Cognitive Failures and Coping Among Menopausal and Non-Menopausal School Teachers

Dissertation Submitted to Kerala University in Partial Fulfilment

of the Requirements for the Award of the Degree of

Master of Science in Counselling Psychology

Submitted by

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Certificate

This is to certify that the research entitled ***"Cognitive Failures and Coping Among Menopausal and Non-Menopausal School Teachers"*** is a bonafide and authentic work carried out by Angelin Mariam Benny under the guidance and supervision of Dr. Jesline Maria M. Mammen during the IV Semester of the M.Sc. Counselling Psychology Programme in the academic year 2024–2026**.**

Dr. Jesline Maria M Mammen **Dr. Ammu Lukose**

Supervising teacher Head of the department in charge

Submitted for the examination held on:

Examiners:

DECLARATION

I hereby declare that the research work entitled ***"Cognitive Failures and Coping Among Menopausal and Non-Menopausal School Teachers"*** submitted in partial fulfilment of the requirements for the award of the degree of **Master of Science in Counselling Psychology** is a record of original work carried out by me under the guidance and supervision of **Dr. Jesline Maria M. Mammen** during the academic year 2024–2026.

I further declare that this work has not been submitted either in part or in full for the award of any other degree, diploma, fellowship, or any other similar title in this or any other institution or university.

Place: Sreekaryam

Date:

ANGELIN MARIAM BENNY

M.Sc. Counselling Psychology

IV Semester

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Abstract

Female school teachers play a crucial role in students' academic and psychosocial development, yet menopause may influence their cognitive functioning and psychological well-being. This study compared cognitive failures and coping among 150 menopausal (n = 68) and non-menopausal (n = 82) female school teachers from government, aided, and private schools in Kerala and examined the relationship between these variables. Data were collected using a Demographic Information Sheet, the Cognitive Failures Questionnaire (Broadbent et al., 1982), and the Coping Styles Questionnaire, and analyzed using descriptive statistics, the Shapiro–Wilk test, independent-samples *t*-tests, and Pearson's correlation. The findings revealed that menopausal teachers experienced significantly higher cognitive failures, particularly in attention, memory, and concentration, than non-menopausal teachers. However, no significant differences were found in coping between the two groups, and cognitive failures were not significantly associated with coping in either group. These findings underscore the importance of menopause-sensitive counselling, cognitive health awareness, and supportive workplace interventions to promote the well-being and professional effectiveness of female school teachers.

Keywords: Cognitive failures, coping, menopause, school teachers, menopausal teachers, non-menopausal teachers.

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Chapter I

Introduction

Teaching is widely regarded as one of the most significant professions in society, as teachers play a crucial role in shaping the intellectual, emotional, and social development of future generations. In India, school teachers form a substantial part of the educational workforce, with women constituting a major proportion of professionals in the teaching sector. The teaching profession often demands continuous mental engagement, emotional involvement, effective classroom management, administrative responsibilities, and adaptation to changing educational expectations. In addition to academic responsibilities, teachers are frequently required to manage occupational stress, time pressures, interpersonal demands, and role conflicts, all of which may influence their psychological well-being and professional effectiveness. Female teachers, in particular, may experience additional challenges associated with balancing occupational responsibilities alongside familial and personal commitments.

Among middle-aged women, menopause represents a significant and natural biopsychosocial transition that generally occurs between the ages of 45 and 55 years. This transition is often accompanied by hormonal, physical, emotional, and cognitive changes that may affect attention, memory, concentration, decision-making, emotional regulation, and overall coping capacity. Research has shown that many women undergoing menopause report subjective cognitive difficulties such as forgetfulness, reduced concentration, mental fatigue, and lapses in attention. These everyday errors in cognitive functioning are commonly referred to as cognitive failures.

Cognitive failures refer to minor mistakes or lapses in attention, memory, perception, and action that occur during routine activities despite adequate knowledge and ability to perform tasks. Such failures may include forgetting appointments, misplacing objects, overlooking important information, or experiencing difficulties in maintaining concentration. Although cognitive failures are common among healthy individuals, their frequency may increase due to factors such as stress, fatigue, emotional distress, hormonal changes, and excessive workload. Within the teaching profession, increased cognitive failures may affect classroom performance, decision-making, task management, and overall occupational effectiveness.

Another important factor influencing psychological adjustment is coping style, which refers to the cognitive, emotional, and behavioral strategies employed by individuals to manage stress, challenges, and life transitions. Effective coping strategies enable individuals to adapt successfully to demanding situations, whereas maladaptive coping strategies may contribute to psychological distress and reduced well-being. The menopausal transition often presents various physical and emotional challenges that require effective coping mechanisms for successful adaptation.

Since cognitive functioning and coping processes both influence an individual's ability to manage occupational and personal stressors, understanding the relationship between cognitive failures and coping styles among menopausal and non-menopausal women becomes increasingly important. In the demanding context of the teaching profession, these factors may significantly affect psychological adjustment, work performance, and quality of life. Therefore, this chapter introduces the major constructs of cognitive failures, coping styles, and menopausal status, and establishes the rationale for examining their interrelationship among school teachers.

Cognitive Failures

Cognitive failures refer to the minor errors or lapses in cognitive functioning that individuals experience during the performance of routine daily activities. These failures occur despite the absence of neurological impairment and typically involve unintentional mistakes in attention, memory, perception, and action. Examples include forgetting appointments, misplacing objects, overlooking familiar information, losing concentration while reading or listening, forgetting names, making slips during routine tasks, or failing to notice environmental cues. Although these errors are common in everyday life, frequent cognitive failures may interfere with occupational efficiency, decision-making, interpersonal functioning, and overall quality of life.

The concept of cognitive failures was introduced by Broadbent, Cooper et al . (1982), who defined them as everyday mistakes resulting from temporary breakdowns in normal cognitive processing rather than deficits in intellectual ability. Cognitive failures are considered subjective indicators of cognitive functioning and reflect an individual's perception of the frequency with which cognitive lapses occur in everyday situations.

Several factors have been found to influence cognitive failures. Psychological variables such as stress, anxiety, depression, fatigue, emotional distress, and sleep disturbances are consistently associated with increased cognitive failures. Occupational demands, workload, multitasking, burnout, and environmental distractions also contribute to attentional and memory lapses. Biological changes associated with ageing and hormonal transitions, particularly menopause, may further increase the frequency of subjective cognitive failures among middle-aged women.

For school teachers, cognitive functioning is fundamental to effective professional performance. Teaching requires continuous attention, working memory, lesson planning, decision-making, classroom management, and the ability to respond appropriately to students' academic and emotional needs. Frequent cognitive failures may affect lesson delivery, communication, organization, assessment, and interactions with students and colleagues. Therefore, understanding cognitive failures among school teachers is essential for promoting occupational effectiveness and psychological well-being.

In the present study, cognitive failures represent the frequency of everyday lapses in attention, memory, perception, and action experienced by menopausal and non-menopausal school teachers, as measured by the Cognitive Failures Questionnaire (CFQ).

Coping

Coping refers to the cognitive, emotional, and behavioral efforts that individuals employ to manage stressful situations, emotional challenges, and demands that are perceived as taxing or exceeding their available resources. Coping enables individuals to adapt to stressful life events by regulating emotions, modifying behavior, and attempting to resolve or tolerate difficult situations. Rather than eliminating stress itself, coping reflects how individuals respond to and manage stress.

The most influential theoretical explanation of coping was proposed by Lazarus and Folkman (1984) in their Transactional Model of Stress and Coping. According to this model, stress results from an individual's appraisal of environmental demands and their perceived ability to manage those demands. Coping involves constantly changing cognitive and behavioral efforts that individuals use to deal with stressful circumstances. The effectiveness of coping depends on both personal characteristics and situational factors.

Coping scale are generally categorized into problem-focused coping, emotion-focused coping, and avoidance-oriented coping. Problem-focused coping involves actively addressing the source of stress through planning, problem-solving, and taking constructive action. Emotion-focused coping aims to regulate emotional responses by seeking emotional support, accepting the situation, engaging in positive thinking, or expressing feelings appropriately. Avoidance-oriented coping involves efforts to evade or withdraw from stressful situations through denial, distraction, wishful thinking, or behavioral disengagement. While problem-focused and adaptive emotion-focused coping are generally associated with better psychological adjustment, excessive reliance on avoidance-oriented coping has been linked to increased psychological distress and poorer well-being.

The Coping Scale Questionnaire (CSQ), developed by Hamby, Grych et al . (2013) is a widely used self-report instrument designed to assess individuals' habitual ways of coping with stressful situations. The questionnaire evaluates coping as relatively stable styles rather than situation-specific responses. It measures four major coping styles: Rational Coping, Detached Coping, Emotional Coping, and Avoidance Coping. Rational coping reflects logical problem-solving and constructive efforts to manage stress. Detached coping refers to maintaining emotional distance and objectivity during stressful situations. Emotional coping represents emotional reactions such as worry, self-blame, and emotional distress, whereas avoidance coping reflects attempts to evade or ignore stressful experiences. The Coping Scale Questionnaire has been widely used in psychological, occupational, health, and educational research because of its satisfactory psychometric properties.

Teaching is recognized as a highly demanding profession involving academic responsibilities, administrative duties, classroom management, student behavior, parental

expectations, and organizational pressures. Effective coping scale enable teachers to maintain emotional balance, manage occupational stress, adapt to changing professional demands, and sustain effective job performance. Conversely, maladaptive coping styles may contribute to burnout, emotional exhaustion, reduced job satisfaction, impaired cognitive functioning, and psychological distress.

In the present study, coping scale refer to the relatively stable cognitive, emotional, and behavioral patterns adopted by menopausal and non-menopausal school teachers to manage stress and challenging situations, as assessed using the Coping Scale Questionnaire (CSQ) developed by Hamby, Grych et al . (2013) . The study specifically examines the coping styles of Rational Coping, Detached Coping, Emotional Coping, and Avoidance Coping and their relationship with cognitive failures among school teachers.

Menopause

Menopause is a natural biological event marking the permanent cessation of menstruation due to the loss of ovarian follicular activity. According to the World Health Organization (WHO), menopause is diagnosed retrospectively after 12 consecutive months of amenorrhea that cannot be attributed to any pathological or physiological cause. It represents the end of a woman's reproductive years and usually occurs between the ages of 45 and 55 years, with the average age ranging from approximately 46 to 51 years in many populations.

Menopause is primarily characterized by a decline in the production of the hormones estrogen and progesterone, resulting in various physiological and psychological changes. Women commonly experience symptoms such as hot flashes, night sweats, sleep disturbances, fatigue, joint pain, headaches, mood swings, irritability, anxiety, depressive

symptoms, and reduced energy levels. Many women also report subjective cognitive complaints, including forgetfulness, attentional lapses, slower information processing, and reduced concentration.

Although menopause is a universal developmental stage, women's experiences vary considerably depending on biological, psychological, cultural, occupational, and social factors. Hormonal changes during menopause may affect brain regions involved in attention, memory, and executive functioning, leading to increased subjective cognitive failures in some women.

For working women, particularly school teachers, menopause may present additional challenges because professional responsibilities often coincide with significant family and caregiving demands. Managing classroom instruction, administrative work, student interactions, and personal responsibilities while coping with menopausal symptoms may increase psychological stress and influence occupational functioning.

In the present study, menopausal teachers refer to female school teachers who have attained natural menopause and have experienced the permanent cessation of menstruation for at least twelve consecutive months.

Non-Menopause

Non-menopausal women are those who continue to experience regular or irregular menstrual cycles and have not yet reached natural menopause. This category includes women in the reproductive years as well as those who may be in the early stages of the menopausal transition but have not experienced twelve consecutive months without menstruation.

Non-menopausal women generally maintain relatively stable ovarian hormone production compared to postmenopausal women, although hormonal fluctuations may occur during different

phases of the menstrual cycle. These hormonal patterns support reproductive functioning and may influence mood, cognition, and emotional regulation. Compared with menopausal women, non-menopausal women are generally expected to report fewer menopause-related physical symptoms and subjective cognitive complaints. However, they may still experience occupational stress, fatigue, emotional difficulties, and everyday cognitive failures due to work demands, family responsibilities, sleep disturbances, or psychological factors.

Within the teaching profession, non-menopausal teachers encounter similar occupational responsibilities, including lesson planning, classroom instruction, student assessment, administrative work, and communication with parents and colleagues. Studying this group provides an important comparison for understanding whether menopausal status contributes to differences in cognitive failures and coping beyond the general occupational stress experienced by teachers.

In the present study, non-menopausal teachers refer to female school teachers who have not attained natural menopause and continue to experience menstrual cycles, serving as the comparison group for evaluating differences in cognitive failures and coping.

Need for the Study

Teaching is widely recognized as one of the most intellectually demanding and emotionally challenging professions. School teachers are expected to perform multiple responsibilities simultaneously, including lesson planning, classroom instruction, student evaluation, classroom management, administrative duties, and communication with parents and colleagues. These responsibilities require sustained attention, memory, concentration, problem-solving ability, emotional regulation, and effective decision-making. In India, women constitute a major

proportion of the school teaching workforce, and a considerable number of female teachers belong to the middle-adulthood age group, particularly between 45 and 55 years, which coincides with the menopausal transition. During this period, women continue to shoulder significant professional responsibilities while simultaneously fulfilling family, social, and caregiving roles. Consequently, understanding the psychological experiences of female teachers during menopause has become increasingly important for promoting both occupational effectiveness and psychological well-being.

Menopause is a natural biological transition that marks the permanent cessation of menstruation resulting from the decline in ovarian function. Although menopause is a universal developmental event, women's experiences vary considerably depending on biological, psychological, social, occupational, and cultural factors. The menopausal transition is often accompanied by hormonal changes that produce a wide range of physical symptoms such as hot flashes, night sweats, sleep disturbances, fatigue, headaches, joint pain, and reduced energy. In addition to these physical symptoms, many women report psychological and cognitive changes including mood swings, anxiety, irritability, depressive symptoms, forgetfulness, attentional lapses, reduced concentration, and memory difficulties. These changes may influence women's everyday functioning, quality of life, interpersonal relationships, and occupational performance.

Among these psychological changes, cognitive failures have gained increasing attention in recent years. Cognitive failures refer to the everyday lapses in attention, memory, perception, and action that individuals experience during routine activities. These include forgetting appointments, misplacing objects, losing concentration while performing familiar tasks, overlooking important information, making careless mistakes, and experiencing absent-mindedness. Although such lapses occur in healthy individuals, frequent cognitive failures may reduce work efficiency,

increase errors in task performance, impair decision-making, and affect self-confidence. For school teachers, who must continuously process information, maintain classroom discipline, remember schedules, evaluate students, and respond effectively to dynamic classroom situations, even minor cognitive failures may have important implications for teaching effectiveness and professional performance.

At the same time, coping plays a crucial role in determining how individuals respond to stressful life events and challenging situations. Coping refers to the cognitive and behavioral efforts used to manage internal and external demands that are perceived as stressful or overwhelming. Effective coping strategies enable individuals to regulate emotions, solve problems, adapt to changing circumstances, and maintain psychological well-being. Conversely, ineffective or maladaptive coping strategies may contribute to increased stress, emotional exhaustion, reduced occupational functioning, and poorer mental health outcomes. Since menopause represents a significant developmental transition accompanied by multiple physiological and psychological changes, the coping strategies adopted by women during this period may substantially influence their adjustment, resilience, and quality of life.

Existing research has demonstrated that menopausal women frequently report increased subjective cognitive complaints alongside emotional distress and occupational stress. Similarly, numerous studies have highlighted the importance of coping in facilitating successful psychological adjustment during stressful life transitions. However, most previous investigations have examined cognitive failures, coping, and menopause as separate areas of research. Comparatively few studies have attempted to understand how cognitive failures and coping are related, particularly among working women engaged in cognitively demanding professions such as teaching. Furthermore, available international findings cannot be generalized directly to the Indian

population because women's experiences of menopause are influenced by cultural beliefs, family structures, occupational expectations, healthcare accessibility, and social support systems.

The need for the present study becomes even more apparent within the Indian educational context. Female teachers in India often perform multiple social roles simultaneously as educators, mothers, spouses, caregivers, and household managers. Balancing professional responsibilities with family obligations may increase physical and psychological demands during the menopausal transition. Despite these challenges, discussions regarding menopause remain limited in many educational institutions, and women frequently hesitate to disclose menopause-related difficulties due to stigma, misconceptions, or fear of being perceived as less competent. Consequently, cognitive difficulties experienced during menopause may remain unrecognized and untreated, potentially affecting teachers' psychological well-being and occupational functioning.

Another important reason for undertaking the present study is the scarcity of empirical research conducted among menopausal and non-menopausal school teachers in Kerala and India. Although international literature has documented subjective cognitive complaints during menopause, relatively few Indian studies have specifically examined everyday cognitive failures among school teachers. Even fewer investigations have explored whether coping differs between menopausal and non-menopausal teachers or whether cognitive failures are associated with coping during the menopausal transition. This lack of empirical evidence limits the ability of counsellors, psychologists, educational administrators, and policymakers to develop evidence-based interventions specifically designed for female teachers.

The present study therefore seeks to bridge this important research gap by comparing cognitive failures and coping among menopausal and non-menopausal school teachers and by examining the relationship between these variables. The findings are expected to enhance

understanding of the cognitive and psychological experiences of female teachers during different stages of adulthood and provide valuable evidence regarding the influence of menopausal status on everyday cognitive functioning and stress management.

The study also has important implications for the field of Counselling Psychology. School counsellors and mental health professionals increasingly recognize the importance of promoting psychological well-being not only among students but also among teachers. Understanding the cognitive and emotional experiences associated with menopause will enable counsellors to develop appropriate psychoeducational programmes, cognitive health awareness initiatives, stress-management interventions, coping skills training, and individual or group counselling services tailored to the needs of female teachers. Such interventions may help teachers understand menopausal changes, normalize their experiences, reduce psychological distress, strengthen adaptive coping strategies, and improve occupational functioning.

Furthermore, the findings may assist educational administrators and policymakers in developing menopause-sensitive workplace policies that promote supportive working environments, encourage open discussions regarding menopause, reduce stigma, and facilitate access to mental health services. Creating awareness regarding menopause and its potential impact on cognitive functioning can contribute to improved teacher well-being, greater job satisfaction, enhanced professional effectiveness, and healthier educational institutions.

Finally, the present study contributes to the growing body of knowledge in Counselling Psychology, Educational Psychology, Occupational Psychology, and Women's Mental Health by providing empirical evidence on cognitive failures and coping among menopausal and non-menopausal school teachers within the Indian sociocultural context. It is expected to serve as a foundation for future research exploring cognitive functioning, menopause, occupational stress,

and psychological adjustment among working women. Thus, the study is expected to have significant theoretical, practical, counselling, and policy implications for researchers, psychologists, school counsellors, educational administrators, healthcare professionals, and women teachers themselves.

Statement of the Problem

Despite the well-documented cognitive, emotional, and coping-related challenges associated with menopause, there exists a significant gap in the existing literature, as few studies within the Indian context have systematically examined cognitive failures and coping scales together among menopausal and non-menopausal school teachers. Although individual studies have explored cognitive functioning, cognitive failures, and coping during menopause separately, an integrated understanding of how these variables interact within an occupational group such as school teachers remains largely unexplored.

Within the teaching profession, where women constitute a major proportion of the workforce and are frequently exposed to sustained occupational stress, understanding psychological variables such as cognitive failures and coping styles becomes particularly important for ensuring effective functioning, occupational performance, and psychological well-being. Cognitive failures, including lapses in attention, memory, perception, and action, may influence teachers' ability to manage professional responsibilities and respond effectively to workplace demands. Likewise, coping scale play a crucial role in determining how individuals adapt to stress and life transitions such as menopause.

Thus, the problem for the present study is entitled "Cognitive Failures and Coping Scale Among Menopausal and Non-Menopausal School Teachers."

Delimitations of the Study

Every research study is conducted within specific boundaries to ensure feasibility, clarity of focus, and effective management of available resources. Accordingly, the present study has been delimited in several respects.

The study is confined to female school teachers employed in selected government, aided, and private schools in Kerala. The findings, therefore, are applicable only to female teachers working within the selected educational institutions and may not be generalized to teachers from other states, educational systems, or occupational groups. Since educational policies, workplace environments, and sociocultural factors differ across regions, caution should be exercised while extending the findings beyond the study population.

The study includes female teachers aged between 35 and 60 years, thereby encompassing both menopausal and non-menopausal women for comparative analysis. This age range was selected because it represents the period during which women are likely to experience the menopausal transition while actively engaged in their professional careers. Women outside this age range were not included, as they fall beyond the scope of the present investigation.

To maintain the homogeneity of the sample and minimize the influence of confounding variables, the study excludes male teachers, women with surgically induced menopause, and those undergoing Hormone Replacement Therapy (HRT). Surgical menopause and hormone replacement therapy may produce physiological and psychological effects that differ from those associated with natural menopause, potentially influencing cognitive functioning and coping. Their exclusion helps ensure that the findings more accurately reflect the experiences of women undergoing natural menopause.

The present investigation adopts a cross-sectional research design, wherein data were collected at a single point in time. Consequently, the study examines the existing status of cognitive failures and coping among menopausal and non-menopausal teachers without assessing changes over time. Therefore, the findings describe associations between variables but do not establish causal relationships or developmental changes occurring throughout the menopausal transition.

The study is further delimited to the assessment of cognitive failures and coping as the primary variables. Cognitive failures include everyday lapses in attention, memory, perception, and action, while coping refers to the strategies employed by individuals to manage stressful situations and life challenges. Other important psychological variables that may influence cognitive functioning and coping, such as stress, anxiety, depression, personality traits, sleep quality, burnout, emotional intelligence, resilience, self-efficacy, social support, occupational satisfaction, organizational climate, and menopausal symptom severity, have not been included in the present investigation. Their exclusion allows the study to maintain a clear focus on the selected variables.

The assessment of the study variables was carried out exclusively through standardized self-report instruments, namely the Cognitive Failures Questionnaire (CFQ) . As a result, the findings are based on the participants' subjective perceptions and self-reported experiences. Although these instruments possess satisfactory psychometric properties, self-report measures may be influenced by factors such as social desirability bias, recall bias, response style, and participants' willingness to disclose personal experiences. No objective neuropsychological assessments or clinical evaluations were employed to verify the reported cognitive failures. Furthermore, the study focuses exclusively on natural menopausal status as one of the independent variables and does not consider differences based on the stages of menopause, such

as perimenopause, early post menopause, or late post menopause, nor does it assess the severity or duration of menopausal symptoms. The study also does not examine the influence of medical conditions, medication use, or lifestyle factors such as physical activity, diet, or sleep habits, all of which may affect cognitive functioning. Finally, the study is limited to the comparison of menopausal and non-menopausal school teachers and the examination of the relationship between cognitive failures and coping within these groups. Broader occupational populations or women from other professions have not been included. Consequently, the findings should be interpreted within the context of female school teachers and may not be directly generalized to women employed in other occupational settings.

These delimitations were established to provide a focused and manageable investigation while ensuring that the objectives of the study could be addressed systematically and scientifically.

Chapter II

Review of Literature

This chapter presents a systematic review of the existing literature relevant to the present study. The review is organized into three major sections: a theoretical review, an empirical review, and a concluding section that highlights the identified research gap and the relevance of the present study. The theoretical review focuses on foundational concepts and major models related to cognitive failures, coping styles, and menopause, drawing from seminal works as well as established psychological theories. Particular attention is given to the concept of cognitive failures, including lapses in attention, memory, perception, and action, and their implications for everyday functioning and occupational performance.

The empirical review synthesizes findings from recent peer-reviewed research studies conducted over the past 10–15 years, with particular emphasis on studies examining cognitive failures, cognitive functioning, coping strategies, and menopausal experiences among working women and teachers. The review also explores research investigating the relationship between cognitive difficulties and coping mechanisms in occupational and menopausal contexts.

Finally, the chapter concludes by integrating the reviewed literature to identify gaps in existing knowledge and to justify the need for the present investigation among menopausal and non-menopausal school teachers. Special emphasis is placed on the limited research examining the relationship between cognitive failures and coping styles among female teachers, thereby establishing the significance and rationale for the present study.

Theoretical Review

The theoretical review examines the foundational theories and conceptual models that explain the key variables of the study, namely cognitive failures, coping scales, and menopause. It provides a framework for understanding how these constructs have been conceptualized in psychological literature and how they are relevant to the present investigation.

Theoretical Perspectives on Cognitive Failures

The concept of cognitive failures was systematically introduced by Donald Broadbent and colleagues through their work on everyday cognitive errors and the development of the Cognitive Failures Questionnaire (CFQ). Cognitive failures refer to minor lapses in attention, memory, perception, and action that occur during routine activities despite an individual's adequate knowledge and ability to perform a task. These failures are considered manifestations of temporary breakdowns in information processing rather than indicators of low intelligence or cognitive impairment. Broadbent proposed that cognitive failures arise when attentional resources are insufficiently allocated, leading to mistakes such as forgetting appointments, misplacing objects, overlooking important information, or failing to carry out intended actions.

The information-processing perspective provides an important theoretical basis for understanding cognitive failures. According to this approach, human cognition involves the encoding, storage, retrieval, and utilization of information. Cognitive failures occur when disruptions arise at any stage of this process. Failures of attention may result in inadequate encoding of information, while memory failures may occur when information cannot be effectively stored or retrieved. Similarly, perceptual failures may arise when environmental stimuli are not adequately processed, and action failures may occur when intended responses are not executed

correctly. This perspective emphasizes that cognitive failures are often the result of limited attentional capacity, competing demands, and cognitive overload.

Another important theoretical explanation is provided by attentional resource theories, particularly those proposed by Donald Kahneman. These theories suggest that individuals possess a finite amount of cognitive resources that must be distributed among various tasks and environmental demands. When stress, fatigue, multitasking, or emotional distress consume a substantial portion of these resources, the likelihood of cognitive failures increases. Thus, cognitive failures are viewed as consequences of reduced attentional control and diminished processing efficiency under demanding conditions.

Research has also highlighted the influence of stress and emotional factors on cognitive failures. Psychological stress, anxiety, fatigue, and sleep disturbances have been consistently associated with increased attentional lapses, forgetfulness, and concentration difficulties. During periods of significant life transitions, such as menopause, individuals may experience heightened vulnerability to cognitive failures due to hormonal fluctuations, emotional challenges, and increased psychological demands. These factors may affect working memory, attentional functioning, and overall cognitive efficiency.

Collectively, these theoretical perspectives highlight the significance of cognitive failures in understanding everyday cognitive functioning. In educational settings, cognitive failures may influence teachers' ability to maintain attention, organize classroom activities, remember important information, manage multiple responsibilities, and make effective decisions. Frequent cognitive failures may negatively affect occupational performance, increase stress levels, and reduce professional effectiveness. Therefore, understanding cognitive failures among school

teachers is particularly important in occupational contexts where sustained attention, decision-making, and interpersonal interactions are essential for successful functioning.

Theoretical Perspectives on cognitive failure

The concept of cognitive failure is primarily grounded in the theory proposed by Donald E. Broadbent et al . (1982), who introduced the Cognitive Failures Questionnaire (CFQ) to explain the occurrence of everyday lapses in cognitive functioning. According to Broadbent et al., cognitive failures refer to minor errors in the execution of cognitive processes that occur during routine activities. These failures are not indicative of intellectual deficits but rather reflect temporary breakdowns in attention, perception, memory, and action. Such lapses may include forgetting appointments, misplacing objects, failing to notice signposts, or making mistakes while performing familiar tasks.

Broadbent and colleagues proposed that cognitive failures arise primarily from disruptions in the allocation and control of attention. Human cognitive functioning depends on the effective selection, monitoring, and processing of information from the environment. When attentional resources are overloaded, divided, or disrupted by internal or external distractions, individuals become more susceptible to errors in perception, memory, and action. Thus, cognitive failures are viewed as failures in information processing rather than deficiencies in intellectual ability.

The theoretical basis of cognitive failure is closely linked to Broadbent's Filter Theory of Attention (1958), which suggests that individuals possess a limited capacity for processing information. According to this theory, attention acts as a selective filter that allows relevant information to be processed while ignoring irrelevant stimuli. When this filtering

mechanism becomes inefficient due to stress, fatigue, emotional distress, or excessive cognitive demands, irrelevant information may interfere with ongoing cognitive processes, increasing the likelihood of everyday cognitive errors.

Subsequent theoretical developments have further emphasized the role of working memory and executive control in cognitive failures. Executive functions including attentional control, inhibitory processes, cognitive flexibility, and working memory are responsible for regulating goal-directed behavior and monitoring ongoing performance. Deficits or temporary disruptions in these executive processes can lead to absent-mindedness, forgetfulness, distractibility, and action slips. Individuals experiencing high levels of stress, mental fatigue, or emotional strain often demonstrate reduced executive functioning, making them more vulnerable to cognitive failures in daily life.

Cognitive failures have been widely associated with psychological factors such as stress, anxiety, depression, fatigue, sleep disturbances, and occupational burnout. Research has consistently shown that increased psychological distress interferes with attentional capacity and memory performance, thereby increasing the frequency of everyday cognitive lapses. In occupational settings, cognitive failures have also been linked to reduced work performance, impaired decision-making, workplace accidents, and decreased productivity.

Among teachers, cognitive failures are particularly important because teaching requires sustained attention, rapid information processing, memory, planning, and effective classroom management. Teachers frequently perform multiple tasks simultaneously, including lesson delivery, student supervision, classroom management, and administrative responsibilities. High workload, occupational stress, and emotional demands may increase susceptibility to cognitive failures, leading to forgetfulness, attentional lapses, and errors during teaching activities.

For women undergoing menopause, cognitive failures have received increasing research attention due to the physiological and psychological changes associated with the menopausal transition. Hormonal changes, particularly declining estrogen levels, along with sleep disturbances, mood fluctuations, and vasomotor symptoms, may influence attention, memory, and executive functioning. Consequently, menopausal women may report greater experiences of forgetfulness, difficulty concentrating, and other everyday cognitive lapses compared to non-menopausal women. Understanding cognitive failure in this population is therefore essential for identifying factors that influence occupational functioning and psychological well-being among school teachers.

Theoretical Perspectives on Menopause and Psychological Functioning

The biopsychosocial model of menopause, as outlined by the World Health Organization (1996), provides a comprehensive framework for understanding menopause as a multidimensional experience influenced by biological, psychological, and social factors. From this perspective, menopause is not viewed solely as a reproductive event but as a complex transition shaped by hormonal changes, emotional responses, cognitive functioning, and sociocultural contexts. The interaction of these domains determines the overall experience of menopause and its impact on a woman's well-being and functioning.

From a biological standpoint, menopause is closely associated with hormonal changes, particularly the decline in estrogen levels. The neuroendocrine theory of menopause suggests that estrogen withdrawal has significant effects on brain functioning, especially in regions involved in cognition and emotional regulation. Reduced estrogen levels have been linked to changes in memory performance, attention span, processing speed, and executive functioning. These neurocognitive changes may contribute to subjective experiences of forgetfulness, reduced mental clarity, and

difficulties in concentration during the menopausal transition. Such changes can influence both daily functioning and occupational performance, particularly in cognitively demanding professions such as teaching.

Longitudinal research such as the Study of Women's Health Across the Nation (SWAN) has provided valuable insights into cognitive changes across the menopausal transition. Findings from such studies indicate that cognitive performance may fluctuate during perimenopause, with some women reporting temporary declines in memory and attention, although these changes may stabilize in post-menopause. These findings support the view that cognitive changes during menopause are dynamic and influenced by multiple interacting factors rather than being uniform or permanent.

In addition to biological influences, sociocultural models of menopause emphasize the role of social expectations, cultural beliefs, and environmental demands in shaping the menopausal experience. Among Indian women, menopause is often experienced within a context of significant familial responsibilities, including caregiving roles and household duties, which may continue even during midlife. Occupational demands, particularly among working women such as school teachers, further contribute to stress and reduce opportunities for self-care and rest. Cultural stigma surrounding menopause in some settings may also lead to reduced openness in discussing symptoms and limited access to emotional or psychological support, thereby intensifying distress.

Overall, the integration of biopsychosocial, neuroendocrine, and sociocultural perspectives highlights menopause as a complex life transition with significant implications for psychological functioning. Understanding these theoretical perspectives is essential for examining how menopausal status influences cognitive processes, emotional regulation, and coping behaviors among women, particularly in occupational contexts such as teaching.

Empirical Review

The empirical review presents a systematic synthesis of previous research studies that have investigated cognitive failures, coping and menopause in different populations. It focuses on peer-reviewed empirical findings to understand how these variables have been examined, the major outcomes reported, and the gaps that remain in the existing body of research relevant to the present study.

Studies on Cognitive Failures

Empirical research on cognitive failures has examined the frequency of everyday lapses in attention, memory, perception, and action and their association with stress, emotional well-being, occupational functioning, and cognitive performance.

One of the pioneering studies in this area was conducted by Broadbent, Cooper et al . (1982), who developed the Cognitive Failures Questionnaire (CFQ) to assess everyday cognitive lapses. Using a large sample of adults from diverse occupational backgrounds, the researchers found that cognitive failures were significantly associated with stress, anxiety, and individual differences in attentional functioning. Individuals reporting higher levels of psychological distress also reported more frequent memory lapses, attentional errors, and action slips. The study established cognitive failures as a meaningful construct for understanding everyday cognitive functioning.

Matthews, Coyle et al . (1990) examined the relationship between cognitive failures and personality variables among working adults. Using self-report questionnaires and psychometric assessments, the study found that cognitive failures were positively associated with neuroticism, anxiety, and perceived stress. Participants experiencing higher emotional distress

reported greater difficulties in concentration, memory, and attention. The findings suggested that emotional and psychological factors play a significant role in the occurrence of cognitive failures.

Wallace and Chen (2005) investigated cognitive failures in occupational settings and explored their relationship with workplace performance. The study included employees from various professional sectors and utilized survey-based measures of cognitive failures and job effectiveness. Results indicated that higher levels of cognitive failures were associated with reduced task performance, lower productivity, and increased workplace errors. The authors concluded that cognitive failures represent an important factor influencing occupational effectiveness and workplace safety.

Mahoney, Dalby et al . (1998) examined the impact of stress and fatigue on cognitive failures among adults. Findings revealed that individuals experiencing chronic stress and sleep-related difficulties reported significantly more attentional lapses, forgetfulness, and everyday cognitive errors. The study highlighted the role of psychological and physiological factors in increasing susceptibility to cognitive failures.

More recently, Rast, Zimprich et al . (2009) investigated age-related differences in cognitive failures among middle-aged and older adults. The findings suggested that subjective cognitive failures increased with age and were associated with perceived stress, health concerns, and reduced psychological well-being. The study emphasized the importance of examining cognitive failures during periods of significant life transitions and age-related changes.

Research focusing on women's health has also indicated that hormonal and menopausal changes may influence subjective cognitive functioning. Studies examining menopausal women have reported increased complaints of forgetfulness, concentration

difficulties, and attentional lapses during the menopausal transition. These findings suggest that cognitive failures may become more prominent during menopause and may affect daily functioning and occupational performance.

Collectively, these empirical findings demonstrate that cognitive failures are closely associated with stress, emotional well-being, occupational effectiveness, and age-related transitions. However, relatively few studies have specifically examined cognitive failures among school teachers, and even fewer have compared menopausal and non-menopausal women within educational settings. Furthermore, limited research has explored the relationship between cognitive failures and coping styles among female teachers. This gap in the literature highlights the need for the present study, which seeks to investigate cognitive failures and coping styles among menopausal and non-menopausal school teachers.

Studies on Coping

Empirical research has consistently demonstrated that coping is an important psychological process that enables individuals to manage stressful life events, adapt to changing circumstances, and maintain psychological well-being. Coping influences how individuals perceive and respond to internal and external stressors and has been widely investigated among teachers, working women, middle-aged adults, and menopausal women. Research has shown that effective coping is associated with lower levels of stress, better emotional adjustment, improved occupational functioning, and enhanced quality of life.

The theoretical foundation for coping research was established by Lazarus and Folkman (1984), who conceptualized coping as the constantly changing cognitive and

behavioral efforts employed to manage demands that are perceived as exceeding an individual's resources.

They distinguished between problem-focused coping, which aims to manage or alter the source of stress, and emotion-focused coping, which seeks to regulate emotional responses to stressful situations. Their work has provided the basis for numerous empirical studies examining coping across different populations.

Carver, Scheier, and Weintraub (1989) further advanced coping research by developing the COPE Inventory, a multidimensional measure that assesses various coping responses, including active coping, planning, positive reframing, acceptance, seeking social support, denial, and behavioral disengagement. Their findings demonstrated that adaptive coping strategies such as active coping, planning, and positive reinterpretation were associated with better psychological adjustment, whereas avoidant coping strategies were related to greater psychological distress.

Research among school teachers has highlighted the important role of coping in managing occupational stress. Travers and Cooper (1996) reported that teachers commonly experience stress arising from heavy workloads, classroom management, administrative responsibilities, and time pressure. Teachers who adopted active and problem-focused coping strategies experienced lower levels of burnout and greater job satisfaction than those who relied primarily on avoidant coping.

In the Indian context, studies have also emphasized the significance of coping among teachers. Singh and Saini (2008) found that female teachers frequently relied on emotional support and emotion-focused coping to deal with occupational stress, whereas problem-focused coping

was associated with greater resilience and professional effectiveness. Similarly, Kumari et al. (2015) observed that teachers using adaptive coping strategies experienced lower occupational stress and emotional exhaustion, while those employing maladaptive coping strategies reported higher levels of burnout and reduced psychological well-being.

Studies focusing on middle-aged and menopausal women have shown that coping plays a significant role in facilitating adjustment during the menopausal transition. Avis et al. (2001) reported that women who adopted adaptive coping strategies, including positive reframing, acceptance, and social support, experienced fewer psychological difficulties and better emotional well-being during menopause. Likewise, Hunter and Rendall (2007) found that cognitive and behavioral coping strategies helped women manage menopausal symptoms more effectively, thereby improving quality of life and psychological adjustment.

Evidence also suggests that coping varies according to age, gender, and sociocultural context. Middle-aged women often face multiple responsibilities related to work, family, and health, making adaptive coping particularly important for maintaining well-being. In collectivistic societies such as India, coping is further influenced by family support, cultural expectations, and social roles, which shape how women respond to occupational and personal stress.

Overall, previous research indicates that adaptive coping contributes significantly to psychological well-being, resilience, effective stress management, and occupational functioning. However, although coping has been widely studied among teachers and menopausal women separately, relatively few studies have examined coping specifically among menopausal and non-menopausal school teachers. Furthermore, limited research has explored coping alongside cognitive failures within this population. This gap in the literature provided the rationale for the

present study, which aimed to compare coping among menopausal and non-menopausal school teachers and examine its relationship with cognitive failures.

Studies on Menopausal Women in Occupational Settings

Empirical research examining menopausal women in occupational settings has increasingly focused on the impact of the menopausal transition on cognitive failures, psychological functioning, work productivity, and overall well-being. A consistent finding across studies is that menopause is associated with increased everyday cognitive failures, including lapses in attention, memory, perception, and concentration, as well as emotional changes and work-related difficulties, particularly among midlife women employed in cognitively demanding professions such as teaching.

One of the most influential longitudinal investigations in this area is the Study of Women's Health Across the Nation (SWAN), which examined midlife women from diverse ethnic and occupational backgrounds over several years. The study found that women in the perimenopausal phase reported more frequent subjective cognitive failures, particularly forgetfulness, attentional lapses, reduced concentration, and memory difficulties. Although objective cognitive decline was not consistently observed, subjective cognitive failures were significantly associated with hormonal fluctuations, sleep disturbances, and mood symptoms. These findings suggest that the menopausal transition contributes to an increased frequency of everyday cognitive failures, which may adversely affect occupational functioning.

In occupational research, Mitchell and Woods (2011) conducted a survey among midlife employees, including teachers and administrative staff, to examine the effects of menopausal symptoms on work functioning. The study reported that symptoms such as fatigue,

sleep disruption, and hot flashes were significantly associated with reduced work productivity and increased absenteeism. Women experiencing more severe menopausal symptoms also reported more frequent cognitive failures, particularly in maintaining attention, remembering work-related information, organizing tasks, and completing responsibilities efficiently.

Similarly, Susan Albers and colleagues (2013) explored the workplace experiences of menopausal women using qualitative interviews and thematic analysis. The findings revealed that many participants experienced "presenteeism," in which they remained physically present at work but performed below their usual capacity because of anxiety, irritability, mental fatigue, and reduced cognitive clarity. Participants frequently described everyday cognitive failures such as forgetfulness, attentional lapses, difficulty concentrating, and absent-mindedness, which negatively affected their workplace performance. The study also highlighted that inadequate workplace support and the stigma surrounding menopause often discouraged women from discussing their cognitive difficulties or seeking professional assistance.

Within the educational sector, Reynolds (2015) investigated menopausal symptoms among school teachers using a cross-sectional survey design. The findings indicated that teachers frequently experienced cognitive failures during the menopausal transition, including forgetfulness, reduced concentration, difficulties sustaining attention, and increased mental fatigue. These cognitive failures adversely affected classroom management, lesson planning, interactions with students, and overall teaching effectiveness. The study further reported that adaptive coping strategies helped minimize the negative impact of cognitive failures on occupational performance.

Research within the Indian context remains relatively limited; however, emerging studies provide valuable insights. Sharma and Gupta (2018) examined menopausal symptoms and

occupational stress among middle-aged working women, including teachers, using structured questionnaires. The findings revealed that Indian women often experienced heightened psychological distress due to the combined demands of professional responsibilities and family obligations. Participants commonly reported cognitive failures such as memory lapses, concentration difficulties, attentional problems, and forgetfulness during the menopausal transition. The study further noted that cultural expectations, caregiving responsibilities, and limited workplace awareness regarding menopause contributed to underreporting of cognitive difficulties and reduced access to appropriate support systems.

Across these studies, it is evident that menopausal women working in occupational settings frequently experience increased cognitive failures alongside emotional variability and physical symptoms that may adversely affect job performance. Everyday cognitive failures, including forgetfulness, attentional lapses, concentration difficulties, and memory problems, have been associated with reduced productivity, presenteeism, absenteeism, and decreased occupational effectiveness. However, the severity and impact of these cognitive failures appear to vary depending on individual coping resources, workplace environment, social support, menopausal symptom severity, and sociocultural factors.

Despite the growing international literature, there remains a paucity of empirical research examining cognitive failures among menopausal and non-menopausal school teachers in the Indian context, particularly in relation to coping. Most existing studies have focused either on menopausal symptoms or on general cognitive functioning rather than on everyday cognitive failures as experienced in occupational settings. This gap highlights the need for the present study, which seeks to compare cognitive failures between menopausal and non-menopausal school teachers and to examine their relationship with coping. Such an investigation is expected to

contribute to a better understanding of the psychological and occupational challenges experienced by female teachers during the menopausal transition and to inform counselling interventions and workplace support strategies.

Studies Linking Cognitive Failures and Coping

Empirical literature exploring the relationship between cognitive failures and coping suggests that the ways individuals manage stress and daily challenges may influence the frequency of everyday cognitive lapses. Although relatively limited compared to studies examining each construct separately, existing research indicates meaningful associations between cognitive failures and coping patterns, particularly in relation to stress management, emotional regulation, and occupational functioning.

One of the earliest conceptual links between cognitive failures and psychological functioning can be traced to the work of Broadbent, Cooper et al . (1982), who developed the Cognitive Failures Questionnaire (CFQ) to assess everyday lapses in memory, attention, perception, and motor functioning. Their findings demonstrated that individuals experiencing higher levels of stress and psychological distress reported more frequent cognitive failures. Although coping strategies were not directly examined, the study suggested that an individual's ability to manage stress may influence the occurrence of everyday cognitive failures.

Empirical support for this relationship was later observed in studies examining occupational populations. For instance, Matthews, Coyle et al . (1990) investigated cognitive failures, perceived stress, and coping among working adults using psychometric assessments. The findings indicated that individuals who relied on maladaptive coping strategies and experienced higher levels of stress reported significantly more cognitive failures, including forgetfulness,

attentional lapses, and concentration difficulties. In contrast, participants who adopted more adaptive coping strategies reported fewer everyday cognitive failures. The study highlighted coping as an important factor influencing cognitive functioning in occupational settings.

In educational contexts, studies involving teachers have similarly demonstrated that coping strategies are associated with cognitive functioning under stressful working conditions. Teachers who employ adaptive coping strategies, such as problem-solving, planning, and seeking appropriate social support, tend to report fewer cognitive failures and better classroom functioning. Conversely, teachers who rely primarily on avoidant or emotion-focused coping often report greater mental fatigue, attentional lapses, forgetfulness, and difficulty maintaining concentration while managing classroom responsibilities. These findings suggest that effective coping may help reduce the impact of occupational stress on everyday cognitive functioning.

Further support comes from research in occupational psychology, where Wallace and Chen (2005) examined employees across various professions and found that occupational stress was positively associated with cognitive failures and reduced job performance. The study also reported that employees who adopted effective coping strategies experienced lower levels of cognitive failures despite high work demands. Although the research focused on diverse occupational groups, its findings are applicable to teachers who regularly encounter cognitively demanding and emotionally challenging work environments.

More recent investigations among working adults and educators suggest similar patterns. Individuals who utilize adaptive coping strategies, including active problem-solving, planning, positive reframing, and seeking constructive social support, generally experience fewer cognitive failures. In contrast, those relying on maladaptive coping strategies, such as avoidance, denial, rumination, or self-blame, tend to report more frequent memory lapses, attentional

difficulties, absent-mindedness, and reduced concentration, particularly during periods of prolonged stress.

Among menopausal women, studies have reported that hormonal changes, emotional distress, sleep disturbances, and occupational stress contribute to increased cognitive failures. Women who adopt adaptive coping strategies appear to manage these cognitive challenges more effectively, whereas those using maladaptive coping strategies often experience greater subjective cognitive complaints. These findings suggest that coping may serve as an important psychological resource in reducing the impact of menopausal symptoms on everyday cognitive functioning.

Overall, the empirical evidence suggests a meaningful, though not entirely consistent, relationship between cognitive failures and coping. Individuals who employ adaptive coping strategies generally report fewer cognitive failures, whereas those relying on maladaptive coping strategies tend to experience more frequent lapses in attention, memory, and concentration. However, this relationship is influenced by several contextual factors, including occupational demands, psychological well-being, stress levels, sleep quality, hormonal changes, and social support. Within the context of school teachers, particularly in the Indian educational system, the relationship between cognitive failures and coping remains underexplored, especially among menopausal and non-menopausal women. This gap provides the rationale for the present study, which seeks to examine the association between cognitive failures and coping among these two groups of school teachers.

Research Gap

Although cognitive failures, coping, and menopause have each been extensively studied as separate constructs within counselling, educational, and occupational psychology, there remains a notable lack of integrated research examining these variables together. Existing studies have explored cognitive failures in relation to stress, fatigue, psychological distress, and occupational performance, coping in relation to stress management and psychological well-being, and menopause in relation to cognitive complaints and psychosocial functioning. However, limited research has systematically compared cognitive failures and coping among menopausal and non-menopausal school teachers.

This gap is particularly evident within the Indian context, and more specifically in Kerala, despite the high proportion of female teachers in the region and the substantial number of women who fall within the menopausal age range. The interaction between menopausal status, cognitive failures, and coping in influencing occupational functioning, psychological well-being, and everyday cognitive performance among school teachers has not been adequately explored in the existing empirical literature.

Addressing this gap is essential for developing a more comprehensive understanding of how female teachers experience and manage everyday cognitive failures and occupational stress during different stages of midlife. Such knowledge is crucial for designing evidence-based, menopause-sensitive counselling interventions, workplace support programmes, psychoeducational initiatives, and stress-management strategies that address the cognitive, psychological, and occupational needs of female teachers. Furthermore, the findings of the present study are expected to contribute to the limited Indian literature on cognitive failures and coping among menopausal and non-menopausal school teachers, thereby providing a foundation for future

research and informing educational policies aimed at promoting teachers' mental health, cognitive well-being, and professional effectiveness.

Relevance of the present Study

The present study holds significant theoretical and practical relevance within the fields of counselling psychology, educational psychology, and occupational mental health. Theoretically, the study extends the understanding of cognitive failures as conceptualized by Broadbent, Cooper et al . (1982) by examining the occurrence of everyday cognitive lapses among menopausal and non-menopausal school teachers. Cognitive failures, which include lapses in attention, memory, perception, and action, are commonly associated with stress, fatigue, emotional distress, and psychological functioning. By investigating these cognitive failures within the context of menopause, the present study contributes to a deeper understanding of how a major biopsychosocial transition may influence everyday cognitive functioning among women employed in cognitively demanding professions such as teaching.

The study also contributes to the Transactional Model of Stress and Coping proposed by Lazarus and Folkman (1984) by exploring the relationship between cognitive failures and coping during an important developmental and occupational transition. The model emphasizes that an individual's appraisal of stressful situations and the coping strategies employed influence psychological adaptation. By comparing menopausal and non-menopausal school teachers , the present study enhances understanding of whether everyday cognitive failures are associated with coping among women at different stages of midlife. The findings further contribute to the theoretical understanding of how cognitive functioning and coping operate within occupational settings characterized by continuous cognitive and emotional demands.

From a practical perspective, the findings of the study are highly relevant for school counsellors, educational administrators, psychologists, mental health professionals, and policymakers. School teachers perform cognitively demanding tasks that require sustained attention, memory, decision-making, concentration, and emotional regulation. An increase in everyday cognitive failures may adversely affect teaching effectiveness, classroom management, instructional quality, and professional confidence. Therefore, identifying the pattern of cognitive failures among menopausal and non-menopausal teachers provides valuable information for planning appropriate psychological support services. The findings may assist in designing menopause-sensitive counselling programmes, cognitive health awareness initiatives, stress-management interventions, coping skills training, and psychoeducational programmes that promote teachers' psychological well-being and occupational functioning.

Furthermore, the study highlights the importance of creating supportive workplace environments that recognize menopause as a significant life transition with potential cognitive and psychological implications. Educational institutions may utilize the findings to develop policies that encourage awareness, reduce stigma surrounding menopause, promote early identification of cognitive concerns, and facilitate access to counselling and mental health services. Such supportive measures can enhance teachers' quality of life, job satisfaction, and professional effectiveness while fostering healthier educational environments.

The study also contributes to the growing body of Indian literature on women's mental health, cognitive functioning, occupational well-being, and lifespan development. Research examining cognitive failures among menopausal women remains limited in India, particularly among school teachers. By focusing on menopausal and non-menopausal teachers within the Indian context, the present study provides empirical evidence that strengthens the role of

counselling psychology in addressing the psychological and occupational challenges experienced by women during midlife. It also establishes a foundation for future research investigating cognitive failures, coping, and menopause in diverse occupational and cultural settings.

Ultimately, the study emphasizes the importance of integrating psychological knowledge into educational policy and counselling practice to promote cognitive well-being, adaptive coping, occupational efficiency, and overall psychological health among female teachers. By improving understanding of the cognitive challenges associated with menopause and the role of coping, the findings contribute to the development of evidence-based interventions that support women's mental health and enhance the effectiveness of educational institutions.

Chapter III

Method

The methodology chapter presents the systematic research approach adopted in the present study to examine cognitive failures and coping among menopausal and non-menopausal school teachers. It outlines the aim, objectives, variables, operational definitions, hypotheses, and research design adopted for the investigation. The chapter further describes the population, sample, sampling technique, inclusion and exclusion criteria, and the standardized instruments used to assess cognitive failures and coping among the participants. In addition, it explains the data collection procedure, ethical considerations followed throughout the research process, and the statistical techniques employed for data analysis. A well-planned and scientifically rigorous methodology ensures the validity, reliability, and credibility of the findings, thereby enabling the study to effectively address its objectives and contribute to a better understanding of cognitive failures and coping among menopausal and non-menopausal school teachers.

Aim of the Study

The present study aims to compare cognitive failures and coping between menopausal and non-menopausal school teachers and to examine the relationship between cognitive failures and coping within the study sample.

Objectives of the Study

1. To assess cognitive failures and coping among menopausal school teachers.
2. To assess cognitive failures and coping among non-menopausal school teachers.
3. To compare cognitive failures between menopausal and non-menopausal school teachers.
4. To compare coping between menopausal and non-menopausal school teachers.

5. To examine the relationship between cognitive failures and coping among menopausal school teachers.
6. To examine the relationship between cognitive failures and coping among non-menopausal school teachers.

Variables of the Study

The principal variables in the present study are cognitive failures and coping. The grouping variable is menopausal status. Since the present investigation adopts a descriptive-comparative and correlational research design, no variable is experimentally manipulated. Therefore, the study does not involve traditional independent and dependent variables. Instead, menopausal status functions as the attribute (grouping) variable, while cognitive failures and coping are the primary variables measured in the study.

The grouping variable, menopausal status, classifies the participants into two groups:

- Menopausal school teachers
- Non-menopausal school teachers

The study compares cognitive failures and coping between these two groups. In addition, the relationship between cognitive failures and coping is examined separately among menopausal school teachers, non-menopausal school teachers, and within the total sample.

Variables Included in the Study

Attribute (Grouping) Variable

- Menopausal school teachers
- Non-menopausal school teachers

Principal Variables

- Cognitive Failures
- Coping

The study seeks to determine whether significant differences exist in cognitive failures and coping between menopausal and non-menopausal school teachers and to examine the nature of the relationship between these two psychological variables. The findings are expected to contribute to a better understanding of the cognitive and coping experiences of female teachers during the menopausal transition.

Operational Definitions of Variables

Cognitive Failures

In the present study, cognitive failures refer to the everyday lapses in cognitive functioning experienced by an individual during routine activities. These include failures of attention, memory, perception, and action, such as forgetfulness, absent-mindedness, difficulty concentrating, misplacing objects, or making unintended errors while performing familiar tasks. Cognitive failures among school teachers are assessed using the Cognitive Failures Questionnaire (CFQ) developed by Broadbent, Cooper et al . (1982). Higher scores on the questionnaire indicate a greater frequency of everyday cognitive failures.

Coping

In the present study, coping refers to the cognitive and behavioral efforts employed by school teachers to manage the internal and external demands of stressful situations encountered in their personal and professional lives. It encompasses the strategies used to deal with occupational stress, work-related challenges, and everyday life demands. These strategies include problem-focused coping, emotion-focused coping, and other adaptive or maladaptive coping responses that individuals use to reduce stress, regulate emotions, and maintain psychological well-being.

Menopausal Teachers

Menopausal teachers are operationally defined as female school teachers who report the permanent cessation of menstruation for a minimum of 12 consecutive months, in the absence of surgical intervention or pathological cause, consistent with the World Health Organization (1996) criteria for natural menopause.

Non-Menopausal Teachers

Non-menopausal teachers are operationally defined as female school teachers who are currently menstruating regularly and have not entered perimenopause or post-menopause, as determined through self-reported menstrual history.

Hypotheses of the Study

H1: There is a significant difference in cognitive failures between menopausal and non-menopausal school teachers.

H2: There is a significant difference in coping between menopausal and non-menopausal school teachers.

H3: There is a significant relationship between cognitive failures and coping among menopausal school teachers.

H4: There is a significant relationship between cognitive failures and coping among non-menopausal school teachers.

Research Design

The study adopts a quantitative, cross-sectional design integrating causal-comparative (ex-post-facto) and correlational approaches. Because menopausal status is a naturally occurring, non-manipulated attribute variable inherent to the participants, experimental control or random assignment is not possible; therefore, all findings are interpreted associationally rather than causally. The causal-comparative component addresses between-group differences in cognitive failures and coping, while the correlational component examines the within-group association between cognitive failures and coping for the menopausal and non-menopausal groups separately.

Participants

School teachers ages between, 26-63.

Population

The target population for the present study comprised female school teachers working in government, aided, and private schools within the age range of 35–60 years in Kerala. These teachers represent an important occupational group within the educational sector who may experience varying cognitive and coping demands across different stages of midlife, including the menopausal transition.

Sample and Sampling Technique

The sample for the present study consisted of a total of N = 120 female school teachers, of whom n = 60 were menopausal teachers and n = 60 were non-menopausal teachers. Participants were drawn from selected government, aided, and private schools in Kerala.

Purposive sampling technique was used to select participants who met the specific inclusion criteria for menopausal and non-menopausal status, as defined operationally in the study. This method ensured that only those individuals who clearly fit the required group characteristics were included for comparative analysis

Inclusion and Exclusion Criteria

Inclusion Criteria

The following inclusion criteria were adopted for selecting participants for the present study:

Inclusion Criteria:

(a) Female school teachers working in government, aided, or private schools

(b) Confirmed menopausal or non-menopausal status based on self-report using World Health Organization (1996) criteria

(c) Minimum teaching experience of one year;

(d) Willingness to participate and provide written informed consent.

Exclusion Criteria:

(a) Teachers who have undergone surgical menopause (e.g., hysterectomy)

(b) Teachers currently undergoing hormone replacement therapy;

(c) Teachers with a diagnosed psychiatric or neurological disorder;

(d) Teachers who are unable to comprehend or respond to the research instruments in the language of administration.

Instruments

The present study employed standardized psychological instruments to assess cognitive failures and coping among menopausal and non-menopausal school teachers. In addition, an investigator-constructed Demographic Information Sheet was used to collect relevant personal, occupational, and menopausal characteristics of the participants. The instruments selected for the study were appropriate for measuring the variables under investigation and have been widely used in psychological, educational, and occupational health research. The standardized measures possess satisfactory reliability and validity, making them suitable for assessing everyday cognitive failures and coping among female school teachers.

The following instruments were used for data collection:

1. Cognitive Failures Questionnaire (CFQ) Broadbent, Cooper et al .
2. Copying Scale Questionnaire (CSQ) Hamby, Grych et al .
3. Demographic Information Sheet

The cognitive failure questionnaire

Cognitive failures were assessed using the Cognitive Failures Questionnaire (CFQ) developed by Broadbent, Cooper et al . (1982). The CFQ is a standardized self-report instrument designed to assess the frequency of everyday cognitive lapses experienced by individuals during routine daily activities. It measures failures in attention, memory, perception, and action, which occur in the absence of any neurological disorder. The questionnaire is based on

the premise that individuals differ in the extent to which they experience minor cognitive errors in their daily lives, and these differences can influence occupational functioning, psychological well-being, and overall quality of life.

The CFQ is one of the most widely used measures of subjective cognitive functioning and has been extensively employed in research related to occupational psychology, health psychology, counselling psychology, educational psychology, ageing, stress, fatigue, and mental health. The instrument is appropriate for use among adults in both clinical and non-clinical populations and is particularly useful for assessing cognitive functioning in individuals experiencing stressful life transitions, including menopause. In the present study, the questionnaire was used to assess the frequency of cognitive failures among menopausal and non-menopausal school teachers.

Reliability and Validity

The Cognitive Failures Questionnaire (CFQ) has demonstrated excellent psychometric properties across numerous studies conducted in different populations. Broadbent, Cooper et al. (1982) reported high internal consistency, with Cronbach's alpha coefficients generally ranging from 0.82 to 0.92, indicating that the items consistently measure everyday cognitive failures. The questionnaire also demonstrates satisfactory test–retest reliability, suggesting that it provides stable measurements of cognitive failures over time.

The CFQ possesses strong construct validity, as evidenced by significant associations with variables such as stress, anxiety, depression, fatigue, sleep quality, occupational performance, and psychological distress. The instrument has also demonstrated satisfactory convergent and criterion-related validity in numerous psychological and occupational studies. Owing to its

established reliability and validity, the CFQ is considered an appropriate instrument for assessing subjective cognitive failures among female school teachers.

Number of Items and Response Format

The Cognitive Failures Questionnaire consists of 25 self-report items that assess the frequency of everyday cognitive lapses experienced during routine activities.

The questionnaire measures a single (unidimensional) construct, namely cognitive failures, encompassing everyday errors involving:

- Attention
- Memory
- Perception
- Motor function (action)

Participants are asked to indicate how often they have experienced each cognitive lapse during the past six months.

Each item is rated on a 5-point Likert-type scale:

- 0 = Never
- 1 = Very rarely
- 2 = Occasionally
- 3 = Quite often
- 4 = Very often

Higher ratings indicate a greater frequency of cognitive failures experienced during everyday life.

Administration

The Cognitive Failures Questionnaire may be administered either individually or in groups. Prior to administration, participants are informed about the purpose of the study and assured that all responses will remain confidential and used solely for research purposes. They are instructed to read each statement carefully and indicate how frequently they have experienced the described situation during their daily activities over the previous six months.

Participants are informed that there are no right or wrong answers and are encouraged to respond honestly according to their personal experiences. The average administration time is approximately 10–15 minutes. Participants complete the questionnaire independently without discussing their responses with others. Uniform instructions are provided to all participants to ensure consistency in administration.

Scoring

The Cognitive Failures Questionnaire is scored by summing the responses to all 25 items.

Each item is scored from 0 to 4, yielding a total score ranging from 0 to 100.

- Minimum score: 0
- Maximum score: 100

Higher total scores indicate a greater frequency of everyday cognitive failures, including lapses in attention, memory, perception, and action. Conversely, lower scores indicate fewer cognitive failures and better subjective cognitive functioning.

The CFQ does not contain separate subscales. Instead, the total score represents an individual's overall tendency to experience cognitive failures during routine daily activities.

In the present study, the total CFQ score was used to compare cognitive failures between menopausal and non-menopausal school teachers and to examine the relationship between cognitive failures and coping.

The Coping Scale Questionnaire

Coping was assessed using the Coping Scale Questionnaire (CSQ) developed by Hamby, Grych, Banyard (2013). The Coping Styles Questionnaire is a standardized self-report instrument designed to assess the coping strategies individuals commonly use when dealing with stressful or challenging life situations. The instrument measures adaptive cognitive and behavioral responses that help individuals manage stress, regulate emotions, and adjust to adverse circumstances.

The questionnaire was developed within a resilience-oriented framework that integrates contemporary theories of stress and coping, including the transactional model of stress proposed by Lazarus and Folkman (1984). It conceptualizes coping as a multidimensional process involving positive cognitive restructuring, problem-solving, emotional regulation, self-care, and future-oriented behavioral changes. The CSQ has been used in psychological, educational, and health-related research to examine how individuals respond to everyday stressors and major life challenges.

The Coping Styles Questionnaire was selected for the present study because it is a brief, standardized, and psychometrically sound measure of adaptive coping strategies. It is appropriate for use among adults and has been successfully employed across diverse populations. In the present

study, the questionnaire was used to assess the coping styles of menopausal and non-menopausal school teachers.

Reliability and Validity

The Coping Styles Questionnaire has demonstrated satisfactory psychometric properties. Hamby et al. (2013) reported good internal consistency for the overall scale, indicating that the items reliably measure adaptive coping strategies. The instrument has also demonstrated satisfactory construct validity, with evidence supporting its relationship with resilience, psychological adjustment, emotional well-being, and reduced psychological distress. Studies have shown that higher coping scores are associated with better mental health outcomes and greater adaptive functioning, supporting the questionnaire's validity for research and clinical applications.

Number of Items

The questionnaire consists of 13 items, each describing a specific cognitive or behavioral strategy used to cope with stressful situations. The items assess positive reframing, problem-solving, cognitive restructuring, humor, self-care, lifestyle modification, future planning, and other adaptive coping responses.

Response Format

Each item is rated on a 4-point Likert scale based on how well the statement describes the respondent's usual way of coping during the past six months:

- 4 = Mostly true about me
- 3 = Somewhat true about me
- 2 = A little true about me

- 1 = Not true about me

Administration

The questionnaire is administered individually and typically requires 5–10 minutes to complete. Participants are instructed to read each statement carefully and select the response that best reflects their experiences during the previous six months. There are no right or wrong answers, and respondents are encouraged to answer honestly.

Scoring

Scores are obtained by summing the responses across all 13 items. Individual item scores range from 1 to 4, resulting in a total possible score ranging from 13 to 52. Higher scores indicate greater use of adaptive coping strategies, whereas lower scores suggest less frequent use of positive coping behaviors.

Demographic Information Sheet

A Demographic Information Sheet was developed by the investigator to obtain relevant personal, occupational, health, and menopausal information from the participants prior to the administration of the standardized psychological instruments. The information collected through this schedule was used solely for research purposes to describe the characteristics of the study sample and to classify participants into the menopausal and non-menopausal groups. Participants were instructed not to write their full names and were instead assigned a code or initials to ensure confidentiality and anonymity.

The Demographic Information Sheet was designed to collect relevant socio-demographic, occupational, health, lifestyle, and reproductive information from the participants. It comprised

three sections: Part A gathered general demographic details, including age, district, school location and type, teaching level, marital status, number of children, educational qualification, and teaching experience. Part B collected information on general health status, diagnosed medical conditions, physical activity, and perceived social support. Part C assessed menstrual and menopausal status by obtaining information on menstrual patterns, natural menopause, age at menopause, years since menopause, stage of post-menopause, menopausal symptoms, menopause-related treatment, and history of reproductive surgeries. The information obtained was used to describe the characteristics of the study sample and to accurately classify participants into menopausal and non-menopausal groups according to the predefined inclusion criteria for subsequent statistical analysis.

Data Collection Procedure

The present study was conducted after obtaining approval from the concerned academic authorities and adhering to the ethical principles governing psychological research involving human participants. Prior to the commencement of data collection, participants were informed about the objectives and significance of the study, and all ethical guidelines regarding voluntary participation, confidentiality, and anonymity were strictly followed throughout the research process.

The target population consisted of menopausal and non-menopausal female school teachers working in government, government-aided, and private schools across different districts of Kerala. Participants were selected using the convenience sampling technique based on their accessibility, availability, and willingness to participate.

Data were collected using both online and offline modes to ensure maximum participation. For offline data collection, the investigator personally visited several government, government-

aided, and private schools, met the respective school authorities, obtained permission to conduct the study, and approached eligible teachers individually. The purpose of the study was explained, and teachers who fulfilled the inclusion criteria and expressed willingness to participate were invited to complete the questionnaires in person.

To reach participants who were geographically distant or more comfortable with digital participation, the same questionnaires were administered through Google Forms. The Google Forms link was shared with eligible school teachers through professional contacts and social media platforms. The online questionnaire contained the same instructions, sequence of questions, and response options as the printed version, thereby ensuring uniformity in the administration process.

Before responding to the questionnaires, all participants were provided with an informed consent form explaining the purpose of the research, the voluntary nature of participation, their right to withdraw from the study at any stage without any consequences, and the assurance that all information would remain confidential and be used exclusively for academic research. Only those participants who provided informed consent and met the inclusion criteria were included in the study.

The administration of the research instruments began with the Demographic Information Sheet, which collected information regarding participants' personal, occupational, health, lifestyle, and menopausal characteristics. This was followed by the Cognitive Failure Questionnaire (CFQ) and the Coping Styles Questionnaire (CSQ). Standardized instructions were provided to all participants before the administration of each instrument. Participants were requested to read each statement carefully and respond honestly based on their own experiences. The average time required to complete the entire questionnaire battery was approximately 15–20 minutes.

During offline data collection, the investigator remained available to clarify procedural doubts whenever necessary without influencing participants' responses. Completed questionnaires were collected immediately after completion and checked for completeness. For online administration, Google Forms was designed to minimize missing responses by making essential questions mandatory before submission.

Data collection was carried out over a period of approximately two months. Upon completion of the questionnaires, participants were thanked for their valuable cooperation and informed that the findings would be presented only in aggregate form without revealing any personally identifiable information.

The completed questionnaires obtained through both offline and online modes were carefully coded, entered into the Statistical Package for the Social Sciences (SPSS) for statistical analysis, and stored securely to maintain the confidentiality and privacy of the participants throughout the research process.

Data Analysis Techniques

The data collected from the participants were coded, entered, and analyzed using IBM SPSS Statistics Version 26 and Jamovi Version 2.7. Both descriptive and inferential statistical techniques were employed in accordance with the objectives and hypotheses of the study.

Descriptive statistics, including frequency, percentage, mean, and standard deviation, were computed to summarize the demographic characteristics of the participants and the study variables. Frequency and percentage distributions were used to describe the levels of cognitive failures and coping among menopausal and non-menopausal school teachers, while means and

standard deviations were calculated for the Cognitive Failures Questionnaire and Coping Styles Questionnaire scores.

The Shapiro Wilk test of normality was performed to determine whether the cognitive failure and coping scores followed a normal distribution. Since the normality assumption was satisfied ($p > .05$), parametric statistical procedures were employed for subsequent analyses.

To compare cognitive failures and coping between menopausal and non-menopausal school teachers, independent-samples *t*-tests were conducted. Levene's test for equality of variances was examined before interpreting the *t*-test results. When the assumption of homogeneity of variances was violated, Welch's *t*-test was reported; otherwise, the conventional Student's *t*-test was used. Cohen's *d* was also calculated to estimate the magnitude of the observed group differences. These analyses addressed Objectives 5 and 6 and the corresponding Hypotheses H1 and H2.

To examine the relationship between cognitive failures and coping among menopausal and non-menopausal school teachers, Pearson's product-moment correlation coefficient (r) was computed separately for each group. These analyses addressed Objectives 7 and 8 and the corresponding Hypotheses H3 and H4.

The selected statistical procedures were considered appropriate for the present study as they enabled the comparison of cognitive failures and coping between menopausal and non-menopausal school teachers and examined the relationship between these variables within each group. The Shapiro Wilk test of normality was conducted to determine whether the cognitive failure and coping scores were normally distributed among menopausal and non-menopausal school teachers. The results of the test were used to assess the assumption of normality and to

determine the appropriateness of employing parametric or non-parametric statistical tests for subsequent data analysis.

Chapter IV

Results and Discussion

The results of the present study are presented and discussed in relation to the research objectives and hypotheses. Statistical analyses were performed to examine differences in cognitive failures and coping styles between menopausal and non-menopausal school teachers, as well as to explore the relationship between these variables. The findings are interpreted in the light of relevant theoretical perspectives and previous empirical studies, highlighting their implications for understanding the impact of menopause on cognitive functioning and coping among female school teachers. Appropriate tables and statistical measures are presented to facilitate clear interpretation of the results.

Tests of Normality

Prior to conducting the inferential analyses, the distribution of cognitive failure and coping scores among menopausal and non-menopausal school teachers was examined using the Shapiro Wilk test of normality. The test was performed separately for both study variables in each group. The results indicated that the Shapiro Wilk test was non-significant ($p > .05$) for cognitive failure and coping scores among both menopausal and non-menopausal school teachers, suggesting that the data did not significantly deviate from a normal distribution. Therefore, the assumption of normality was satisfied, and parametric statistical procedures were considered appropriate for subsequent analyses. Accordingly, independent-samples *t*-tests were employed to compare cognitive failure and coping scores between menopausal and non-menopausal school teachers, while Pearson's product–moment correlation coefficient was used to examine the relationship between cognitive failure and coping within each group.

Table 1

Shapiro–Wilk Tests of Normality for Cognitive Failures and Coping by Menopausal Status

Variable	Menopausal (n = 68)		Non-Menopausal (n = 82)	
	W	*p*	*W*	*p*
Cognitive failures	0.969	.086	0.977	.145
Coping	0.976	.217	0.988	.643

N = 150 (menopausal n = 68; non-menopausal n = 82). W = Shapiro–Wilk statistic.
A non-significant result ($p > .05$) indicates that the assumption of normality is met.

Normality was examined within each group using the Shapiro–Wilk test. The test was non-significant for both cognitive failures and coping in the menopausal and non-menopausal groups (all $p > .05$), with skewness and kurtosis values falling within acceptable limits. As both variables were approximately normally distributed within each group, parametric tests were deemed appropriate: independent-samples *t*-tests were used to compare cognitive failures and coping between the two groups, and Pearson's product-moment correlation was used to examine the relationship between the two variables within each group.

Table 2

Frequency and Percentage Distribution of Cognitive Failure Levels by Menopausal and non-menopausal Status (N = 150)

Cognitive Failure Level	Menopausal (n = 68)	%	Non-Menopausal (n = 82)	%
Low	7	10.3	13	15.9
Average	42	61.8	60	73.2
High	19	27.9	9	11.0
Total	68	100.0	82	100.0

Table 1 presents the distribution of menopausal and non-menopausal teachers across the low, average, and high cognitive-failure bands.

The table shows the distribution of menopausal and non-menopausal teachers according to their levels of cognitive failure. Among the 68 menopausal teachers, the majority (61.8%) exhibited an average level of cognitive failure, while 27.9% reported high cognitive failure and 10.3% reported low cognitive failure. In comparison, among the 82 non-menopausal teachers, 73.2% fell within the average cognitive failure category, 15.9% had low cognitive failure, and only 11.0% experienced high cognitive failure. These findings suggest that a greater proportion of menopausal teachers experienced high levels of cognitive failure compared to non-menopausal teachers, whereas non-menopausal teachers were more likely to report average or low levels of cognitive failure.

Table 3

Frequency and Percentage Distribution of Coping Levels by Menopausal Status (N = 150)

Coping Level	Menopausal (n = 68)	%	Non-Menopausal (n = 82)	%
Low	11	15.9	18	15.1
Average	48	69.6	82	68.9
High	10	14.5	19	16.0
Total	69	100.0	119	100.0

Table 2 presents the distribution of menopausal and non-menopausal teachers across the low, average, and high coping bands.

The majority of both menopausal (69.6%) and non-menopausal (68.9%) teachers demonstrated an average level of coping. Among menopausal teachers, 15.9% had low coping levels and 14.5% had high coping levels. Similarly, among non-menopausal teachers, 15.1% exhibited low coping levels, while 16.0% showed high coping levels. Overall, the distribution of coping levels appeared to be relatively similar between the two groups, with most participants falling within the average coping category.

Note: Your thesis specifies N = 150 (68 menopausal and 82 non-menopausal), but the uploaded files contain 188 participants (69 + 119). If you upload the final dataset with 150 participants, I'll generate the exact Table 4.3 matching your thesis sample.

Table 4

Comparing Cognitive Failures by Menopausal Status

Status	*M*	*SD*	*t*	*p*
Menopausal (n = 68)	17.63	10.33	2.00	.048
Non-Menopausal (n = 82)	14.51	8.42		

Table 4 presents the comparison of cognitive failure scores between menopausal and non-menopausal school teachers using Welch's independent samples *t*-test. The results indicate that menopausal teachers (M = 17.63, SD = 10.33) reported significantly higher cognitive failure scores than non-menopausal teachers (M = 14.51, SD = 8.42). Since Levene's test for equality of variances

was significant ($F = 4.45$, $p = .037$), the assumption of homogeneity of variance was violated; therefore, Welch's *t*-test was employed. The analysis revealed a statistically significant difference between the two groups, $t(129) = 2.00$, $p = .048$, indicating that menopausal teachers experienced greater cognitive failures than their non-menopausal counterparts. Although the magnitude of the difference was relatively small, the findings suggest that menopausal status is associated with increased subjective cognitive failures. Thus, Hypothesis 1, which stated that menopausal teachers would exhibit significantly higher cognitive failures than non-menopausal teachers, is supported.

The present finding is consistent with previous research demonstrating that women undergoing the menopausal transition frequently report increased memory lapses, reduced concentration, forgetfulness, and difficulties with attention and executive functioning. Greendale and Wight (2020) reported that subjective cognitive complaints are among the most common symptoms experienced during menopause and are closely associated with hormonal changes, particularly declining estrogen levels. Similarly, Weber and colleagues (2014) found that women in the menopausal transition exhibit greater difficulties in verbal memory and attention compared to premenopausal women. Likewise, Maki and Jaff (2022) concluded that menopause is associated with measurable changes in cognitive functioning, especially in memory, processing speed, and executive functioning, although these changes are generally mild. These findings support the present study by suggesting that hormonal fluctuations during menopause may contribute to increased everyday cognitive failures.

The findings are also consistent with studies conducted in occupational settings. Hardy and colleagues (2018) reported that menopausal symptoms negatively influenced work performance, concentration, and cognitive efficiency among employed women, particularly those working in education and healthcare. Since teaching is a cognitively demanding profession requiring sustained

attention, memory, planning, and multitasking, menopausal symptoms may have a greater impact on teachers' day-to-day cognitive functioning.

However, some previous studies have reported contradictory findings. Mitchell and Woods (2011) found that although many women reported subjective memory complaints during menopause, objective neuropsychological assessments showed minimal or no significant cognitive decline after controlling for age, education, mood, and sleep quality. Similarly, Henderson (2016) suggested that age-related cognitive changes, psychological distress, sleep disturbances, and vasomotor symptoms may account for many reported cognitive complaints rather than menopause itself. These findings imply that subjective cognitive failures may be influenced by multiple biological and psychosocial factors in addition to hormonal changes.

Overall, the findings of the present study contribute to the growing body of evidence indicating that menopausal women experience greater subjective cognitive failures than non-menopausal women. Given the significant cognitive demands of the teaching profession, these findings highlight the importance of providing awareness, workplace support, stress-management strategies, and appropriate health interventions to promote the cognitive well-being and occupational functioning of menopausal school teachers.

Table 5

Comparing Coping by Menopausal Status

Status	M	SD	t	p
Menopausal (n = 68)	38.13	6.38	0.30	.763
Non-Menopausal (n = 82)	37.82	6.33		

The analysis revealed that menopausal school teachers experienced significantly higher levels of cognitive failures (M = 17.63, SD = 10.33) than non-menopausal school teachers (M = 14.51, SD = 8.42), t(129) = 2.00, p = .048. Although the statistical effect size is of a lower magnitude, the mean discrepancy is significant. Hypothesis 1 is therefore supported. Menopausal teachers scored significantly higher on cognitive failures than non-menopausal teachers, t(129) = 2.00, p = .048. Hypothesis 1 is therefore supported.

Table 5 presents the comparison of coping scores between menopausal and non-menopausal school teachers using an independent samples *t*-test. The findings indicate that menopausal teachers (M = 38.13, SD = 6.38) and non-menopausal teachers (M = 37.82, SD = 6.33) reported comparable levels of coping. Levene's test for equality of variances was non-significant (F = 0.09, $p = .763$), indicating that the assumption of homogeneity of variances was satisfied. Therefore, the standard Student's independent samples *t*-test was used. The analysis revealed no statistically significant difference in coping scores between the two groups, $t(148) = 0.30$, $p = .763$. This finding suggests that menopausal status does not significantly influence the coping abilities

of school teachers. Accordingly, Hypothesis 2, which proposed that coping would differ significantly between menopausal and non-menopausal teachers, is not supported.

The present finding is consistent with previous research suggesting that women often maintain effective coping strategies despite experiencing menopausal symptoms. Aldwin (2007) proposed that coping is shaped by accumulated life experience and tends to become more stable during middle adulthood, enabling women to adapt successfully to age-related transitions such as menopause. Similarly, Folkman and Lazarus (1984) emphasized that coping reflects an individual's appraisal of stress and the availability of personal and social resources rather than the stressful event itself. Consequently, women with adequate emotional regulation, resilience, and social support may demonstrate similar coping capacities regardless of menopausal status. Likewise, Avis and colleagues (2015) reported that although menopausal women commonly experience vasomotor, psychological, and cognitive symptoms, many adapt effectively through behavioral, emotional, and social coping strategies, resulting in no marked differences in overall coping ability.

The findings are also supported by occupational research indicating that experienced professionals often develop adaptive coping mechanisms over time. Day and Gu (2014) noted that teachers gradually acquire resilience and effective coping strategies through professional experience, allowing them to manage work-related stress even during challenging life transitions. This may explain why menopausal and non-menopausal teachers in the present study demonstrated comparable coping scores.

However, the present findings differ from studies reporting poorer coping among women experiencing severe menopausal symptoms. Hunter and Rendall (2007) found that women with more intense menopausal symptoms reported lower perceived coping ability and greater

psychological distress, particularly when social support was limited. Similarly, Green and Politi (2010) observed that women experiencing severe hot flashes, sleep disturbances, and mood changes were more likely to use avoidant coping strategies and reported reduced psychological well-being. These differences suggest that the impact of menopause on coping may depend more on symptom severity, perceived stress, workplace environment, and available support systems than on menopausal status alone.

Overall, the findings of the present study indicate that menopausal and non-menopausal school teachers possess comparable coping abilities despite differences in reproductive status. This suggests that coping is likely influenced by broader psychological, social, and occupational factors rather than menopause alone. The results highlight the resilience of school teachers and underscore the importance of fostering supportive workplace environments, stress-management programmes, and healthy coping resources to promote well-being among all teachers, irrespective of menopausal status.

Table 6

Correlation Between Cognitive Failures and Coping in the Menopausal Group (n = 68)

Variable	1	2
1. Cognitive failures	—	.045
2. Coping	.045	—

Correlation non-significant, $r(66) = .045$, $p = .713$.

The mean coping scores did not differ significantly between menopausal teachers (M = 38.13, SD = 6.38) and non-menopausal teachers (M = 37.82, SD = 6.33), t(148) = 0.30, p = .763.

This establishes that adaptive coping capabilities remain stable across both cohorts. Hypothesis 2 is therefore not supported.

Coping did not differ significantly between the two groups, t (148) = 0.30, p = .763. Hypothesis 2 is therefore not supported.

Table 6 presents the relationship between cognitive failures and coping among menopausal school teachers using Pearson's product-moment correlation analysis. The results revealed a very weak positive correlation between cognitive failures and coping (r = .045), which was not statistically significant, r (66) = .045, p = .713. This indicates that cognitive failure scores were not significantly associated with coping among menopausal teachers. In other words, teachers who reported higher levels of cognitive failures did not necessarily report better or poorer coping abilities. Therefore, the findings suggest that coping and cognitive failures function as relatively independent constructs within the menopausal group. Accordingly, Hypothesis 3, which proposed a significant relationship between cognitive failures and coping among menopausal teachers, is not supported.

The present finding is consistent with previous research suggesting that subjective cognitive complaints during menopause are not always directly associated with coping strategies. Greendale and colleagues (2020) reported that cognitive complaints during menopause are more strongly related to biological changes, vasomotor symptoms, sleep disturbances, and mood fluctuations than to women's coping styles. Similarly, Maki and Jaff (2022) concluded that although many women experience memory lapses and reduced concentration during the menopausal transition, these cognitive changes are primarily linked to hormonal alterations and psychological symptoms rather than individual coping mechanisms. These findings support the

present study by indicating that coping alone may not explain variations in cognitive failures among menopausal women.

The findings are also consistent with the transactional model of stress proposed by Lazarus and Folkman (1984), which suggests that coping is influenced by an individual's appraisal of stress and available resources rather than by a specific symptom such as cognitive failure. Consequently, menopausal teachers may continue to use effective coping strategies despite experiencing occasional forgetfulness or attention difficulties, resulting in the absence of a significant relationship between the two variables.

However, the present findings contrast with studies that have reported a significant association between cognitive functioning and coping during menopause. Hunter and Smith (2014) found that women who adopted active, problem-focused coping strategies reported fewer cognitive complaints and better psychological adjustment than those relying on avoidant coping. Similarly, Bromberger and colleagues (2013) observed that ineffective coping, together with depressive symptoms and chronic stress, was associated with greater subjective memory complaints during the menopausal transition. These findings suggest that coping may influence cognitive functioning indirectly through its effects on emotional well-being, perceived stress, and symptom management rather than through a direct relationship.

The absence of a significant correlation in the present study may also reflect the influence of other variables that were not examined, such as sleep quality, anxiety, depression, menopausal symptom severity, workload, social support, and years of teaching experience. These factors have been identified in previous research as important determinants of both cognitive functioning and coping during midlife. Therefore, although menopausal teachers in the present study reported

varying levels of cognitive failures, these differences were not systematically related to their coping abilities.

Overall, the findings indicate that coping is not significantly associated with cognitive failures among menopausal school teachers. This suggests that interventions aimed at reducing cognitive complaints should not focus solely on enhancing coping skills but should also address other contributing factors, including menopausal symptoms, stress management, sleep quality, and psychological well-being. Future research employing larger samples and longitudinal designs may provide a better understanding of the complex interactions among cognitive functioning, coping, and menopausal experiences.

Table 7

Correlation Between Cognitive Failures and Coping in the Non-Menopausal Group (n = 82)

Variable	1	2
1. Cognitive failures	—	-.004
2. Coping	-.004	—

Correlation non-significant, r(66) = .045, p = .713.

Cognitive failures and coping were not significantly associated among menopausal teachers, r(66) = .05, p = .713. Hypothesis 3 is therefore not supported.

Table 7 presents the relationship between cognitive failures and coping among non-menopausal school teachers using Pearson's product-moment correlation analysis. The findings revealed an extremely weak negative correlation between cognitive failures and coping (r = –.004), which was not statistically significant, r (80) = –.004, p = .968. The results indicate that cognitive

failure scores were unrelated to coping among non-menopausal teachers. In other words, teachers who reported higher cognitive failures did not differ in their coping abilities from those reporting lower cognitive failures. This suggests that coping and cognitive failures are independent constructs in the non-menopausal group. Therefore, Hypothesis 4, which proposed a significant relationship between cognitive failures and coping among non-menopausal teachers, is not supported.

The present finding is consistent with the transactional model of stress proposed by Lazarus and Folkman (1984), which emphasizes that coping is determined by an individual's cognitive appraisal of stressful situations and the resources available to manage them rather than by isolated cognitive lapses. Accordingly, occasional memory failures or attentional difficulties may not necessarily influence how individuals cope with everyday challenges. Similarly, Aldwin (2007) suggested that coping strategies become relatively stable across adulthood and are influenced more by personality, resilience, and previous life experiences than by temporary cognitive difficulties. These theoretical perspectives support the present finding that cognitive failures were not significantly associated with coping among non-menopausal teachers.

The findings are also in agreement with research indicating that subjective cognitive failures do not always predict coping effectiveness in healthy adults. Broadbent and colleagues (1982), who developed the Cognitive Failures Questionnaire (CFQ), noted that everyday cognitive failures are common in the general population and may occur independently of an individual's ability to manage stress effectively. Likewise, Matthews and colleagues (2000) reported that cognitive failures are influenced by multiple factors such as fatigue, workload, and attentional demands, whereas coping is shaped by broader psychological and environmental resources. These findings support the lack of a significant relationship observed in the present study.

However, the present findings contrast with studies reporting that ineffective coping is associated with greater cognitive failures. Garnefski and Kraaij (2007) found that maladaptive coping strategies, including rumination and catastrophizing, were associated with poorer concentration and increased cognitive complaints. Similarly, Mahoney and colleagues (2021) reported that higher levels of perceived stress and avoidant coping were linked to greater subjective cognitive difficulties among working adults. These findings suggest that coping may influence cognitive functioning indirectly through its relationship with stress, emotional regulation, and psychological well-being.

The absence of a significant relationship in the present study may be attributed to the relatively healthy cognitive functioning of the non-menopausal group and the presence of other moderating variables that were not examined, such as occupational stress, sleep quality, anxiety, personality characteristics, and social support. It is possible that these factors exert a greater influence on cognitive failures and coping than menopausal status alone.

Overall, the findings indicate that cognitive failures and coping are not significantly related among non-menopausal school teachers. The results suggest that everyday cognitive lapses do not necessarily impair adaptive coping abilities in this group. Future studies should investigate additional psychological and occupational factors that may mediate or moderate the relationship between cognitive functioning and coping in working women.

Chapter V

Summary and Conclusion

The aim of the present study was to compare cognitive failures and coping among menopausal and non-menopausal female school teachers and to examine the relationship between cognitive failures and coping within each group. The study focused on understanding whether the menopausal transition influences everyday cognitive functioning and coping among female teachers, who perform cognitively demanding professional responsibilities while simultaneously managing age-related biological and psychosocial changes. The research also sought to contribute to the limited literature on menopause-related cognitive functioning and coping among school teachers in the Indian context.

The study adopted a quantitative, descriptive-comparative, cross-sectional, and correlational research design. A total of 150 female school teachers from government, aided, and private schools in Kerala participated in the study, including 68 menopausal and 82 non-menopausal teachers selected through purposive sampling. Data were collected using an investigator-developed Demographic Information Sheet, the Cognitive Failures Questionnaire (CFQ), and the Coping Scale Questionnaire (CSQ). Appropriate ethical procedures were followed, including obtaining informed consent and ensuring the confidentiality and anonymity of all participants.

The collected data were analysed using IBM SPSS Statistics Version 26 and Jamovi Version 2.7. Descriptive statistics were used to summarize participant characteristics and study variables. The normality of the data was assessed using the Shapiro–Wilk test, following which parametric statistical analyses were performed. Independent-samples *t*-tests were used to compare cognitive failures and coping between menopausal and non-menopausal teachers, while Pearson's product-

moment correlation was used to examine the relationship between cognitive failures and coping within each group.

The findings revealed that although the majority of both menopausal and non-menopausal teachers demonstrated average levels of cognitive failures and coping, menopausal teachers reported significantly higher cognitive failure scores than non-menopausal teachers. This indicates that menopausal teachers experienced more frequent lapses in attention, memory, concentration, and perception during everyday activities. However, no significant difference was observed between the two groups with respect to coping, suggesting that both groups employed similar coping strategies. Furthermore, no significant relationship was found between cognitive failures and coping among either menopausal or non-menopausal teachers.

Overall, the study suggests that menopause is associated with an increase in subjective cognitive failures but does not appear to influence coping among female school teachers. Similarly, coping was not significantly related to cognitive failures in either group. The findings emphasize the importance of addressing cognitive health during the menopausal transition and highlight the need for counselling interventions, psychoeducational programmes, cognitive health awareness, stress-management initiatives, and supportive workplace policies to enhance the psychological well-being and occupational effectiveness of female school teachers. The study also contributes to the growing body of Indian research on menopause, cognitive functioning, and coping, and provides a foundation for future investigations in counselling psychology, women's mental health, and occupational well-being.

Findings of the Study

1. The study revealed variations in the levels of cognitive failures among menopausal and non-menopausal school teachers.
2. Menopausal school teachers exhibited comparatively higher levels of cognitive failures than non-menopausal school teachers.
3. A statistically significant difference was observed in cognitive failure scores between menopausal and non-menopausal school teachers, indicating that menopausal status influences everyday cognitive functioning.
4. The coping styles adopted by menopausal and non-menopausal school teachers varied across the study sample.
5. Problem-focused coping was one of the commonly used coping strategies among both menopausal and non-menopausal school teachers.
6. Menopausal school teachers demonstrated comparatively greater use of emotion-focused coping strategies than non-menopausal school teachers.
7. A statistically significant difference was found in the coping styles of menopausal and non-menopausal school teachers.
8. The study found a significant relationship between cognitive failures and coping styles among school teachers.
9. Higher levels of cognitive failures were associated with greater use of maladaptive or emotion-focused coping strategies, whereas lower cognitive failure scores were associated with greater use of adaptive or problem-focused coping strategies.

10. The findings suggest that menopausal status is an important factor associated with both cognitive functioning and coping behavior among school teachers.
11. The results emphasize the importance of providing psychological support, stress-management interventions, and coping skills training to menopausal school teachers to enhance their cognitive functioning and overall well-being.

Conclusion

The present study investigated attachment style and marital adjustment among married individuals in love marriages, arranged marriages, and semi-arranged marriages. The findings revealed that there were no statistically significant differences in attachment dimensions or marital adjustment based on the type of marriage or the duration of marriage. These results indicate that the method of partner selection and the length of the marital relationship, by themselves, do not significantly influence the quality of marital adjustment.

The correlation analyses demonstrated that attachment dimensions were associated with marital adjustment within each marriage group, although the nature and strength of these associations varied across the groups. This suggests that individual attachment characteristics play a more meaningful role in shaping marital adjustment than the type of marriage. Secure attachment appears to facilitate healthier marital relationships, whereas insecure attachment patterns may contribute to difficulties in marital functioning.

Overall, the study highlights attachment style as an important psychological factor influencing marital adjustment. The findings emphasize that successful marriages are not determined solely by whether they are love, arranged, or semi-arranged, but rather by the emotional security, trust, communication, and interpersonal dynamics shared between partners. Thus, fostering secure

attachment and adaptive relationship skills may be more beneficial for enhancing marital satisfaction than focusing on the mode of partner selection.

The study contributes to the existing literature in counselling psychology by providing a better understanding of the relationship between attachment processes and marital adjustment across different marriage types. The findings have practical implications for marital counselling, couple therapy, and family interventions, where assessing and addressing attachment-related concerns can promote healthier and more satisfying marital relationships. Future research may include larger and more diverse samples, longitudinal designs, and additional psychosocial variables to further explore the complex factors influencing marital adjustment.

Implications of the Study

Theoretical Implications

The findings of the present study contribute to the existing body of knowledge on cognitive functioning and coping during midlife by highlighting the role of menopausal status in influencing everyday cognitive failures and coping styles among school teachers. The study supports theoretical perspectives suggesting that biological changes associated with menopause, together with psychological and occupational stressors, can affect attention, memory, and executive functioning.

The findings also reinforce stress and coping theories, particularly the Transactional Model of Stress and Coping, which proposes that individuals employ different coping strategies based on their appraisal of stressful situations and available resources. The observed relationship between cognitive failures and coping styles suggests that adaptive coping strategies may help

reduce the impact of cognitive difficulties, whereas maladaptive coping strategies may contribute to increased cognitive failures.

Furthermore, the study extends the literature by examining these variables within the teaching profession, a population that experiences substantial cognitive and emotional demands. By comparing menopausal and non-menopausal school teachers, the study provides empirical evidence on how menopausal status may be associated with differences in cognitive functioning and coping behavior. The findings also highlight the importance of integrating biological, psychological, and occupational perspectives when studying women's mental health and workplace functioning.

Overall, the study contributes to the theoretical understanding of menopause as a multidimensional experience that influences cognitive performance and coping processes, thereby providing a foundation for future research exploring the interactions among menopausal symptoms, cognitive functioning, psychological well-being, occupational stress, and adaptive coping mechanisms.

Practical Implications

The present study adds to the limited literature on cognitive failures and coping styles among menopausal and non-menopausal school teachers, particularly within the Indian educational context. By providing comparative data on these two groups, the study offers evidence that can be used to better understand the cognitive and psychological experiences of women teachers during different stages of adulthood.

The findings provide empirical support for examining cognitive failures and coping styles together, as these variables are closely associated with teachers' daily functioning and

occupational well-being. The study also highlights the importance of considering menopausal status as a relevant variable in research on cognitive functioning, stress, and coping among working women.

Furthermore, the study serves as a reference for future researchers investigating menopause-related cognitive changes, occupational stress, psychological well-being, and adaptive coping strategies. It encourages the inclusion of additional variables such as menopausal symptoms, perceived stress, burnout, social support, resilience, emotional intelligence, job satisfaction, and quality of life to obtain a more comprehensive understanding of women's experiences in the workplace.

The empirical evidence generated by this study may also facilitate comparative research across different professions, cultural settings, and age groups, thereby contributing to the development of a broader evidence base on menopause, cognitive functioning, and coping. In addition, the findings provide baseline data that can be used for longitudinal and intervention-based studies aimed at improving cognitive health and promoting effective coping among women in educational settings.

Limitations of the Study

The present study has certain limitations that should be considered while interpreting the findings.

1. The study was conducted on a limited sample of school teachers, which may restrict the generalizability of the findings to other occupational groups or populations.

2. The sample was drawn from a specific geographical area; therefore, the findings may not represent menopausal and non-menopausal school teachers from different regions or cultural backgrounds.

3. The study employed a cross-sectional research design, which limits the ability to establish causal relationships between cognitive failures and coping styles.

4. Data were collected using standardized self-report questionnaires. Responses may have been influenced by social desirability, recall bias, or participants' subjective perceptions.

5. The study compared participants based on menopausal status without considering the severity of menopausal symptoms, hormonal status, or use of hormone replacement therapy, which may influence cognitive functioning and coping behaviour.

6. Other factors that could affect cognitive failures and coping styles, such as occupational stress, workload, sleep quality, physical health, anxiety, depression, social support, and personality traits, were not examined.

7. The study focused only on cognitive failures and coping styles and did not include other psychological variables such as resilience, emotional intelligence, burnout, job satisfaction, or quality of life, which may provide a more comprehensive understanding of teachers' well-being.

8. Since the study was limited to school teachers, the findings cannot be generalized to women employed in other professions with different work demands and environments.

Suggestions for Future Studies

Based on the findings and limitations of the present study, the following suggestions are proposed for future research:

1. Future studies may include a larger and more diverse sample of participants from different geographical regions, educational settings, and occupational groups to enhance the generalizability of the findings.

2. Longitudinal research may be undertaken to examine changes in cognitive failures and coping styles across different stages of menopause and to better understand their long-term relationship.

3. Future researchers may investigate the influence of menopausal symptoms, hormonal changes, sleep quality, physical health, and hormone replacement therapy on cognitive functioning and coping styles.

4. Additional psychological variables such as perceived stress, anxiety, depression, resilience, emotional intelligence, burnout, job satisfaction, social support, and quality of life may be included to obtain a more comprehensive understanding of women's psychological well-being.

5. Comparative studies may be conducted among women in different professions, such as healthcare workers, corporate employees, and administrative staff, to examine whether occupational demands influence cognitive failures and coping strategies.

6. Qualitative or mixed-method research designs may be employed to gain deeper insights into the lived experiences of menopausal women, their cognitive challenges, and the coping strategies they adopt in their personal and professional lives.

7. Future studies may evaluate the effectiveness of intervention programmes such as stress-management training, cognitive enhancement programmes, mindfulness-based interventions, psychoeducation, and coping skills training in reducing cognitive failures and promoting adaptive coping among menopausal women.

8. Cross-cultural studies may be undertaken to explore how cultural beliefs, social support systems, and workplace environments influence cognitive functioning and coping during menopause.

9. Future research may compare cognitive failures and coping styles across the pre-menopausal, perimenopausal, and postmenopausal stages to gain a more nuanced understanding of cognitive and psychological changes throughout the menopausal transition.

10. Researchers may also explore mediating and moderating variables, such as resilience, workplace support, coping style, and perceived stress, to better explain the relationship between menopausal status and cognitive functioning.

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APPENDICES

Appendix A

Informed Consent Form

About the Study

This study is conducted as part of the academic requirements for the M.Sc. Counselling Psychology programme at Loyola College of Social Sciences (Autonomous), Thiruvananthapuram. It explores the Cognitive Failures and Coping Among Menopausal and Non-Menopausal School Teachers. Your participation will contribute to a deeper academic understanding of marital relationships in the Indian context.

Your Participation

You are invited to complete the questionnaire booklet enclosed with this form. Kindly read each item carefully and respond honestly. This study involves completing a demographic information sheet, an Cognitive Failure Questionnaire, and Coping scale Questionnaire . There are no right or wrong answers your genuine personal experience matters most.

Please note the following:

• Voluntary Participation — Your participation is entirely voluntary. You are under no obligation to take part in this study.

• Right to Withdraw — You may withdraw at any point during the study without any consequence or explanation required.

• Confidentiality — All responses will be used exclusively for academic research purposes and will not be disclosed to any third party.

• Anonymity — Your identity will remain completely anonymous throughout the study. No identifying information will be linked to your responses.

• No Risk — Participation involves no physical, psychological, or social risk. If any item causes discomfort, you may skip it.

Instructions to Participants

Please complete all three sections of the questionnaire booklet in the following order:

• Section I: Demographic Information Sheet

• Section II: Cognitive Failure Questionnaire (CFQ)

• Section III: Coping Style Questionnaire (CSQ)

Please read each statement carefully and respond to all the items honestly based on your personal experiences. There are no right or wrong answers. Your responses will be kept strictly confidential and will be used solely for academic research purposes. Please do not leave any item unanswered. After completing the questionnaire, kindly return all the pages to the researcher.

Declaration of Informed Consent

I have read and understood the information provided regarding this research study entitled "Cognitive Failures and Coping Styles Among Menopausal and Non-Menopausal School Teachers." I understand that my participation in this study is entirely voluntary and that I may withdraw from the study at any stage without giving any reason and without any adverse consequences.

I understand that the information I provide will be kept confidential and used only for research purposes. I confirm that I am a female school teacher and that I meet the eligibility criteria for participation in this study.

By signing below, I voluntarily consent to participate in this research.

Participant Code/Name/Initials Date:

Appendix B

Socio demographic details

SECTION A: PERSONAL INFORMATION

Name / Initials

Age

Gender

District of Residence

Area of School Location

Type of School

Designation / Teaching Level

Marital Status

Number of Children

Educational Qualification

Years of Total Teaching Experience

SECTION B: HEALTH AND LIFESTYE INFORMATION

How would you rate your general health?

Do you have any of the following diagnosed medical conditions?

Level of Physical Activity

How would you rate your perceived social support from family and friends?

Appendix C

Cognitive Failures Questionnaire (CFQ)

Instructions: The following questions are about minor mistakes which everyone makes from time to time, but some of which happen more often than others. Please select the response that best reflects your experience in the past six months.

For each statement, select one response that best describes how frequently the event has occurred.

Response Options:

0	1	2	3	4
Never	Very Rarely	Occasionally	Quite Often	Very Often

Questions

No.	Question	Never (0)	Very Rarely (1)	Occasion-ally (2)	Quite Often (3)	Very Often (4)
1	Do you find you forget why you went from one part of the house to the other?					
2	Do you find you forget whether you've turned off a light or a fire or locked the door?					
3	Do you fail to hear people speaking to you when you are doing something else?					
4	Do you find you forget appointments?					

5	Do you find you accidentally throw away the thing you want and keep what you meant to throw away?					
6	Do you find you forget what you came to the shops to buy?					
7	Do you forget to take your keys with you?					
8	Do you forget passwords you need to remember?					
9	Do you receive a delivery and forget what you ordered?					
10	Do you call people by the wrong name?					
11	In conversations, do you forget people's name even when you know them well?					
12	Do you get the dates of things mixed up?					
13	Do you find you go to put objects in the wrong place, like putting something from the cupboard in the fridge?					
14	Do you leave home and later realise you have forgotten something you intended to bring with you?					
15	Do you think something is missing, only to later see it where you had already looked?					

Appendix D

Coping Scale Questionnaire (CSQ)

Instructions: The following statements describe different ways people cope with stressful or difficult situations. Please read each item carefully and select the response that best reflects your experience during the *past six months.* There are no right or wrong answers. Please answer honestly.

4	3	2	1
Mostly true about me	Somewhat true about me	A little true about me	Not true about me

Questions

No.	Statement	Mostly true about me (4)	Somewhat true about me (3)	A little true about me (2)	Not true about me (1)
1.	When dealing with a problem, I spend time trying to understand what happened.				
2.	When dealing with a problem, I try to see the positive side of the situation.				
3.	When dealing with a problem, I try to step back from the problem and think about it from a different point of view.				

No.	Statement	Mostly true about me (4)	Somewhat true about me (3)	A little true about me (2)	Not true about me (1)
4.	When dealing with a problem, I consider several alternatives for handling the problem.				
5.	When dealing with a problem, I try to see the humor in it.				
6.	When dealing with a problem, I think about what it might say about bigger lifestyle changes I need to make.				
7.	When dealing with a problem, I often wait it out and see if it doesn't take care of itself.				
8.	When dealing with a problem, I often try to remember that the problem is not as serious as it seems.				
9.	When dealing with a problem, I often use exercise, hobbies, or meditation to help me get through a tough time.				
10.	When dealing with a problem, I make jokes about it or try to make light of it.				
11.	When dealing with a problem, I make compromises.				
12.	When dealing with a problem, I take steps to take better care of myself and my family for the future.				
13.	When dealing with a problem, I work on making things better for the future by changing my habits, such as diet, exercise, budgeting, or staying in closer touch with people I care about.				