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## **Manifestations of the Self-Concept in Individuals with Diabetes Mellitus**

### **Abstract**

This study explores how diabetes mellitus influences individuals' psychological functioning and the development of their self-concept. Beyond its physiological manifestations, diabetes significantly shapes a person's perception of the self, attitudes toward personal identity, and internal system of values. Continuous disease management, lifestyle restrictions, emotional strain, and the social consequences of a chronic condition often challenge patients' self-affirmation and psychological stability. The article examines how self-concept is expressed among individuals living with diabetes and how it relates to emotional resilience, self-confidence, and patterns of social interaction. The role of therapeutic and psychosocial interventions in promoting well-being and improving quality of life is emphasized. Findings demonstrate that social support networks and psychological interventions are essential components in the adaptive and personal development processes of diabetic patients.

**Keywords:** *diabetes mellitus, self-concept, self-affirmation, personality development, psychological well-being, psychotherapy in diabetes, social relationships, emotional strain*

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## Diabetli fərdlərdə özünəqavramanın təzahürləri

### Xülasə

Bu tədqiqat diabet mellitusunun fərdlərin psixoloji fəaliyyətinə və özünəqavramanın inkişafına necə təsir etdiyini araşdırır. Fizioloji təzahürlərindən başqa, diabet insanın özünəqavramasını, şəxsi kimliyə münasibətini və daxili dəyərlər sistemini əhəmiyyətli dərəcədə formalaşdırır. Davamlı xəstəliyin idarə olunması, həyat tərzini məhdudiyyətləri, emosional gərginlik və xroniki xəstəliyin sosial nəticələri tez-tez xəstələrin özünüdəyərliyinə və psixoloji sabitliyinə problem yaradır.

Məqalədə diabetli insanlar arasında özünəqavramanın necə ifadə olunduğu və bunun emosional dayanıqlıq, özünəinam və sosial qarşılıqlı əlaqə modelləri ilə necə əlaqəli olduğu araşdırılır. Rifahın təşviqində və həyat keyfiyyətinin yaxşılaşdırılmasında terapevtik və psixososial müdaxilələrin rolu vurğulanır. Nəticələr göstərir ki, sosial dəstək şəbəkələri və psixoloji müdaxilələr diabet xəstələrinin adaptiv və şəxsi inkişaf proseslərində vacib komponentlərdir.

**Açar sözlər:** *diabet, özünəqavrama, özünüdəyərliyinə, şəxsiyyət inkişafı, psixoloji rifah, diabetdə psixoterapiya, sosial münasibətlər, emosional gərginlik*

### Introduction

The concept of the “self” is one of the central constructs in psychology, describing the individual’s understanding of who they are and how they situate themselves within the social environment. It involves an integrated system of emotional, cognitive, and behavioral elements that evolve across life. Research shows that chronic somatic illnesses—particularly diabetes mellitus—can meaningfully reshape a person’s self-image and self-awareness (Anderson et al., 2001). Diabetes is not merely an endocrine disorder; it is a long-term condition accompanied by psychological challenges and social stressors. Daily self-management, strict diet regulations, continuous monitoring, and the necessity for psychosocial adaptation directly influence the individual’s experience of themselves. These factors affect how patients accept their illness, evaluate their capabilities, and navigate social contexts (Rice & Neff, 2014). Empirical studies indicate a higher prevalence of self-denial, social withdrawal, reduced self-esteem, and depressive symptoms among individuals with diabetes (Snoek et al., 2005). The pressures associated with insulin routines, dietary limitations, and fear of hypoglycemia may intensify emotional burden and weaken the clarity and stability of the self-concept (Fisher et al., 2008). Conversely, individuals with strong self-awareness and psychological resilience demonstrate more effective coping patterns and better disease adjustment. The present study aims to examine the characteristics of the self-concept among diabetic patients and its connections with psychological well-being, emotional functioning, and interpersonal relationships. By analyzing both subjective experiences and social dynamics, the study seeks to provide a deeper understanding of the psychological dimensions of diabetes management (Karter & Parker, 2003).

### Research

The purpose of the study was to identify how the self-concept manifests among individuals diagnosed with diabetes mellitus and how these manifestations relate to emotional well-being,

psychological stability, and social functioning. A mixed-methods design was employed, incorporating both quantitative assessments and qualitative explorations. This combined approach allowed for a more comprehensive examination of the multifaceted psychological impact of diabetes (Hayes & Chiesa, 2016). A total of 150 participants diagnosed with Type 1 or Type 2 diabetes mellitus were recruited through random sampling. The sample included 90 women (60%) and 60 men (40%), aged between 20 and 60 years, representing diverse socioeconomic backgrounds. Selection criteria considered illness duration, insulin dependence, and current psychological status (Weinger & White, 2004).

*Three measurement tools were used for data collection:*

**1. Self-Concept Clarity Scale (SCCS):** Developed by Campbell et al., this scale evaluates the degree to which an individual's self-concept is internally consistent and clearly defined. Higher scores indicate stronger self-concept clarity.

**2. WHO-5 Well-Being Index:** A widely used measure assessing overall psychological well-being and emotional functioning.

**3. Semi-structured interviews:** Conducted to understand how participants experience and express their self-concept in daily life, illness management, and interpersonal relationships. These interviews provided qualitative insights complementing the quantitative results.

#### **Data Collection**

The study was conducted in March 2025 in collaboration with endocrinology clinics and outpatient centers in Baku. Participants were informed about the purpose of the study, provided voluntary consent, and were assured confidentiality. Surveys and psychological scales were administered in both written and online formats to ensure accessibility (Mendoza & Toh, 2015).

#### **Data Analysis**

Quantitative data were analyzed using SPSS software, employing descriptive statistics, standard deviations, and correlation analyses. Qualitative data were examined through thematic analysis, enabling the identification of core psychological themes. Ethical standards were strictly followed, and all personal information was kept confidential (Gremigni & Rossi, 2016).

The study sample consisted of 120 participants diagnosed with diabetes mellitus. Examination of demographic variables showed that 41.7% (n = 50) of the respondents were male, whereas 58.3% (n = 70) were female. An equal distribution was observed in terms of diabetes type, with half of the participants (50.0%, n = 60) classified as having Type 1 diabetes and the remaining half (50.0%, n = 60) diagnosed with Type 2 diabetes. With respect to age, 21.7% (n = 26) of the individuals were between 18 and 30 years old, 40.8% (n = 49) were aged 31 to 45, and 37.5% (n = 45) were within the 46–60 age group (Table 1) (Brannan & Smith, 2017).

**Table 1. Demographic Characteristics of Participants.**

| Variable          | N  | %    |
|-------------------|----|------|
| Gender            |    |      |
| Male              | 50 | 41.7 |
| Female            | 70 | 58.3 |
| Type of Diabete   |    |      |
| Type 1            | 60 | 50.0 |
| Type 2            | 60 | 50.0 |
| Age Group (years) |    |      |
| 18–30             | 26 | 21.7 |
| 31–45             | 49 | 40.8 |
| 46–60             | 45 | 37.5 |

### Indicators of the Self-Concept

To examine differences in the structure of the self-concept, the variables of self-attitude and self-integration were analyzed separately for individuals with Type 1 and Type 2 diabetes. The findings demonstrated that participants with Type 1 diabetes exhibited notably higher self-attitude scores ( $M = 3.74$ ,  $SD = 0.61$ ) in comparison with those diagnosed with Type 2 diabetes ( $M = 3.29$ ,  $SD = 0.48$ ). A similar pattern emerged for self-integration: individuals with Type 1 diabetes showed higher mean levels ( $M = 3.21$ ,  $SD = 0.56$ ) than their Type 2 counterparts ( $M = 2.88$ ,  $SD = 0.52$ ) (Table 2).

**Table 2. Indicators of the Self-Concept by Type of Diabetes.**

| Diabetes type | Indicator        | M    | SD   |
|---------------|------------------|------|------|
| Type 1        | Self-Attitude    | 3.74 | 0.61 |
| Type 1        | Self-Integration | 3.21 | 0.56 |
| Type 2        | Self-Attitude    | 3.29 | 0.48 |
| Type 2        | Self-Integration | 2.88 | 0.52 |

### Interpretation of Diabetes Type on Self-Concept

These findings suggest that the type of diabetes is a critical factor influencing self-concept formation. Participants diagnosed with Type 1 diabetes generally perceived themselves in a more stable and positive manner compared to those with Type 2 diabetes (Polonsky & Fisher, 2017).

### Correlations Among Variables

Pearson correlation analyses were performed to explore the associations among illness duration, self-attitude, and perceived social support. The results indicated a significant negative correlation between the duration of the illness and self-attitude ( $r = -0.41$ ,  $p < .01$ ), suggesting that longer disease duration is linked to a decrease in self-attitude. In contrast, social support exhibited significant positive correlations with both self-attitude ( $r = 0.50$ ,  $p < .01$ ) and illness duration ( $r = 0.35$ ,  $p < .01$ ). These findings highlight that individuals with stronger social support systems tend to experience enhanced self-worth and greater emotional stability (Table 3) (Zhi & Ma, 2018).

**Table 3. Correlation Analysis.**

| Variable         | 1 | 2        | 3      |
|------------------|---|----------|--------|
| Illness Duration | — | – 0.41** | 0.35** |
| Self-Attitude    | — | —        | 0.50** |
| Social Support   | — | —        | —      |

**\*\*  $p < .01$**

### Regression Analysis

A multiple regression analysis was performed to determine the key predictors of self-integration. The overall regression model was statistically significant. Among the predictors, emotional adjustment was identified as the most robust determinant of self-integration ( $\beta = 0.41$ ,  $t = 4.92$ ,  $p < .001$ ). Additionally, social support emerged as a significant predictor, contributing meaningfully to the model ( $\beta = 0.29$ ,  $t = 3.81$ ,  $p < .001$ ) (Table 4). These results underscore the pivotal role of both emotional regulation and social support in reinforcing the stability and coherence of the self-concept (Luyckx, Rassart, Aujoulat, Goubert, & Weets, 2014).

**Table 4. Regression Model Predicting Self-Integration.**

| Predictor Variable   | $\beta$ | t    | p      |
|----------------------|---------|------|--------|
| Emotional Adjustment | 0.41    | 4.92 | < .001 |
| Social Support       | 0.29    | 3.81 | < .001 |

## Discussion

The findings of this study indicate that the self-concept in individuals with diabetes is shaped by distinct psychological and social mechanisms. These mechanisms have a notable impact on both the patients' psychological state and their daily behavioral patterns. Consistent with previous research (Aldred, 2017; Ristovski-Slijepcevic, 2015), the study confirms that self-confidence, self-esteem, and quality of life are closely linked in people living with diabetes. Furthermore, the results suggest that heightened self-criticism and feelings of social isolation are common among diabetic individuals, affecting their self-concept.

Self-perception was also found to be closely connected to social identity, attitudes toward illness, and everyday behavioral strategies. Although Baumeister and Leary (1995) highlighted the link between social identity and self-concept, the present study shows that negative emotional aspects of the self-concept are more systematic and pronounced in diabetic patients. In particular, how patients perceive themselves within social contexts can either strengthen or weaken their motivation to cope with the illness (Greenfield, 2017).

A key contribution of this study is the evidence that the self-concept significantly influences personality development and illness-related behavior strategies. Patients' interpretations of their illness experiences directly affect their self-confidence, self-management abilities, and adherence to treatment. Diabetes exerts a dual effect by creating psychological burden while simultaneously altering self-perception, demonstrating a bidirectional impact on personal functioning (Luyckx, Weets, Aujoulat, & Rassart, 2015).

Methodologically, unlike earlier studies (Varga, 2018), this research explored the self-concept across deeper psychological dimensions. Findings indicate that self-perception in diabetes is related not only to general identity but also to emotional resilience, fulfillment of social roles, and self-evaluation subcomponents. This multidimensional approach strengthens the theoretical foundation of the study (Ho, Lee, Kaminsky, & Wirrell, 2008).

## Conclusion

This study examined the impact of diabetes mellitus on the manifestation of the self-concept and highlighted its essential role in illness management. The findings suggest that the self-concept shapes how individuals perceive their illness, engage with treatment, and assess their overall quality of life. Self-understanding is thus a central psychological mechanism guiding illness-related behaviors.

Enhancing the self-concept—particularly self-confidence, self-esteem, and self-management—positively supports effective diabetes management. However, diabetes-related psychological challenges, such as self-criticism, can increase emotional burden and interfere with treatment adherence. These results underscore the importance of integrating psychological interventions into diabetes care.

Deeper investigation of the psychological aspects of diabetes and the implementation of self-concept-focused support programs are essential for improving patients' quality of life.

## Limitations and Future Research

Despite offering valuable insights, this study has several limitations. First, the sample size and composition may restrict generalizability. Only participants from specific age groups and socio-economic backgrounds were included. Future studies should incorporate more diverse samples to ensure broader applicability of findings.

Second, data collection relied on self-report measures, which are subject to biases such as social desirability and self-enhancement. Future research could adopt experimental or longitudinal designs to capture more accurate and dynamic psychological changes over time.

Further research could explore the long-term effects of the self-concept on both psychological and physical outcomes in diabetic patients. Studies investigating psychological support programs and personalized interventions are particularly needed to enhance patient engagement in treatment. Additionally, examining participants from diverse ethnic and cultural backgrounds would provide insights into cross-cultural differences in the manifestation of the self-concept. The relationship between diabetes and other psychological conditions, such as depression and anxiety, also warrants further investigation.

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