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A Study on Psychological Distress, Social Appearance Anxiety and Alexythymia among Young Women with or without Polyendocrine Metabolic Ovarian Syndrome (PMOS)

Anika Oberoi, *Post Graduate Student (M.A. Psychology), Department of Psychology PGGCG-11, Panjab University*
anikaoberoi9215@gmail.com

Abstract: This study aims to examine Psychological Distress, Social Appearance Anxiety and Alexythymia among Young Women with or without Polyendocrine Metabolic Ovarian Syndrome (PMOS). It was also aimed to study relations between these three variables. Quantitative, non-experimental, cross-sectional, comparative, correlational research design was used to assess the differences in Social Appearance Anxiety, Alexithymia and Psychological Distress between females with and without PMOS. This study involved female participants aged 18-28 years which was further divided into two groups, group 1 females diagnosed with PMOS and group 2 females never diagnosed with PMOS. Data was collected offline by personally approaching participants using standardised psychological assessment tools including Social Appearance Anxiety Scale (SAAS), Toronto Alexithymia Scale (TAS-20) and Depression, Anxiety and Stress Scale (DASS-21). The findings revealed statistically significant differences in almost all the psychological dimensions. However, one sub dimension of alexithymia i.e., difficulty describing feelings did not show statistical difference between two groups. The study highlights that support of health professionals, family and friends can contribute to better psychological wellbeing of an individual. Future studies may also focus on larger sample size and different age groups. Future studies may also involve other psychological factors to understand the difference of psychological experiences between females with and without PMOS.

Keywords: *Psychological Distress, Social Appearance Anxiety, Alexythymia, Young Women and PMOS*

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1. Introduction

PMOS (Polyendocrine Metabolic Ovarian Syndrome) earlier known as PCOS (Polycystic ovary syndrome) is a very common endocrine disorder among young females. In PCOS. The ovaries may produce higher than normal levels of certain hormones called androgens known as male type hormones. Symptoms of PCOS include irregular periods. excess hair growth or acne, follicles or cysts visible on ultrasound but name PCOS did not represent wider effects of this condition.

The term PCOS was therefore considered limited in recent studies because it mainly focused on ovaries and did not fully represent the wider effects of the condition; in May 2026, the name was changed to Polyendocrine Metabolic Ovarian Syndrome. PMOS is understood as a condition that affects not only hormone and reproductive health, but also metabolic health and psychological well-being (Teede et al., 2026). This research highlighted that women with PMOS may experience concerns like physical appearance, body image, anxiety and psychological distress. In this condition. Recent study highlighted psychological experiences of women with the condition may be shaped by physical symptoms, social expectations and concerns about their appearance (Khan et al., 2026). Recent research on PMOS also suggested the importance of studying psychological differences between women with and without PMOS.

2. Review of Literature

Berni et al. (2018) conducted a study on if there's association between PCOS and psychiatric outcomes and whether rates of autism spectrum disorder and attention deficit hyperactivity disorders are higher in children of mothers with PCOS. Results of this study found out that people with PCOS have higher risk of developing mental health conditions like depression, anxiety and bipolar disorder as compared to people without PCOS. Additionally, the study also reported associations of other neurodevelopmental conditions like ASD and ADHD in children of mothers with PCOS.

Kerchner et al. (2009) conducted a longitudinal study on risk of depression and other mental health disorders in women with PCOS. The study was conducted on 60 participants. It was found out that 40% of women experienced depression, 19% of participants developed new depressive conditions over 22 months. It was also found out that approx 56% of participants had mood disorders and other mental health conditions like anxiety and binge eating. The researcher suggested proper mental health support to women diagnosed with PCOS.

Considering above research, the variables used in my study are alexithymia,

psychological distress and social appearance anxiety. These variables together help us understand the actual concerns among women with PMOS.

Alexithymia is basically having difficulty identifying, understanding and expressing one's emotions. Individuals diagnosed with alexithymia have difficulty in recognising their feelings and communicating them to others. This variable uses three subdimensions that are- Difficulty Identifying Feelings, Difficulty Describing Feelings and Externally Oriented Thinking (Bagby et al., 1994) Therefore, studying all among women with PMOS can help in understanding their emotional experience.

Psychological distress refers to emotional difficulties, which may include stress, anxiety and depressive feelings, and it can affect persons, mood, thought and overall well-being. Therefore this can provide better understanding on the well-being of women with PMOS.

Social Appearance Anxiety refers to the fear of being negatively evaluated or judged by others because of one's physical appearance, it may involve concerns about body, shape, weight, any other concern related to their appearance . This may create anxiety in social settings because they fear being evaluated by people based on their appearance (Hart et al., 2008). This variable can help and understand physical appearance and social evaluation among PMOS women.

2.1 *Alexithymia*

Alexithymia is defined as a subclinical condition characterized by a law degree of emotional self-awareness, involving difficulties in identifying and describing one's own feelings, recognising one's emotional experiences and focusing more on external aspects of reality than internal emotions (Lee et al., 2022).

A study was conducted by Scaruffi et al. (2018) on body image, personality profiles and alexithymia on 59 females with PCOS and 38 without PCOS. To study this Toronto Alexithymia Scale (TAS), Body Uneasiness Test and Mimnesata Multiphasic Personality Inventory (MMPI- 2) were used. Results showed that PCOS patients showed higher scores on Alexithymia and showed higher scores on many clinical content and supplementary scales for MMPI-2. All this was linked to PCOS patients' dissatisfaction and discomfort with their concern.

Perveen et al. (2025) conducted a study on the role of alexithymia in the relationship between body dysmorphism and sleep quality. The study was conducted on 300 PCOS women using the Pittsburgh Sleep Quality Index, Appearance Anxiety Inventory and the Perth Alexithymia Questionnaire. Results showed that body dysmorphism traits were associated

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with increased alexithymia score, and tended to report poorer sleep quality.

A study was conducted by Urban et al. (2025) which assessed alexithymia and affective temperament in PCOS patients in comparison with ones not diagnosed with PCOS. This study was conducted on 46 PCOS patients and 28 non PCOS patients. Alexithymia was assessed using TAS-20 questionnaire whereas affective temperament was assessed using TEMPS-A questionnaire.

2.2 *Psychological Distress*

A set of painful and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of major depressive disorder, anxiety disorder, schizophrenia, somatization disorder, or a variety of other clinical conditions. It is thought to be what is assessed by many putative self-report measures of depression and anxiety (APA dictionary of Psychology, 2026).

Wang et al. (2023) conducted a study on 14 women with PCOS on emotional coping strategies to help seeking needs of women with PCOS considering common psychological issues like stress, anxiety and depression. Study showed strong need for psychological counselling and lifestyle guidance for PCOS women, also showed they had negative mental health status. The study suggested that intervention should focus on increased family support, consult mental health professionals and should also encourage some lifestyle changes to decrease psychological distress among women with PCOS.

S.Light et al. (2021) conducted a study on Psychological Distress in women living with PCOS. The study was conducted on 487 women using a cross sectional survey. Results showed that participants reporting more symptoms of PCOS tended to experience greater psychological distress, were PCOS women who believed that their illness had a more serious effect on their lives and the participants who felt they understood their illness less clearly tended to report higher Psychological Distress. Study suggested there should be programs related to proper education , coping strategies and lifestyle changes which may reduce psychological burden for women with PCOS.

Zengeneh et al. (2012) conducted a study on Psychological Distress in women with PCOS. The study was conducted on 81 PCOS patients. The results showed that 9.9% of participants had no signs of stress, 39.5% fell into the neurotic stress category, 35.8% had higher stress and 14.8% had extremely higher stress. The study also showed a relationship between neuroticism, higher anxiety, overweight status and personality characteristics.

Borghi et al. (2017) conducted a study on psychological distress, anger and quality of life in PCOS women. The study was conducted on 30 PCOS patients and 30 non PCOS

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patients. Results showed that women with PCOS reported significantly higher scores on scales of somatization, anxiety, psychoticism, overall psychological distress and number of symptoms as compared to non PCOS patients related to association between biological features and psychological distress. Results showed that waist and hip ratio is inversely related to anxiety and to indexes of psychological distress.

2.3 *Social Appearance Anxiety*

Social Appearance is operationally defined as the extent to which an individual experiences anxiety or concern about how their overall physical appearance is perceived and negatively evaluated by others. It can be measured using the 16-item Social Appearance Anxiety Scale (SAAS) developed by Hart et al. (2008). Higher scores indicate higher levels of social appearance anxiety (Hart et al., 2008).

X.C Yin et al. (2022) conducted a study to understand how women with PCOS perceive their bodies and examined the association between body image and depression. This study was conducted on 101 women diagnosed with PCOS. Tools used in this study were Objectified Consciousness Scale, Appearance Anxiety Scale and Beck Depression Inventory-2, results showed high levels of objectification, illness ambiguity, appearance anxiety and depression among women with PCOS. It was found out that there was a negative impact of body image on depression level.

Sari and Satilmis (2024) conducted a study on social appearance and relationship in young adults with PCOS. This study included 140 female adults aged 18-26 who were diagnosed with PCOS. The tool used in this study was Social Appearance Anxiety Scale. Results showed that over 80% of volunteer participants showed dissatisfaction with their physical appearance and scores on Social Appearance Anxiety Scale were higher for low income, increased BMI, low Self Esteem, dissatisfaction with physical appearance and concerns related to social and partner relationship. The study also suggested that health professionals should also focus on counselling needs for women diagnosed with PCOS.

U.Ilayas and Refique (2023) conducted a study to examine and explore the association of social anxiety with psychological correlates among women with PCOS. The study involved unmarried women aged 18-26 diagnosed with PCOS. Tools used were Standardised Deeriford Appearance scale, Brief Fear of Negative Evaluation was found with appearance distress, Social Anxiety and loneliness.

2.4 *Literature Gap*

The previous literature has conducted the study on mental health of females diagnosed with PCOS (Polycystic Ovary Syndrome), they have focused on the psychological aspects like

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stress, anxiety and depression. Comparatively less attention has been given to other aspects like how social appearance anxiety, alexithymia and psychological distress affects one's overall wellbeing than that of females not diagnosed with PCOS. Together these three variables have not been explored together. Studying all these variables together in comparative study of females with and without PCOS can provide better insight for further treatment. Therefore, the present study attempts to study this gap by studying these variables together and exploring whether the difference lies between both the groups or not.

3. Objective

The main objectives for this study were:

- **i.** To examine the difference in social appearance anxiety between females diagnosed with PMOS and females never diagnosed with PMOS.
- **ii.** To examine the difference in alexithymia between females diagnosed with PMOS and females never diagnosed with PMOS.
- **iii.** To examine the difference in psychological distress between females diagnosed with PMOS and females never diagnosed with PMOS.
- **iv.** To understand the relation between all three variables social appearance anxiety , alexithymia and psychological distress.

4. Need of the Study

The study was done to understand the psychological experiences that impact overall wellbeing of females diagnosed with PCOD in comparison to females never diagnosed with PMOS. PMOS beyond physical health holds psychological concerns as well, understanding these concerns are equally important. The study also helps in giving insights about how females diagnosed with PMOS perceive their social appearance than that of females not diagnosed with PMOS. On the other hand studying alexithymia with this sample can help us understand how females of both the groups identify their emotions or how easily they are able to describe their feelings. Exploring psychological distress can help us provide insight into emotional difficulties faced by females diagnosed with PMOS in comparison to females never diagnosed with PMOS.

5. Purpose

To study Psychological Distress , Social Appearance Anxiety and Alexythymia among Young Women with or without PMOS.

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6. Hypothesis

H1: There will be a significant difference in Social Appearance Anxiety between females with and without PMOS .

H2: There will be a significant difference in Alexithymia between females with and without PMOS.

H3: There will be a significant difference in Psychological Distress between females with and without PMOS.

7. Methodology

7.1 *Design*

The researcher used quantitative, non-experimental, cross-sectional, comparative, correlational research design to assess the differences in Social Appearance Anxiety, Alexithymia and Psychological Distress between females with and without PMOS.

7.2 *Sample*

The sample consisted of 90 females aged 18-28 years. The sample was divided in two groups: females diagnosed with PCOS and females never diagnosed with PCOS. Group 1 consisted of 45 females with PCOS whereas Group 2 consisted of 45 females without PCOS. The participants were approached personally and were told that the data collected will be completely confidential and participation in study was voluntary and they can drop out at any moment they feel uncomfortable. Informed consent was obtained from all participants before data collection.

7.3 *Measures*

Toronto Alexithymia Scale (TAS): The Toronto Alexithymia Scale as developed by Bagby et al. (1994) was used to identify problems relating to alexithymia such as difficulty recognising, describing and regulating internal emotional states. The scale consisted of 20 items and included response rate as strongly disagree, disagree, neutral, agree, strongly agree.

Social Appearance Anxiety Scale: The Social Appearance Anxiety Scale was given by Hart et al. (2008) which measures anxiety about being evaluated negatively by people around us because of how one looks including body type. The scale consisted of 16 items and included response rate as not at all, slightly, moderately, very, extremely.

Depression Anxiety Stress Scale-21 items (DASS-21): The DASS-21 as developed by Lovibond and Lovibond (1995), this scale is a shorter version of DASS-42 which consists of 21 items. The scale consisted of response rate as Did not apply to me at all, Applied to me to some degree, or some of the time, Applied to me to a considerable degree or a good part of

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time and Applied to me very much or most of the time.

7.4 *Procedure*

The data for present study was collected offline through direct interaction with participants. Participants consisted of young females aged 18-28 years which further was divided into two groups which were young females diagnosed with PMOS and young females never diagnosed with PMOS. The consent was obtained from the participants before collecting data, participants were told that participation is completely on volunteer basis, data will be anonymous, participants can withdraw from study at any moment they feel uncomfortable, the data would be kept confidential and would strictly be used for academic research purposes.

The questionnaire included basic questions like initials, gender and sex. The questionnaire included a question if the participant ever got diagnosed with PMOS/PCOS or not and it also included standardised psychological assessment scales measuring social appearance anxiety, alexithymia and psychological distress. Participants were instructed to read each statement carefully and answer the questionnaire honestly marking the first answer that comes to their mind and that there is no time limit to finish this questionnaire. They were also told that there's no right or wrong answer to a question; they just have to mark the answer that best describes their feelings and experiences. The form took approximately 10-15 minutes to complete. After responses were collected data was grouped forming two categories: younger females diagnosed with PMOS and younger females never diagnosed with PMOS and data was analysed.

8. Results

Table 1. ***Descriptives***

	PMOS Diagnosis	Social Appearance Anxiety Scale	Difficulty Identifying Feelings D1	Difficulty Describing Feelings D2	Externally Oriented Thinking D3	Alexithymia	Depression D1	Anxiety D2	Stress D3	Psychological Distress
N	Yes	45	45	45	45	45	45	45	45	45
	No	45	45	45	45	45	45	45	45	45
Mean	Yes	39.9	21.3	17.0	25.9	64.3	10.6	10.6	11.2	32.4
	No	26.9	18.4	16.0	23.8	58.2	6.62	6.36	7.40	20.4
Standard deviation	Yes	16.6	5.61	3.49	3.01	9.90	5.58	6.07	5.57	16.0
	No	9.35	5.28	3.47	3.27	9.80	5.06	4.49	4.54	12.9

Table 2. *Correlation Matrix*

	Social Appearance Anxiety Scale	Difficulty Identifying Feelings D1	Difficulty Describing Feelings D2	Externally Oriented Thinking	Alexithymia	Depression D1	Anxiety D2	Stress D3	Psychological Distress
Social Appearance Anxiety Scale	—								
Difficulty Identifying Feelings D1	0.270**	—							
Difficulty Describing Feelings D2	0.363***	0.742***	—						
Externally Oriented Thinking	0.245*	0.348***	0.369***	—					
Alexithymia	0.351***	0.912***	0.866***	0.638***	—				
Depression D1	0.377***	0.442***	0.498***	0.388***	0.537***	—			
Anxiety D2	0.467***	0.435***	0.454***	0.341***	0.503***	0.828***	—		
Stress D3	0.418***	0.447***	0.441***	0.441***	0.537***	0.792***	0.803***	—	
Psychological Distress	-.451***	0.473***	0.498***	0.417***	0.563***	0.936***	0.941***	0.924***	—

Table 3. *Independent T-test*

		Statistic	df	p
Social Appearance Anxiety Scale	Student's t	4.57[a]	88.0	<.001
Difficulty Identifying Feelings D1	Student's t	2.54	88.0	.013
Difficulty Describing Feelings D2	Student's t	1.39	88.0	.167
Externally Oriented Thinking D3	Student's t	3.19	88.0	.002
Alexithymia	Student's t	2.91	88.0	.005
Depression D1	Student's t	3.56	88.0	<.001
Anxiety D2	Student's t	3.77[a]	88.0	<.001
Stress D3	Student's t	3.57[a]	88.0	<.001
Psychological Distress	Student's t	3.94[a]	88.0	<.001

Note. H_a $\mu_{Yes} \neq \mu_{No}$

[a] Levene's test is significant ($p < .05$), suggesting a violation of the assumption of equal variances

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Table 4. ***Group Descriptives***

	Group	N	Mean	Median	SD	SE
Social Appearance Anxiety Scale	Yes	45	39.9	35.0	16.62	2.478
	No	45	26.91	24.00	9.35	1.394
Difficulty Identifying Feelings D1	Yes	45	21.3	20.0	5.61	0.837
	No	45	18.40	19.00	5.28	0.787
Difficulty Describing Feelings D2	Yes	45	17.0	17.0	3.49	0.520
	No	45	16.02	17.00	3.47	0.518
Externally Oriented Thinking D3	Yes	45	25.9	26.0	3.01	0.448
	No	45	23.80	23.00	3.27	0.488
Alexithymia	Yes	45	64.3	66.0	9.90	1.475
	No	45	58.22	59.00	9.80	1.461
Depression D1	Yes	45	10.6	10.0	5.58	0.832
	No	45	6.62	6.00	5.06	0.755
Anxiety D2	Yes	45	10.6	11.0	6.07	0.905
	No	45	6.36	5.00	4.49	0.669
Stress D3	Yes	45	11.2	12.0	5.57	0.830
	No	45	7.40	7.00	4.54	0.677
Psychological Distress	Yes	45	32.4	34.0	15.99	2.383
	No	45	20.38	20.00	12.94	1.929

9. Discussion of Result

The present study aimed at the difference in Social Appearance Anxiety, Alexithymia and Psychological Distress between women with and without PMOS. The findings showed that

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11 females with PMOS obtained higher mean scores in all the three variables when compared to that of women without PMOS. Differences were also seen in subdimensions of alexithymia and psychological distress.

The findings indicated a significant difference in scores for females with PMOS (mean = 39.9) in Social Appearance Anxiety as compared to females without PMOS (mean = 26.91). It indicates that females diagnosed with PMOS are more concerned regarding how their physical appearance is perceived and judged. This is because of changes in physical appearance experienced by some females with PMOS. These concerns contribute to discomfort that one may feel in social surroundings and also lowers the confidence. This study shows that Social Appearance Anxiety has an important part in psychological experiences for females diagnosed with PMOS.

The findings indicated a significant difference in scores for females with PMOS (mean = 64.3) than that of women without PMOS (mean = 58.22). This suggests that females with PMOS have more difficulty in explaining and identifying their own feelings. This can be an important aspect in how one responds to emotional situations and manages their feelings.

For the sub dimensions of Alexithymia the findings revealed significant differences for Externally Oriented Thinking [with PMOS (mean = 25.9) without PMOS (mean = 23.80)] and Difficulty Identifying Feelings [with PMOS (mean = without PMOS (mean = 21.3) 18.40)]. Whereas no significant difference was seen in Difficulty Describing Feelings [with PMOS (mean = 17.0) without PMOS between group 1 and group 2. This suggests that both groups have difficulties (mean = 16.02)] describing their feelings.

The study showed a significant difference between females with PMOS (mean = 32.4) and without PMOS (mean = 20.38). This study reflects greater psychological difficulties among females diagnosed with PMOS. The study also highlighted that PMOS not only involves physical health but also includes psychological health that affects the overall well-being of an individual. For sub dimensions of Psychological Distress the findings revealed significant differences for depression[with PMOS (mean = 10.6) without PMOS (mean = 6.62)], stress [with PMOS (mean = 11.2) without PMOS (mean = 7.40)] and anxiety [with PMOS (mean = 10.6) without PMOS (mean = 6.36)] among females with PMOS than that of females without PMOS. Higher scores among all the sub dimensions of the psychological distress suggests difficulty females with PMOS find difficulty managing daily pressures and emotional demands. This may indicate experiences of nervousness and worry.

The present study highlights psychological experiences faced by females diagnosed with PMOS. The study suggests the importance of focusing on psychological wellbeing also

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instead of only focusing on reproductive or physical health. Overall, findings of the current study indicates that females with PMOS showed higher mean scores in all three variables that were, Social Appearance Anxiety, Alexithymia and Psychological Distress. Findings suggested that it is important to consider the psychological experiences for females living with it, study also highlighted the need for Psychological support alongside physical treatment, females diagnosed with PMOS should also consult mental health professionals.

The present study consisted of certain limitations which were the sample size was limited and study was also applicable to females aged 18-28 years which restricts its applicability to other age groups. Additionally, the study was conducted in a very limited geographical area.

Future research may include a larger sample size and can be conducted across various age groups for broader understanding of the concept. Longitudinal research can be conducted to understand how Social Appearance Anxiety, Alexithymia and Psychological distress changes over time period. Furthermore, researchers should focus on conducting studies with more psychological variables among females diagnosed with PMOS.

10. Conclusion

The present study aimed to examine differences in social appearance anxiety, alexithymia and psychological distress between group 1 consisting of females with PMOS and group 2 consisting of females without PMOS. The findings indicated that group 1 i.e. females with PMOS scored higher on Social Appearance Anxiety than that of group 2 i.e. females without PMOS. In Alexithymia group 1 scored overall higher than that of group 2. Whereas, group 1 and group 2 showed relatively similar scores for Difficulty Describing Feelings. In Psychological Distress again group 1 showed higher scores than that of group 2 in all the sub dimensions named Stress, Depression and anxiety. Overall the findings highlighted the importance of the need for support of health professionals, family and friends. Study also emphasises the need for greater awareness and attention towards mental wellbeing also rather than that of physical health only.

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