INVISIBILIZED PAIN, GENDERED BODIES

Endometriosis, medical invisibilization and embodied experiences in Reunion Island

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BACKGROUND

Endometriosis is a **chronic condition** affecting approximately **10%** of people assigned female at birth worldwide. It is frequently associated with **chronic pain**, **infertility** and significant **social** and **psychological** consequences.

Despite its prevalence, endometriosis remains frequently **underestimated**, **invisibilized** and **gendered** within healthcare systems. In Reunion Island, experiences of pain and care are also situated within a Creole, postcolonial and socially unequal context.

Pain is not only a biomedical symptom: its recognition and legitimacy are shaped by **social representations** of the female body, **medical norms** and **unequal power relations**.

RESEARCH QUESTION

OBJECTIVES

To explore:

- **PAIN**: recognition and legitimacy of chronic pain.
- **EMBODIMENT**: lived experiences of the female body.
- **CARE**: diagnostic and therapeutic pathways.
- **REPRODUCTION**: fertility, sexuality and motherhood.
- **CONTEXT**: gendered, Creole and postcolonial representations.

How do women with endometriosis experience, narrate and negotiate chronic pain and care within the specific sociocultural context of Reunion Island?

METHODS

ETHNOGRAPHIC FIELDWORK

July 2025 – April 2026

- Semi-structured interviews
- Participant observation
- Narrative approaches
- Creative & participatory practices
- Ethnographic engagement with patients, healthcare professionals and local associations

THEORETICAL FRAME

- Feminist and Reproductive Anthropology
- Gender Studies
- Embodiment & Illness Narratives
- Postcolonial perspectives

RESULTS

1. INVISIBLE PAIN: when pain is not believed

Preliminary findings suggest recurrent experiences of **diagnostic delay**, **symptom minimization** and **questioning of pain**.

Participants describe difficulties in making chronic and often invisible pain **understandable** and **legitimate** within medical and social settings.

"Et ensuite ça a traîné en fait de médecin en médecin, ils n'ont pas compris ce que c'était et je n'ai pas été diagnostiquée. Il y a 7 ans de cela, on avait mis adénomyose avec un point d'interrogation à confirmer, mais ils n'ont rien fait. Donc moi je ne savais pas du tout c'était quoi l'adénomyose et encore moins l'endométriose" [T., July, 17, 2025].

2. BODY, GENDER & MEDICAL AUTHORITY

Experiences of endometriosis reveal tensions between **embodied knowledge** and **medical authority**.
The minimization of symptoms and the difficulty of having pain recognized can reinforce gendered assumptions about women's **bodies**, **sexuality** and **reproductive roles**.

3. FROM VULNERABILITY TO AGENCY: Solidarity as Resistance

Alongside experiences of isolation and emotional burden, participants describe forms of resistance through **storytelling**, **online activism** and **mutual-care networks**.
Sharing experiences creates spaces for **recognition** and **validation**, allowing women to transform individual suffering into **collective knowledge** and **agency**.

CONCLUSIONS

Creole context & Social cost of invisible pain

Endometriosis is not experienced solely as a biomedical condition, but as an **embodied**, **relational** and **socially situated experience**. In Reunion Island, narratives of pain, care and the body are shaped by the **island's Creole context**, **postcolonial history** and **social inequalities**.

At the same time, storytelling, mutual-care networks and collective forms of knowledge can transform **shared vulnerability** into **agency** and **resistance**.

These findings call for **gender-sensitive** and **culturally situated approaches** to chronic pain that recognise **patients' experiential knowledge** and challenge the medical invisibilization of gendered pain.

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