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Rationale

When considering how best to communicate research findings from my investigation, I contemplated the type of information I was conveying and its audience.

The subject matter of my research question ‘To what extent does Endometriosis, as a whole-body disease, impact upon the quality of life for sufferers in the UK?’ contained medical information and studies that used medical language. My intended audience were peers and members of the public who may not have a medical background or knowledge of Endometriosis. Subsequently I decided to produce artwork and captions shown in an exhibition so that research findings could be easily understood and provoke an emotive response. The exhibition was titled ‘Do You See Me Now?’ in reference to many of the impacts of the disease being invisible.

Artwork produced included:

Whole Body

Figure 1 illustrates research suggesting a disparity in definitions of endometriosis. Much of current literature describes endometriosis as a pelvic disease, whereas studies suggest endometriosis is a whole-body disease. Sources directly referenced included Taylor et al, 2021; Sinaii et al, 2002; Kvaskoff et al 2015 who identified links between endometriosis and malignant tumours, abnormal tissue growth, risk of cancers and dysfunction of organs.
Inflammation

Figure 2 illustrated how studies (Djalali, 2007; Wu and Ho, 2003; Mira et al, 2018) suggest endometriosis could be seen as a chronic inflammatory disease. This theory is important as it establishes why persistent symptoms contribute to wider quality of life impacts, as sufferers may feel there is no relief from symptoms even after treatment.
Mental Health

Research found strong correlations between coping with endometriosis pain, and levels of depression and anxiety. Figure 3 depicts findings from studies showing the significant impacts on mental health. Directly cited studies in the exhibition caption included Zarbo, 2018; APPG, 2020; Wang et al, 2021.

Figure 3 Mental Health
The Everyday Task

Figure 4 illustrates research suggesting patients with endometriosis frequently experience broader symptoms such as fatigue, headaches, insomnia, brain fog, migraines and difficulty concentrating, impacting day-to-day activities. Studies cited included Ferrero et al, 2008; Ramin-Wright et al, 2018; DiBenedetti et al, 2020; Álvarez-Salvago et al 2020.

Medical Bias

Research proposed a major cause of stress and psychological damage was patient dismissal by medical professionals adding to delays and diagnosis times. Medical bias (Figure 5) emerged as a contributing factor. Sources cited in the exhibition included Endometriosis UK, 2022; APPG, 2020; Wren & Mercer 2022; Devlin 2022.
**Masking**

Figure 6 depicts Masking. This idea originated from an Endometriosis UK (2020a) webinar on the impacts of quality of life. Masking is where patients who have been living with long-term pain hide their feelings and symptoms from others. The caption directly referenced studies by Munir et al.
2005; Ballard et al 2006; Zarbo 2018; and the APPG 2020 and described how Masking can lead to endometriosis sufferers being reluctant to seek help, alternatively trying to hide their symptoms and pain.

Figure 6 Masking
References


