INTRODUCTION

The emotional impact of infertility and the relationship between depression, stress and the outcome of fertility treatment have been widely studied. Furthermore the importance of emotional regulation processes such as internal and external shame to the understanding of psychopathological symptomatology associated with infertility has also been established. In addition, the perception of infertility self-efficacy involves several self-regulation processes (cognitive, affective and motivational) and determines the appropriate skills in order to deal with various situations.

OBJECTIVES

The aim of the current study was to explore whether infertility self-efficacy plays a mediator role on the association between internal and external shame and depression as well as in infertility-related stress.

MATERIALS AND METHOD

PARTICIPANTS: One hundred and sixty-two women with a primary infertility diagnosis. These patients were at various stages of infertility treatment.

INSTRUMENTS: Participants completed the following set of standardized self-report measures: Others As Shamer (OAS; Goss, Gilbert, & Allan, 1994, Portuguese version of Matos, & Pinto-Gouveia, 2010); Experience of Shame Scale (ESS; Andrews, Qian, & Valentine, 2002 Portuguese version of Matos, & Pinto-Gouveia, 2010); Beck Depression Inventory (BDI; Beck, Ward, Mendelson, & freeway, 1961; Portuguese version of Vaz-Serra, & Abreu, 1973); Fertility Problem Inventory (FPI; Newton, Sherrard, & Olavie, 1999; Portuguese version of Moura-Ramos, Gama, Carvalho, & Soares, 2012); Mindfulness-based Program for Infertility (Galhardo, Cunha, & Pinto-Gouveia, 2013); Experience of Shame Scale (ESE; Cousineau, Green, Corsini, Barnard, & Dimar, 2006, Portuguese version of Galhardo, Cunha, & Pinto-Gouveia, 2013).

DISCUSSION AND CONCLUSION

The results showed that women with lower infertility self-efficacy reported higher levels of internal and external shame, and lower levels of depression and infertility-related stress. These results are consistent with previous studies that have found a relationship between self-efficacy and psychosocial outcomes in infertility, and also with the findings of this study that infertility self-efficacy plays a mediator role on the association between internal and external shame and depression as well as in infertility-related stress.

REFERENCES


Correlation analyses reveal that external shame is significantly associated with infertility self-efficacy (r = -0.45, p < 0.001) and infertility-related stress (r = -0.47, p < 0.001). Internal shame was also found to have significant correlations with infertility self-efficacy (r = -0.50, p < 0.001), depression (r = -0.48, p < 0.001) and infertility-related stress (r = -0.45, p < 0.001). In turn, infertility self-efficacy is strongly correlated with both depression (r = -0.52, p < 0.001) and infertility-related stress (r = -0.56, p < 0.001).

The hypothesized model was tested through a fully saturated model, consisting of 20 parameters. In this model all paths were statistically significant with the exception of the direct effects of internal shame on depression and infertility-related stress. The indirect effect of internal shame on depression was statistically significant, with a direct effect of -0.26 and an indirect effect of -0.10 (95% CI = -0.28 to -0.17). The indirect effect of internal shame on infertility-related stress was statistically significant, with a direct effect of -0.31 and an indirect effect of -0.16 (95% CI = -0.33 to -0.13).

The indirect effect of internal shame on depression was fully mediated by infertility self-efficacy, with an indirect effect of -0.16 (95% CI = -0.24 to -0.10). The indirect effect of internal shame on infertility-related stress was partially mediated by infertility self-efficacy, with an indirect effect of -0.10 (95% CI = -0.17 to -0.05).

The indirect effect of external shame on depression was statistically significant, with a direct effect of -0.38 and an indirect effect of -0.17 (95% CI = -0.44 to -0.11). The indirect effect of external shame on infertility-related stress was statistically significant, with a direct effect of -0.35 and an indirect effect of -0.15 (95% CI = -0.40 to -0.11).

The indirect effect of external shame on depression was fully mediated by infertility self-efficacy, with an indirect effect of -0.14 (95% CI = -0.21 to -0.08). The indirect effect of external shame on infertility-related stress was partially mediated by infertility self-efficacy, with an indirect effect of -0.11 (95% CI = -0.17 to -0.06).

RESULTS

Correlation analyses reveal that external shame is significantly associated with infertility self-efficacy (r = -0.45, p < 0.001) and infertility-related stress (r = -0.47, p < 0.001). Internal shame was also found to have significant correlations with infertility self-efficacy (r = -0.50, p < 0.001), depression (r = -0.48, p < 0.001) and infertility-related stress (r = -0.45, p < 0.001). In turn, infertility self-efficacy is strongly correlated with both depression (r = -0.52, p < 0.001) and infertility-related stress (r = -0.56, p < 0.001).

DISCUSSION AND CONCLUSION

Results show that infertility self-efficacy fully mediates the impact of internal shame on infertility-related stress and depression and partially mediates the impact of external shame on these dependent variables. Furthermore, external shame still presents a direct effect on infertility-related stress and depression. Consequently, the perception of infertility self-efficacy involves several self-regulation processes (cognitive, affective and motivational) and determines the appropriate skills in order to deal with various situations.

OBJECTIVES

The aim of the current study was to explore whether infertility self-efficacy plays a mediator role on the association between internal and external shame and depression as well as in infertility-related stress.

MATERIALS AND METHOD

PARTICIPANTS: One hundred and sixty-two women with a primary infertility diagnosis. These patients were at various stages of infertility treatment.

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DISCUSSION AND CONCLUSION

Results show that infertility self-efficacy fully mediates the impact of internal shame on infertility-related stress and depression and partially mediates the impact of external shame on these dependent variables. Furthermore, external shame still presents a direct effect on infertility-related stress and depression. Consequently, the perception of infertility self-efficacy to deal with infertility and the demands of medical treatment seems to be a relevant target, as well as shame feelings, for psychological intervention in infertility women struggling with depression and stress. Therefore these findings suggest that it may be useful to address, not only external and internal shame in psychological interventions tailored for infertile women, but also to target self-efficacy perception to deal with infertility. In line with these results, interventions such as the Mindfulness Based Program for Infertility (Galhardo, Cunha, & Pinto-Gouveia, 2013); Acceptance and Commitment Therapy (Hayes & Strosahl, 1999) and Compassion Focused Therapy (Gilbert, 2010), which are specially designed to target such variables may improve the effectiveness of psychotherapeutic interventions for these patients.

Our findings must be interpreted cautiously due to cross-sectional design and self-report data. This design limits robust causal conclusions to be drawn and points to the need of future replication studies with a longitudinal design, using other non self-report instruments such as semi-structured interviews. Nevertheless, this study, to our knowledge, is the first highlighting the mediator role of infertility self-efficacy perception on the association between internal and external shame and depression as well as in infertility-related stress.