ABSTRACT

Diabetes affects both the physical and emotional well-being of over 34 million Americans. Thus, it is important to investigate the psychological factors that can influence appropriate diabetes self-care. The present study investigated how counterfactual thinking is related to the utilization of diabetes coping strategies. The study utilized a mixed-methods approach, consisting of a quantitative survey which assessed psychosocial factors, and a qualitative interview. The interview included questions about the participant's thoughts and feelings regarding their experience with diabetes. The sample consisted of 53 participants (15 males, 37 females, and 1 participant identified as both). Results suggest that an increase in ruminative brooding is associated with significantly higher levels of guilt. Furthermore, these higher levels of guilt are strongly associated with increased behavioral disengagement, a maladaptive coping strategy. Finally, high levels of self-blame are associated with higher levels of behavioral disengagement and lower levels of diabetes self-efficacy. This evidence suggests that certain types of counterfactual thoughts may undermine appropriate diabetes self-care, which is essential to the prevention of serious complications, such as blindness and amputation. Further research on counterfactual thinking may assist in the design of educational initiatives to encourage successful diabetes self-care.

METHODS

Participants. The sample included 53 participants diagnosed with diabetes (15 males, 37 females, and 1 participant identified as both). The participants ranged in age from 18 to 96 years old (M = 55.57, SD = 20.38). Twenty-one individuals reported having type 1 diabetes, and thirty-two reported having type 2 diabetes. They have lived with the disease for an average of 14.1 years (SD = 12.81).

Materials. The survey included:
- Counterfactual Thinking for Negative Events Scale (CTNES)
- Diabetes Self-Efficacy (MDQ)
- Summary of Diabetes Self-Care Activities Questionnaire (SDSCA)
- Shame and Guilt Scale
- Brief COPE
- Ruminative Responses Scale – Short Form (RRS)
- Center for Epidemiological Studies Depression Scale (CESD-10)

Procedure. Participants were recruited through local senior living facilities, and a snowball method. In addition to administering the quantitative measures, we conducted a 60-75-minute semi-structured interview in order to examine each participant’s cognitive and affective experiences with diabetes. Each participant received a $25 gift card for their participation.

QUANTITATIVE RESULTS

Guilt was associated with significantly higher levels of guilt (r(31) = .41, p < .006).

Increased levels of guilt were associated with a tendency to cope through behavioral disengagement (r(53) = .48, p < .001).

QUANTITATIVE RESULTS (CONTINUED)

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<th>CES-D</th>
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IMPLICATIONS

This research may be of direct relevance to understanding the implications of counterfactual thinking for diabetes patients. However, it is plausible that the effects of information about responsibility for diabetes onset could extend further. These results may be applicable to individuals living with other potentially preventable diseases, such as lung cancer or heart disease.

REFERENCES


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An Investigation of Counterfactual Thinking in Individuals Diagnosed with Diabetes

Hannah Sarnie, Bailey Faith, Alexander Spanos, Anna Schmieder, Sara Kearney, Gianna Todaro, Anna O’Neil, Caitlyn Strauss, & Mary T. DePalma (Faculty Sponsor)

Ithaca College