The Relationship Between Self-Blame, Other-Blame, Depression, and Diabetes Self-Care

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Abstract

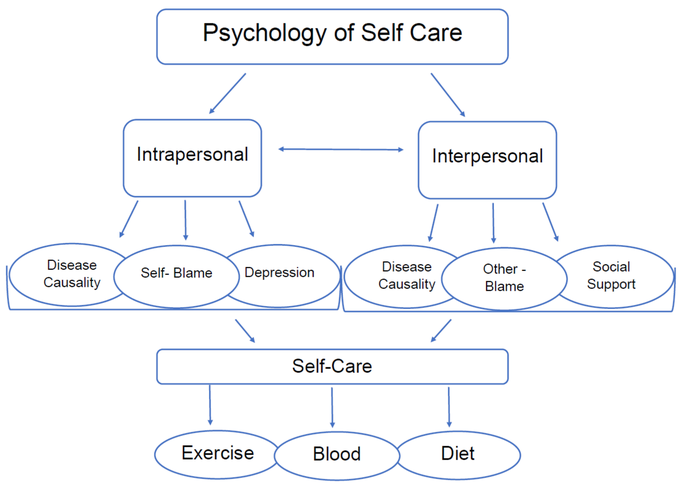
We hypothesized that an individual's judgment of personal responsibility for their diabetes onset could lead to increased anger and self-blame. These increases would, in turn, be associated with higher levels of non-supportive social behavior and decreases in diabetes self-efficacy. Diabetes self-efficacy was hypothesized to be positively related to disease management. We administered a survey to 99 Iranian patients (31 males, 68 females; aged 32 – 90 years, *M* = 55.48). Type 2 and type 1 diabetes were reported in 78.8% and 18.2% of the sample, respectively. Fully 42% of the sample rated themselves as *entirely* responsible for the onset of their diabetes; however, disease type (1 or 2) did not predict judgments of responsibility for disease onset. Greater perceptions of responsibility for disease onset were related to greater self-blame ($r = .59$, $p < .01$), and decreased blame directed at other people ($r = -.29$, $p < .01$). A greater likelihood to blame others for disease related issues was associated with a higher measured A1C ($r = .26$, $p < .05$), and a lowered likelihood of exercising ($r = -.23$, $p < .025$). Blaming others was also associated with less reported positive social support ($r = -.24$, $p < .025$). Individuals who reported higher levels of positive social support reported less depression, and these higher levels of depression were related to significantly lower diabetes self-efficacy ratings. Even after controlling for depression, self-efficacy ratings were positively related to general diet [$F(1, 96) = 43.34$, $p < .001$, $B = .57$, $\eta^2 = .31$], exercise [$F(1, 96) = 24.04$, $p < .001$, $B = .50$, $\eta^2 = .20$], and blood glucose testing [$F(1, 96) = 5.54$, $p < .025$, $B = .16$, $\eta^2 = .06$]. Given that blaming others was associated with higher measured A1C, decreased exercise, and lowered perceptions of positive social support, these data support the proposition that decreasing blame and enhancing diabetes self-efficacy may be related to better exercise, diet and blood glucose testing patterns.

Introduction

Diabetes

- Estimated 29.1 million adults with diabetes in the U.S.
- 7th leading cause of death
- Total costs of managing diabetes exceeds $245 million (CDC, 2014)

***BASIC PREMISE*:** It is absolutely essential to understand and promote lifelong diabetes self-care strategies. While disease self-care can be achieved through effective biomedical advances like insulin, the *psychology* of self-care needs to be better understood; thus, this is the focus of the current project.



***SPECIFIC OBJECTIVE*:** To understand the relationship between self- and other-blame, depression, and diabetes self-care.

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Methods

Participants. 99 Iranian participants (68 F, 31 M) from the Diabetes Center of Tehran University of Medical Sciences.

Age: Range 32 to 90 (*M* = 55.48, *SD* = 12.28).
Disease type: Type 2 = 78.8% and type 1 = 18.2%
Diabetes onset age: Range 17-89 (*M* = 48.76, *SD* = 12.61)
BMI: Range 20.82-41.13 kg/m,(*M* = 29.59 kg/m2, *SD* =4.02)
A1C = Range 4 to 10 (*M* = 7.17, *SD* = 1.38).

Materials. Among other measures, participants completed basic demographic data, perceptions of available social support, diabetes self-efficacy, and

- *Self- and Other-Blame* (Karlsen & Bru, 2002). "How do you generally react when you experience diabetes-related stressful events: (1 = I don't do this at all, 4 = I do this a lot)"
  - I blame myself
  - I blame others
- *Judgments of responsibility* (JOR)
  - How responsible do you perceive yourself to be for
    - the onset of your diabetes?
    - the treatment of your diabetes?
- *Summary of Diabetes Self-Care Activities Measure (SDSCA)* (Toobert, Hampson, & Glasgow, 2000) 11-items to assess
  - general diet
  - specific diet
  - blood glucose testing
  - exercise
  - foot care
  - smoking status
- *The Center for Epidemiologic* Studies Depression Scale (CES-D; Radloff, 1977). The CES-D presents 20 items to assess the way the participant has felt during the past week, and each item is rated from 0 to 3 [0 = Rarely or none of the time (less than 1 day) and 3 = All of the time (5-7 days)].

Results

Table 1. Correlations: Self- and Other-Blame

	Self-Blame	Other Blame
Responsibility/Onset	.59**	-.29**
General Diet	.02	.02
Exercise	-.04	-.23*
Blood Glucose Testing	.05	-.006
Measured A1C	-.13	.26*
Positive Social Support	.27*	-.24*
Self-Blame	--	-.32**

Other-Blame: Other-blame is associated with reports of decreased participation in two important diabetes self-care behaviors: exercise and blood glucose testing. Other-blame is also associated with higher A1C levels.

Self-Blame: Interestingly, self-blame is not associated with self-care behaviors, but is associated with the report of greater positive social support.

Results

Table 2. Self-Efficacy and Depression

	Self-Efficacy	Depression
General Diet	.56**	-.16
Exercise	.45**	-.30**
Blood Glucose Testing	.23*	.02
Positive Social Support	.28*	-.22
Responsibility / Onset	.15	-.05
Self-Efficacy	--	-.32**

Self-Efficacy: Diabetes self-efficacy is associated with positive self-care behaviors across the board, and is significant for 3 of the 5 behaviors that were assessed.

Depression: As depression increases, diabetes self-efficacy decreases. However, due to the correlational nature of the data it is not clear whether depression is causally related to decreased self-efficacy.

Discussion

- The data support further investigation into the causal benefits of decreasing other-blame.
- The data suggest care so that there is not a subsequent diversion to self-blame. There were few positive benefits of enhancing self-blame.

Limitations. The use of a single sample of Iranian people with diabetes, as well as the correlational nature of the data, limits generalizability.

Implications

- Blaming others may be associated with a decreased ability to maintain an effective self-care regimen.
- Interventions designed to mitigate other-blame while increasing diabetes self-efficacy could serve to enhance self-care.

References

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