

Beyond Generalization: Contextualizing Psychological Distress in PCOS Through Sikolohiyang Pilipino

Regine L Pace*

University of La Salette, Inc., Dubinan East, Santiago City, Philippines

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*Corresponding author: Regine L. Pace, University of La Salette, Inc., Dubinan East, Santiago City, Philippines

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Dear Editor,

Khan, et al.'s "The lived experiences of women with polycystic ovary syndrome and its psychological challenges: A systematic review and meta-synthesis" provides a timely synthesis of the psychological and psychosocial dimensions of polycystic ovary syndrome (PCOS). The condition has recently been renamed polyendocrine metabolic ovarian syndrome (PMOS) following international consensus recommendations, reflecting a broader conceptualization that recognizes its metabolic and endocrine features alongside reproductive manifestations.

A notable strength of the review is its application of a biopsychosocial framework to illuminate the psychological burden associated with PCOS, including anxiety, depression, body image concerns, and identity-related distress. The authors further demonstrate how sociocultural expectations surrounding femininity, appearance, and fertility shape lived experiences. These insights contribute meaningfully to patient-centered approaches in both research and clinical care.

At the same time, the review acknowledges the challenges of interpreting psychological experiences across diverse cultural settings and cautions against uncritical cultural generalization. This limitation points to an important opportunity for future work. While broad sociocultural influences are recognized, understanding how distress is experienced within particular cultural contexts may benefit from engagement with locally grounded theoretical frameworks.

In the Philippine context, Sikolohiyang Pilipino offers one such framework. As described by Pe-Pua and Protacio-Marcelino, this indigenous perspective emphasizes *kapwa*, or shared identity, which situates the self within relational networks rather than as an autonomous individual. From this viewpoint, health experiences are understood not solely as personal concerns but also in relation to family and community relationships. Given the continuing importance of family ties and relational obligations in many Filipino communities, such a perspective may provide useful insights into how women interpret and navigate reproductive and metabolic health concerns.

Within this relational orientation, concepts such as *hiya* and *utang na loob* may offer additional perspectives for understanding responses to illness. *Hiya*, often associated with sensitivity to social propriety and the perceptions of others, may shape how individuals interpret and communicate health concerns. Similarly, *utang na loob*, which reflects reciprocal obligations within relationships, may influence how health experiences are understood in relation to family expectations and responsibilities. Rather than serving as direct explanations for psychological outcomes, these concepts may help contextualize the social meanings through which distress is experienced and expressed.

The biopsychosocial model remains essential for understanding the psychological impact of PCOS. However, its explanatory scope may be enriched through culturally grounded frameworks that illuminate local meanings and lived realities. Such contextual interpretation should remain theoretically grounded and applied with caution to avoid overgeneralization or speculative cultural attribution.

Khan et al. provide an important foundation for understanding the psychological dimensions of PCOS. Building on this work, future research may benefit from incorporating indigenous psychological frameworks that can illuminate how distress is understood within specific cultural settings. In the Philippine context, Sikolohiyang Pilipino may help reveal dimensions of experience that are not readily captured by broader cultural categories, thereby contributing to a more context-sensitive understanding of women's experiences with PCOS.

Respectfully,

Regine L. Pace
University of La Salette, Inc.
Dubinan East, Santiago City, Philippines

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