**Excerpt: Methodology Section of “A feminist analysis of endometriosis discourse: Experiences of disempowerment and dismissal, and moving towards an ethics of care for endometriosis patients”**

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**Methodology**

The present research was guided by a broad feminist theoretical framework. Rather than a particular feminist framework, conducting analysis through a broad feminist framework speaks to the multiplicities of living with endometriosis. Informed by both critical and social constructionist epistemology as theorized within a feminist framework, more broadly, the present methodology is informed by the nuances and multiplicities of the participant experience. Guidance for the theoretical framework was implemented in accordance with Franks (2002) theorization of the feminist social research framework. Franks (2002) posits that it is not conducive to form a stringently defined feminist social research methodology, rather, she suggests the implementation of a cross-ideological feminist research standpoint in which researcher reflexivity can be best practiced. As noted by Seear (2008), researcher positionality is a critical attribute of feminist social research. Thus, reflexivity was an integral part of the research process spanning from interview conduction to data analysis. Importantly, my positionality as a woman diagnosed with endometriosis was made known to the research participants. The purpose of this disclosure is to uphold the importance of establishing positionality and practicing reflexivity (Seear, 2008).

*Ethics*

The present research was approved with no required revisions by the Thompson Rivers University Human Ethics Review Board and was further endorsed by the Ethical Advisory Committee of The Endometriosis Network Canada (TENC). I submitted a request to revise the recruitment methodology to the Research Ethics Board to include dissemination of invitations to online support groups to facilitate timelier recruitment, this request was approved and required no further revision to be implemented.

*Participants and recruitment*

The invitation to participate in research was disseminated by The Endometriosis Network Canada, a not-for-profit organization engaged in facilitating support for endometriosis patients and spreading awareness of endometriosis drawn from top medical experts internationally (The Endometriosis Network Canada, 2022). The invitation was also disseminated by The World Endometriosis Research Foundation (WERF), a global not-for-profit supporting the conduction of international endometriosis research (World Endometriosis Society, 2022). Lastly, I disseminated the call to participate through various online endometriosis support groups. A trilateral stream of recruitment allowed for the completion of the research within the time constraints of undergraduate research and the supportive funding. The recruitment materials disseminated included an infographic containing details about the research, as well as the document containing the invitation to participate in research. The infographic explained the criteria to participate in research, inviting Canadian citizens nineteen years of age or older surgically diagnosed with endometriosis to participate in an online semi-structured interview to discuss their endometriosis experience. Participants were provided with a $20 gift card in appreciation for their time and participation.

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| **Pseudonym** | **Ethnicity/ Ethnicities** | **Sexuality** | **Age** | **Province/ Territory** | **Diagnostic Delay [[1]](#footnote-1)** |
| Jaime (she/they) | White | Bisexual | 23 | British Columbia | 2 years |
| Nita (she/her) | Indigenous, White | Heterosexual | 28 | British Columbia | 8 years |
| Meg (she/her) | White | Heterosexual | 37 | British Columbia | 5 years |
| Eliza (she/her) | White | Heterosexual | 44 | Alberta | 1 year |
| Amy (she/her) | White | Heterosexual | 33 | Quebec | 18 years |
| Beth (she/her) | White | Heterosexual | 22 | Ontario | 8 years |
| Amia (she/her) | White | Heterosexual | 38 | Saskatchewan | 2 years |
| Quinn (he/him) | White | Bisexual | 35 | British Columbia | 4 years |
| Jude (she/her) | White | Heterosexual | 47 | Alberta | 6 years |

Through the three recruitment streams, nine women and gender-diverse individuals self-reporting to have received a surgical endometriosis diagnosis volunteered to participate in the semi-structured interview. Of the nine participants, eight (89%) identified their ethnicity as being

*Participant characteristics: Figure 1*

white, and one (11%) as Indigenous and white. Further, seven (78%) identified their sexuality as heterosexual, and two (22%) as bisexual. As there are significant disparities of inclusion between Black, Indigenous, people of colour (BIPOC) and gender diverse endometriosis sufferers, the recruitment methodology involved the specific invitation of BIPOC and gender diverse individuals for participation. Respectively, the present research garnered the participation of three (33%) individuals living with endometriosis as well as a minority status (2SLGBTQIA+ and or BIPOC). The ages of the participants were between 22 and 47 years old, with a mean of 34 years of age.

­­­­­*Data collection*

Data for the present study was collected through online semi-structured qualitative interviews. Participants were sent the interview questions with the informed consent form. The length of the interviews was between 26 and 48 minutes, with average interview length being 39 minutes. Data was manually transcribed through online transcriptional services in a streamlined manner. Utterances were not included in the transcriptional analysis. However, significant pauses and silences are noted as they occur throughout the interviews. Following transcription of the interviews, data was imported to AtlasTI Qualitative Data Analysis Software and was coded and thematically analyzed in accordance with a broad feminist framework, guided by the perspectives of social constructionist and critical theory frameworks. Four prominent themes were identified through thematic analysis: *The detrimental feminine,* with subthemes *disempowerment and dismissal;* *compulsory motherhood; intersections,* with subthemes *intersecting autism,* and *intersecting gender;* and *the language of care and care for the future,* with subthemes *language of emotion* and *care for the future.*

1. Note that the values for diagnostic delay are approximate as estimated by participants. Additionally, Jaime and Amia noted that they now recognize that they had seen their providers for symptoms related to endometriosis from the time of being a teenager but did not recognize this as seeking care for endometriosis related symptoms. Rather, both women reported the time at which they began to seek care for what they suspected to be endometriosis as approximately two years. [↑](#footnote-ref-1)