

Invisible Wounds: The Psychological Impact of Endometriosis

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Introduction

This research paper explores the connection between endometriosis and mental health, with a particular focus on how the condition's debilitating symptoms, such as heavy and painful menstrual cycles, chronic pelvic pain, dyspareunia (pain during intercourse), and infertility, contribute to the development of depression and anxiety. Drawing from existing research from gynecologists and psychologists, this paper aims to answer two key questions that have had profound personal relevance for many years: Why is the association between endometriosis and mental health so often overlooked? Moreover, how does the stigma surrounding endometriosis and the complexity of its symptoms frequently lead to misdiagnosis?

Background

What is Endometriosis?

Endometriosis is a common gynecological disorder characterized by the presence of endometrial-like tissue outside the uterine cavity. It is a highly prevalent disease that affects up to 15% of women of reproductive age and up to 50% of women with infertility (Zippl et al., 2023). A hallmark symptom of endometriosis is severe menstrual pain, which can be debilitating. Therefore, the majority of endometriosis-related psychological studies focus on the impact of menstrual pain on depression (Kocas et al., 2023). Women with endometriosis struggle with many physical symptoms that influence their quality of life.

Chronic pelvic pain, dyspareunia, back pain, bowel and bladder problems, and infertility are all symptoms that affect individuals' well-being, as well as their work productivity, social life, and relationship with significant others, causing large amounts of psychological and emotional distress (Wozniak et al., 2025). Other common comorbidities include migraine, irritable bowel syndrome (IBS), chronic fatigue syndrome, fibromyalgia, uterine fibroids, and ovarian cysts (Kocas et al., 2023). Because these symptoms overlap with other gynecological or gastrointestinal disorders, many patients spend years seeking a correct diagnosis. According to Bomtempo et al. (2025), the mean delayed diagnosis ranges between 8 and 12 years.

Divisions

Overlooking mental health in patients diagnosed with endometriosis can worsen other chronic illnesses and the overall burden on patients. This can lead to a mechanism where mental distress negatively affects physical symptoms and vice versa. This way of managing patient care may lead to inadequate treatment plans that fail to address the complex needs of individuals, potentially extending their suffering and reducing their quality of life. When mental health care is not included in the treatment of chronic conditions like endometriosis, healthcare providers may involuntarily contribute to patients' feelings of neglect, ultimately undermining their trust in the medical system. Educating providers on a multimodal approach is essential; indeed, more studies are needed on the connection between endometriosis and mental health. However, I believe sufficient evidence exists to implement changes in providers' current approach.

Lines of Argument

Intimacy and Relationships

As well as affecting physical health, endometriosis also has profound effects on romantic relationships and self-image. Dyspareunia, for example, can profoundly impact relationships of all kinds. Zippl et al. (2023) note that emotional well-being is closely tied to one's sense of intimacy and connection, both of which are frequently compromised in those living with endometriosis. Patients may experience guilt, frustration, or shame when their condition affects their ability to be physically intimate with a partner, contributing to anxiety, strained communication, and feelings of inadequacy. The emotional fallout from these relationship challenges can be just as distressing as the physical symptoms themselves. Despite its importance, this aspect of the illness is often overlooked in both research and treatment planning, leaving many to navigate these difficulties without adequate support.

Cultural Silence

The cultural beliefs that accept that severe menstrual pain is normal contribute significantly to delayed diagnoses and the emotional suffering of individuals with endometriosis. From an early age, many are taught that menstruation is inherently painful and that discomfort should be tolerated, which discourages patients from seeking help or questioning the severity of their symptoms. Sims et al. (2021) argue that this normalization is deeply embedded in societal attitudes and often reinforced by healthcare professionals, leading many to internalize the belief that their suffering is not serious.

Stigma, Dismissal, and Medical Gaslighting

Stigma plays a powerful and often invisible role in shaping the psychological experience of endometriosis because the condition centers around menstruation and pelvic pain. This topic is still considered taboo in many cultures, and patients are often reluctant to speak openly about their symptoms. Kocas et al. (2023) explore how societal stigma leads many individuals with endometriosis to feel shame or embarrassment, making them less likely to seek help or advocate for themselves. In clinical settings, this stigma is compounded by what Sims et al. (2021) call "medical gaslighting," where patients are told their pain is exaggerated, psychosomatic, or merely part of being a woman. Such invalidation from medical professionals not only delays effective treatment but can severely damage patients' mental health. Feeling unheard or dismissed repeatedly fosters anxiety, hopelessness, and a loss of confidence in the healthcare system itself.

Research Connecting Endometriosis to Mental Health

Chronic pain caused by endometriosis significantly increases the risk of developing anxiety and depression. Studies have consistently shown that women with endometriosis tend to experience anxiety symptoms compared with the general population. According to the World Health Organization, approximately 6% of women worldwide suffer from anxiety, although this figure ranges from 10% to as much as 87.5% for women with endometriosis. (Zippl et al., 2023). Bontempo et al. (2025) conducted a mixed-methods analysis of patient experiences and found that diagnostic errors and delays are alarmingly common, often causing patients to feel invalidated and helpless.

This prolonged uncertainty and lack of medical support can result in heightened emotional distress, including depression, anxiety, and even symptoms of trauma. Sims et al. (2021) similarly emphasize that delayed diagnoses are not just a clinical failure but a psychological one, as repeated dismissal by healthcare professionals, erodes self-trust and increases the emotional toll of the condition. The longer patients remain undiagnosed, the more likely they are to internalize their suffering, leading to chronic emotional exhaustion.

Hormonal Treatments' Side Effects on Mental Health

Vannuccini et al. (2022) explain that many hormonal therapies used in endometriosis management alter the endocrine system in ways that may negatively affect mental health, particularly in individuals already predisposed to mood disorders. Unfortunately, the emotional side effects of these medications are frequently not discussed in depth with patients during treatment planning, leaving them unprepared for side effects such as mood swings, irritability, or depressive episodes. The lack of patient and provider knowledge adds another layer of emotional strain, especially when patients must choose between physical relief and psychological stability.

As someone who experienced ample side effects without proper knowledge, I can attest that the combination of pain and psychological distress is unbearable. These treatments are designed to suppress the menstrual cycle or reduce estrogen levels, which can provide relief from pain. In my case, pain relief manifested itself on and off for the first six months of treatment. The treatments disrupted mood regulation in significant ways. For me, this included intense emotional shifts, moments of uncontrolled anger that felt out of character, and a deep sense of

identity loss. It was as if the treatment was changing not just how my body functioned but who I was.

Multimodal and Holistic Care

Given the complex interaction between physical symptoms and psychological struggles, it is clear that endometriosis requires a more integrated and holistic approach to care. Zippl et al. (2023) advocate for a multimodal treatment model that includes not only gynecological care but also psychological assessment and support. They argue that mental health screening should be a routine part of endometriosis management, not an afterthought. This approach not only validates patients' full experiences but also improves outcomes by addressing all dimensions of the disease.

Clinical Setting and Public Lack of Awareness

Regardless of being such a common condition, endometriosis is still poorly understood by society and diminished in medical education. This lack of awareness and research continuously leads to underdiagnosis, incorrect treatment plans, and neglect of the disease's psychological effects. Sims et al. (2021) highlight a critical gap in clinician training, noting that many healthcare providers receive little instruction on recognizing the full range of endometriosis symptoms, particularly the emotional and psychological dimensions. Bontempo et al. (2025) further emphasize that inadequate provider knowledge contributes to diagnostic errors and patient frustration. Moreover, Zippl et al. (2023) call for better integration of mental health considerations into gynecological care, arguing that improving provider education is essential to treating the whole patient. Without comprehensive public and professional education on

endometriosis, those affected are left to navigate a complex and misunderstood illness primarily on their own, compounding both their physical and mental health challenges.

Alternative Argument

While the mental health burden of endometriosis is becoming increasingly recognized, some may argue that the emotional distress associated with the condition is overstated or circumstantial. One common counterpoint is that not all individuals with endometriosis experience depression or anxiety, suggesting the link may be anecdotal or exaggerated. While it is true that experiences vary, population-based research (Thiel et al., 2024) shows a statistically significant increase in diagnosed mood disorders among those with endometriosis compared to the general population. These discoveries strengthen the need for psychological screening, even if not every patient will require psychological treatment.

Another counterargument posits that mental health issues may be a preexisting condition or the result of unrelated life stressors rather than a direct result of endometriosis. However, the literature suggests a bidirectional relationship: not only can chronic illness worsen preexisting mental health conditions, but the unpredictable, stigmatized nature of endometriosis can itself become a root cause of psychological decline (Wozniak et al., 2025). Additionally, concerns about overburdening medical providers with mental health screening may be raised. Nevertheless, as Zippl et al. (2023) argue, a collaborative and integrated healthcare approach, where mental and physical health are treated in tandem, can be both practical and feasible, improving quality of care without placing unrealistic demands on any one provider.

Conclusion

The connection between endometriosis and mental health is clear yet too often overlooked in both clinical practice and public discourse. This paper has shown how chronic pain, infertility, stigma, and diagnostic delays create fertile ground for anxiety, depression, and emotional distress. Although endometriosis is a physical condition, its impact extends beyond the body, shaping identity, relationships, and mental well-being. A more holistic approach to endometriosis care, one that acknowledges and supports both physical and emotional health, has been highlighted by combining research from the medical and psychological fields throughout this paper.

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