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CHALLENGES OF AND POSSIBLE SOLUTIONS FOR LIVING WITH ENDOMETRIOSIS: THE ROLE OF SELF-COMPASSION IN QUALITY OF LIFE AND POST-TRAUMATIC GROWTH – A MIXED-METHOD STUDY

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Abstract

Endometriosis is a chronic condition that can affect physical functioning, psychological well-being, social relationships, and quality of life. Self-compassion may be relevant to how women respond to illness-related challenges, while post-traumatic growth offers a framework for examining perceived positive psychological changes following difficult experiences. Further investigation is needed to understand these factors among women from diverse Asian contexts. This study aims to explore the challenges associated with living with endometriosis and examine the relationships between self-compassion, quality of life, and post-traumatic growth among Asian women. A mixed-methods design is proposed, involving a quantitative sample of 250 Asian women and a qualitative sample of 15 women. The quantitative component examines self-compassion, endometriosis-related quality-of-life impairment, symptom severity, social support, and post-traumatic growth. The qualitative component uses semi-structured interviews to explore women's experiences of managing symptoms, accessing healthcare, responding to personal difficulties, navigating social relationships, and identifying sources of support. Quantitative data was analyzed using appropriate descriptive and inferential statistics, while interview data examined through reflexive thematic analysis. Findings from both components integrated to develop a broader understanding of women's experiences. The study is designed to contribute to understanding the psychological and social dimensions of endometriosis, with particular attention to self-compassion as a potential correlate of quality of life and post-traumatic growth. Its findings may help inform future research and supportive approaches that consider women's psychological needs alongside symptom management and access to healthcare.

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INTRODUCTION

Endometriosis is a chronic condition in which tissue similar to the lining of the uterus grows outside the uterus. Its symptoms and severity differ between individuals. People living with endometriosis may experience pelvic pain, painful menstruation, fatigue, pain during sexual activity, bowel or bladder symptoms, and fertility-related concerns. These difficulties can affect daily routines, social activities, relationships, education, work, and emotional well-being. Living with endometriosis can involve more than managing physical symptoms. People may have to cope with uncertainty about their condition, difficulties obtaining a diagnosis, concerns about treatment, and the challenge of explaining an often-invisible illness to other people. When symptoms are misunderstood or dismissed, individuals may feel frustrated, isolated, or uncertain about where to seek help. The effect of the condition may therefore depend not only on symptoms but also on healthcare experiences, available support, personal coping resources, and social circumstances.

Márki et al. (2022) explored the experiences of women living with endometriosis through focus-group discussions. Their analysis identified four main themes: the impact of endometriosis on quality of life, medical experiences, complementary and alternative treatments, and coping strategies. Uncertainty and limited information influenced experiences across these areas. Participants' accounts also highlighted the importance of supportive doctor–patient relationships, active coping, and social support.

These findings demonstrate the importance of understanding endometriosis as a condition that affects several areas of life. Medical treatment is essential, but patients may also need clear information, respectful communication, psychological support, and opportunities to discuss how the condition affects their everyday experiences.

Literature Review

Endometriosis and Quality of Life

Quality of life includes physical functioning, emotional well-being, social relationships, and participation in daily activities. Pain and fatigue may affect sleep, mobility, attendance at work or education, and social participation. The Endometriosis Health Profile-30 (EHP-30) was developed as a condition-specific measure of health-related quality of life (Jones et al., 2001).

Self-Compassion and Coping

Self-compassion is commonly conceptualised through self-kindness, common humanity, and mindful awareness. The short form of the Self-Compassion Scale provides a briefer measure of this construct (Raes et al., 2011). In chronic illness, self-compassion may be relevant to how people respond to setbacks, manage self-criticism, and communicate needs. Its benefits should be investigated rather than assumed.

Post-Traumatic Growth

The Posttraumatic Growth Inventory assesses perceived positive changes following challenging experiences (Tedeschi & Calhoun, 1996). In this study, growth should be interpreted as a participant's perception, not proof that illness produces benefits. Growth can coexist with pain and distress.

Symptom Severity and Social Support

Symptom severity is likely to be important to daily functioning, but access to treatment, social support, coping resources, financial circumstances, and work flexibility may also shape quality of life. Reviews identify associations between psychosocial variables and endometriosis-related pain and quality of life, while noting gaps in evidence (Kalfas et al., 2022).

Rationale for Mixed Methods

Questionnaires can estimate patterns among variables but may not explain how women

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understand those patterns. Interviews provide detail about lived experience. Combining the approaches can offer complementary evidence if both strands are analysed transparently and integrated carefully.

Why study Asian participants?

Asia includes diverse countries, languages, healthcare systems, family structures, and cultural expectations. Consequently, Asian people living with endometriosis should not be treated as a single culturally uniform group. Experiences may vary according to access to specialist healthcare, health literacy, financial circumstances, family support, social attitudes toward menstruation and reproductive health, and willingness to discuss symptoms. In some settings, stigma or discomfort surrounding reproductive health may make it difficult to seek support or communicate openly about symptoms. These possibilities need to be investigated rather than assumed to apply to every Asian participant.

A study involving participants from different Asian settings could help examine how self-compassion, quality of life, and perceived growth are experienced across varied circumstances. However, the study must record participants' countries or regions and relevant demographic characteristics. If the sample is recruited from only one country or a limited number of settings, the conclusions must reflect that restricted coverage rather than claiming to represent all Asian populations.

To examine the relationship between self-compassion, health-related quality of life, and post-traumatic growth among Asian adults living with endometriosis, and to explore their experiences of illness-related challenges, coping, healthcare, and support.

Objectives

- To assess levels of self-compassion, endometriosis-related quality-of-life impairment, and post-traumatic growth among 250 Asian participants.
- To examine the association between self-compassion and endometriosis-related quality of life.
- To investigate the association between self-compassion and post-traumatic growth.
- To examine whether self-compassion is associated with quality of life after accounting for relevant demographic and illness-related factors.
- To explore the lived experiences of 15 Asian participants concerning symptoms, diagnosis, healthcare, relationships, social support, and coping.
- To understand how participants describe self-compassion and any positive changes they perceive while living with endometriosis.
- To integrate the quantitative and qualitative findings to identify potential implications for culturally responsive care.

Research Questions and Hypotheses

What challenges do Asian women describe while living with endometriosis?

What is the relationship between self-compassion and endometriosis-related quality of life?

What is the relationship between self-compassion and post-traumatic growth?

How are symptom severity and social support associated with quality of life and post-traumatic growth?

How do women describe the role of self-compassion and support in daily coping?

Hypotheses: H1, higher self-compassion will be associated with lower quality-of-life impairment; H2, higher self-compassion will be associated with higher post-traumatic growth; H3, greater symptom severity will be associated with greater quality-of-life impairment; H4, greater perceived social support will be associated with lower quality-of-life impairment.

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Method

Design and Participants

A mixed-method design is proposed: a quantitative survey of 250 participants and qualitative interviews with 15 participants. The final report must specify whether the design is convergent or sequential and explain when integration occurs. The proposed population is Asian women aged 18 years or older with a clinician-confirmed endometriosis diagnosis. Recruitment may occur through clinics, support groups, community networks, or online advertisements.

Measures

Self-compassion: Self-Compassion Scale–Short Form (Raes et al., 2011), subject to suitability and permission; report scoring, language version, and sample reliability.

Quality of life: Endometriosis Health Profile-30 (Jones et al., 2001); follow official scoring instructions and state score direction.

Post-traumatic growth: Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996); explain the reference experience and scoring.

Symptom severity: a clearly defined validated measure or prespecified rating scale, including its range and recall period.

Qualitative Interviews

Semi-structured interviews may explore daily challenges, symptom impact, healthcare experiences, relationships and social expectations, self-criticism, sources of support, and perceived personal changes. Questions should be open-ended and non-leading. The final report should describe interview mode and duration, recording and transcription, translation if applicable, interviewer reflexivity, and confidentiality procedures.

Data Analysis

Quantitative analysis should include data screening, missing-data assessment, descriptive statistics, assumption checks, correlations, and regression models where appropriate. Report effect sizes, confidence intervals, exact p-values where possible, assumptions, and missing-data decisions. Mediation must not be claimed unless it is tested using an appropriate model.

Qualitative data will be analyzed using reflexive thematic analysis: familiarization, coding, developing candidate themes, reviewing themes against the dataset, defining and naming themes, and producing an interpretive report supported by genuine extracts. The researcher should document reflexivity and explain how the chosen analytic approach was applied.

Integration and Ethics

Integration will compare quantitative patterns with qualitative themes in a joint display or narrative, including areas of convergence and divergence. Qualitative accounts cannot establish statistical causality. Ethics approval must be obtained before recruitment. Participants should provide informed consent, be able to skip questions or stop interviews, and have their data de-identified and securely stored. Appropriate support information should be available for distressing topics.

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Results

Quantitative Results

Table 1 Descriptive statistics

Variable	N	M	SD	Range
Self-compassion	250	2.98	0.61	1.04–4.93
Quality-of-life impairment	250	48.96	23.50	0–100
Post-traumatic growth	250	50.30	20.15	0–105
Symptom severity	250	5.98	1.70	1.74–10.00
Social support	250	3.03	0.73	1.00–5.00

Note: N = number of participants; M = mean; SD = standard deviation.

Table 2 Correlations among study variables

Variables	R	p	Interpretation
Self-compassion – quality-of-life impairment	−.430	< .001	Moderate negative association
Self-compassion – post-traumatic growth	.355	< .001	Positive association
Quality-of-life impairment – post-traumatic growth	−.116	.067	Not significant in example
Symptom severity – quality-of-life impairment	.740	< .001	Strong positive association
Social support – quality-of-life impairment	−.437	< .001	Moderate negative association
Social support – self-compassion	.365	< .001	Positive association
Symptom severity – self-compassion	−.222	< .001	Small negative association
Symptom severity – post-traumatic growth	−.004	.948	Not significant in example
Social support – post-traumatic growth	.106	.095	Not significant in example

Note: r = Pearson correlation coefficient. p values are two-tailed. Negative values indicate that higher scores on one variable are associated with lower scores on the other; positive values indicate that higher scores tend to occur together.

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Table 3
Regression predicting quality-of-life impairment

Predictor	B	SE	95% CI	P
Self-compassion	−8.75	1.59	[−11.88, −5.62]	< .001
Symptom severity	8.87	0.55	[7.79, 9.96]	< .001
Social support	−5.84	1.35	[−8.49, −3.19]	< .001
Age	0.08	36	[−0.16, 0.32]	.520
Time since diagnosis	−0.51	4	[−1.14, 0.12]	.110

Note: The dependent variable is quality-of-life impairment. B = unstandardized regression coefficient; SE = standard error; CI = confidence interval; R^2 = proportion of variance explained by the model. Higher quality-of-life impairment scores indicate greater impairment.

Table 4
Regression predicting post-traumatic growth

Predictor	B	SE	95% CI	P
Self-compassion	12.49	2.14	[8.27, 16.70]	< .001
Symptom severity	0.90	0.74	[−0.55, 2.35]	.222
Social support	−0.27	1.82	[−3.85, 3.31]	.882

Note: The dependent variable is post-traumatic growth. B = unstandardized regression coefficient; SE = standard error; CI = confidence interval; R^2 = proportion of variance explained by the model.

Part II: Qualitative Results

The following six major themes, subthemes, codes, and quotations are fictional examples, not findings from actual interviews. Keep only themes supported by your transcripts and replace each sample quotation with an accurate, anonymised verbatim extract.

Table 5 Major themes, subthemes and codes

Major theme	Subtheme	Codes
1. Living with pain and uncertainty	Unpredictable symptoms, Everyday limitations	Pain flare-ups; fatigue; symptom unpredictability; disrupted plans, Missed work/study; reduced participation; household difficulties

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2. Healthcare experiences and need to be understood	Seeking diagnosis and explanations, Feeling heard or dismissed	Diagnostic uncertainty; repeated appointments; information needs, Validation; disbelief; minimization; clinician communication
3. Self-compassion versus self-judgment	Self-blame and pressure, Responding with kindness	Guilt; harsh self-talk; unrealistic expectations; comparison, Acceptance; rest without guilt; recognising limits; self-advocacy
4. Relationships and social expectations	Disc Expectations around roles losure and understanding,	Selective disclosure; privacy; fear of judgement; explaining symptoms, Pressure to fulfil responsibilities; reproductive expectations; relationship strain
5. Personal change and meaning	Changed priorities, Mixed experiences of growth	Re-evaluating goals; boundaries; appreciation of relationships, Perceived strength; ongoing distress; uncertainty; no perceived growth
6. Practical and emotional support	Emotional validation, Practical help and unmet needs	Being believed; empathy; listening; peer connection, Help with tasks; flexibility; treatment access; lack of support

Theme 1: Living with Pain and Uncertainty

This theme concerns how symptoms may interfere with routines and future planning. Candidate codes include pain flare-ups, fatigue, disrupted plans, and reduced participation. "Some days I make plans, but when the pain starts I have to change everything. It is difficult to know how I will feel when the day begins." (participant reported). This shows how symptom unpredictability could affect daily participation.

This theme helps explain why quality of life should be understood broadly. A woman's experience may be influenced not only by the severity of symptoms but also by how symptoms affect her independence, relationships, and ability to participate in activities that matter to her.

The interpretation also emphasizes that the effects of endometriosis can vary between women. Some may experience particular difficulties with employment or education, while others may find household responsibilities, relationships, or uncertainty about symptoms more challenging. In relation to the quantitative component, this theme explain the positive association between symptom severity and quality-of-life impairment.

Theme 2: Healthcare Experiences and the Need to Be Understood

This theme focuses on seeking diagnosis, receiving explanations, and whether concerns are acknowledged. Candidate codes include diagnostic uncertainty, validation, minimization, and information needs. "I wanted someone to explain what was happening and take my pain seriously. Clear information would have helped me feel less alone." (Participant reported).

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These suggest that uncertainty about symptoms may become emotionally difficult when women do not receive explanations they understand or feel that their concerns are not being taken seriously. Clear communication and opportunities to ask questions may help women understand their condition and participate in decisions about their care.

This theme is important because the experience of chronic illness occurs within a healthcare system. Women's ability to manage their condition may depend partly on whether they can access appropriate assessment, reliable information, and treatment suited to their needs. The theme also highlights the importance of avoiding explanations that place the responsibility for illness-related difficulties entirely on women. Psychological coping may be helpful, but it cannot resolve every barrier associated with healthcare access or communication.

Theme 3: Self-Compassion Versus Self-Judgment

This theme examines how women may respond to themselves when symptoms disrupt plans or responsibilities. Candidate codes include guilt, self-criticism, acceptance, rest without guilt, and self-advocacy. "I used to blame myself for not doing everything I had planned. I am trying to remind myself that needing rest does not mean I am lazy." (Participant reported). The findings suggest that some women might feel guilty about resting, criticize themselves for reduced productivity, or compare their functioning with that of others. Such responses add emotional strain to the physical difficulties associated with endometriosis.

A more compassionate response involves acknowledging personal limitations without interpreting them as evidence of laziness or weakness. This does not mean ignoring responsibilities or giving up on treatment. Rather, it involves responding to difficult circumstances with understanding while taking reasonable steps to address them.

The Self-Compassion Scale–Short Form developed by Raes et al. (2011) provides a way to measure self-compassion quantitatively. Interviews complement this measure by showing how participants describe self-kindness, self-criticism, and acceptance in their own words.

The qualitative theme also helps explain why self-compassion is associated with quality of life. Women who respond to themselves less harshly find it easier to acknowledge their needs, seek support, or adapt their routines. An important consideration is that self-compassion should not be presented as a responsibility placed on women to tolerate inadequate care or difficult social conditions. It is one possible psychological resource, not a solution to every challenge associated with endometriosis.

Theme 4: Relationships and Social Expectations

This theme considers disclosure, relationship responses, privacy, and expectations around daily roles. Candidate codes include selective disclosure, fear of judgment, relationship strain, and pressure to maintain responsibilities. "I do not explain everything to everyone. I tell the people I trust because I do not want to keep defending why I sometimes need to rest." (Participant reported).

This shows show two possible sides of social relationships. Supportive people provide emotional reassurance and practical assistance, whereas misunderstandings make it more difficult for women to explain symptoms or ask for help.

These experiences especially relevant when women are expected to continue fulfilling their usual responsibilities despite physical discomfort. Nevertheless, cultural expectations should not be assumed to be identical across Asian communities or among women within the same community.

This theme help contextualize the quantitative relationship between social support and quality

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of life. Interviews clarify what participants consider supportive, whether they receive the support they need, and how relationships affect their ability to manage the condition.

It is also important to distinguish the availability of support from its quality. Having family members nearby does not necessarily mean that a woman feels understood, just as living independently does not necessarily mean that she lacks support.

5.3.5 Theme 5: Personal change and meaning

The fifth theme considers that some women experienced changes in priorities, self-understanding, or confidence while living with endometriosis. It must not suggest that illness necessarily produces positive change. "I have become more careful about what I agree to do, but that does not mean I am happy about having this condition. Some days are still very difficult." (participant reported). The personal change is not presented as a universal outcome. Some women identify new strengths or become more willing to communicate their needs, while others continue to experience substantial distress without perceiving positive changes. This distinction is important when discussing post-traumatic growth. Tedeschi and Calhoun (1996) described post-traumatic growth as perceived positive psychological change following highly challenging experiences. In the current research context, it is necessary to examine carefully how participants understand their experiences and whether the concept is appropriate for their individual circumstances.

The qualitative analysis avoids suggesting that women must find meaning in illness or become stronger because of it. Acknowledging personal growth should not diminish pain, frustration, or ongoing healthcare needs. The relationship between self-compassion and post-traumatic growth may be worth exploring because a less judgmental response to oneself could support reflection and acceptance.

Furthermore, reported growth should be distinguished from the expectation to appear positive. Some participants may feel pressure to describe illness as a source of strength even when their experiences remain difficult. A sensitive interview approach should allow women to describe both positive and negative experiences without favoring either account.

Theme 6: Practical and Emotional Support

This theme concerns sources of support and whether support feels useful. Candidate codes included being believed, empathy, peer connection, practical help, flexibility, and unmet support needs. "It helps when someone asks what I need instead of telling me that I should simply push through it." (Participant reported). The illustrative accounts suggest that women may adjust their routines, seek emotional support, access medical information, and communicate their needs to others. These strategies help them manage the practical consequences of endometriosis while maintaining participation in important areas of life.

Self-compassion may be relevant to these strategies because recognizing one's needs can make it easier to consider appropriate responses. For example, a woman who accepts that symptoms are affecting her functioning may be more willing to request help or discuss treatment options.

However, coping should not be viewed only as an individual task. A woman's options may depend on financial circumstances, healthcare access, workplace flexibility, family responsibilities, and the responses of people around her.

This theme therefore supports a broader understanding of well-being that considers both individual resources and environmental conditions.

Integration of quantitative and qualitative findings

An important strength of a mixed-methods design is the opportunity to examine a research

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question from more than one perspective. Quantitative analysis can identify statistical relationships, while qualitative analysis can explore the experiences and interpretations that may help contextualize those relationships.

In this study, the two components are intended to address the same overall question: how self-compassion relates to quality of life and post-traumatic growth among women living with endometriosis.

The following integration is provisional because the quantitative results and qualitative accounts presented earlier were simulated.

Research area	quantitative pattern	qualitative contribution
Self-compassion and quality of life	Higher self-compassion associated with lower impairment	Accounts of self-criticism, guilt about resting, and responding to personal needs
Self-compassion and post-traumatic growth	Higher self-compassion associated with greater reported growth	Accounts of changed priorities, self-understanding, and perceived personal development
Symptom severity and quality of life	Higher symptom severity associated with greater impairment	Descriptions of pain, fatigue, uncertainty, and disrupted routines
Social support and quality of life	Greater support associated with lower impairment	Accounts of feeling understood, receiving practical assistance, or experiencing misunderstanding
Differences in adjustment	Individual variation in quantitative scores	Differences in how women describe coping, healthcare, relationships, and ongoing distress

Understanding quality of life through women's experiences

The quantitative results suggest that self-compassion, symptom severity, and social support may be relevant to quality-of-life impairment. The qualitative themes offer possible explanations for how these factors could matter in daily life.

For example, a woman may experience severe symptoms while also feeling guilty about reducing her workload. Another may experience similar physical difficulties but feel more comfortable requesting assistance. These examples illustrate why women with comparable symptoms might describe different experiences of daily functioning.

Understanding post-traumatic growth

The quantitative analysis showed a positive association between self-compassion and post-traumatic growth. The qualitative theme of personal change provides a possible way to investigate this relationship.

Interviews explore whether women describe greater self-understanding, different priorities, or changes in how they respond to difficulties. They also reveal whether women perceive personal growth alongside continuing distress.

Discussion

The present study focuses on the challenges of living with endometriosis and examines the possible roles of self-compassion, quality of life, social support, symptom severity, and post-traumatic growth. Endometriosis can affect many areas of life, including physical health, emotional well-being, relationships, work, and everyday activities. Therefore, understanding this condition requires attention to both physical

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symptoms and psychological experiences. Recent research supports the importance of considering psychological well-being alongside medical treatment. Skinner and Kuijer (2025) found that people with higher self-compassion generally reported less impairment in health-related quality of life. Similarly, Van Niekerk et al. (2023) found that self-compassion and body compassion were associated with better quality of life among people with endometriosis. These findings suggest that the way people respond to their difficulties may be an important part of understanding their overall well-being.

Self-Compassion and Quality of Life

One of the main aims of this study is to understand the relationship between self-compassion and quality of life among women living with endometriosis. Self-compassion means treating oneself with kindness during difficult experiences instead of responding with blame, criticism, or unrealistic expectations. For women who experience ongoing pain, fatigue, or uncertainty, self-compassion may help them accept their limitations and respond to their needs more kindly.

Research published in 2023 by Van Niekerk and colleagues found that self-compassion and body compassion was associated with better health-related quality of life. However, when both were considered together, body compassion was more consistently related to several areas of quality of life, while self-compassion remained particularly relevant to emotional well-being. This suggests that accepting and responding kindly to one's body may be especially important when living with a condition that affects physical functioning.

Further evidence comes from Skinner and Kuijer's 2025 study of 603 people with endometriosis. Their findings showed that higher self-compassion was associated with less quality-of-life impairment. The researchers also found that perceived symptom severity and resilience helped explain some of these relationships. This supports the view that psychological resources may be important, although they do not remove the physical difficulties associated with endometriosis.

If the present study's quantitative results show a negative relationship between self-compassion and quality-of-life impairment, this would be consistent with these recent findings. However, the final interpretation must be based on the actual statistical results. A relationship between two variables does not prove that self-compassion directly causes an improvement in quality of life.

Symptom Severity and Quality of Life

Symptom severity is another important factor in understanding the experiences of women living with endometriosis. Pain, fatigue, and other symptoms can make everyday activities more difficult. Women may struggle to attend work or university, maintain social relationships, complete household responsibilities, or follow their usual routines. These difficulties can affect both physical functioning and emotional well-being. Skinner and Kuijer (2025) found that perceived symptom severity was linked to the relationship between self-compassion and quality of life. Their findings suggest that the impact of endometriosis involves more than the presence of symptoms; how people experience and respond to those symptoms may also matter.

A further study by Facchin et al. (2025) examined self-compassion, mindfulness, and psychological well-being among 653 people with endometriosis. The researchers found that self-compassion was positively associated with psychological well-being. This highlights the importance of considering emotional and psychological resources alongside physical symptoms.

If the present study finds that greater symptom severity is associated with greater quality-of-life impairment, this would agree with the general direction of previous research. However, the strength of this relationship should be discussed using the actual correlation or regression results. Psychological support should complement

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medical assessment and treatment rather than replace them.

Self-Compassion and Post-Traumatic Growth

Another important area of this study is post-traumatic growth. This concept refers to positive changes that people believe they have experienced while dealing with highly challenging circumstances. In the context of endometriosis, such changes might include becoming more aware of personal needs, developing stronger boundaries, appreciating supportive relationships, or changing priorities.

Self-compassion may be relevant because it encourages people to respond to difficulties with patience and understanding. Instead of blaming themselves for needing rest or being unable to complete a task, they may learn to recognise their limits without judging themselves harshly. This may help them manage some of the emotional challenges associated with a chronic condition.

Recent research by Mazalin et al. (2025) explored self-concept and self-compassion in written reflections from 157 people living with endometriosis. The researchers identified experiences of self-blame, loneliness, feeling misunderstood, and feeling inadequate. Their findings highlight the emotional challenges that can affect how people view themselves and suggest why compassionate responses may be important.

However, post-traumatic growth should be interpreted carefully. People do not necessarily experience personal growth because they have a chronic illness, and growth can exist alongside sadness, frustration, or ongoing pain. If the present study identifies a positive relationship between self-compassion and post-traumatic growth, it may suggest that people who treat themselves more kindly also report more positive personal changes. It would not establish that self-compassion causes growth.

There is still a need for more research directly examining post-traumatic growth among people with endometriosis. Therefore, this part of the study may offer a useful contribution if supported by genuine quantitative results and participants' accounts.

Social Support and Quality of Life

Social support can also influence how women manage the challenges of endometriosis. Support may come from family members, friends, partners, healthcare professionals, or other people who have similar experiences. Practical assistance and emotional understanding can make daily difficulties easier to manage.

When others take symptoms seriously, listen without judgement, and recognise the person's needs, women may feel less alone. In contrast, dismissive responses or a lack of understanding may increase frustration and make it harder to seek help.

Recent qualitative research by Mazalin et al. (2025) identified experiences of loneliness, feeling misunderstood, and feeling judged among people living with endometriosis. These findings show that the social environment can be an important part of the illness experience.

If the present study finds that greater social support is associated with lower quality-of-life impairment, this would be consistent with the view that supportive relationships may help people manage the condition. Nevertheless, support cannot eliminate the physical symptoms of endometriosis, and its role should be understood alongside access to healthcare, treatment, and other personal circumstances.

Living with Pain and Uncertainty

The qualitative part of this study aims to explore the everyday experiences of women living with endometriosis. One possible area of discussion is the uncertainty associated with symptoms. When pain or fatigue changes from day to day, it may become difficult to plan activities or maintain regular routines. Women may need to change their plans, miss social events, or reduce their participation in work and education.

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These difficulties show that endometriosis can affect more than physical health. It may also influence independence, confidence, and the ability to manage daily responsibilities. Such experiences help explain why quality of life should be assessed across different areas rather than through physical symptoms alone.

The findings of Van Niekerk et al. (2023) and Skinner and Kuijer (2025) support the importance of studying health-related quality of life alongside psychological factors. For the final manuscript, this section should be connected to actual interview extracts. Without genuine transcripts, these points should be treated as issues to explore rather than confirmed themes from the present study.

Healthcare Experiences and the Need to Be Understood

Experiences with healthcare may also shape how women understand and manage endometriosis. Clear information, respectful communication, and appropriate medical assessment can help patients make informed decisions. When symptoms are not adequately explained or concerns are not taken seriously, patients may experience additional uncertainty and frustration.

The 2025 prospective study by Skinner and Kuijer examined self-compassion and health-related quality of life over six months. The researchers found that higher self-compassion was associated with lower psychological distress and that changes in pain-related thinking were relevant to later outcomes. Although this study did not directly establish that better healthcare communication improves quality of life, it supports the broader importance of considering psychological experiences when supporting people with endometriosis.

Healthcare support should therefore include appropriate medical care, understandable information, and attention to emotional needs. Psychological support can be helpful, but it should never imply that the patient's pain is simply a psychological problem.

Self-Judgement and Responding with Kindness

Living with a chronic condition may create a gap between what people expect of themselves and what they can manage on a difficult day. Some may feel guilty about resting, cancelling plans, or asking for help. These feelings can add to the burden of managing physical symptoms. Self-compassion offers a different approach. It encourages people to recognise that needing rest does not mean they have failed and that difficult experiences do not make them less capable or valuable. The qualitative study by Mazalin et al. (2025) is relevant here because participants' written reflections included self-blame, feelings of inadequacy, loneliness, and emotional suppression. These findings suggest that the condition can influence self-concept and that psychological support may need to address how people view and treat themselves.

Recent quantitative studies also support examining self-compassion as a potential resource for psychological well-being. Facchin et al. (2025) found that self-compassion was associated with psychological well-being among people with endometriosis. However, the effectiveness of specific self-compassion interventions requires separate evaluation.

Relationships, Social Expectations, and Practical Support

Endometriosis may affect relationships when symptoms interfere with shared activities, household responsibilities, work, or intimacy. Some women may find it difficult to explain their symptoms, particularly when other people cannot see the effects of the condition. They may worry about being misunderstood or judged.

Understanding from family members and partners may help women communicate their needs and feel supported. Practical assistance, such as flexibility with responsibilities, can also be valuable. However, support needs differ between individuals, and not everyone has access to understanding relationships. Research on self-concept in endometriosis by Mazalin et al. (2025)

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supports the importance of examining how people experience judgement, loneliness, and misunderstanding. These findings provide a useful comparison for exploring the role of relationships in the present study.

The discussion should not assume that every woman experiences the same family or cultural expectations. Experiences may differ according to country, family circumstances, financial resources, healthcare access, and personal relationships. This is particularly important when interpreting findings from a study involving participants from different Asian settings.

Integration of Quantitative and Qualitative Findings

The mixed-methods design can help explain both the statistical relationships between variables and the personal experiences behind them. Quantitative results may show whether self-compassion, symptom severity, social support, quality-of-life impairment, and post-traumatic growth are associated. Qualitative interviews may help explain how women understand these experiences in everyday life.

For example, a negative association between self-compassion and quality-of-life impairment could be considered alongside genuine accounts of women learning to recognise their limits or respond to themselves more kindly. Similarly, an association between social support and quality of life could be explored through participants' descriptions of receiving practical help or feeling understood. Recent research by Van Niekerk et al. (2023), Skinner and Kuijer (2025), and Facchin et al. (2025) support the relevance of psychological resources in understanding well-being among people with endometriosis.

However, the qualitative and quantitative findings should not be forced to agree. If participants describe experiences that differ from the statistical patterns, these differences should be reported and explored. The final discussion must be based on actual data from both parts of the study.

Implications

The findings of recent research suggest several possible directions for supporting women living with endometriosis:

1. Psychological support: Offer appropriate support for emotional distress, self-criticism, and the challenges of living with a chronic condition.
2. Self-compassion: Explore approaches that help women respond to their difficulties with kindness rather than blame.
3. Medical care: Provide clear information, appropriate assessment, and respectful communication.
4. Family and social support: Encourage understanding of the condition and recognition of the person's practical and emotional needs.
5. Whole-person care: Consider physical symptoms, emotional well-being, social circumstances, and quality of life together.

These are possible implications of the wider evidence, not proof that a particular intervention will be effective for every patient. Skinner and Kuijer (2025) specifically recommended further research into approaches targeting self-compassion and unhelpful pain-related thinking.

Limitations and Future Research

The discussion should acknowledge that the strength of its conclusions depends on the research design and the quality of the data. If the quantitative component is cross-sectional, it can identify associations but cannot establish cause and effect. Self-report measures may also be influenced by participants' interpretation of questions and their circumstances at the time of completing the survey.

Another limitation concerns the proposed Asian sample. Asia includes many countries and different healthcare systems and social contexts. Findings from a limited number of locations should not be generalised to all Asian women without sufficient evidence.

Future research should examine these relationships over time and include participants from different settings. Researchers could also

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investigate whether self-compassion-based psychological support improves emotional well-being or quality of life when provided alongside appropriate medical care. Further studies should examine post-traumatic growth directly rather than assuming that positive changes necessarily follow difficult experiences.

Conclusion

Endometriosis can affect physical health, emotional well-being, relationships, and everyday life. Research published during the past five years increasingly highlights the importance of considering psychological resources, including self-compassion, when studying quality of life among people living with this condition. Studies by Van Niekerk et al. (2023), Mazalin et al. (2025), Skinner and Kuijer (2025), and Facchin et al. (2025) provide evidence that self-compassion and related psychological experiences are relevant to well-being and self-concept. The present study has the potential to add to this research by examining self-compassion, symptom severity, social support, quality of life, and post-traumatic growth together. Its mixed-methods approach may also provide a fuller understanding of women's everyday challenges and coping experiences. However, the final conclusions must be linked to the actual statistical findings and genuine interview data.

Limitations of the Study

1. The study uses a relatively small qualitative sample of 15 participants, which may not represent the experiences of all women living with endometriosis.
2. If the study uses a cross-sectional design, it cannot establish cause-and-effect relationships between self-compassion, quality of life, and post-traumatic growth.
3. The study relies on self-reported questionnaires, so participants' responses may be influenced by their emotions, personal understanding, or willingness to share information.
4. Differences in symptom severity, treatment access, financial circumstances, and social support may influence participants' experiences and the interpretation of findings.
5. The diversity of Asian cultures and healthcare systems may limit the generalisation of findings across different countries and communities.
6. The qualitative findings may not capture every woman's experience because participants may differ in their willingness to discuss sensitive health-related issues.
7. Post-traumatic growth is based on participants' perceived positive changes and may not fully reflect their ongoing emotional distress or difficulties associated with endometriosis.

Implications and Suggestions

1. Psychologists should consider self-compassion-based approaches to support the emotional well-being of women living with endometriosis.
2. Healthcare professionals should address both the physical symptoms and psychological challenges associated with endometriosis.
3. Awareness programs should educate families and communities about endometriosis to reduce misunderstanding and encourage supportive attitudes.
4. Women should be encouraged to practice self-kindness and avoid blaming themselves for difficulties caused by their condition.
5. Future research should include larger and more diverse samples from different Asian countries to improve the understanding of women's experiences.
6. Longitudinal studies should examine changes in self-compassion, quality of life, and post-traumatic growth over time.
7. Future studies should investigate the role of social support, resilience, anxiety, and coping strategies in women's quality of life.
8. Researchers should explore psychological interventions alongside medical care to determine whether they improve emotional well-being and quality of life.

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