12-9-2023

Endometriosis and Its Effect on Women's Lives

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Recommended Citation
Haley Duncan. "Endometriosis and Its Effect on Women's Lives" (2023). *Psychology Student Publications*. 20.
https://commons.und.edu/psych-stu/20

Endometriosis and Its Effect on Women's Lives

Around the world, about 10 -15% of women suffer from a gynecological disease called endometriosis. (Sayer- Jones and Sherman, 2022). Endometriosis not only affects women biologically, but it also affects them psychologically and emotionally. I am personally affected by endometriosis, as well as some of my close relatives. Women are not the only ones affected by the disease; endometriosis can have an emotional impact on women's partners too. Women have different ways of coping with stress brought by endometriosis, as well as coping mechanisms for the physical burden of its symptoms. At times, the emotional and psychological stress that comes with having endometriosis is just as excruciating as the physical pain, maybe even more painful for some. There are multiple factors about endometriosis that make it a devastating disease.

Endometriosis is a chronic disease that affects the uterus, as well as other organs in the abdominal area. Since it is a chronic disease, there is no definite cure, only treatment to manage the symptoms. It is characterized by endometrial tissue (tissue found in the uterus) growing outside of the actual uterus, affecting the surrounding organs. This growth causes excruciating pelvic pain, and not just during a menstrual cycle (Facchin et. al., 2015). Imagine someone putting tacks in your abdomen, then crushing your stomach with a bowling ball… that is what these excruciating pains feel like when they are intense and active. Of course everyone is different and everyone experiences pain differently, but this is how I have experienced this disease as well as my aunt. One common, possible devastating effect of endometriosis is infertility. Women with endometriosis are two times more likely to be infertile than women without the disease (Heng and Shorey, 2021). Endometriosis is a disease that can be inherited through genetics (Dowding et. al., 2022). Another brutal symptom of this disease is the risk of migraines. In a study by Jenabi and Khazaei, the results concluded that women with endometriosis have near a 49% increased risk for having migraines compared to someone without the disease (2020). Lucky for me, this is a symptom my body happily inherited, as I suffer from intense migraines on occasion. As an individual who has this disease, I can speak for others when I say this is not a disease to be overlooked.

When I was a freshman in high school, about 14 years old, I started experiencing very painful, sharp pains in my abdomen, as well as aching pains in the same area. These pains began radiating to my lower back. More recently, I had discovered that I suffer from ovarian cysts and migraines, both of which are also common among women with endometriosis. This disease is very difficult to diagnose; it must be diagnosed surgically through a laparoscopy (González-Echevarría et. al., 2019). I myself have not been surgically and officially diagnosed; medical professionals are trying to push this procedure back as far as possible before I am forced to go through with it. Due to the genetic nature of this disease, I found out I was at a high risk of having this disease, and this is where our suspicion began. Women from both sides of my family are severely affected by endometriosis. My aunt in particular had to undergo a hysterectomy shortly after the birth of her third child. The symptoms had grown to be much too difficult to manage. Since my first major experience with endometriosis symptoms, I have been forced to try numerous different forms of hormonal birth control, in hopes that my symptoms could be managed effectively. Unfortunately, medical professionals and specialists have not discovered a treatment that effectively manages my brutal symptoms. They have continued to worsen over the past few years; my symptoms include: sharp pains in the abdomen, aching pains, migraines, fatigue, mood instability, and painful menstrual cycles. Although my treatment allows me to have a cycle every three months, they are still difficult to manage. As miserable as they already are, unbearable menstrual cycles are a very common symptom among women with endometriosis.

Having this disease has really been difficult to manage, physically and mentally. Endometriosis does not only affect women's physical health, but it takes a toll on their mental health as well.

When women are diagnosed with endometriosis, it can seem like quite a shock at first. They may not know much about the disease itself, or even the effects it may have on women's futures. Women who have been diagnosed with endometriosis are more likely to suffer from anxiety and depression than women who do not have the condition (Van Barneveld et. al., 2022). This is no surprise, considering the pain and emotional stress this disease brings upon women. Whether it is dealing with infertility, hormonal moodiness, topple-over-level pain, or a constant state of exhaustion, this disease significantly affects people's daily lives. Another symptom of endometriosis is abdominal bloating, which does cause a significant insecurity to arise in some women (Sayer-Jones and Sherman, 2022). Body images are so sensitive as is, so with a disease such as endometriosis, women are more likely to be conscientious of their image when they are experiencing bloating, or even symptoms in genereal. Feeling insecure definitely causes anxiety and could easily lead to depression. Pain is shown to have a strong correlation with anxiety, depression, and an overall lower quality of life (Dowding et. al., 2022). Endometriosis is very difficult for those who have the disease, but a little something called "in sickness and in health" makes it difficult for their partners too.

In a relationship, both people are affected when one is in pain. Nobody wants to see their significant other in pain or feeling ill. Since endometriosis is commonly correlated with infertility, women's partners are affected significantly, especially when planning for a family. When women are diagnosed, their partners should support them and make them feel loved and appreciated, regardless of their ability to have children if that is the case. Some couples accept their fate and work with what they have, and others must make difficult decisions, like undergoing a hysterectomy. Sometimes this is what is best for the woman's health (Heng and Shorey, 2021). Couples who are not trying for a family have difficulties handling this disease too. Since the pain from endometriosis is so severe, some women are often forced to call in sick for work. Some women cannot even leave their beds; this is where partner support comes into play. Having a support system is such an important factor when coping with a disease such as endometriosis.

When difficult times come up, coping is crucial. In a study that interviewed women with endometriosis, three "themes" were created to describe the participants' responses: "my body is a barrier", "needing to hide myself", and "body as a healer and teacher". Two of the three themes are negative, while the third represents the women who attempt to make light of their situation as best as they could. With the "body as a healer and teacher" theme, the women feel grateful for what their body is capable of, and appreciative of its ability to move forward, despite the pain (Sayer-Jones and Sherman, 2022). I feel like out of the three themes, I fit into this one best. I like to try to make the best of what I have to work with, even if it is not much. I am the type of person who will crack a joke when I should not, but that is a method I use to cope with my situation.

Women need to cope with the fact that they have the disease, rather than feeling guilty or angry about it. Women with endometriosis can go about coping in two ways: maladaptive strategies or adaptive strategies. Like their names say, maladaptive coping mechanisms lead the person to feel worse, and maybe even develop emotional stress and anxiety. Adaptive strategies, however, are usually more beneficial in finding an effective way to cope with the disease (González-Echevarría et. al., 2019). A factor that can help with coping is having a decent understanding of the fundamental symptoms and factors of endometriosis, and this goes for partners too. If both the patient and partner understand the disease better, they will be better at handling its effects and symptoms. Every woman will cope differently, just as they are all affected differently (Grogan et. al., 2018). One of the most important factors in dealing with this disease is not the treatment, but the way a woman copes with her emotions that come with her condition. Endometriosis is not an easy disease to manage by any means, but with some patience and understanding, it is very doable.

As a woman with endometriosis, I know how it feels, and it is not a great. I do, however, have a good understanding of my condition, and I am ready to take on any challenges it throws at me. My genetics slapped me in the face and I have no choice but to take it. I am not angry that I have this disease; am I happy about it? No, but life is too short to live it unhappy and angry. I will make the best of what I have and deal with the bumps it puts in the road. With my strong support system and smooth coping methods, I have no doubt I can manage this disease for as long as I have to.

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