The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 13, Issue 2, April- June, 2025
DIP: 18.01.222.20251302, DOI: 10.25215/1302.222
https://www.ijip.in

Research Paper

Self-Compassion, Psychological Capital and Religious Coping in Women with Polycystic Ovary Syndrome

Atika Zubery[1]*, Tamanna Saxena[2]

ABSTRACT

The study was conducted to find the relationship between self-compassion, psychological capital and religious coping between women with polycystic ovary syndrome or PCOS while comparing them with women without it. The sample consisted of 120 women, 56 of whom were diagnosed with PCOS and 64 of whom were not. The results showed that there was no significant difference found between self-compassion, psychological capital and religious coping in women with and without PCOS at 0.05 level.

Keywords: *PCOS, Polycystic Ovary Syndrome, Psycap, Self-compassion, Religious coping*

The condition known as polycystic ovary syndrome (PCOS) occurs when the ovaries produce an excessive amount of androgens, or male sex hormones, which are typically found in trace amounts in women's bodies. The many small cysts that develop in the ovaries, frequently in the forms of fluid-filled sacs, are what give PCOS its name. An immature egg inside the sacs never develops sufficiently for ovulation to occur. Because of the disruption of female hormones caused by this absence of ovulation, the body produces more androgens than is necessary. Initially named “The Stein-Leventhal Syndrome” after Irving F. Stein and Michael L. Leventhal, two American gynecologists in 1935. According to reports, a number of women complained to the two doctors about not having menstrual periods, as well as about having enlarged ovaries and indications of high testosterone production. Additionally, it was discovered that these women often experienced trouble getting pregnant (Legro, 2025). Hippocrates first recorded women with "thick, oily skin and absence of menstruation" in ancient Greece, which is when the first historical accounts of PCOS symptoms appeared (Hanson, 1975).

Symptoms

The Rotterdam consensus (2004) states that there are three criteria that define polycystic ovarian syndrome (PCOS);

1. Oligo-anovulation - Oligo-ovulation refers to infrequent ovulation (cycles longer than 35 days) and anovulation refers to complete absence of ovulation, leading to missed periods which could lead to either amenorrhea (no menstrual cycles for three

[1]Student, Amity University, Uttar Pradesh, India
[2]Associate Professor, Amity University, Uttar Pradesh, India
*Corresponding Author

Received: May 17, 2025; Revision Received: May 23, 2025; Accepted: May 26, 2025

© 2025, Zubery, A. & Saxena, T.; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

or more consecutive months) or oligomenorrhea (less than nine menstrual periods in a year),
2. Hyperandrogenism - refers to high levels of masculinizing hormones. Although hirsutism (male pattern of hair growth, such as on the chin or chest) and acne are the most prevalent symptoms, it can also result in androgenic alopecia (increased hair thinning or generalized hair loss), hypermenorrhea (heavy and prolonged menstrual cycles), and other symptoms.
3. Polycystic ovaries - ≥ 12 follicles with a diameter of 2–9 mm and/or an ovarian volume > 10 mL in at least one ovary

Other symptoms include:

- Infertility: Chronic anovulation, or absence of ovulation, is typically the direct cause of this condition (Teede et al., 2010).
- Metabolic syndrome: This manifests as a propensity for central obesity together with other signs of insulin resistance, such as cravings for food and poor energy. Women with PCOS have greater levels of homocysteine, insulin resistance, and serum insulin (Nafiye et al., 2009).
- Acne: Increased testosterone causes the sebaceous glands to produce more oil, which clogs pores (Pasquali, 2018). Many women may experience severe emotional effects and a marked decline in their quality of life.
- Acanthosis nigricans (AN): This skin disorder can cause thick, darkened, and "velvety" patches (Morrow-Baez K, 2018)

As the first line of treatment for reducing acne and hirsutism and regulating the menstrual cycle, combined oral contraceptives are very successful. This is particularly true for teenagers.

Self-compassion in psychology refers to showing empathy for oneself when one feels inadequate, fails, or suffers in general. The three primary components of self-compassion, according to American psychologist Kristin Neff (Neff, 2003):

- **Self-Kindness vs. Self-Judgment:** Treat yourself with care, not criticism. Support yourself like you would a friend during tough times.
- **Common Humanity vs. Isolation:** Everyone struggles. Knowing this connects us to others and eases feelings of loneliness.
- **Mindfulness vs. Over-Identification:** Notice your pain without ignoring or exaggerating it. Stay aware without being overwhelmed.

Luthans and Youssef (2004) introduced the concept of psychological capital (PsyCap), described as “an individual’s positive psychological capital” in their book with Avolio. According to Luthans et al. (2007), PsyCap is a developmental state defined by four elements:

- **Resilience** – Bouncing back and growing from adversity,
- **Optimism** – Making positive attributions about present and future success,
- **Hope** – Persisting toward goals and adjusting paths when needed, and
- **Self-efficacy** – Having confidence to tackle and succeed at challenging tasks.

Religious coping is religiously framed cognitive, emotional, or behavioral responses to stress, encompassing multiple methods and purposes as well as positive and negative

dimensions. As accessible and persuasive orienting systems, religion and spirituality contribute to coping mechanisms in situations where pressures push "the limits of personal powers". Religion can help people accept or persevere in the face of pressures and offer a context for understanding both physical and mental pain.

REVIEW OF LITERATURE

Wang et al. in their 2024 cross-sectional study, explored the mediating roles of regulatory emotional self-efficacy and self-compassion in the relationships between anxiety, depression, body image distress, and subjective well-being among women with polycystic ovary syndrome (PCOS). The study involved 510 women from a tertiary hospital in Hunan Province, China, utilizing instruments such as the Generalized Anxiety Scale, Patient Health Questionnaire-9, Body Image States Scale, Self-Compassion Scale, Regulatory Emotional Self-Efficacy Scale, and the Index of Well-being questionnaire. Findings indicated that both regulatory emotional self-efficacy and self-compassion serve as mediators in the associations between anxiety, depression, body image distress, and subjective well-being in women with PCOS.

Huangfu et al. (2024) investigated the mediating functions of self-esteem and self-compassion in the association between depression and body dissatisfaction in teenagers with polycystic ovarian syndrome (PCOS) in their cross-sectional study. Between January 2020 and December 2021, 287 teenagers with PCOS diagnoses at Shanghai First Maternity and Infant Hospital participated in the study. Validated questionnaires measuring depression, self-esteem, self-compassion, and body dissatisfaction were filled out by participants. The results showed that though self-esteem and self-compassion were negative predictors of depression, body dissatisfaction significantly improved it. The association between depression and body dissatisfaction was partially mediated by both self-esteem and self-compassion, which accounted for 37.07% and 16.61% of the overall effect, respectively.

Srivastava and Sarraf (2024) explored how Coping mechanisms play a vital role in determining the psychological well-being of women with PCOS aged 18 to 35. According to their research, problem-focused coping techniques including active coping and planning were associated with greater degrees of self-acceptance, positive relationships, environmental mastery, and life purpose. While avoidance-based coping did not significantly contribute to psychological well-being, emotion-focused coping did exhibit some favorable links, albeit to a lower level. This implies that programs that encourage problem-focused coping could help women with PCOS feel better mentally.

Pal and Mahapatra (2024) studied women with PCOS have substantial negative effects on their mental health and self-esteem. Stress associated with irregular menstrual cycles, decreased self-esteem as a result of weight swings, the significance of strong social support, and the urgent need for improved psychological care were the main themes found in a study that involved 30 Indian women with PCOS. The study revealed a robust positive relationship between self-esteem and mental health, highlighting the significant psychological effects of PCOS. The authors advise developing therapies to lessen emotional discomfort, creating supportive family contexts, and attending to the psychological needs of women with PCOS.

Hassan et al. (2024) examined the health-related quality of life (HRQoL) and role of social support in reducing the severity of symptoms among 250 Saudi women with Polycystic

Ovary Syndrome (PCOS). The results showed that PCOS significantly lowered the HRQoL of more than half of the subjects. Notably, more severe symptoms of emotions, body hair, weight, and infertility were substantially correlated with a lack of physical social support. Furthermore, there was a correlation between more severe menstruation symptoms and inadequate emotional support. Sociodemographic characteristics also contributed; for example, women who were employed reported more severe menstruation symptoms, whereas those who were single, under 32, or a housewife were associated with more severe infertile symptoms.

Siddiqui (2024) studied how PCOS significantly impacts women's emotional regulation and quality of life, comparing 52 women with PCOS and 52 without the condition found that women with PCOS had lower emotional regulation scores and significantly reduced quality of life across physical, psychological, social, and environmental domains. Using the Emotional Regulation Questionnaire (ERQ) and WHOQOL-BREF, the study confirmed that PCOS negatively affects emotional well-being and overall life quality, highlighting the need for targeted support strategies to improve psychological outcomes for affected individuals.

According to a study by Sharma (2023), women with PCOD who use good coping mechanisms also report feeling more confident about themselves. Studies have looked into how women with polycystic ovarian disease (PCOD) cope and how they feel about themselves. This implies that for women with PCOD, using healthy coping mechanisms can boost self-esteem and encourage favorable mental health outcomes.

Wang et al., (2023) conducted the study to understand the emphasis on stress, anxiety, and depression, this study investigated the emotional experiences, coping mechanisms, and help-seeking behaviors of women with PCOS. Four major themes emerged from the analysis of semi-structured interviews with 14 participants using a descriptive phenomenology approach: poor mental health, emotion control patterns, the dual function of family support, and a high demand for lifestyle advice and psychological counseling. The results show that in order to lessen psychological distress in women with PCOS, therapies that improve self-efficacy, promote emotional expression, and offer structured psychological and lifestyle support are necessary.

Burnatowska et al. (2023) examined the association between emotional eating, binge eating disorders, and midnight eating in women with PCOS. Obesity is mostly caused by emotional eating (EE) and eating disorders (EDs), including night eating syndrome (NES), binge eating disorder (BED), and addiction eating. The reward system's malfunction is the root cause of many illnesses. Due to despair and anxiety associated with hirsutism and reproductive issues, women who are obese and have PCOS are more likely to develop or worsen these conditions. In order to effectively treat obesity in women with PCOS, it is imperative to recognize and address the underlying emotional and psychological causes.

Van Niekerk et al. (2022) examined the levels and possible correlations of body and self-compassion in women with polycystic ovarian syndrome (PCOS) in their cross-sectional study. 227 women participated in the study and answered questions about their psychological well-being, body image, self-compassion, and quality of life via an online survey. The results showed that participants' levels of bodily compassion and self-compassion both low. Physical health was found to be a positive correlate of body compassion, but depression and body image issues were found to be negative associations.

In women with PCOS, the authors emphasize the important connections among psychological well-being, body image, and self-and body compassion.

METHODOLOGY

Aim:

To explore and compare self-compassion, psychological capital and religious coping among women with and without polycystic ovary syndrome.

Objectives:

To assess and compare the levels of self-compassion, psychological capital and religious coping along with its subparts among women with and without polycystic ovary syndrome

Hypotheses:

- H1: There will be significant difference in self-compassion among women with and without PCOS.
- H2: There will be significant difference in psychological capital among women with and without PCOS.
- H3: There will be significant difference in religious coping among women with and without PCOS.

Sample*:*

The study that was undertaken was a quantitative research project; quantitative research is the collection and analysis of numerical data. It may be applied to uncover patterns and averages, create theories, investigate causes, and extrapolate results to bigger groups. 120 women made up the sample, 56 of whom were diagnosed with PCOS (Polycystic Ovary Syndrome) and 64 of whom were not. In the participants were chosen using the purposive sampling method. Out of the 56 women diagnosed with PCOS 45 of them had been prescribed medications to manage their symptoms. The sample included 40 Muslims, 62 Hindus,1 Christian, 17 women who has not specified their religion. Atheists were not included in the study. A method used in research to choose a particular set of people or units for examination is called purposive sampling. The selection of participants is done "on purpose," not at random. Selective sampling or judgmental sampling are other names for it.

Description of Tools:

1. Psychological Capital Questionnaire (PCQ-24):

Measures four positive psychological traits—Hope, Efficacy, Resilience, and Optimism. It reflects one's belief in their ability to succeed and bounce back from setbacks.

Reliability: High internal consistency ($\alpha > .70$).

Validity: Supported by research linking it to well-being and performance.

2. Brief RCOPE:

Assesses Positive (e.g., spiritual support) and Negative (e.g., spiritual struggle) religious coping styles during stress.

Reliability: Good internal consistency ($\alpha = .70–.80$). **Sample**

Validity: Linked with distress, coping, and mental health outcomes.

3. Self-Compassion Scale (26-item):

Measures how kindly individuals treat themselves via six subscales grouped into:

- Self-Kindness vs. Self-Judgment
- Common Humanity vs. Isolation
- Mindfulness vs. Over-Identification

Reliability: High (α > .85).
Validity: Correlates with lower stress and higher well-being.

RESULTS

Table 1. Mean & Standard deviation of women with and without PCOS

VARIABLES	PCOS Diagnosis	N	Mean	Std. Deviation	Std. Error Mean
SELF COMPASSSION	YES	56	2.8107	.46892	.06266
	NO	64	2.9859	.60889	.07611
PSYCAP	YES	56	94.4821	16.51335	2.20669
	NO	64	94.7656	14.56757	1.82095
POSITIVE RCOPE	YES	56	13.0179	6.45401	.86245
	NO	64	14.5469	6.18736	.77342
NEGATIVE RCOPE	YES	56	5.6964	5.63405	.75288
	NO	64	4.7344	4.60587	.57573

Table 1 presents the means and standard deviations of self-compassion, psychological capital (PSYCAP), and religious coping (both positive and negative) for women with and without PCOS. For self-compassion, women with PCOS (M = 2.8107, SD = 0.46892) reported lower levels compared to women without PCOS (M = 2.9859, SD = 0.60889). The standard error of the mean (SEM) was 0.06266 for the PCOS group and 0.07611 for the non-PCOS group. Regarding psychological capital (PSYCAP), the mean score for women with PCOS (M = 94.4821, SD = 16.51335) was slightly lower than for women without PCOS (M = 94.7656, SD = 14.56757), with respective SEMs of 2.20669 and 1.82095. For positive religious coping (Positive RCOPE), women with PCOS (M = 13.0179, SD = 6.45401) scored lower than women without PCOS (M = 14.5469, SD = 6.18736), with SEMs of 0.86245 and 0.77342, respectively. In contrast, negative religious coping (Negative RCOPE) was higher in the PCOS group (M = 5.6964, SD = 5.63405) compared to the non-PCOS group (M = 4.7344, SD = 4.60587). The SEM for negative religious coping was 0.75288 for women with PCOS and 0.57573 for women without PCOS.

Table 2. T test to find significance between PCOS diagnosis & self-compassion

VARIABLES	T-TEST FOR EQUALITY OF MEANS		
	t	df	Sig. (2-tailed)
SELF COMPASSION	-1.747	118	.083

An independent samples t-test was conducted to compare Self-Compassion scores between women with and without PCOS. There was no significant difference in Self-Compassion scores for women with PCOS (M = 2.81, SD = 0.47) and women without PCOS (M = 2.99, SD = 0.61), $t(118) = -1.747$, $p = .083$. Although women with PCOS scored slightly lower than women without PCOS, this difference was not statistically significant.

Table 3. T test to find significance between PCOS diagnosis & psychological capital

VARIABLES	T-TEST FOR EQUALITY OF MEANS		
	t	**df**	**Sig. (2-tailed)**
PSYCAP	-.100	118	.921

In the case of Psychological Capital between women with and without PCOS. Results indicated no significant difference in Psychological Capital scores between women with PCOS (M = 94.48, SD = 16.51) and women without PCOS (M = 94.77, SD = 14.57), $t(118) = -0.099$, $p = .921$. Thus, Psychological Capital did not significantly differ based on PCOS status.

Table 4. T test to find significance between PCOS diagnosis & religious coping

VARIABLES	T-TEST FOR EQUALITY OF MEANS		
	t	**df**	**Sig. (2-tailed)**
POSITIVE RCOPE	-1.324	118	.188
NEGATIVE RCOPE	1.029	118	.306

Comparing Positive Religious Coping between women with and without PCOS led to the finding that revealed no significant difference between women with PCOS (M = 13.02, SD = 6.45) and women without PCOS (M = 14.55, SD = 6.19), $t(118) = -1.328$, $p = .188$. Although women with PCOS scored slightly lower on Positive Religious Coping, this difference was not statistically significant. To explore differences in Negative Religious Coping between women with and without PCOS it was found that the result showed no significant difference between women with PCOS (M = 5.70, SD = 5.63) and women without PCOS (M = 4.73, SD = 4.61), $t(114.75) = 1.010$, $p = .312$.

DISCUSSION

The aim of this study was to explore and compare self-compassion, psychological capital and religious coping among women with and without polycystic ovary syndrome. There was found no significant difference in self-compassion, psychological capital and religious coping or its subparts among women with and without PCOS leading to the three hypotheses being proven false. When the ovaries generate surplus androgens, or male sex hormones, which are normally present in small levels in women's bodies, the disorder is called polycystic ovarian syndrome (PCOS). PCOS gets its name from the many tiny cysts that occur in the ovaries, often in the shape of fluid-filled sacs. There is not enough development of an immature egg inside the sacs for ovulation to take place due to these androgens. The body creates more androgens than is required due to the disruption of female hormones brought on by this lack of ovulation. According to an analysis of global data, the prevalence of PCOS varies between 4% to 18% in general populations, although it may reach 26% in specific groups (Lentscher et al., 2020).

Self-compassion in psychology means being kind and understanding toward oneself during times of failure, inadequacy, or suffering. According to Kristin Neff (2003), it has three core components: Self-Kindness vs. Self-Judgment – Treating oneself with care instead of criticism. Common Humanity vs. Isolation – Recognizing that struggles are part of the shared human experience. Mindfulness vs. Over-Identification – Observing painful thoughts

with balance and clarity, without being overwhelmed. Psychological capital (PsyCap), introduced by Luthans and Youssef (2004), refers to an individual's positive psychological state. According to Luthans et al. (2007), it includes four key components: Hope – Persisting toward goals and adjusting paths when needed. Self-efficacy – Having the confidence to tackle and succeed at challenges. Resilience – Bouncing back from setbacks and continuing to strive. Optimism – Maintaining a positive outlook for future success. Religious coping includes emotional, behavioral, or cognitive responses to stress that are structured within a religious framework. There are several applications for it, including finding meaning in life, becoming closer to God, finding hope, finding peace, interacting with people, growing personally, and practicing self-control (Pargament, 1997). Overall, the independent samples t-tests indicated that there were no significant differences in Self-Compassion, Psychological Capital, Positive Religious Coping, or Negative Religious Coping between women with and without PCOS. These results suggest that PCOS status may not influence these psychological variables in this sample. The present study did not find significant differences between women with and without PCOS in their use of positive and negative religious coping. Several explanations can be proposed for these results. Firstly, religious coping may represent a universal coping mechanism employed by individuals in response to various life stressors, regardless of specific medical diagnoses such as PCOS. As noted by Pargament et al. (2000), religious coping is often used to find meaning, gain control, and derive comfort during stressful situations, and its usage may not vary significantly across different health conditions if individuals share similar religious or cultural backgrounds. Secondly, it is possible that both groups—women with PCOS and without PCOS—share similar sociocultural contexts that influence their engagement with religious coping. In collectivistic cultures where religion and spirituality play an integral role in daily life, individuals might turn to religious coping when facing any form of adversity, whether related to health, relationships, or other life domains. Thus, the high cultural emphasis on religion may lead both groups to use positive religious coping similarly, diluting any observable group difference. Furthermore, while PCOS is a chronic and sometimes distressing condition associated with physical and emotional challenges (Williams et al., 2015), the variability in how women experience and manage PCOS could influence coping strategies. For instance, some women may have milder symptoms or better support systems, reducing their reliance on negative religious coping. This is aligned with findings, who emphasize that individual differences in symptom severity and support networks significantly affect coping mechanisms, including religious coping. Coping strategies, including religious coping, may be deeply rooted in broader emotional regulation mechanisms that develop over time and are influenced by both individual and contextual factors. As Compas et al. (2014) highlight, coping and emotion regulation share common processes, and individuals may develop consistent ways of managing stress across different situations, including chronic illnesses like PCOS. This could explain why women with and without PCOS did not significantly differ in their religious coping patterns, as these strategies may be part of more generalized coping tendencies established earlier in life. Another explanation could be the role of psychological resilience and personal resources, which might moderate the relationship between PCOS and religious coping. Previous research has shown that individuals with higher psychological capital (e.g., optimism, self-efficacy) tend to utilize more adaptive coping mechanisms (Yıldırım & Arslan, 2020). Thus, if women with PCOS in this study possess good psychological resources, they may be less likely to engage in negative religious coping, leading to a non-significant difference. Lastly, measurement-related factors may also contribute. The Brief RCOPE, while a validated and widely used tool, might not capture condition-specific nuances of religious coping related to PCOS, which can vary

based on personal beliefs, disease perception, and interaction with healthcare systems. Overall, these explanations highlight that coping strategies are multifaceted and influenced by a variety of individual, cultural, and contextual factors, which may account for the lack of significant difference observed in this study.

REFERENCES

Burnatowska, E., Wikarek, A., Oboza, P., Ogarek, N., Glinianowicz, M., Kocelak, P., & Olszanecka-Glinianowicz, M. (2023). Emotional Eating and binge eating disorders and Night Eating Syndrome in Polycystic Ovary Syndrome—A Vicious Circle of Disease: A Systematic Review. Nutrients, 15(2), 295. https://doi.org/10.3390/nu15020295

Compas, B. E., Jaser, S. S., Dunbar, J. P., Watson, K. H., Bettis, A. H., Gruhn, M. A., & Williams, E. K. (2014). Coping and emotion regulation from childhood to early adulthood: Points of convergence and divergence. Australian Journal of Psychology, 66(2), 71–81. https://doi.org/10.1111/ajpy.12043

Hanson AE (1975). "Hippocrates: "Diseases of Women 1"". Signs: Journal of Women in Culture and Society. 1 (2): 567–584. doi:10.1086/493243. ISSN 0097-9740

Hassan, A. A., Alotaibi, A. F., Almatar, F. A., Albassam, N. A., AlQuaiz, A. M., & Kazi, A. (2024). Assessment of Health-Related Quality of Life and the Role of Social Support in Reducing the Severity of Symptoms in Women with Polycystic Ovary Syndrome. The Journal of Obstetrics and Gynecology of India. https://doi.org/10.1007/s13224-024-02071-8

Huangfu, H., Li, L., & Shuai, W. (2024). Mediating effects of self-esteem and self-compassion on the relationship between body dissatisfaction and depression among adolescents with polycystic ovary syndrome. Frontiers in public health, 12, 1420532. https://doi.org/10.3389/fpubh.2024.1420532

Legro, R.S. (2025, January 16). Stein-Leventhal syndrome. Encyclopedia Britannica. Retrieved February 22, 2025, from https://www.britannica.com/science/Stein-Leventhal-syndrome

Lentscher, J. A., Slocum, B., & Torrealday, S. (2020). Polycystic ovarian syndrome and fertility. Clinical Obstetrics & Gynecology, 64(1), 65–75. https://doi.org/10.1097/grf.0000000000000595

Luthans, F., & Youssef, C. M. (2004). Human, social, and now positive psychological capital management: Investing in people for competitive advantage. Organizational Dynamics, 33(2), 143–160.

Luthans, F., Avolio, B.J., & Youseff, C. (2007). Psychological Capital: Developing the human capital edge. Oxford, England: Oxford University Press.

Morrow-Baez K (2018). Thriving with PCOS: Lifestyle Strategies to Successfully Manage Polycystic Ovary Syndrome. Rowman & Littlefield Publishers.

Nafiye, Y., Sevtap, K., Muammer, D., Emre, O., Senol, K., & Leyla, M. (2009). The effect of serum and intrafollicular insulin resistance parameters and homocysteine levels of nonobese, nonhyperandrogenemic polycystic ovary syndrome patients on in vitro fertilization outcome. Fertility and Sterility, 93(6), 1864–1869. https://doi.org/10.1016/j.fertnstert.2008.12.024

Neff, K. D. (2003). The development and validation of a scale to measure Self-Compassion. Self and Identity, 2(3), 223–250. https://doi.org/10.1080/15298860309027

Pal, S., & Mahapatra, M. (2024). Impact of Polycystic Ovary Syndrome (PCOS) on Mental Well-Being and Self-Esteem among Women in India » The International Journal of

Indian Psychology. International Journal of Indian Psychology. https://doi.org/10.25215/1202.172

Pargament, K. I. (1997). The psychology of religion and coping: Theory, research, practice. New York: Guilford Press.

Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (2000). Patterns of positive and negative religious coping with major life stressors. Journal for the Scientific Study of Religion, 39(4), 710–724. https://doi.org/10.2307/1388152

Pasquali, R. (2018). Lifestyle Interventions and Natural and Assisted Reproduction in Patients with PCOS. In Springer eBooks (pp. 169–180). https://doi.org/10.1007/978-3-319-45534-1_13

Rotterdam ESHRE/ASRM-Sponsored PCOS consensus workshop group (2004). Revised 2003 consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome (PCOS). Human reproduction (Oxford, England), 19(1), 41–47. https://doi.org/10.1093/humrep/deh098

Sharma, C. (2023). Correlation between Self Esteem and Coping Styles among Women with PCOD » The International Journal of Indian Psychology. International Journal of Indian Psychology. https://doi.org/10.25215/1103.179

Siddiqui, K. (2024, May 1). A Comparative Analysis of Emotional Regulation and Quality of Life between women with and without PCOS. Retrieved March 9, 2025, from https://psychopediajournals.com/index.php/ijiap/article/view/388

Srivastava, A., & Sarraf, S. R. (2024). Coping Mechanism and Psychological Well- Being among Women with PCOS » The International Journal of Indian Psychology. International Journal of Indian Psychology. https://doi.org/10.25215/1203.079

Teede, H., Deeks, A., & Moran, L. (2010). Polycystic ovary syndrome: a complex condition with psychological, reproductive and metabolic manifestations that impacts on health across the lifespan. BMC medicine, 8, 41. https://doi.org/10.1186/1741-7015-8-41

Van Niekerk, L. M., Bromfield, H., & Matthewson, M. (2022). Physical and psychological correlates of self and body compassion in women with polycystic ovary syndrome. Journal of health psychology, 27(11), 2566–2580. https://doi.org/10.1177/1359105 3211059390

Wang, G., Liu, X., Zhu, S., & Lei, J. (2023). Experience of mental health in women with Polycystic Ovary Syndrome: a descriptive phenomenological study. Journal of Psychosomatic Obstetrics & Gynecology, 44(1). https://doi.org/10.1080/0167482x .2023.2218987

Wang, G., Liu, X., Zhu, S., & Lei, J. (2024). Regulatory emotional self-efficacy and self-compassion mediate anxiety, depression, body image distress and subjective well-being in women with polycystic ovary syndrome: A cross-sectional study. Journal of Advanced Nursing. https://doi.org/10.1111/jan.16220

Williams, S., Sheffield, D., & Knibb, R. C. (2015). 'Everything's from the inside out with PCOS': Exploring women's experiences of living with polycystic ovary syndrome and co-morbidities through Skype™ interviews. Health Psychology Open, 2(2), 2055102915603051. https://doi.org/10.1177/2055102915603051

Yıldırım, M., & Arslan, G. (2020). Exploring the associations between resilience, dispositional hope, subjective well-being, and psychological health among adults: A structural equation modeling approach. Psychology, Health & Medicine, 25(3), 311–321. https://doi.org/10.1080/13548506.2019.1695867

Acknowledgment
The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest
The author(s) declared no conflict of interest.

How to cite this article: Zubery, A. & Saxena, T. (2025). Self-Compassion, Psychological Capital and Religious Coping in Women with Polycystic Ovary Syndrome. *International Journal of Indian Psychology*, *13*(2), 2473-2483. DIP:18.01.222.20251302, DOI:10.25215/1302.222