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THE RELATIONSHIP BETWEEN SELF-COMPASSION, FEMALE SEXUAL DISTRESS AND MENOPAUSAL SYMPTOMS IN MARRIED WOMEN: A CORRELATIONAL STUDY

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Abstract

The menopausal transition is often accompanied by physical, psychological, and sexual challenges that significantly affect women's quality of life. The present study examined the predictive relationship of self-compassion and female sexual distress with the severity of menopausal symptoms among married women. Using a correlational research design, data were collected from 100 married women aged 45–50 years experiencing premenopausal symptoms. Participants were selected through purposive sampling from community settings and gynecology wards. Measures included the Urdu version of the Menopause Rating Scale (MRS), the Self-Compassion Scale–Short Form (SCS-SF), and an indigenously developed Female Sexual Distress Scale (FSDS). Data were analyzed using descriptive statistics, reliability analysis, and simple linear regression through SPSS (version 26). Results indicated that self-compassion significantly and negatively predicted the severity of menopausal symptoms, whereas female sexual distress significantly and positively predicted menopausal symptom severity. The findings suggest that self-compassion may serve as a protective psychological factor, while sexual distress functions as a risk factor during the menopausal transition. Results indicated that self-compassion negatively predicted the severity of menopausal symptoms ($F=10.2$, $df=1, 98$, $p<.01$) and female sexual distress positively predicted the severity of menopausal symptoms ($F=33.3$, $df=1, 98$, $p<.01$). The study highlights the importance of psychological interventions aimed at enhancing self-compassion and addressing sexual distress among menopausal women, particularly within the Pakistani cultural context.

INTRODUCTION

Menopause is the time in a woman's life when she stops having periods. It happens everywhere and in all living things; it's a biological fact of life. During her childbearing years to menopause and beyond, a woman's body and mind go through a great deal of change. It's interesting to note that different women

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react differently to menopause; for some, it's a rite of passage into a new phase of life that's fuller of confidence and empowerment than their younger years, while for others, it's a reminder that they're getting older, which can cause distress and decrease their psychological well-being. The health-related quality of life during menopause may sometimes be improved by making some little adjustments to one's way of life, one's diet, and one's general health practices; nevertheless, for some women, menopause can be very difficult to manage without medical intervention.

Menopause is a natural biological transition in a woman's life marked by the permanent cessation of menstruation and a decline in reproductive hormones, particularly estrogen and progesterone. Although menopause is a universal experience, the physical, psychological, and sexual changes associated with it vary widely among women and can significantly affect quality of life (Avis et al., 2015). Common menopausal symptoms include vasomotor disturbances, sleep problems, fatigue, mood changes, and sexual difficulties, which often coexist and interact with one another (Freeman, 2018).

The progressive and permanent cessation of menstruation that occurs after menopause is associated with an increased risk of developing vascular instability, urogenital atrophy, skeletal illnesses, skin diseases, and soft tissue diseases. As well as this, many women experience hot flashes, night sweats, a wide range of vague psychological and emotional distresses, and a decline in sexual desire and ability. Amenorrhea and estrogen insufficiency are often seen for 12 months before a diagnosis of menopause is made. (Shafie.EI.et al, .2011)

Depressive disorders, sleep problems, sexual dysfunction, muscular soreness, joint pains, osteoporosis, and distinctive hot flashes are the most prevalent and bothersome symptoms of menopausal age. (Studzińska.M. et al., 2014).

The results indicated that 15.7% were having severe menopausal symptoms while 66.9% were experiencing moderate symptoms and 17.4% were experiencing light symptoms. In terms of severity, vasomotor symptoms like hot flashes and nocturnal sweats were rated as the worst. On top of that, perimenopausal women reported greater symptom ratings than premenopausal and postmenopausal women, with the exception of vasomotor and sexuality problems. Menopausal symptoms increased in frequency and intensity with time. In addition to chronological age, socioeconomic position, educational attainment, family size, number of children, self-reported health, and menopausal status. (Gharaibeh.M.et al., 2010)

Women's understanding of menopause and its symptoms are shaped by cultural norms, attitudes, social factors, and individual perspectives. Women in Asia who went through menopause (from places including China, Malaysia, Taiwan, Thailand, and Hong Kong) were found to have a generally positive attitude about the change in their bodies that accompanies the onset of menopause. This is why they avoided conventional medicine in favor of natural cures. In a recent systematic review and meta-analysis of Iranian women, researchers discovered that, perhaps owing to a lack of awareness about menopause, most participants had a neutral stance towards the transition. Symptoms of menopause are less prevalent in communities where menopause is perceived positively, and these favorable attitudes might differ from culture to culture. (Asad.N.et al. 2021).

Menopausal symptoms are shockingly common in African women. Women in South America often report suffering from depression, erectile dysfunction, and muscular and skeletal pain. In the United States, muscular and joint pain are the most often reported symptoms among women. Although vasomotor symptoms and sexual dysfunction are the most common causes of distress for Australian women, a concerning rise in the percentage of Asian women reporting depressive disorders has been identified in a recent study. Sleep problems and major depression were more common in Europe. (Studzińska.M. et al., 2014)

Menopause has not been discussed in depth in Pakistani literature. Although there has been a lot of study done on the physiological effects of menopause, less has been done to examine how this transition affects people's social lives or psychological well-being in this region.

While there have been a number of quantitative studies conducted in Pakistan on topics such as menopausal women's age, symptoms, knowledge, and attitudes, the qualitative experience of menopausal

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women has been mostly ignored. Women in Pakistan, according to studies conducted in various locations, generally see menopause as a good and natural event. (Khokhar.S. 2013)

In addition to showing that menopause is a normal part of ageing, these studies also show that there are a wide range of beliefs around the topic. Nonetheless, it is important to remember that the intensity of menopausal symptoms varies greatly over the menopause's phases. (Asad N, Somani R, et al,.2021)

In terms of the various strategies Frequency and intensity of symptoms vary not just among cultures but also throughout the distinct stages of menopause, as documented by Masjoudi.M, et al., (2017). To provide just one example, several Asian researches found much lower rates of vasomotor and psychiatric symptoms. Symptoms were also more common in Premenopausal and postmenopausal women than in younger women. A person's everyday routine may be affected by the severity of these symptoms.

Self-compassion is defined as the practice of being kind and understanding to oneself in the face of adversity (Neff, 2003) Brown, Bryan, Bei, and Judd (2014) performed the research on the effects of self-compassion on menopausal women, hypothesizing that these subjects would have better day-to-day functioning and lower levels of depression if they practiced self-compassion in the face of their hot flushes and night sweats.

In this study, we examine Self-compassion as one of its manifestations. Reduced Hot Flashes and Night Sweats related mood difficulties may result from practicing self-compassion, which has been shown to reduce the link between Hot Flushes and Night Sweats (HFNS) and daily life functioning. These results suggest that women might benefit from using self-compassion as a source of resilience while dealing with hot flushes and nocturnal sweats. (L.Brown,.et al 2014).

Little is known about positive well-being and its correlates in midlife women, despite the fact that a vast body of study has explored the association between menopausal variables and poor well-being (such as anxiety and depressive symptoms). This research compares two models, one that includes menopausal variables as predictors and another that includes self-compassion, a protective attribute, as a predictor and moderator, of both positive and negative well-being indices as outcomes.

Midlife women may find relief from Menopause symptoms including hot flashes, night sweats, and anxiety when they practice self-compassion. Research by Fiding and colleagues hints that self-compassion may be even more strongly linked to anxiety than menopausal symptoms. (Jones, K.M, et al., 2021).

Female sexual distress is defined as a distress about sexual activity which included anxiety, frustration, fear, lack of sexual desire and arousal or orgasm which results in personal distress and has an impact on the quality of life and interpersonal relationships.

To further explore the relationship between self-compassion and sexual distress, Menopause has a negative impact on a woman's sexual response. The transition from reproductive to post-reproductive life is marked by a wide range of physiological and psychological changes in women. When a woman's ovaries stop producing estrogen regularly, her body experiences a precipitous drop in circulating estrogen. As a woman ages, her levels of testosterone and other androgens naturally drop; by the time she enters her climacteric, her testosterone levels are around 70% lower than they were at the end of her teenage years. These two hormones have a significant impact on all aspects of sexual dynamics, from desire and arousal to lubrication, orgasm, and pain. Yet, at this stage of life, when women experience a dramatic shift in their social position, usually associated with reproductive function, emotional and relational elements play a major role in sexual function.

Menopause is related with alterations in sexual function that may be consistent with sexual dysfunction, according to the research (M.Berra, et al., 2010). Yet, menopausal women tend to experience less emotional anguish (36.2%) due to these alterations in their sexual lives than premenopausal women (64.5%). The results show that medical therapy for sexual health after menopause must be highly individualized and properly recommended. (Marta Berraet al, 2010).

Research shows that pre menopause, when ovarian hormone activity and estrogen levels begin to decline, is a period of significant changes in women's psychophysical-social functioning (Studzika.M. et al., 2014).

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There was an increase in vaginal dryness, dyspareunia, and women reporting their partners had issues with sex, as reported in the literature (AO.Dennerstein.L, et al. 2012). Female sexual discomfort was more common among women who scored low on the Female Sexual Distress Scale. In conclusion, the natural menopausal transition is associated with a significant decrease in women's sexual functioning.

Sexual health is an important yet frequently neglected aspect of women's well-being during midlife. Many married women experience female sexual distress during menopause, characterized by frustration, anxiety, dissatisfaction, and concern related to sexual functioning (Derogatis et al., 2008). Hormonal changes, vaginal dryness, decreased libido, and discomfort during intercourse can contribute to sexual distress, which may further impact marital satisfaction and emotional intimacy (Nappi & Palacios, 2014). Cultural expectations and limited communication about sexual concerns, particularly in more conservative societies, may intensify distress and prevent women from seeking support.

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Emerging research suggests that self-compassion is linked to improved sexual well-being and body image, as it reduces self-criticism and shame while promoting emotional regulation and acceptance (Allen & Leary, 2010). In the context of menopause, self-compassion may serve as a protective factor that buffers the negative impact of menopausal symptoms on sexual distress. However, empirical research examining the relationship between self-compassion, female sexual distress, and menopausal symptoms—particularly among married women—remains limited. Given the significant physical and psychosocial challenges associated with menopause, it is essential to explore factors that may enhance women's adjustment and sexual well-being during this life stage. Therefore, the present correlational study aims to examine the relationship between self-compassion, female sexual distress, and menopausal symptoms in married women. Understanding these relationships may inform psychological interventions and counseling approaches designed to promote emotional resilience, sexual health, and overall quality of life among menopausal women.

Methodology

Sample

A purposive sample of 100 married women was initially approached from hospitals and community centers in Lahore. After screening, 100 women aged 45–50 years who met inclusion criteria were selected. Women experiencing surgical menopause or major medical illnesses were excluded.

Measures

Self-Compassion Scale-Short Form (SCS-SF)

Self-compassion Scale (SCS-SF): This 12-items scale (Neff, 2003) measure the ability to be kind to oneself during the times of suffering. It includes subscale of self-kindness, self-judgement, common humanity, isolation, mindfulness and over identification.

Female Sexual Distress Scale (FSDS)

Female sexual distress scale was assessed using a Female Sexual Distress Urdu- Questionnaire. The scale consisted of 24 items rated on a 5-point Likert scale. The scale demonstrated excellent internal consistency (Cronbach's =.91).

Menopause Rating Scale (MRS)

Menopause Rating Scale (MRS): The MRS (Heinemann et al., 2004) is used to assess menopausal symptoms across three domains, somatic, psychological, urogenital

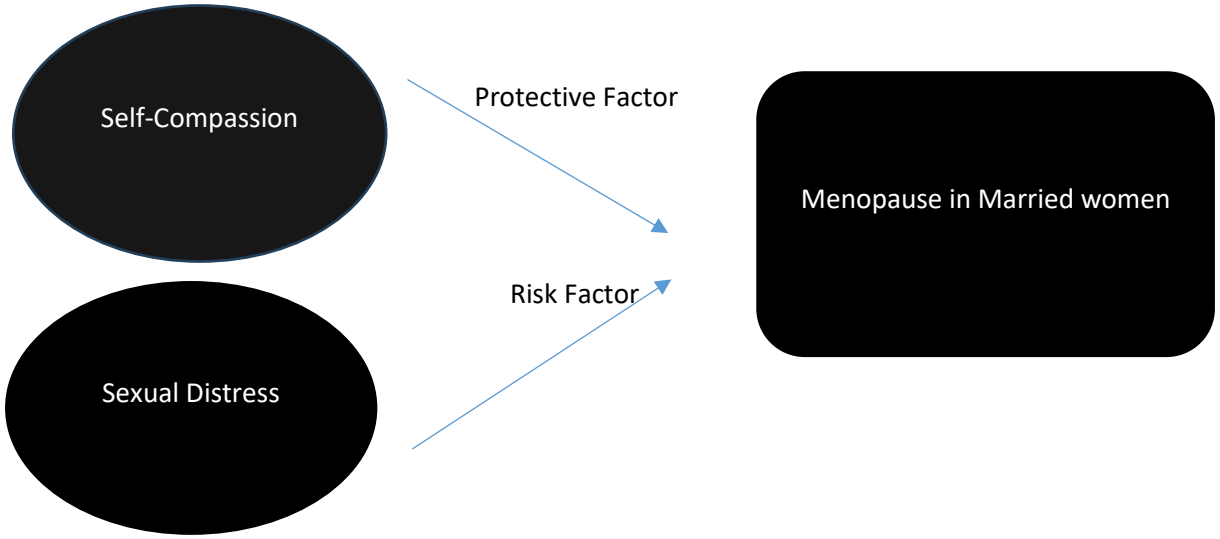
Procedure

Ethical approval was obtained from the Department of Professional Psychology, Lahore. Participants provided informed consent and were assured of confidentiality and voluntary participation. Questionnaires were administered individually. Data were analyzed using SPSS version 26. Pearson correlation, regression analysis, and mediation analysis were conducted.

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Theoretical Framework



Results

Table 1

Psychometric Properties of Major Constructs of the study.

Scale	M	SD	Range	Cronbach's α
Self-Compassion	35.2	4.61	1-5	.824
Female Sexual Distress	10.07	9.59	0-4	.92
Menopausal Rating Scale	23.53	8.53	0-4	.87

Note. Table 1 indicated adequate internal consistency of all scales: Self-compassion (α=0.824), Female sexual distress scale (α=0.92) and Menopause Rating Scale (α=0.87).

Table 2

Summary of Simple Linear Regression Analysis with self-compassion as a predictor for severity of menopausal symptoms

Variable	B	*B*	SE	R^2	ΔR^2	F	p
Constant	43.583		6.313				
Self-compassion	-0.569	-0.308	0.178	0.095	0.086	10.263	<0.1

Note. Self-compassion negatively predicted menopausal symptoms

This table showed a significant negative relationship (β= -0.308, p< .01), confirming that higher self-compassion is associated with lower severity of menopausal symptoms (f=10.263, p< .01).

Table 3

Summary of simple Linear Regression analysis with Female Sexual Distress as a predictor for severity of Menopausal Symptoms

Variable	*B*	*B*	*SE*	R^2	ΔR^2	*F*	*p*
Constant	***19.020***		***1.076***				
Female Sexual Distress	*0.448*	*0.504*	*5.772*	*0.254*	*0.246*	*33.316*	*< .01*

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Note. Female sexual distress positively predicted menopausal symptoms.

Table 4 showed a significant positive relationship (β= 0.504, p <.01), indicating that higher sexual distress correlates with greater menopausal symptoms severity (*f* =33.316, p < .01).

Discussion

The present study examined the relationship between self-compassion, female sexual distress, and menopausal symptoms among married women. The findings indicate that both self-compassion and female sexual distress play a significant role in shaping menopausal experiences. Consistent with the study hypotheses, higher levels of self-compassion were associated with lower severity of menopausal symptoms, whereas greater female sexual distress was linked to increased menopausal symptomatology. These results highlight the importance of psychological and sexual well-being in women's adjustment to menopause.

The inverse relationship between self-compassion and menopausal symptoms supports existing literature suggesting that self-compassion enhances emotional resilience and adaptive coping during periods of physiological and psychological transition. Self-compassion allows individuals to respond to bodily and emotional changes with kindness rather than self-criticism, thereby reducing stress and emotional reactivity (Neff, 2003; MacBeth & Gumley, 2012). During menopause, women often experience physical discomfort, mood fluctuations, and changes in self-perception. Those with higher self-compassion may be better equipped to accept these changes as a normal part of aging, which in turn may lessen perceived symptom severity and psychological distress (Allen & Leary, 2010).

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Within the Pakistani cultural context, sexual distress may be further intensified by sociocultural factors such as conservative gender norms, limited sexual education, and restricted communication about sexual health between spouses. Many women may perceive sexual concerns as shameful or inappropriate to discuss, leading to internalization of distress and unmet emotional needs. Prior research has emphasized that cultural silence surrounding female sexuality can amplify psychological discomfort and prevent women from seeking professional help during menopause (Hussain & Khan, 2020).

The mediating role of female sexual distress suggests that women with lower self-compassion may interpret menopausal bodily changes more negatively, increasing sexual dissatisfaction and emotional distress. This finding aligns with biopsychosocial models of menopause, which emphasize the interaction between biological changes, psychological resources, and social context (Hunter & Rendall, 2007). Women lacking self-compassion may engage in harsh self-judgment and negative body image, which can exacerbate sexual distress and, in turn, intensify menopausal symptoms.

Furthermore, gendered expectations within marital relationships may compound women's distress during menopause. Limited spousal understanding and emotional support can leave women feeling isolated and misunderstood, thereby increasing vulnerability to psychological and sexual distress. Studies have shown that supportive partner relationships are crucial in mitigating menopausal difficulties and enhancing emotional well-being (Utian, 2018). In contrast, lack of empathy or unrealistic expectations from spouses may heighten women's stress and negatively affect their sexual and emotional health.

Taken together, the findings underscore the need for interventions that address both psychological and sexual dimensions of menopausal health. Psychoeducation programs aimed at increasing awareness about menopause, promoting self-compassion, and improving sexual communication between partners may significantly enhance women's quality of life. Counseling and couple-based interventions could be particularly beneficial in

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culturally sensitive settings, where open discussion of sexual health remains limited.

Conclusion

The present study concludes that self-compassion serves as a protective psychological factor, while female sexual distress functions as a risk factor in predicting menopausal symptom severity. Enhancing self-compassion and addressing sexual distress through culturally sensitive interventions may improve menopausal adjustment among married women.

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