Does Communication Matter?
Invalidation of Patient Symptoms During the Diagnostic Process and its Effects on Self-Esteem and Depression

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Learning objective: To understand the importance of language and communication and its effects on patients during the diagnostic process.

BACKGROUND

Endometriosis is an estrogen-dependent inflammatory disease in which endometrial-like tissue grows outside the uterus, causing bleeding, scarring, adhesions, and anatomical distortion.[1]

Qualitative research has investigated the diagnostic experience of patients with endometriosis. Patients have reported difficulty in getting clinicians to acknowledge a physical problem as responsible for their symptoms (hereafter referred to as symptom invalidation [SI]).[2]

Research has also reported that clinician SI as perceived by patients contributed to reductions in patient self-esteem, particularly prior to their eventual diagnosis.[3]

The aim of this research was thus to empirically validate the association between SI and self-esteem observed by extant qualitative research and 1) examine the influence of patients' message internalization in this relationship and 2) examine these variables' influence on depression.

METHODS

Participants were self-reported endometriosis patients recruited online.

SI (α = .91) and internalized SI (α = .94) were each measured on a 10-item, 5-point Likert scale developed for this research. **(Appendix)**

Self-esteem was assessed with the Rosenberg Self-Esteem Scale (α = .92) and depression with the Center for Epidemiologic Studies-Depression scale (α = .94).

Hierarchical multiple regressions were performed and path analysis was performed to test for mediation.

Demographics and pain served as covariates in all models.

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RESULTS

Data were collected from 1,391 patients, 72% (n = 997) of whom completed the survey (M age = 33.9 years, 83.7% white).

SI was slightly associated with self-esteem (β = -.09, $p < .05$) but not with depression (β = .06, $p = .18$). However, internalized SI was associated with both self-esteem (β = -.12, $p < .01$) and depression (β = .09, $p < .05$). **(Table 1.)**

Path analysis model testing effect of internalized SI on depression via self-esteem was significant, with full mediation. **(Table 2.)**

Table 2.

Estimated Direct and Indirect Effects (and 95% Bootstrap Bias–Corrected CIs) of Internalized SI on Respondents' (N = 490) Self-Reported Depression via Self-Esteem

Effect Pathway	Depression
Total effect	0.13* [0.00, 0.26]
Direct effect	0.01 [-0.09, 0.11]
Indirect effect	0.12* [0.03, 0.21]

*$p < .05$.

Table 1.

	Self-Esteem		Depression	
	R^{2a}	β	R^2	β
SI Models				
Step 1	.115		.163	
Age		.03		-.03
Caucasian		-.01		-.04
Education		.13**		-.11*
Income		.14**		-.11*
Pain		-.21***		.32***
Step 2				
SI	.122*	-.09*	.165	.06
Internalized SI Models				
Step 1	.110		.159	
Age		.05		-.04
Caucasian		.00		-.05
Education		.12**		-.10*
Income		.14**		-.11*
Pain		-.19***		.32***
Step 2				
Internalized SI	.122**	-.12**	.165*	.09*

Note. Cell entries are adjusted R^2 statistics and standardized coefficients.
*$p < .05$. **$p < .01$. **$p < .001$.

CONCLUSION

Results confirm qualitative research and provide the first quantitative evidence that SI, particularly when internalized, is associated with reduced self-esteem and greater depression.

An important limitation is that with diagnosis, affect often shifts from depression to anger, reflecting a shift in attributions of responsibility from patient to physician, yet our patients were post-diagnosis.

Results highlight the importance of internalization in SI and internalization as a psychotherapeutic target for patients struggling to receive a diagnosis.

SELECTED REFERENCES

1. Eskenazi B, Warner ML. Epidemiology of endometriosis. Obstet Gynecol Clin North Am 1997;24:235-38.

2. Culley L, Law C, Hudson N, et al. The social and psychological impact of endometriosis on women's lives: a critical narrative review. Hum Reprod Update 2013;19:625-39.

3. Denny E. "I never know from one day to another how I will feel": pain and uncertainty in women with endometriosis. Qual Health Res 2009;19:985-995.

APPENDIX

Thinking about the interaction you described above, how much do you agree or disagree with the following statements regarding this doctor's treatment of [*your symptoms/you*] during this interaction?

1 = SD   2 = D   3 = Neutral   4 = A   5 = SA

During your diagnostic consultation with this doctor:

1. My doctor did not dismiss [my symptoms/me].
2. My doctor passed [my symptoms/me] off.
3. My doctor took [my symptoms/me] seriously.
4. My doctor challenged [my symptoms/me].
5. My doctor validated [my symptoms/me].
6. My doctor did not treat [my symptoms/me] as important.
7. My doctor believed [my symptoms were real/me].
8. My doctor said my symptoms were not just anxiety.
9. My doctor said my symptoms were just depression.
10. My doctor said my symptoms were not just all in my head/mind.