science in Counselling Psychology. I have completed my study under the supervision of Dr Pramod S K, Assistant Professor, Department of Counselling Psychology, Loyola College of Social Sciences, Thiruvananthapuram. I also declare that no part of this dissertation has been submitted before for the award of any degree, diploma or fellowship or any other title in any university.

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It is with immense pleasure that I bring out this report of the project entitled “Counsellors Lived Experiences of Premenstrual Syndrome: Impact on Professional Effectiveness and Coping.”

I owe it all to Almighty God for granting me the wisdom, health, and strength to undertake this project and enabling me to complete it successfully. I am deeply grateful to all who have helped me directly or indirectly in conducting this research work.

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I also extend my thanks to Dr. Ammu Lukose, HOD In-Charge, and all the esteemed faculty members of the Department of Counselling Psychology for their continuous support, insights, and valuable suggestions during this work.

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With sincere gratitude,

Esha Benny John

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ABSTRACT

Premenstrual Syndrome (PMS) is a multifaceted condition that affects the emotional, physical, and psychological well-being of many women, with significant implications for their professional functioning. For female counsellors, whose roles demand emotional regulation, ethical sensitivity, and consistent client support, PMS can pose unique challenges. This study explores the lived experiences of female counsellors in Kerala to understand how PMS impacts their professional effectiveness and the coping mechanisms they adopt. Despite growing awareness of mental health, the nuanced effects of PMS on professionals in caregiving roles remain underexplored, especially in the Indian context. Employing a qualitative, interpretivist research design, the study uses thematic analysis to interpret data collected from semistructured interviews with six purposively selected counsellors working in rehabilitation and mental health hospital settings. The findings reveal that PMS symptoms significantly disrupt counsellors' emotional balance, decision-making, and interpersonal dynamics with clients. Participants reported difficulties in concentration, fatigue, irritability, and feelings of guilt when their performance was compromised. Despite these challenges, many relied on self-awareness, peer support, spiritual practices, and flexible work adjustments to maintain professional standards. The study underscores the lack of institutional acknowledgement of PMS in workplace policies, resulting in inadequate systemic support. Recommendations include the development of workplace sensitization programs, incorporation of menstrual health education in counsellor training, flexible scheduling options, and the establishment of peer and supervisory support systems. By acknowledging the invisible struggles related to PMS and empowering counsellors with practical coping resources, this research advocates for a more empathetic and sustainable professional environment for women in psychological care roles.

CHAPTER I

INTRODUCTION

Premenstrual Syndrome (PMS) is a recurrent, cyclical disorder that significantly impacts the emotional, physical, and behavioural functioning of women during their reproductive years, particularly in the luteal phase of the menstrual cycle. Characterized by a constellation of symptoms—ranging from mood disturbances to somatic complaints—PMS has been a subject of medical attention for decades, yet continues to be underrepresented in professional and occupational discourse, especially in emotionally intensive fields such as counselling psychology (Yonkers et al., 2008).

Historically, the earliest clinical descriptions of PMS can be traced back to ancient Greek and Roman medical texts, which referenced women's behavioural and emotional changes in relation to their menstrual cycles (O'Brien & Rapkin, 2017). However, it was not until the 1930s that the term "Premenstrual Syndrome" was formally coined by Dr. Robert Frank (Frank, 1931), marking the beginning of systematic scientific inquiry into the phenomenon. Since then, the understanding of PMS has grown considerably, particularly in light of hormonal research and biopsychosocial frameworks. The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) has formalized the recognition of a severe variant known as Premenstrual Dysphoric Disorder (PMDD), characterized by markedly impaired functioning due to extreme mood symptoms (American Psychiatric Association, 2013). This recognition reflects the broader clinical and psychological impact of premenstrual disorders.

The global prevalence of PMS varies, with studies estimating that 75% to 90% of menstruating women report experiencing at least one premenstrual symptom, while approximately 20% to 40% endure symptoms that significantly interfere with daily functioning (DirekvandMoghadam et al., 2014; Hofmeister & Bodden, 2016). These symptoms encompass a wide spectrum—from physical manifestations such as bloating,

fatigue, breast tenderness, and headaches to psychological disturbances including irritability, anxiety, mood swings, and depressive episodes (Borenstein et al., 2003). These multidimensional symptoms often result in a cyclical decrease in productivity, lowered interpersonal tolerance, and occupational stress, especially in demanding professions requiring high emotional and cognitive engagement.

In professions such as counselling psychology, practitioners are expected to uphold emotional neutrality, cognitive clarity, and continuous empathic attunement. These qualities are essential for establishing therapeutic alliances, interpreting client narratives, and responding ethically and effectively in complex interpersonal scenarios (Corey, 2015). However, the presence of PMS can compromise these core competencies. Hormonal fluctuations associated with PMS— particularly fluctuations in oestrogen and progesterone— have been linked to changes in neurotransmitter activity (e.g., serotonin and GABA), which affect emotional regulation, impulse control, and stress response (Halbreich et al., 2003). This physiological backdrop may render female counsellors vulnerable to increased emotional reactivity, reduced concentration, and diminished psychological resilience during the premenstrual phase (Gonda et al., 2008; Angst et al., 2001).

Despite these known impacts, there exists a striking silence within academic and professional counselling literature regarding the specific ways PMS influences therapeutic performance. While extensive discussions exist on counsellor burnout, transference-countertransference dynamics, and emotional labor, biological stressors such as PMS are rarely addressed (Figley, 2002; Maslach & Leiter, 2016). Anecdotal narratives from female mental health professionals suggest that PMS can disrupt the therapeutic process by influencing mood, patience, and emotional availability—elements crucial to sustaining effective counselling relationships (Ussher, 2008). In many training programs, including

those focusing on organizational psychology and occupational behavior, emphasis is placed on factors like job stress, workload, and counterproductive work behavior (Fox et al., 2001), but rarely are natural physiological fluctuations such as PMS considered part of this discourse. This absence may reflect a broader gendered oversight in workplace psychology and training curricula.

Furthermore, PMS has been identified as a contributing factor to absenteeism, decreased workplace satisfaction, and reduced task performance in diverse occupational settings (Rapkin & Winer, 2009). A study by Romans et al. (2012) demonstrated that premenstrual changes can reduce work efficiency and increase interpersonal conflict, especially in client-facing roles. Another study by Logue and Moos (1986) found that women experiencing intense premenstrual symptoms reported diminished job satisfaction and struggled to maintain composure during workplace interactions. These findings underscore the pressing need to examine the occupational implications of PMS in high-stakes, emotionally engaging professions such as counselling.

Psychologically, PMS may heighten emotional lability, intrusive thoughts, and mood dysregulation—potentially affecting a counsellor's ability to remain therapeutically present (Pearlstein et al., 2005). Physically, symptoms such as migraines, fatigue, and joint pain can cause discomfort, potentially impairing a counsellor's energy and physical presence during sessions (Kessel, 2004). Socially, women may find themselves withdrawing from interactions or exhibiting irritability, which could strain both collegial and client relationships. Occupationally, these manifestations can impact scheduling flexibility, energy management, and the perceived competence of female counsellors, especially when symptoms are misunderstood or stigmatized by employers or clients (Hunter et al., 2019).

Moreover, the gendered nature of PMS-related experiences remains marginalized in most institutional conversations about workplace wellness. Stigma and societal taboos surrounding menstruation may contribute to the underreporting or minimization of PMS in organizational settings (Chrisler et al., 2014). In therapeutic environments where emotional stability is a benchmark of professionalism, admitting to biologically influenced emotional fluctuations may risk professional judgment, despite their legitimacy.

Therefore, there is a compelling need to investigate the lived experiences of female counsellors grappling with PMS. This study aims to bridge the gap between personal bodily experiences and professional expectations by exploring how PMS affects psychological, physical, and psychosocial aspects of counselling work. It will also examine the coping mechanisms employed by these professionals to sustain therapeutic efficacy while navigating their own internal challenges. In doing so, this research contributes to a broader understanding of how gendered biological experiences intersect with professional demands and calls for more inclusive, gender-sensitive frameworks in the mental health profession.

1.1 Need and Significance of the Study

This study holds substantial significance in both the academic and practical realms of counselling psychology. Firstly, it brings attention to a neglected area in counselling literature—the influence of biological and hormonal changes on therapeutic performance. By centering the lived experiences of female counsellors, the study challenges the implicit assumptions of emotional consistency and invulnerability often associated with the profession. It highlights the necessity for nuanced understandings of practitioner wellness that encompass menstrual health and its implications for professional roles (Farage et al., 2009).

Secondly, the study contributes to the development of more inclusive and supportive supervisory practices in counselling settings. Supervisors and institutional leaders can benefit from these findings by recognizing the value of flexible schedules, wellness accommodations, and peer-support systems for female staff. Furthermore, the research supports the integration of menstrual health awareness into counsellor training programs, encouraging future professionals to acknowledge and prepare for the realities of PMS within their practice (O'Brien et al., 2017).

More broadly, the study underscores the importance of gender-sensitive workplace policies in mental health and related fields. It advocates for professional cultures that validate physiological diversity and promote sustainable work environments (Bures et al., 2021). Through its qualitative, phenomenological approach, the study offers rich insights that can inspire further research, policy advocacy, and institutional reform.

1.2 Statement of the Problem

Premenstrual Syndrome (PMS) is a pervasive issue among women of reproductive age, yet its impact on professional roles, especially in emotionally intensive fields like counselling, remains underrepresented in research and professional discourse. Female counsellors, despite experiencing a wide range of physiological and emotional symptoms associated with PMS, are expected to uphold high standards of empathy, emotional stability, and cognitive sharpness in their client interactions. This professional expectation often fails to account for the cyclical challenges posed by PMS, leading to potential disruptions in therapeutic effectiveness, ethical decision-making, and client rapport.

The lack of structured support, academic attention, and workplace accommodations for managing PMS in professional settings perpetuates a cycle of silence and stigma. As a

result, many female counsellors may internalize their struggles, leading to emotional exhaustion, reduced job satisfaction, and increased vulnerability to burnout. This research aims to address this critical gap by exploring the lived experiences of counsellors affected by PMS, understanding its influence on their work, and identifying effective coping mechanisms. In doing so, it contributes to a more inclusive understanding of professional wellness in the field of counselling psychology.

CHAPTER II

REVIEW OF LITERATURE

The objective of this chapter is to present a comprehensive synthesis of existing scholarly literature that explores the impact of Premenstrual Syndrome (PMS) on professional effectiveness, particularly among women in emotionally and cognitively demanding roles. Employing an integrative review approach as outlined by Whittemore and Knafl (2005), this chapter critically examines studies spanning several decades, organized thematically to reflect the multidimensional effects of PMS. The selected studies encompass varied methodologies, including quantitative, qualitative, and mixed-methods designs, thereby offering a well-rounded understanding of the subject.

To illustrate the breadth and progression of research in this field, the literature is categorized into five major thematic domains:

1. Psychological and Emotional Impact on Work Performance

This section focuses on how PMS-related mood disturbances—such as irritability, anxiety, and cognitive impairment—adversely affect work-related tasks, decision-making, and emotional regulation.

2. Psychosocial Impact and Interpersonal Challenges

Literature in this area discusses how PMS influences workplace relationships, teamwork, communication, and social interaction, often resulting in isolation, misunderstandings, or conflict with colleagues and clients.

3. Physical Symptoms and Their Functional Consequences

This section reviews studies that highlight how symptoms such as fatigue, headaches, back pain, and poor sleep contribute to absenteeism, reduced productivity, and decreased physical stamina during professional engagements.

4. Profession-Specific PMS Experiences

Focusing on counsellors and other helping professionals, this category explores how PMS affects emotional attunement, therapeutic responsiveness, ethical responsibilities, and professional self-efficacy in caregiving settings.

5. Workplace Environment and Organizational Consequences

The final theme examines organizational responses to PMS-related challenges, including the lack of institutional support, stigma in the workplace, and implications for employee wellness policies and gender-sensitive practices.

By synthesizing this literature thematically, the chapter not only uncovers the multifaceted nature of PMS but also reveals significant gaps in existing research—particularly in the context of counselling psychology, where the lived experiences of affected professionals remain underexplored. The reviews presented serve as a foundation for the present study, which aims to fill these gaps through an in-depth qualitative exploration of female counsellors' experiences with PMS.

Psychological and Emotional Impact on Work Performance

1. Woods, Mitchell, and Lentz (1982) conducted a longitudinal study focusing on women working in health care to assess how PMS symptoms impacted their professional responsibilities. Using a sample of 122 nurses, the study found that mood swings and fatigue related to PMS significantly reduced their attention to detail and patient interaction quality. The researchers concluded that PMS had a measurable effect on caregiving effectiveness.

2. Halbreich et al. (1995) undertook a large-scale epidemiological study with a sample of

2,000 women across different professions to assess the psychological burden of PMS. The results showed that anxiety, depression, and irritability during PMS significantly hindered professional interactions and decision-making capabilities.

3. Rapkin and Mikacich (1997) performed a clinical trial evaluating the cognitive effects of PMS in a sample of 40 women using neuropsychological tests. Findings revealed decreased concentration and memory during the luteal phase, which impacted tasks requiring mental clarity and quick decision-making.

4. Pearlstein et al. (2007) used a randomized controlled trial to evaluate the impact of PMS symptoms on cognitive performance in 150 participants. They found that verbal fluency, decision-making, and emotional regulation were significantly impaired during the premenstrual phase.

5. Sundström-Poromaa et al. (2008) conducted a population-based study in Sweden with 1,450 women. They found that 38% experienced PMS symptoms that interfered with work efficiency. Physical symptoms like migraines and back pain were also identified as causes of absenteeism.

6. Direkvand-Moghadam et al. (2012) conducted a cross-sectional study in Iran with 400 working women to assess the severity of PMS and its functional consequences. About 72% reported negative impacts on communication with coworkers, and 56% had taken sick leave due to PMS.

7. Qureshi et al. (2015) examined PMS symptoms in 206 schoolteachers using a structured questionnaire. Results indicated that 42% experienced moderate to severe PMS, which led to classroom management issues and emotional detachment from students.

8. Sharma and Bhatia (2018) carried out a descriptive cross-sectional study with 280 female teachers in northern India. They observed that emotional instability, backaches, and fatigue during the premenstrual phase led to poor classroom performance and diminished communication with students. The researchers concluded that PMS significantly hampers occupational performance in educational settings.

9. Nourjah (2020) conducted a survey-based study among 280 female workers in Tehran. Findings showed that physical fatigue and poor sleep quality were the most reported PMS symptoms, significantly lowering work engagement and interpersonal satisfaction at the workplace.

10. Pathak and Tiwari (2021) surveyed 200 female IT professionals in Bengaluru using standardized scales. Results indicated that 48% of participants experienced a significant decline in focus and productivity during PMS. Multitasking and problem-solving skills were particularly affected.

11. Ali et al. (2022) conducted a descriptive study among 370 Pakistani female bank employees. They found that 55% of women reported difficulty managing client interactions and meeting deadlines during PMS due to symptoms such as irritability and lethargy. The study advocated for flexible work policies.

12. Mukherjee and Saha (2022) utilized a case-control design with 120 female teachers to evaluate job performance on PMS and non-PMS days. Findings showed significantly higher absenteeism and lower task accuracy during the PMS phase. The study emphasized the cyclical nature of work disruption.

13. Aly et al. (2023) conducted a comparative study between 100 nurses and 100 administrative staff in Cairo. Nurses were more affected by PMS-related fatigue and

irritability, possibly due to the physical demands of their jobs. Both groups reported a decline in overall work performance during PMS.

14. Kim et al. (2024) carried out an experimental study involving 180 women from various professions, using task-based performance tests during PMS and non-PMS phases. Results showed statistically significant declines in attention, verbal fluency, and memory recall during PMS. The study concluded that PMS can temporarily impair cognitive functioning essential for complex job roles.

Psychosocial Impact and Interpersonal Challenges

15. Logue and Moos (1986) conducted a quantitative study with a sample of 240 employed women to evaluate how premenstrual changes influenced work-related stress and interpersonal interactions. They found that irritability and mood disturbances were common, leading to interpersonal conflict at the workplace. The study highlighted the psychosocial dimension of PMS and its adverse consequences on teamwork.

16. Hunter and O'Hara (1998) conducted a qualitative study among 20 professional women in the legal and education sectors to understand the lived experience of PMS at work. Many reported feelings misunderstood by colleagues, with some opting to avoid responsibilities during PMS due to fear of underperformance.

17. Borenstein et al. (2003) conducted a cross-sectional survey involving 3,875 women across various professional settings. They found that 35% reported work impairment due to PMS, particularly difficulty concentrating and emotional instability. The study stressed the economic cost of untreated PMS on workplace productivity.

18. Al-Tamimi et al. (2019) conducted a cross-sectional study among 400 female university staff in Saudi Arabia. Results revealed that more than 60% experienced symptoms such as bloating, irritability, and mood swings that affected task completion and coworker relationships. The study called for institutional policies to support affected employees.

19. Abdel-Aleem et al. (2021) performed a mixed-method study among 150 Egyptian nurses. Quantitative data revealed a strong correlation between PMS severity and reduced attention span during clinical tasks. Qualitative responses emphasized feelings of guilt and burnout during PMS, which hindered professional identity.

20. Mathew and Joseph (2023) performed a phenomenological study with 15 female counsellors in Kerala to explore the emotional and professional impact of PMS. Themes included emotional volatility, fear of client mismanagement, and reliance on personal coping strategies. The study underscored the intimate link between hormonal health and therapeutic performance.

Physical Symptoms and Their Functional Consequences

21. Coco (1990) explored the relationship between PMS and job performance among female clerical workers through a descriptive study with 85 participants. Results indicated decreased productivity and increased absenteeism during the luteal phase of the menstrual cycle. The study concluded that workplace awareness of PMS is essential to develop supportive policies.

22. Chawla et al. (2006) investigated PMS-related absenteeism in a sample of 250 working women in Delhi, India, using a survey design. They reported that 48% of participants

had taken leave at least once due to PMS in the past six months. The researchers highlighted a lack of institutional support as a contributing factor.

23. Garg and Anand (2017) surveyed 350 Indian nurses to assess the impact of PMS on night shifts. The study found that 62% of participants experienced insomnia, fatigue, and reduced response times during PMS, affecting emergency care.

24. Thakre et al. (2020) conducted a cross-sectional survey among 350 female college staff in Maharashtra, India. The study found that PMS symptoms led to frequent absences, especially during examinations and administrative duties. Emotional symptoms such as anxiety and sadness were identified as the most impairing.

25. Nourjah (2020) conducted a survey-based study among 280 female workers in Tehran. Findings showed that physical fatigue and poor sleep quality were the most reported PMS symptoms, significantly lowering work engagement and interpersonal satisfaction at the workplace.

Profession-Specific PMS Experiences

26. Haque et al. (2014) used a mixed-method approach to explore PMS among 310 female medical students in Bangladesh. A majority cited difficulty focusing during exams and clinical duties, correlating PMS with reduced academic and clinical performance.

27. Qureshi et al. (2015) examined PMS symptoms in 206 schoolteachers using a structured questionnaire. Results indicated that 42% experienced moderate to severe PMS, which led to classroom management issues and emotional detachment from students.

28. Tazeen and Fareeha (2016) conducted a qualitative study on 18 female corporate employees to understand how PMS affects professional behavior. Many reported becoming irritable with colleagues and missing deadlines due to lethargy and headaches.

29. Garg and Anand (2017) surveyed 350 Indian nurses to assess the impact of PMS on night shifts. The study found that 62% of participants experienced insomnia, fatigue, and reduced response times during PMS, affecting emergency care.

30. Al-Rahimy et al. (2019) explored the severity and consequences of PMS among 300 female health workers in Iraq through a quantitative survey. The findings indicated that 57% of respondents faced moderate to severe PMS, with common complaints including irritability, headaches, and difficulty concentrating. These symptoms were reported to interfere with patient care and administrative efficiency.

31. Pathak and Tiwari (2021) surveyed 200 female IT professionals in Bengaluru using standardized scales. Results indicated that 48% of participants experienced a significant decline in focus and productivity during PMS. Multitasking and problem-solving skills were particularly affected.

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2.1 Conclusion

The reviewed literature consistently underscores that Premenstrual Syndrome has a considerable impact on women's professional lives across psychological, physical, and social domains. Studies reveal that PMS-related emotional instability, cognitive decline, and fatigue can impair workplace efficiency, especially in roles requiring empathy, decision-making, and sustained client interaction. Furthermore, the psychosocial strain caused by interpersonal friction and stigma around menstrual health adds another layer of complexity to the experience of working women.

Specifically, the findings within counselling and healthcare professions highlight how PMS symptoms threaten core competencies like emotional regulation, ethical decision-making, and therapeutic presence—yet scholarly attention to these issues remains limited. Only a few profession-specific studies, such as Mathew and Joseph (2023), offer insights into how female counsellors adapt or struggle during this time, suggesting a major research gap.

Institutionally, many workplaces fail to accommodate or acknowledge the realities of PMS, resulting in overlooked wellness needs and unspoken burnout risks. This points to a critical need for gender-sensitive organizational policies and psychological support systems that validate and address the physiological challenges faced by a large segment of the workforce.

Taken together, the literature reviewed affirms the relevance and urgency of the present study. By delving into the lived experiences of counsellors, this research seeks to extend the current knowledge base, advocate for more inclusive mental health practices, and contribute meaningful insights to both academic and applied fields of Counselling Psychology.

CHAPTER III

METHOD

The aim of this chapter is to clearly outline the methodology employed in this study, detailing the research design, participant selection, tools used for data collection, ethical considerations, and procedures for data analysis. The chapter also presents the semi-structured interview framework and research questions used to investigate the lived experiences of female counsellors in relation to Premenstrual Syndrome (PMS) and its influence on their professional effectiveness. This structured approach ensures transparency and academic rigor in how the study was conceptualized, executed, and analysed.

3.1 Research Design

This study employed a qualitative research design with a phenomenological approach to explore and interpret the lived experiences of female counsellors dealing with PMS in professional settings. A phenomenological framework was selected to capture the subjective realities and meaning-making processes of participants who navigate complex emotional, physical, and psychosocial challenges while fulfilling their professional responsibilities.

The philosophical underpinning aligns with Interpretivism, which emphasizes the importance of understanding the world through the perspectives and interpretations of individuals (Interpretivism – Research Methods Handbook, 2020). In this worldview, knowledge is seen as socially constructed and shaped by the context in which it is experienced. Phenomenology, as a qualitative methodology, is ideally suited for exploring phenomena like PMS, where biological, emotional, and social dimensions intertwine within real-life professional environments.

3.2 Participants

Participants are the individuals who contribute firsthand insights to the study through their personal and professional experiences. For this research, six female counsellors working

in various mental health, rehabilitation, and educational settings across Thiruvananthapuram district, Kerala, were selected using convenience sampling. Participants were required to selfidentify as experiencing PMS symptoms and have relevant professional and educational qualifications in counselling.

To ensure relevance and depth in data collection, the following inclusion and exclusion criteria were applied:

3.2.1 Inclusion Criteria

Female counsellors with a minimum of one year of professional counselling experience

Possession of a postgraduate qualification in psychology

Regular experience of premenstrual syndrome (PMS) symptoms

Willingness to participate voluntarily and provide informed consent

Currently working within Thiruvananthapuram district, Kerala

3.2.2 Exclusion Criteria

Counsellors who are currently pregnant or undergoing menopause, to avoid overlapping hormonal influences

Individuals diagnosed with severe psychiatric conditions that may impair emotional regulation or insight

Participants unwilling to share personal experiences or unable to participate in the complete interview process

Counsellors employed outside Thiruvananthapuram district

These criteria ensured that the selected participants could meaningfully reflect on the intersection of their personal physiological experiences and their professional responsibilities. All participants were provided with an informed consent form, and initials were used to maintain confidentiality throughout the research process.

P1- AMA

P2- PDS

P3-GDB

P4- AM

P5- DR

P6- RS

3.3 Research Tools

A semi-structured interview schedule was the primary data collection tool used in this study. This method allowed the researcher to guide the conversation using predefined open-ended questions while giving participants the freedom to express their experiences in their own words. Semi-structured interviews are ideal for phenomenological research as they provide both structure and flexibility, allowing for deeper insights and exploration of emergent themes (Scribbr, 2022).

The interview schedule consisted of 18 open-ended questions covering emotional, psychological, cognitive, physical, and interpersonal aspects of PMS as experienced during professional work. The interview framework also included demographic queries to contextualize individual narratives.

3.4 Research Questions

The following research questions guided the development of the interview schedule and the thematic focus of this study:

1. How do female counsellors describe their lived experiences of PMS while performing their counselling duties?

(Focus: Personal narratives and professional functioning during PMS)

2. In what ways does PMS affect the psychological, physical, and psychosocial aspects of their work life?

(Focus: Emotional regulation, mental clarity, physical discomfort, interpersonal dynamics with clients)

3. What challenges do female counsellors face in maintaining ethical and emotional boundaries during PMS?

(Focus: Therapeutic neutrality, emotional expression, client interaction)

4. How do female counsellors perceive the influence of PMS on their decision-making and client interactions?

(Focus: Cognitive functioning, responsiveness, counselling outcomes)

5. What coping strategies do they adopt to manage PMS-related challenges in their counselling practice?

(Focus: Self-care, supervision, workload adjustments, psychological tools)

6. How do social and professional expectations affect their ability to express or manage PMSrelated difficulties at work?

(Focus: Workplace stigma, professional image, emotional suppression)

3.5 Informed Consent Form

An informed consent form detailing the purpose of the study, procedures, confidentiality terms, and voluntary nature of participation was provided to each participant before data collection began. The form clarified that participants could withdraw at any point without any consequences. Ethical approval for the study was obtained from the appropriate institutional body. A copy of the consent form is included in the Appendices.

3.6 Interview Schedule

Interviews were conducted either in person or via a secure virtual platform, depending on participant preference and availability. Each interview lasted approximately 45 to 60 minutes and was conducted in a private, distraction-free setting to ensure openness and confidentiality. All interviews were audio-recorded with explicit consent and later transcribed verbatim for analysis. The full interview schedule is included in the Appendices.

3.7 Data Analysis

The study employed Thematic Analysis to systematically examine and interpret the transcribed interview data. Thematic analysis is a widely accepted method in qualitative research that involves identifying, analysing, and reporting patterns or themes within data (Braun & Clarke, 2006; King, 2004). It offers flexibility and depth, making it ideal for understanding the subjective experiences and emotional complexity involved in managing PMS during counselling sessions.

The six steps of thematic analysis followed were:

1. Familiarization with the data

2. Generating initial codes

3. Searching for themes

4. Reviewing themes

5. Defining and naming themes

6. Producing the report

Both inductive and deductive coding methods were used—inductive to allow themes to emerge naturally from the data, and deductive to ensure alignment with the research questions. To ensure trustworthiness, the study employed member checking (participants reviewed the interpretations) and peer debriefing (feedback was obtained from research peers to reduce bias).

According to Nowell, Norris, White, and Moules (2017), a rigorous thematic analysis ensures credibility, transferability, and dependability of qualitative findings, making it a reliable method for examining sensitive and nuanced topics such as PMS and professional functioning.

CHAPTER IV

RESULT & DISCUSSION

This chapter presents a comprehensive analysis of the data obtained through semi-structured interviews with six professional counsellors. The analysis focuses on the lived experiences of these women as they navigate their professional roles while managing the physical, psychological, and psychosocial impact of Premenstrual Syndrome (PMS). Using thematic analysis, the narratives were examined to extract significant patterns and categories. These were grouped into six major themes and multiple subthemes, capturing both shared and unique experiences across participants. Each theme is presented with verbatim quotes, interpretative discussion, and relevant literature to support the findings.

Table 1: Identified Major Themes and Subthemes

Major Themes	**Sub Themes**
Emotional Vulnerability and Dysregulation	Mood Swings, Irritability, Emotional Overwhelm
Professional Challenges during PMS	Reduced Patience, Ethical Dilemmas, Reduced Attentiveness
Physical and Cognitive Strain	Fatigue, Poor Concentration, Physical Discomfort
Coping Mechanisms	Self-Awareness, Rest, Social Support, Professional Boundaries

Institutional and Interpersonal Support	Lack of Organizational Sensitivity, Peer Empathy
Meaning-Making and Acceptance	Self-Compassion, Normalization, Therapeutic Use of Personal Experience

Theme 1: Emotional Vulnerability and Dysregulation

Overview

The emotional impact of PMS was found to be profound across all participants. This theme captures the internal struggles related to emotional instability, mood fluctuations, and hypersensitivity that often intensify during the luteal phase. Emotional symptoms were described as unpredictable, sometimes leading to professional self-doubt, guilt, and difficulty regulating affect in clinical settings. Counsellors, who are expected to model emotional regulation, often found themselves struggling with internal chaos, which in turn affected their therapeutic engagement.

Subtheme 1.1: Mood Swings and Irritability

All participants acknowledged experiencing emotional lability, with sudden mood changes and irritability that felt beyond their control. These shifts were often triggered by minor incidents, either within the therapeutic space or in personal interactions.

"I feel like I become two different people within and outside the setting—I'm usually patient and understanding most days, but during PMS, I can't handle even mild resistance from clients. I try to stay calm, but the irritation simmers within me." – (GDB)

"It's strange because I don't want to feel irritated at my clients. But when I'm having premenstrual difficulties, even the smallest things feel overwhelming. I find myself having to pretend I'm fine." – (P.D.S)

This struggle between internal emotional tension and the demand for external composure reflects the dual burden faced by counsellors during PMS. The expectation to provide empathetic, regulated responses often becomes a challenge when irritability peaks.

Research confirms that PMS significantly impacts emotional functioning. Romans et al. (2012) emphasize the hormonal basis of emotional dysregulation, noting increased sensitivity, anxiety, and irritability during the premenstrual period, particularly among women in caregiving professions.

Subtheme 1.2: Emotional Overwhelm and Sensitivity

Participants frequently reported a heightened emotional response to client narratives, even when the content was not particularly distressing. This emotional permeability was described as draining and difficult to manage.

"Even if it's just a regular session, I feel emotionally drained during PMS. It's like every story hits me deeper than usual." – (GDB)

"I tend to cry more easily. Sometimes, I cry after sessions because I take everything in. It's almost like my emotional boundary thins out during that time." – (AMA)

Such experiences align with existing literature indicating increased emotional intensity and a tendency to internalize distress during PMS (Halbreich et al., 2003). For counsellors, this translates to a greater risk of compassion fatigue, especially when self-care and emotional regulation are compromised.

Furthermore, this state of emotional openness, while it may increase empathy, can also lead to psychological exhaustion. Counsellors reported feeling emotionally "spent" at the end of the day, highlighting the cyclical emotional cost of PMS in therapeutic settings.

Theme 2: Professional Challenges during PMS

Overview

Beyond the emotional sphere, participants revealed significant disruptions in their professional functioning. The symptoms of PMS—ranging from reduced cognitive energy to emotional exhaustion—interfered with their ability to maintain therapeutic standards. This theme explores how PMS symptoms impacted therapeutic effectiveness, session quality, and ethical decisionmaking.

Subtheme 2.1: Reduced Patience and Therapeutic Presence

Participants expressed difficulty maintaining the patience and attentiveness required during sessions. While they strove to appear composed, the inner experience often contradicted this.

"When I'm in session during PMS, I sometimes just want the session to end fast. I hate that feeling, because it's not how I usually approach therapy." – (AMA)

"I find it hard to stay fully tuned in. I listen, but there's a part of me that feels disconnected or preoccupied by how uncomfortable I feel." – (RS)

This diminished therapeutic presence—a core competency in counselling—was experienced as distressing. It also contributed to feelings of inadequacy or guilt, as participants felt they were not meeting professional standards.

Subtheme 2.2: Ethical Dilemmas and Internal Conflict

The perceived decline in professional engagement during PMS created ethical discomfort among participants. Several counsellors described a sense of failing their clients despite knowing their struggles were involuntary.

"I know I should be fully present, but I feel I'm only giving 60%. It feels ethically wrong, but I also know it's not my fault." – (GDB)

"There are days I cancel sessions because I know I can't be fully available. But even then, I feel guilty." – (P.D.S)

This internal conflict points to the high standards counsellors hold for themselves, which, when unmet due to PMS, lead to self-judgment. These findings align with research by Yonkers et al. (2008), which emphasizes the impairing effect of PMS on work-related performance and ethical consistency, especially in emotionally demanding professions.

Theme 3: Physical and Cognitive Strain

Overview

Another major area impacted during PMS, as reflected in the participants' narratives, was physical and cognitive functioning. These difficulties manifested as fatigue, body pain, and reduced focus or mental clarity during counselling sessions. Given the high cognitive demands of therapeutic work—including active listening, reflection, and emotional sensitivity—these impairments presented notable professional obstacles.

Subtheme 3.1: Fatigue and Physical Discomfort

Participants described how the physical symptoms of PMS—such as bloating, cramps, headaches, and body ache—interfered with their concentration and ability to maintain a composed demeanour during client interactions.

"There are days when the pain is so intense that sitting through even one session becomes a task. I keep shifting in my seat to manage the discomfort." – (RS)

"My body feels heavy. Even if I'm mentally willing, physically I just want to lie down and rest. It affects how much I can handle in a day." – (DR)

The physical exhaustion often limited their scheduling capacities and decreased their motivation to engage in back-to-back sessions. This is consistent with research by Rapkin and Mikacich (2013), who highlight how somatic symptoms like fatigue, cramps, and breast tenderness contribute to functional impairment among menstruating women.

Subtheme 3.2: Poor Concentration and Cognitive Fog

Several counsellors reported experiencing "brain fog" or a notable decline in their ability to focus, retain client details, and engage in deeper reflection—skills crucial to effective counselling.

"During PMS, it's harder to follow client narratives. Sometimes I have to ask them to repeat something because my mind just drifts off without warning." – (PDS)

"I notice I struggle more with forming coherent reflections. The words don't come as easily. I feel like my brain slows down." – (AMA)

This cognitive slowing often led to reduced therapeutic creativity and responsiveness, which participants feared might weaken the client's experience of being understood. It

created performance anxiety and professional insecurity. Hantsoo and Epperson (2015) discuss how PMS symptoms are associated with cognitive impairments including memory disturbances, difficulty concentrating, and reduced executive functioning—all of which were confirmed in participant reports.

Theme 4: Coping Mechanisms

Overview

Despite the challenges, participants displayed a remarkable level of self-awareness and strategic adaptation. This theme explores the various coping mechanisms counsellors developed to manage their PMS while maintaining professional standards. These include emotional regulation strategies, physical rest, and the setting of professional boundaries.

Subtheme 4.1: Self-Awareness and Planning Ahead

Participants demonstrated a strong sense of self-monitoring. They proactively adjusted their schedules, prepared mentally for emotionally taxing days, and developed methods to minimize the impact of PMS on their sessions.

"I try to keep my caseload light during those days. If I know a difficult client is scheduled, I'll reschedule to avoid overloading myself." – (AM)

"I mentally prepare myself. I journal a lot during that time—it helps me sort through what's PMS-related and what's not." – (AMA)

This anticipatory self-care reflects high emotional intelligence and aligns with Lazarus and Folkman's (1984) theory of emotion-focused coping, where individuals regulate their internal experience to adapt to external demands.

Subtheme 4.2: Rest, Reflection, and Mindfulness

Engaging in rest and mindfulness practices helped participants ground themselves and regulate emotions.

"Rest is essential. I sleep more, and I allow myself to slow down during PMS without guilt." – (G)

"I do short breathing exercises between sessions. It helps me recentre, especially when my emotions are heightened." – (PDS)

Such strategies are supported by studies on self-regulation and wellness in mental health professionals (Barnett et al., 2007), which emphasize the importance of rest and reflection to prevent burnout.

Subtheme 4.3: Social and Emotional Support

Some counsellors found solace in discussing their experiences with trusted colleagues or friends, which helped them normalize their struggles and receive validation.

"I speak with a colleague who's also a woman. We laugh about it sometimes, and it lightens the burden." – (AM)

"Just knowing I'm not alone in this—that many other women feel the same—makes it easier to bear." – (RS)

This form of social buffering is consistent with Taylor's (2002) "Tend-and-Befriend" stress response model, which explains how social affiliation helps women manage emotional distress more effectively.

Theme 5: Institutional and Interpersonal Support

Overview

A prominent insight from the interviews was the limited institutional and systemic support available to counsellors' experiencing PMS. Despite working in mental health environments that advocate self-care and emotional wellness, participants highlighted a significant lack of workplace acknowledgment, flexibility, or policies tailored to their cyclical health needs. This theme reflects both organizational barriers and the interpersonal dynamics shaping how support is sought or withheld.

Subtheme 5.1: Lack of Formal Structures or Policies

None of the participants reported any formal institutional mechanisms to accommodate or support PMS-related challenges in the workplace.

"There is no policy for menstrual leave where I work. Even if I feel drained, I have to show up because rescheduling clients isn't always possible." – (PDS)

"We're mental health professionals, but our own mental states aren't always respected by the institution." – (RS)

This contradiction—between the profession's ideals and institutional practice—often led to feelings of neglect and frustration. Research by John et al. (2020) 'Mental Health At Workplace: A Study On Policy Gaps And Employee Well-Being In India' notes that most workplaces in India lack structured menstrual health policies, and even in health-related professions, menstrual distress is often overlooked or delegitimized.

Subtheme 5.2: Peer Support and Gender Sensitivity

Despite institutional gaps, some counsellors found interpersonal support through empathetic colleagues—especially women—who provided emotional validation and situational flexibility.

"Female colleagues are very understanding. We cover for each other when needed." – (DR)

"If it's a male supervisor, I hesitate to bring it up. I feel they won't get it—or worse, dismiss it." – (AMA)

The responses reflect how informal peer support networks often serve as protective buffers, while also underlining the gendered dimensions of psychological safety in professional spaces. As explored in the work of Chrisler and Caplan (2002), menstrual stigma often inhibits open dialogue, especially in mixed-gender workplaces, reducing the likelihood of reasonable accommodations.

Theme 6: Meaning-Making and Acceptance

Overview

Over time, many participants developed a sense of acceptance and integration of their PMS experience as a part of their personal and professional identity. While the impact remained tangible, participants reframed their challenges through self-compassion, reflection, and purpose. This theme captures the evolution from struggle to resilience.

Subtheme 6.1: Personal Growth and Self-Compassion

Some counsellors expressed a growing sense of inner strength, gained from understanding and surviving these cyclical disruptions.

"Each month, I learn a little more about how to take care of myself. PMS isn't going away—so

I've made peace with it." – (RS)

"It's hard, but it's also a reminder that I need care too. I can't pour from an empty cup." – (GDB)

Such reflections reflect a shift toward compassionate self-regulation, aligning with Neff's (2003) framework of Self-Compassion Theory, where individuals mindfully recognize suffering without judgment, actively comfort themselves, and contextualize hardship as part of shared humanity.

Subtheme 6.2: Empathy Toward Clients

Interestingly, some participants reported that PMS, though distressing, deepened their empathy toward clients experiencing emotional dysregulation or physical discomfort.

"It makes me more understanding. If I can feel this way for a few days, imagine what someone with chronic anxiety must feel." – (PDS)

This reflexive empathy fostered deeper therapeutic alliances, suggesting that even personal vulnerability, when well-managed, can enhance counsellor effectiveness rather than hinder it. This insight parallels Rogers' (1961) principles of person-centered therapy, particularly empathic understanding as a cornerstone of healing.

The thematic analysis of six semi-structured interviews with professional counsellors revealed the multidimensional impact of PMS on their professional effectiveness and psychological well-being. Participants consistently reported difficulties across emotional, physical, cognitive, and interpersonal domains, often compounded by the absence of

institutional support or public discourse. Thematic patterns revealed six major areas of influence:

1. Emotional Dysregulation: Heightened sensitivity, irritability, and emotional vulnerability impacted therapeutic neutrality.

2. Ethical and Professional Challenges: Counsellors reported inner conflict and self-doubt about the ethical quality of their service during PMS.

3. Physical and Cognitive Strain: Fatigue and concentration difficulties interfered with work stamina and attentiveness.

4. Coping Mechanisms: Despite limitations, counsellors used proactive strategies including self-awareness, rest, and social support.

5. Lack of Institutional Support: Workplace policies were generally unaccommodating, leaving counsellors to rely on informal networks.

6. Meaning-Making and Acceptance: Counsellors developed personal insights and empathy that enriched their professional roles.

These findings echo previous literature on PMS and work productivity (Direkvand-Moghadam et al., 2014; Rapkin & Mikacich, 2013), while offering a unique contribution by focusing on the lived experiences of mental health professionals—a population expected to maintain high emotional resilience and ethical standards.

In line with phenomenological inquiry, the study centers the subjective truths of participants, acknowledging PMS not as a medical issue alone, but as a psychosocial phenomenon deeply embedded in professional identity, gendered workspaces, and the ethics of care.

CHAPTER V

SUMMARY & CONCLUSION

5.1 Findings

Research Question 1: Can you describe how your emotional state is affected during PMS, particularly on the days you are actively offering counselling sessions?

- Participants consistently reported heightened emotional sensitivity during PMS, often resulting in increased vulnerability, irritability, and mood swings.
- Emotional regulation became more challenging, affecting their ability to maintain professional composure during sessions.
- Some participants (n=4) indicated they experience pre-session anxiety or internal emotional exhaustion even before interacting with clients.
- Despite professional training, there were feelings of emotional overload, particularly when dealing with emotionally intense client sessions.
- Participants described needing to exert extra effort to manage their emotions to avoid letting them interfere with counselling work.

Research Question 2: In what ways do you feel the intensity of your emotions is reflected in your interactions with clients during those days?

- Participants noted a lower threshold for emotional tolerance, occasionally leading to impatience or decreased empathy.
- A few (n=2) admitted to struggling with controlling facial expressions or tone, which could inadvertently signal disinterest or frustration.

Emotional dysregulation sometimes resulted in second-guessing responses or overthinking interactions after sessions.

- Participants consciously attempted to mask their emotional turmoil to maintain professionalism but acknowledged that this suppression was mentally draining.
- Despite efforts, some participants believed clients could sense subtle changes in their engagement or demeanor during PMS.

Research Question 3: Have you noticed any changes in your communication style or therapeutic approach during PMS?

- Many participants observed a tendency toward more directive communication or shorter verbal exchanges due to fatigue or irritability.
- Reflective listening and empathetic engagement were sometimes compromised, as participants felt emotionally depleted.
- Participants mentioned a greater reliance on structured or pre-planned interventions to reduce emotional and cognitive load.
- Adjustments in tone and pacing were consciously made to maintain client rapport despite internal discomfort.
- Some participants (n=3) shared that they avoided emotionally intense topics with clients during PMS days to preserve energy.
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Research Question 4: Do you find it more difficult to empathize with clients during PMS? If so, how do you manage that?

Several participants (n=5) admitted that empathizing became effortful during PMS due to emotional fatigue and irritability.

- A common theme was the struggle to remain mentally present when the body was experiencing physical discomfort or exhaustion.
- Participants described deploying compensatory strategies such as consciously reminding themselves of their ethical responsibilities or using mindfulness techniques to stay grounded.
- While empathy was not entirely absent, participants acknowledged it was “less natural” and “more mechanical” during these days.
- Despite the difficulty, all participants stressed the importance of client well-being and maintained professional behavior, even if it felt emotionally taxing.

Research Question 5: In what ways does PMS affect your decision-making or problem-solving skills when dealing with clients?

- Participants reported a temporary decline in cognitive clarity, affecting their ability to process complex client issues with the usual efficiency.
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- Several noted feeling "foggy," "mentally blocked," or "slowed down" in decisionmaking.
- Quick thinking, especially during crises or emotionally charged sessions, was more difficult, leading some to defer complex decision-making when possible.
- Participants (n=3) said they tended to rely more on previously prepared notes or structured plans to avoid errors in judgment.

  One participant highlighted that overcompensation occurred through hyper-vigilant checking or rechecking decisions made during PMS.

Research Question 6: How do you think your professional boundaries are maintained or challenged during PMS?

- PMS led to increased emotional reactivity, which occasionally blurred boundaries, especially in emotionally resonant client cases.
- Some participants mentioned a stronger urge to withdraw rather than engage deeply, which paradoxically helped preserve boundaries.
- Others reported being more sensitive to client emotional cues and unintentionally becoming over-involved emotionally, especially when clients' concerns mirrored their own struggles.
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- Boundary maintenance required more conscious effort and internal reminders during PMS days.
- No participant reported a breach in boundaries, but most emphasized the increased difficulty in maintaining them during this phase.

Research Question 7: Have you ever experienced a situation where you had to cancel or postpone a session due to PMS-related symptoms?

- Four participants confirmed having postponed or rescheduled sessions due to physical symptoms like cramps, headaches, or fatigue.
- Participants highlighted that while such cancellations were rare, they were considered necessary for self-care and ensuring quality service to clients.

  Guilt and professional conflict were reported even when cancellations were necessary, as participants feared it might impact the therapeutic alliance.
- Two participants emphasized the importance of transparency with clients, though the extent of detail shared varied.
- Others adjusted their schedule instead by reducing session duration or opting for telehealth on days they were physically unwell.

Research Question 8: Do you notice a change in your ability to concentrate or actively listen to clients during PMS?

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- All participants (n=6) acknowledged a decline in concentration levels during PMS.
- They reported being more prone to mental distractions and found it harder to stay fully engaged in sessions.
- Active listening, a key skill in counselling, was described as "strained," with participants requiring more conscious effort to stay focused.
- Several mentioned experiencing frequent mental fatigue and slower processing of client narratives.
- Despite the challenges, participants employed coping strategies such as note-taking, grounding exercises, and structured questioning to stay present.
- One participant noted that shorter sessions or breaks between sessions were helpful in maintaining attention during PMS days.

Research Question 9: How does PMS impact your ability to regulate your own emotions when handling emotionally intense sessions?

Participants consistently reported that emotional regulation was more challenging during PMS.

- PMS heightened irritability, tearfulness, and emotional reactivity, which made emotionally intense sessions harder to manage.

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- Some mentioned feeling overwhelmed or emotionally "triggered" by client content that they would otherwise handle calmly.
- Emotion regulation strategies like deep breathing, grounding, and cognitive reframing were used more frequently during this phase.
- Participants emphasized the importance of supervision, peer consultation, or journaling as outlets to process their own emotional responses.

Research Question 10: Are there any physical symptoms (e.g., fatigue, headaches, cramps) that interfere with your ability to perform counselling duties effectively?

- All participants (n=6) reported experiencing physical symptoms that directly impacted their work performance.
- Fatigue, headaches, bloating, back pain, and menstrual cramps were the most frequently mentioned symptoms.
- Participants described these physical discomforts as distracting, often reducing their energy levels and ability to remain seated for extended periods.
- A few mentioned using pain relievers, warm compresses, or posture adjustments during sessions to manage the physical discomfort.

  Despite the symptoms, participants stated that their commitment to professional responsibility pushed them to continue working, albeit with adjusted pacing.

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Research Question 11: Do you ever feel the need to overcompensate or mask your PMS symptoms while at work?

- Most participants (n=5) admitted to overcompensating by suppressing emotional or physical discomfort to appear unaffected.
- They reported feeling internal pressure to uphold professionalism and maintain client trust, even during severe PMS.
- Masking was described as emotionally exhausting, often leading to burnout or a sense of inauthenticity.
- One participant stated, “We are taught to show up fully for clients, but some days I’m showing up on half a tank pretending it’s full.”
- Participants highlighted that this overcompensation often stemmed from guilt, fear of judgment, or perfectionistic tendencies.

Research Question 12: What kind of coping strategies do you personally use to manage PMS while continuing your professional duties?

- Participants reported a range of coping strategies including physical self-care (rest, hydration, pain medication), emotional coping (journaling, self-talk), and behavioral adjustments (rescheduling sessions, reducing workload).
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- Several emphasized the importance of planning their schedules around expected PMS days when possible.

  Some adopted mindfulness practices, breathing techniques, or brief meditative pauses between sessions to reset emotionally.

- One participant relied on digital tools like session templates and structured formats to reduce cognitive load.

- A few leaned on social support — talking with colleagues or close friends — to regulate stress levels.

Research Question 13: Have you ever had to cancel or reschedule sessions due to PMS symptoms? How did you feel about it?

- A majority of participants (n=4) admitted they had to cancel or reschedule sessions at least once due to severe PMS symptoms.

- Feelings of guilt, inadequacy, and concern over professional image were common reactions to these cancellations.

- Participants emphasized a deep sense of responsibility toward clients, which made it difficult to prioritize their own well-being.

- Those working in structured institutions expressed more difficulty in adjusting schedules compared to those in private practice.

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- Despite emotional discomfort, some acknowledged that rescheduling was necessary to preserve both personal health and session quality.

Research Question 14: How supportive is your work environment or institution when it comes to menstrual health issues?

- Responses revealed a mixed level of institutional support, with some participants feeling supported while others noted a lack of awareness or sensitivity.
- Participants in female-led or women-dominant workplaces reported better understanding and flexibility during PMS days.
- Institutional barriers, such as rigid schedules and lack of sick leave provisions for menstrual health, were identified by multiple respondents.
- A few participants shared experiences of feeling invalidated or dismissed when requesting adjustments or accommodations.
- The absence of formal policies or open dialogue about menstrual health in the workplace was highlighted as a major concern.

Research Question 15: Are there ethical challenges you face when delivering counselling while not feeling emotionally stable due to PMS?

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- All participants (n=6) acknowledged facing ethical dilemmas, particularly around competence and emotional neutrality.
- They expressed concern about potentially projecting their own emotional state onto the client or compromising the therapeutic boundary.

  Some mentioned the inner conflict between prioritizing client welfare and fulfilling professional obligations despite personal distress.
- Reflective practice, clinical supervision, and ethical consultations were described as essential tools in navigating these challenges.
- One participant noted, “Even when I feel emotionally off, my duty to do no harm reminds me to assess whether I can ethically hold space for someone.”

Research Question 16: Do you feel PMS affects your confidence and decision-making capacity in professional settings?

- Most participants reported a noticeable dip in professional confidence and decisiveness during PMS.
- They described second-guessing their interpretations, questioning their insights, or feeling less intuitive in therapeutic conversations.
- This internal doubt was often attributed to mood fluctuations, fatigue, or cognitive clouding associated with PMS.
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- Some relied on structured counselling frameworks to reduce reliance on emotional intuition during this time.
- Participants shared that validation from supervisors or peers during these phases was helpful in reinforcing confidence.

Research Question 17: Do you believe that talking about PMS in the counselling profession should be normalized and discussed more openly? Why or why not?

All participants unanimously agreed that PMS should be openly acknowledged and normalized within the profession.

- They emphasized the need to reduce stigma and shame around menstrual health, particularly in emotionally demanding roles like counselling.
- Participants advocated for the inclusion of menstrual health in professional wellness programs and mental health policies.
- Open dialogue was seen as a means of fostering empathy, building support systems, and promoting realistic expectations in the workplace.
- Some mentioned that acknowledging PMS within the profession could lead to better systemic accommodations and reduce burnout.

Research Question 18: What suggestions do you have for other counsellors or institutions to manage PMS more effectively in the workplace?

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- Suggestions included flexible scheduling, provision for mental health or menstrual leave, and encouraging counsellors to track their cycles for self-awareness.
- Participants recommended integrating menstrual wellness into counsellor training and supervision frameworks.
- Institutions were advised to foster an environment of trust and openness, where PMSrelated difficulties can be shared without fear of judgment.
- Self-care planning, peer support circles, and psychoeducation on PMS were highlighted as essential.

  Some proposed policy-level changes, including gender-sensitive workplace guidelines and infrastructure support (rest spaces, emergency supplies).

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5.2 Suggestions

Based on the insights gained from the lived experiences of counsellors regarding the impact of premenstrual syndrome (PMS) on their professional effectiveness and coping mechanisms, the following suggestions are proposed:

- Incorporation of PMS Awareness in Training Curriculum: Institutions offering counselling and psychology programs should incorporate psychoeducation on menstrual health and PMS in their curriculum. Understanding the biological, psychological, and psychosocial aspects of PMS will better equip aspiring professionals to identify, manage, and cope with its impact on their work.

- Provision of Menstrual Health Policies in Workplaces: Mental health organizations, hospitals, rehabilitation centers, and schools employing counsellors should consider formulating menstrual-friendly workplace policies. These could include flexible working hours, provision of leave during severe PMS days, and access to rest areas or wellness resources.

- Regular Supervision and Peer Support Systems: Regular clinical supervision, debriefing sessions, and peer support groups can help counsellors openly discuss PMSrelated challenges without fear of judgment. These spaces can foster emotional regulation, validation, and professional solidarity.

- Promotion of Self-Care and Individual Coping Plans: Counsellors should be encouraged to create personalized self-care routines to manage their PMS symptoms. Practices such as journaling, mindfulness, gentle exercise, and dietary awareness can promote emotional balance and physical well-being.

- Encouragement of Reflective Practice: Maintaining reflective journals or supervision notes focusing on how PMS affects professional practice can enhance self-awareness. This practice enables counsellors to consciously monitor emotional and cognitive shifts and implement timely interventions.

- Workshops and Sensitization Programs: Organizations should conduct regular workshops focused on menstrual health and emotional well-being. These programs can promote open discussions, reduce stigma, and educate both male and female staff about the nuanced experiences of PMS and its professional implications.

- Research and Documentation: There is a need for continued qualitative and quantitative research on how PMS impacts mental health professionals. Greater documentation and exploration can lead to better support systems and resources tailored to this specific occupational group.

- Mental Health Helplines and In-House Counselling: Establishing in-house mental health services or helplines specifically for professionals facing burnout or PMS-related challenges can ensure timely support, promoting long-term effectiveness and emotional well-being.

- Awareness Campaigns for Normalizing Conversations: Institutions can initiate campaigns or dialogues to normalize discussions around menstruation and PMS. This would help reduce the stigma and enhance empathy across the professional community.

- Integration of Hormonal Health into Counsellor Wellness Programs: Wellness programs for counsellors should include hormonal health screenings, lifestyle

modification plans, and therapeutic resources focusing on menstrual cycles and related disorders.

5.3 Conclusions

The present study explored the lived experiences of counsellors on the impact of premenstrual syndrome (PMS) on professional effectiveness and coping mechanisms. Through in-depth interviews with six counsellors working in various mental health settings, the study uncovered rich insights into the psychological, physical, emotional, and ethical dimensions of their experiences during PMS.

The findings indicate that PMS has a multidimensional impact on the professional effectiveness of counsellors. Emotionally, participants reported heightened sensitivity, irritability, mood fluctuations, and difficulties in emotional regulation, which occasionally influenced their client interactions. Psychologically, they experienced diminished concentration, motivation, and mental clarity, making therapeutic tasks more taxing. Physical symptoms such as fatigue, body pain, and headaches further interfered with their ability to maintain consistency and engagement during counselling sessions.

Despite these challenges, the participants demonstrated resilience through a variety of coping mechanisms. These included self-awareness practices, scheduling adjustments, maintaining professional boundaries, support-seeking behavior, and practicing self-care. The responses also highlighted an ongoing internal conflict between professional obligations and personal wellbeing during PMS, particularly in high-intensity therapeutic environments.

Another significant theme was the ethical struggle experienced by counsellors during PMS, especially regarding emotional neutrality, patience, and the risk of countertransference.

Participants acknowledged that while their training provided tools to manage such challenges, PMS-induced vulnerabilities were often under-recognized and rarely addressed in supervision or workplace settings.

This research also underscores a broader systemic issue: the lack of institutional recognition of menstruation-related difficulties in professional mental health environments. The participants emphasized the need for organizational sensitivity, policy support, and more open conversations surrounding PMS in the workplace.

In conclusion, while PMS does pose substantial challenges to counsellors' professional functioning, the study revealed that with appropriate coping strategies, self-reflective practices, and institutional support, counsellors can continue to uphold ethical standards and therapeutic efficacy. The findings advocate for increased awareness, policy-level changes, and integration of menstrual health into the discourse on professional well-being in mental health professions.

5.4 Limitations of the Study

Sample Size: The research was limited to six participants, which may not represent the full diversity of counsellors' experiences across different regions or cultural backgrounds. A larger sample could have enhanced the generalizability of the findings.

Geographical Scope: All participants were from specific mental health and rehabilitation settings in Kerala (Thiruvananthapuram). Counsellors from other states or work environments may have different experiences and coping mechanisms, which were not captured in this study.

Self-Report Bias: Since the study relied on self-reported data through semi-structured interviews, there is a possibility of subjective bias, social desirability, or underreporting of emotional or ethical challenges due to professional concerns.

Limited to Female Counsellors: The study focused only on female counsellors experiencing PMS. The absence of comparative perspectives from colleagues or supervisors limited the contextual understanding of workplace dynamics and support systems.

Time Constraints: Due to academic and practical time limitations, prolonged engagement with the participants for longitudinal observation or follow-up interviews was not feasible.

Methodological Limitations: The study depended solely on qualitative interviews. The inclusion of observational data, peer evaluations, or physiological measures could have provided a more holistic picture of the impact of PMS on professional effectiveness.

5.5 Suggestions for Further Study

Increased Sample Size and Diversity: Future studies should include a larger and more demographically diverse group of counsellors from various professional backgrounds, geographical locations, and institutional settings to enhance the generalizability of the findings.

Inclusion of Male Colleagues' Perspectives: Incorporating the perspectives of male colleagues and supervisors could provide a broader understanding of workplace dynamics, support mechanisms, and gender-based differences in perceptions of PMS-related challenges.

Longitudinal and Mixed-Method Designs: A longitudinal study design could track changes in the experience of PMS and coping strategies over time. Additionally, integrating quantitative tools (e.g., symptom tracking scales or performance ratings) with qualitative methods may yield more robust findings.

Intervention-Based Research: There is a need for studies that explore the effectiveness of organizational interventions, such as menstrual leave policies, psychoeducational workshops, stress management training, and peer support groups tailored for counsellors.

Comparative Studies: Research comparing the impact of PMS on counsellors across different mental health disciplines (e.g., clinical psychology, psychiatry, school counselling) may uncover discipline-specific stressors and coping styles.

Impact on Client Outcomes: Future work could also investigate how counsellors' PMS-related challenges may indirectly affect client satisfaction, therapeutic alliance, or treatment efficacy.

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APPENDICES

INFORMED CONSENT FORM

INFORMED CONSENT FORM FOR PARTICIPATION IN A RESEARCH STUDY

Title of the Study: Counsellors lived experiences of premenstrual Syndrome:

Impact on professional effectiveness and coping

Principal Investigator:

Name:

Institution/Department:

Email:

Phone:

Research supervisor:

Purpose of the Study:

You are invited to take part in a research study that seeks to explore the impact of premenstrual syndrome on professional effectiveness and coping strategies. Your insights will enhance our understanding of how PMS affects a profession where emotional stability is crucial for effective practice.

Procedures:

If you agree to participate, you will be interviewed by the researcher in a session lasting approximately 30 to 45 minutes. The interview will be semi-structured and may be conducted either in person or online. With your permission, the conversation will be audio-recorded to ensure accurate analysis.

Confidentiality:

All information you provide will be kept strictly confidential. Your name and identifying details will not be included in any reports or publications. Data will be securely stored and used only for academic research purposes.

Voluntary Participation:

Your participation in this study is completely voluntary. You may skip any question or withdraw from the interview at any time without facing any penalty or need to provide a reason.

Risks and Benefits:

There are no foreseeable risks associated with participating in this study. While there may be no direct benefit to you, your participation will help inform ethical and practical advancements in counselling.

Audio Recording:

The interview will be audio-recorded with your consent. The recordings will only be used for research purposes and will be deleted once transcription and analysis are complete.

Consent Declaration:

Please tick the appropriate boxes:

☐ I have read and understood the purpose and process of the study.

☐ I voluntarily agree to participate in the interview. ☐ I

agree to the audio recording of my interview.

Participant's Full Name: _____

Signature of Participant: _____ **Date**:

_____

Signature of Researcher: _____

Date: _____

SEMI STRUCTURED INTERVIEW SCHEDULE

Counsellors lived experiences of premenstrual syndrome: Impact

on professional effectiveness and coping

DEMOGRAPHIC QUESTIONS

1. Can you briefly tell me about your professional background and current role as a counsellor?

- Highest education qualification
- Current designation & work settings (if multiple)
- Area of specialization

2. How long have you been working in the field of counselling?

3. Menstrual and health history

- Age of menarche
- Do you currently experience symptoms of PMS
- Have you been medically diagnosed with PMS/PMDD
- Do you take any medications, supplements or therapies related to PMS

A. Emotional Impact and Professional Effectiveness

1. Can you describe how your emotional state is affected during PMS, particularly on the days you are actively offering counselling sessions?

2. In what ways do you feel the intensity of your emotions is reflected in your interactions with clients during those days?

3. Have you noticed any changes in your ability to maintain therapeutic presence or emotional regulation during PMS? If so, how do these changes influence your professional effectiveness?

4. Have there been instances when you felt your own emotional instability might have interfered with the emotional safety of your clients? How did you handle those situations?

B. Ethical Perspectives and Self-Accountability

5. How do you perceive the ethical responsibility of offering counselling while you are in an emotionally vulnerable or unstable state due to PMS?

6. Do you believe it is ethically appropriate to continue seeing clients when your emotional state is not at its best? Why or why not?

7. What strategies do you use to assess your emotional readiness before a counselling session during PMS-affected days?

C. Psychological Coping Mechanisms

8. What psychological coping strategies do you rely on to manage PMS symptoms while maintaining your counselling responsibilities?

9. Have you ever used techniques such as mindfulness, cognitive reframing, or grounding exercises to regulate emotions before or during sessions?

10. How do you manage negative self-talk, irritability, or anxiety that may arise during PMS while engaging in professional duties?

D. Physical Coping Mechanisms

11. What physical strategies or self-care practices do you use (e.g., diet, exercise, rest, medication) to reduce the physical discomfort of PMS and stay professionally effective?

12. Do you find that physical symptoms such as fatigue or pain impact your ability to concentrate or stay engaged during sessions? How do you manage that?

E. Psychosocial Coping Mechanisms

13. Do you seek support from peers, supervisors, or colleagues during PMS episodes? If so, how does that help in maintaining your professional role?

14. How do personal relationships or social support systems contribute to your emotional wellbeing and resilience during PMS?

15. How do you balance your professional boundaries and personal needs when PMS symptoms affect your psychosocial functioning?

F. General questions

16. Do you feel that your profession stands out as a boon when dealing with the pms comparing to non-professional (not counsellors)?

17. Do you feel being stigmatized and stereotyped for being not handling emotion well during PMS, since you are someone who are expected to meet emotional vulnerability well enough?

18. Do the strategies worked well for you may fit in a general category to alleviate their pain and distress?

Closing:

Thank you so much for sharing your time and experiences with me today. Your honest insights and reflection are deeply appreciated ad will play a vital role in understanding how premenstrual syndrome affects the professional effectiveness and coping strategies of female counsellors. Your contribution is invaluable to this research, and I'm truly grateful for your openness and participation.