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EMOTIONAL SENSITIVITY, SELF-COMPASSION AND WEIGHT DISSATISFACTION AS PREDICTORS OF PCOS RELATED QUALITY OF LIFE: A QUANTITATIVE ANALYSIS

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ABSTRACT

Background: *Polycystic Ovary Syndrome (PCOS) is the most prevalent endocrine disorder among women of reproductive age, affecting approximately 4–18% of women worldwide. The prevalence of PCOS among Pakistani women is considerably higher than that reported in Western countries, reaching approximately 52% compared to 20–25% in the United Kingdom. Beyond its physical manifestations, PCOS is associated with significant psychological challenges that adversely affect women's quality of life.*

Objective: *The present study aimed to examine the relationship between self-compassion, weight dissatisfaction, emotional sensitivity, and PCOS-related quality of life, and to determine whether these psychological variables predict quality of life among women diagnosed with PCOS.*

Methods: *A cross-sectional research design was employed. A sample of 300 women diagnosed with PCOS, aged 18–40 years, was recruited from hospitals, clinics, healthcare institutions, and online platforms through social media. Participants completed the Self-Compassion Scale (α =.92), Body Image Dissatisfaction Scale (α = .88), Emotional Sensitivity Scale, and the Polycystic Ovary Syndrome Quality of Life Scale (PCOSQOL) (α = .95). Of the total participants, 150 (50%) were married and 150 (50%) were unmarried, with a mean age of 29.16 years.*

Results: *Pearson correlation analysis revealed that emotional sensitivity was positively associated with weight dissatisfaction ($p < .01$), whereas self-compassion was negatively associated with emotional sensitivity and weight dissatisfaction and positively associated with PCOS-related quality of life ($p < .01$). Multiple regression analysis indicated that weight dissatisfaction and low self-compassion significantly predicted poorer quality of life ($p < .01$). Furthermore, significant differences were observed between married and unmarried women across the study variables ($p < .01$).*

Conclusion: *The findings suggest that women with higher emotional sensitivity and greater weight dissatisfaction experience poorer quality of life, whereas higher levels of self-compassion are associated with better psychological adjustment and improved quality of life. Interventions aimed at enhancing self-compassion while reducing body image concerns and emotional sensitivity may improve the overall wellbeing of women living with PCOS.*

Keywords: *Polycystic Ovary Syndrome, Self-Compassion, Weight Dissatisfaction, Emotional Sensitivity, Quality of Life.*

INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine disorders affecting women of reproductive age, with global prevalence estimates ranging from 8–13%, and a substantial proportion of cases remaining undiagnosed, particularly in developing countries (Teede et al., 2023). PCOS is characterized by hormonal and metabolic disturbances that adversely affect reproductive, metabolic, and psychological health, ultimately compromising women's overall quality of life (Azziz et al., 2016). The syndrome is a leading cause of anovulatory infertility and is associated with long-term complications such as obesity, insulin resistance, type 2 diabetes, and cardiovascular disease (Escobar, 2018).

Weight gain and obesity are among the most common clinical manifestations of PCOS, primarily resulting from insulin resistance and endocrine dysfunction. Women with PCOS frequently experience difficulties managing their weight and are more likely to exhibit unhealthy eating behaviors and persistent concerns about body weight and appearance (Lim et al., 2019). These physical changes often contribute to body weight dissatisfaction, which has been consistently associated with poor self-esteem, depression, anxiety, and reduced quality of life (Cooney et al., 2017). Furthermore, unrealistic societal beauty standards and social media exposure may intensify body image concerns among women living with PCOS.

In addition to body image concerns, emotional sensitivity has emerged as an important psychological factor influencing the wellbeing of women with PCOS. Emotional sensitivity refers to an individual's heightened emotional responsiveness and vulnerability to emotional experiences. Women with PCOS often report greater emotional distress due to hormonal fluctuations, infertility concerns, weight-related stigma, and appearance-related symptoms, which may increase emotional sensitivity and negatively influence their quality of life (Bazarganipour et al., 2020). Increased emotional sensitivity may also amplify negative body image perceptions, making women more susceptible to psychological distress and impaired psychosocial functioning.

More recently, self-compassion has gained considerable attention as a protective psychological resource for women living with chronic health conditions, including PCOS. Self-compassion, defined as treating oneself with kindness, recognizing one's experiences as part of the shared human condition, and maintaining mindful awareness during difficult situations, has been shown to reduce emotional distress and improve psychological wellbeing (Neff, 2003). Women with higher levels of self-compassion tend to report lower body dissatisfaction, fewer symptoms of anxiety and depression, healthier coping strategies, and better quality of life despite the challenges associated with PCOS (Braehler & Neff, 2020). Consequently, self-compassion may buffer the negative effects of emotional sensitivity and body weight dissatisfaction on psychological wellbeing.

Although previous studies have independently examined the relationships between body weight dissatisfaction, emotional sensitivity, and quality of life among women with PCOS, limited research has simultaneously investigated the role of self-compassion as a positive psychological factor within this relationship, particularly among Pakistani women. Given the high prevalence of PCOS and the sociocultural emphasis on physical appearance and fertility in Pakistan, understanding these psychological factors is essential for developing culturally appropriate interventions that promote women's wellbeing.

Therefore, the present study aims to examine the relationships among self-compassion, emotional sensitivity, body weight dissatisfaction, and PCOS-related quality of life among women diagnosed with PCOS. Additionally, the study seeks to determine whether these psychological variables significantly predict quality of life and whether differences exist between married and unmarried women regarding these variables.

Hypotheses

H1: Self-compassion is positively associated with quality of life, whereas emotional sensitivity and body weight dissatisfaction are negatively associated with quality of life among women with PCOS.

H2: Self-compassion, emotional sensitivity, and

body weight dissatisfaction significantly predict the quality of life among women with PCOS.

H3: Significant differences exist between married and unmarried women with PCOS regarding self-compassion, emotional sensitivity, body weight dissatisfaction, and quality of life.

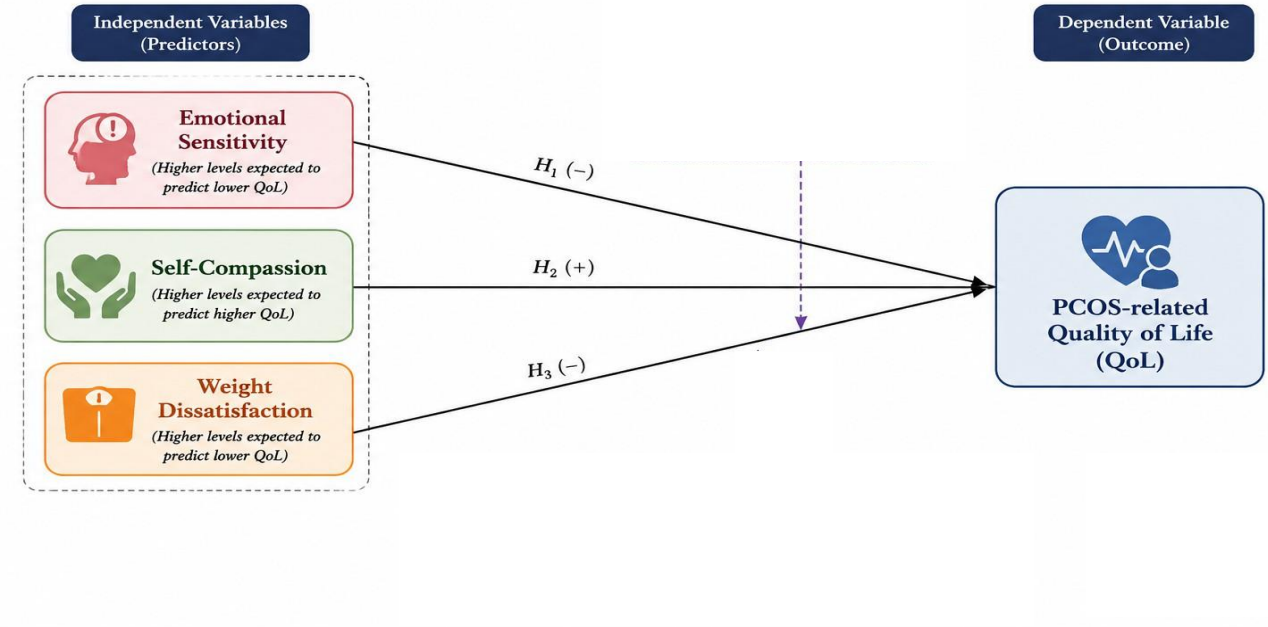


Figure 1: ***Conceptual Framework of Emotional Sensitivity, Body Weight Dissatisfaction and Self Compassion as predictors of Quality of Life of women suffering from PCOS in Pakistan.***

Materials and Methods

Research Design and Participants

A cross-sectional quantitative research design was employed to examine the relationships among emotional sensitivity, body weight dissatisfaction, self-compassion, and PCOS-related quality of life among women diagnosed with Polycystic Ovary Syndrome (PCOS). The study was conducted at the Department of Applied Psychology, University of Management and Technology (UMT), Lahore.

Participants were recruited using a consecutive sampling technique from various public and private healthcare institutions, including Holy Family Hospital, Ikram Hospital, Government Trauma Centre, DHQ Hospital, City Medical Complex, and other gynecological clinics. Additionally, data were collected through online platforms and social media to increase accessibility and participant diversity.

The inclusion criteria were: (a) women aged 18–40 years, (b) minimum educational qualification of matriculation, and (c) a confirmed diagnosis of PCOS for at least six months. Women with diagnosed psychiatric disorders, physical disabilities, or those who were widowed or divorced were excluded from the study.

The final sample comprised 300 women diagnosed with PCOS, including 150 married (50%) and 150 unmarried (50%) participants. Their ages ranged from 18 to 40 years (M = 29.16, SD = 5.00). The sample size was determined using G*Power software, based on the recommended statistical power, effect size,

and significance level to ensure adequate power for detecting significant effects.

Measures

Emotional Reactivity Scale (ERS)

Emotional sensitivity was assessed using the Emotional Reactivity Scale (ERS) developed by Nock et al. (2008). The scale consists of 21 items rated on a 5-point Likert scale ranging from 1 (Not at all like me) to 5 (Completely like me). Higher scores indicate greater emotional sensitivity and emotional reactivity. The scale has demonstrated excellent internal consistency, with a reported Cronbach's alpha of .91.

Body Weight Dissatisfaction Scale

Body weight dissatisfaction was measured using the Body Weight Dissatisfaction Scale, comprising 26 items rated on a 5-point Likert scale ranging from 0 (Not at all) to 4 (Always). The scale assesses dissatisfaction across three domains: body shape and weight, skeletal features, and facial features. Higher scores indicate greater body weight dissatisfaction. The reported reliability coefficient for the scale is Cronbach's α = .89.

Self-Compassion Scale (SCS)

Self-compassion was assessed using the Self-Compassion Scale (SCS) developed by Neff (2003). The scale consists of 26 items rated on a 5-point Likert scale ranging from 1 (Almost Never) to 5 (Almost Always). It measures six dimensions of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Higher scores indicate greater levels of self-compassion. The scale has demonstrated excellent psychometric properties, with reported Cronbach's alpha coefficients ranging from .92 to .94.

Polycystic Ovary Syndrome Quality of Life Scale (PCOSQOL)

Table 1: ***Psychometric properties and Descriptive statistics of the Scales***

Scales	*M* ± *SD*	Range	Cronbach's α
Emotional Reactivity Scale	71.730±11.750	5-95	0.79
Body Image Dissatisfaction Scale	67.815±15.362	20-113	0.84
Body Shape and Weight	19.62±7.41	2.27-2.57	0.89
Skeletal Structure	29.13±7.39	2.56-2.74	0.76
Facial Features	17.55±5.76	2.21-2.83	0.78
Self-Compassion Scale	82.41 ± 16.84	26-130	0.92
Self-Kindness	14.08 ± 3.72	5-25	0.84
Self-Judgment	13.22 ± 3.41	5-25	0.83
Common Humanity	13.85 ± 3.26	4-20	0.80
Isolation	12.94 ± 3.65	4-20	0.82
Mindfulness	14.36 ± 3.58	4-20	0.85
Over-Identification	13.96 ± 3.47	4-20	0.84
PCOSQOL Scale	120.366±25.316	42-184	0.83

The Polycystic Ovary Syndrome Quality of Life Scale (PCOSQOL) was used to assess participants' quality of life. The instrument consists of 35 items measured on a 7-point Likert scale. Higher scores indicate better quality of life, whereas lower scores reflect poorer quality of life. The scale has demonstrated excellent internal consistency, with a reported Cronbach's alpha of .95.

Ethical Considerations

Ethical approval was obtained from the relevant institutional authorities prior to data collection. Written informed consent was obtained from all participants after explaining the objectives and procedures of the study. Participants were informed that their participation was voluntary, their responses would remain confidential, and they had the right to withdraw from the study at any stage without any consequences.

Statistical Analysis

Data were analyzed using IBM SPSS Statistics Version 26. Preliminary analyses were conducted to screen for missing values, outliers, and assumptions of normality. Data from 315 participants were initially collected; after screening, 300 complete responses were retained for the final analyses.

PCOSQOL=The Polycystic Ovary Syndrome Quality of Life

Descriptive statistics were computed to summarize participants' demographic characteristics and study variables. Pearson Product-Moment Correlation analysis was conducted to examine the relationships among emotional sensitivity, body weight dissatisfaction, self-compassion, and PCOS-related quality of life. Multiple Hierarchical Regression Analysis was performed to determine the predictive effects of emotional sensitivity, body weight dissatisfaction, and self-compassion on quality of life. Additionally, an independent-samples t-test was conducted to examine differences between married and unmarried women on the study variables. Statistical significance was determined at $p < .05$.

Results

Table 2: ***Comparison of Married and Unmarried Women on Emotional Sensitivity, Body Image Dissatisfaction, Self-Compassion, and Quality of Life***

Variables	Married (n=150) *Mean ±SD*	Unmarried (n=150) *Mean ±SD*	*p-value*	*Cohen's d*
Emotional sensitivity	65.56 ± 8.92	74.12 ± 11.41	***<0.00	0.83
body image dissatisfaction	62.70 ±14.91	70.69 ± 17.76	**0.001	0.48
Self Compassion Scale	86.72 ± 14.63	78.45 ± 16.51	***<0.001	0.54
quality of life	111.80 ± 28.03	124.90 ± 22.52	***<0.00	0.61

**p <0.01. ***p<0.001

The results in Table 2, revealed significant differences in Emotional reactivity, body image dissatisfaction, self-compassion and quality of life based on marital status among women with PCOS. Specifically, unmarried women exhibited higher scores in mindful eating behavior, body image dissatisfaction, and quality of life compared to married women with PCOS.

Table 3: ***Correlation of Emotional Sensitivity, Body Image Dissatisfaction, Self-Compassion and Quality of Life***

Variables	1	2	3	3	5	6	7
1.Emotional sensitivity	-	0.34**	0.33**	0.25**	0.24**	-0.51	-0.04
2. Body Image Dissatisfaction	-	-	0.84**	0.82**	0.79**	-0.56	-0.28**
3. Body Shape and Weight	-	-	_	0.49**	0.54**	-0.48	-0.19**
4. Skeletal Features	-	-	-	-	0.46**	-0.44	-0.32**
5. Facial Features	-	-	-	-	-	-0.15**	-0.15**
6. Self Compassion	-	-	-	-	-	-0.39	0.63
7. Quality of Life	-	-	-	-	-	-	-

*p<0.05. **p <0.01. ***p<0.001

Pearson Product-Moment correlation analysis revealed that emotional sensitivity was positively associated with body image dissatisfaction and all its sub scales. Conversely, self-compassion was negatively correlated with emotional sensitivity and body image dissatisfaction, indicating that women with higher self-compassion reported lower emotional reactivity and fewer body image concerns. Furthermore, quality of life showed a significant positive correlation with self-compassion and significant negative correlations with emotional sensitivity and body image dissatisfaction.

Table 4: ***Multiple Regression Analysis Predicting Quality of Life***

Variables	*B*	95%CI	*SE B*	*β*
Constant	138.24	[118.83, 157.64]	9.86	
Emotional sensitivity	0.15	[-.13, .43]	0.14	0.06
Body weight Dissatisfaction	-0.47***	[.66, -.28]	0.09	-0.30***
Self-Compassion	.57***	[0.38, 0.76]	0.10	0.41
R^2	0.52			
F (3, 296)	105.43***			

***p<0.001.

The overall model was statistically significant, $F(3, 296) = 105.43$, $p < .001$, explaining 52% of the variance in quality of life. Self-compassion emerged as the strongest positive predictor of quality of life ($\beta = .41$, $p < .001$), whereas body weight dissatisfaction ($\beta = -.36$, $p < .001$) and emotional sensitivity ($\beta = -.18$, $p = .005$) significantly predicted lower quality of life among women with PCOS (See Table 4).

Discussion

The findings of the present study suggested a significant relationship among emotional reactivity, body weight dissatisfaction, self-compassion, and quality of life among women diagnosed with Polycystic Ovary Syndrome (PCOS). The results are consistent with previous literature demonstrating that women with PCOS experience greater emotional distress, body image dissatisfaction, reduced self-esteem, and poorer

psychological wellbeing compared to healthy women. These emotional and physical manifestations of PCOS often contribute to increased emotional reactivity, making women more vulnerable to negative self-evaluation and a diminished quality of life. Previous studies have also reported that menstrual irregularities, obesity, hirsutism, and acne significantly increase body dissatisfaction, which subsequently impairs psychological wellbeing and overall quality of life. Furthermore, women with higher body mass index (BMI) and greater perceived body dissatisfaction consistently report poorer physical, emotional, and social functioning.

An important contribution of the present study is the inclusion of self-compassion as a psychological resource associated with better adjustment among women with PCOS. The findings indicated that higher emotional reactivity was associated with lower levels of self-compassion, whereas greater self-compassion was related to better quality of life. These findings are consistent with recent research suggesting that self-compassion enables individuals to respond to personal suffering with kindness, emotional balance, and acceptance rather than self-criticism. Women with PCOS frequently experience feelings of shame, guilt, frustration, and social comparison because of visible symptoms such as weight gain, hirsutism, acne, and infertility concerns. Individuals with higher self-compassion are more likely to acknowledge these experiences without over-identifying with them, thereby reducing emotional distress and promoting psychological resilience. Recent evidence has demonstrated that self-compassion is associated with lower depression, anxiety, stress, body shame, and emotional dysregulation while simultaneously improving psychological wellbeing and quality of life among women experiencing chronic health conditions, including PCOS.

The findings further demonstrated that body weight dissatisfaction significantly and negatively predicted quality of life among women with PCOS. These findings may be explained by the fact that body image concerns in PCOS extend beyond physical appearance and substantially influence emotional wellbeing, interpersonal relationships, self-confidence, and sexual satisfaction. Women who perceive themselves negatively because of obesity, hirsutism, acne, or other androgenic symptoms often experience greater psychological distress and reduced social participation. Recent literature suggests that body dissatisfaction remains one of the strongest predictors of depressive symptoms, disordered eating, and impaired quality of life among women with PCOS. Moreover, body dissatisfaction has been found to intensify emotional reactivity, making individuals more susceptible to experiencing negative emotions in response to everyday stressors.

The present findings also support the protective role of self-compassion in reducing the psychological burden associated with body weight dissatisfaction. Women reporting greater self-compassion appeared better able to accept bodily imperfections, regulate negative emotions, and maintain a more balanced perception of themselves despite the physical symptoms of PCOS. This finding aligns with recent compassion-based models, which propose that self-compassion weakens the association between body dissatisfaction and psychological distress by reducing self-judgment, encouraging mindful awareness, and fostering emotional resilience. Recent intervention studies have further demonstrated that Compassion-Focused Therapy (CFT) and Mindful Self-Compassion (MSC) interventions significantly improve body appreciation, reduce shame and self-criticism, and enhance quality of life among women experiencing body image disturbances and chronic reproductive health conditions.

The present study also observed differences in emotional reactivity, body weight dissatisfaction, self-compassion, and quality of life between married and unmarried women diagnosed with PCOS. Previous research has indicated that unmarried women often report greater concerns regarding physical appearance and body image, whereas married women frequently experience additional psychological stress related to infertility, conception difficulties, menstrual irregularities, and family expectations. These differing psychosocial demands may influence emotional regulation and self-compassion differently across marital status. Women

experiencing greater family support and acceptance generally report higher levels of self-compassion and better psychological adjustment compared with those perceiving greater stigma or criticism related to PCOS symptoms.

The findings concerning treatment effects are also consistent with previous literature. Pharmacological management, particularly metformin, has demonstrated positive effects on insulin resistance, menstrual irregularities, acne, hirsutism, energy levels, and mood regulation among women with PCOS. However, improvements in physical symptoms alone may not completely restore psychological wellbeing unless accompanied by interventions targeting emotional regulation and self-compassion. Emerging evidence suggests that integrating psychological interventions with medical management results in greater improvements in quality of life than pharmacological treatment alone. Specifically, compassion-based interventions have been shown to reduce emotional reactivity, improve adaptive coping strategies, strengthen self-acceptance, and enhance adherence to healthy lifestyle behaviors.

Within the Pakistani context, limited awareness regarding PCOS, delayed diagnosis, social stigma surrounding infertility and body image, and inadequate access to psychological services continue to negatively influence women's wellbeing. Women with PCOS frequently overlook healthy lifestyle practices, balanced nutrition, physical activity, and psychological self-care because of limited knowledge regarding the biopsychosocial nature of the disorder. Previous studies conducted in Pakistan have consistently reported high rates of obesity, menstrual irregularities, hirsutism, acne, depression, anxiety, and poor quality of life among women diagnosed with PCOS. These findings highlight the need for greater public awareness and integrated multidisciplinary care addressing both physical and psychological aspects of the disorder.

Furthermore, women experiencing body image dissatisfaction often attempt to control their appearance through unhealthy eating behaviors, increasing the risk of emotional eating, binge eating, bulimia nervosa, and anorexia nervosa. Such maladaptive coping strategies may further exacerbate insulin resistance, obesity, and hormonal dysregulation, creating a vicious cycle that worsens PCOS symptoms. In contrast, recent literature suggests that self-compassion encourages healthier eating behaviors, reduces emotional eating, promotes intrinsic motivation for physical activity, and facilitates sustainable lifestyle modification. Consequently, incorporating self-compassion training alongside psychoeducation, nutritional counseling, and regular physical exercise may substantially improve emotional wellbeing, body image, treatment adherence, and overall quality of life among women with PCOS.

Overall, the findings of the present study emphasize that emotional reactivity and body weight dissatisfaction constitute significant psychological risk factors for poorer quality of life among women with PCOS, whereas self-compassion functions as a protective psychological resource that promotes adaptive emotional regulation, body acceptance, and psychological wellbeing. These findings support contemporary biopsychosocial models of PCOS, suggesting that interventions targeting self-compassion and emotional regulation may be valuable additions to conventional medical treatment in improving the overall quality of life of women living with PCOS.

Strengths of the Study:

1. This study simultaneously examined emotional reactivity, body weight dissatisfaction, self-compassion, and quality of life, providing a comprehensive understanding of the psychosocial factors associated with PCOS.
2. The research addresses an important gap in the Pakistani literature by exploring psychological correlates of PCOS, a topic that has received comparatively limited empirical attention in the local context.
3. Standardized, reliable, and validated psychometric instruments were used to assess all study variables, enhancing the credibility and reliability of the findings.
4. Participants were recruited from multiple hospitals and healthcare settings, increasing the diversity of the sample and

improving the external validity of the study.

5. The findings have practical clinical significance by providing evidence that can guide psychologists, gynecologists, endocrinologists, and other healthcare professionals in developing integrated, patient-centered interventions to improve the psychological wellbeing and quality of life of women with PCOS.

Suggestions:

1. Future studies should employ longitudinal or experimental research designs to establish causal relationships among emotional reactivity, body weight dissatisfaction, self-compassion, and quality of life in women with PCOS.
2. Researchers should recruit larger and more diverse samples from multiple cities and healthcare settings to improve the generalizability of the findings.
3. Future research should examine additional psychological and biological variables, such as anxiety, depression, hormonal profiles, coping strategies, and social support, to provide a more comprehensive understanding of psychosocial functioning in PCOS.
4. Intervention studies should evaluate the effectiveness of evidence-based psychological approaches, particularly self-compassion-based interventions, cognitive-behavioral therapy (CBT), and mindfulness-based programs, in improving emotional wellbeing and quality of life among women with PCOS.
5. Comparative studies involving women with PCOS and healthy control groups, as well as different age groups and cultural backgrounds, are recommended to better understand disease-specific psychosocial challenges.

Limitations

1. The study employed a cross-sectional research design, limiting the ability to infer causal relationships among the study variables.
2. Data were collected using self-report questionnaires, which may be subject to response bias, recall bias, and social desirability effects.
3. The use of consecutive (non-probability) sampling may have introduced selection bias and restricted the representativeness of the sample.
4. Participants were recruited from selected hospitals and clinics, limiting the generalizability of the findings to women with PCOS in other geographical regions or healthcare settings.
5. Clinical variables such as PCOS phenotype, hormonal levels, treatment status, body mass index (BMI), duration of diagnosis, and comorbid medical conditions were not controlled, which may have influenced psychological outcomes.

Implications

1. The findings highlight the importance of integrating psychological assessment into the routine clinical management of women with PCOS, particularly focusing on emotional reactivity, body image concerns, and self-compassion.
2. Healthcare professionals should adopt multidisciplinary treatment approaches involving gynecologists, endocrinologists, psychologists, nutritionists, and counselors to improve overall patient wellbeing.
3. Self-compassion may serve as an important protective psychological resource and should be incorporated into counseling and therapeutic interventions for women with PCOS.
4. The study provides empirical evidence supporting the development of psychoeducational and mental health programs aimed at reducing body weight dissatisfaction and enhancing quality of life among women with PCOS.
5. The findings contribute to the growing literature on the psychosocial aspects of PCOS and may inform policymakers and healthcare organizations in designing holistic healthcare services that address both physical and psychological needs of women living with PCOS.

Conclusion

The present study demonstrated that emotional reactivity, body weight dissatisfaction, and self-compassion are significant psychological factors

associated with the quality of life of women diagnosed with PCOS. Higher levels of emotional reactivity and body weight dissatisfaction were associated with poorer quality of life, whereas greater self-compassion was associated with better psychological wellbeing and overall quality of life. These findings emphasize that the burden of PCOS extends beyond physical symptoms and encompasses substantial emotional and psychosocial challenges. The study highlights the importance of adopting a holistic, multidisciplinary approach in the management of PCOS that integrates psychological assessment and intervention alongside medical treatment. Promoting self-compassion and addressing body image concerns and emotional difficulties may contribute to improving the overall wellbeing and quality of life of women living with PCOS.

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