

Comparative Study On Self-Compassion And Rumination Among Working And Non-Working Diabetic Women

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Abstract- Diabetes that frequently impairs the physical ability and psychological difficulties among diabetic patients which accompanied by increased sufferings and compromised quality of life. The present research study describes how self-compassion offer supplementary framework for the improved management of diabetes among working and non-working women by providing protection against rumination and its downstream effects. Self-compassion suppresses the role of rumination and alleviates depression. Survey research design was adopted for this present study. Sample of (N=218) 109 Working and 109 non-working women with Purposive sampling method was used for this research. Data was collected using Self-Compassion Scale (SCS) developed by Kristen Neff and Ruminative Responses Scale (RRS) developed by Treynor, Gonzalez and Nolen- Hoeksema (2003). The data obtained were calculated by using Descriptive statistics 't'-test and Pearson's correlation of co-efficient method. Results shows that there was a strong negative correlation between rumination and self-compassion among working and non-working diabetic women and no significant difference between working and non-working diabetic women on self-compassion and rumination.

Index Terms- Diabetes, Rumination, Self-Compassion and working women

I. INTRODUCTION

The Prevalence of diabetes rise is alarming and many research studies ascribe mostly of the increasing lifestyle diseases. One such is Diabetes mellitus. Diabetes Miletus is a metabolic disorder that is characterized by high blood sugar level over a prolonged period of time. Working more hours makes women more prone to chronic stress, inflammation and hormonal changes that leads to diabetes. Individuals who work more hours may have less time to take care of themselves on diet intake and physical activity. These individuals are more stressed and have fewer sleeping hours; this might lead to develop diabetes. Individuals who work more than 40 hours a week experience higher level of stress and disrupt sleep cycle and lead to serious mental health, this in turn changes in weight and insulin levels and contributes to diabetes.

Research studies shows various cognitive coping strategies on diabetes, which includes negative mechanism of blaming oneself for their own experience, blaming others for one's own

experiences and thinking all the time about negative events (rumination). It is defined as the repetitive thoughts to cope with self-discrepancy that are directed only towards the content of self-referent but not towards on immediate goal- directed. Several research studies show that the higher levels of rumination are associated with an impaired quality of life. Rumination leads to think about situations with negativity and feel worse. Women ruminate, brood often and more vulnerable to depression. Breaking rumination habit will ease own stress level and improve the ability to cope with challenges. Compassionate approach will lead to greater awareness of health, more resilience to deal health related setbacks and nurturing mental response to distressing thoughts and events.

Diabetes is a complex disease which requires evaluation of behavior- feeling compassion about oneself which is essential to self-management. Research shown that people who treat themselves with compassion have extreme psychological well-being. Self-compassionate individual tends to have fewer extreme reactions to problem. Compassionate approach will lead to greater awareness on health, nurturing mental responses to distressing thoughts and events.

Self-compassion can be helpful in many ways when living with chronic condition of diabetes. It's about having the resilience to deal day-to-day conflicts in a more positive and empowering way. Diabetes affects mentally, physically, socially and emotionally. Stress of living with diabetes can lead to anxiety, depression and poor diet control. Self-compassion will improve emotional resilience to face these difficulties. By treating with compassion that surrounds with a blanket of acceptance rather than judgement.

Mohamad and Warda (2018) the study aimed to assess the correlation between socio demographic factors and ruminations of thought among type 2 diabetic women. The study carried out using descriptive research design. The results of the study show that negative rumination is high in diabetic women and rumination thought of the study group strongly negatively correlated with socio demographic factors.

Friss (2015) the study explains that high level of self-compassion is associated with mental and physical health benefits. 110 diabetic women were completed questioners' self-compassion, diabetic distress and depression. They concluded that self-compassion might buffer patients from the negative metabolisms' consequences of diabetic distress.

Many clinical studies were done related to diabetics among women. The present study was a modest attempt to fill up the research lacuna to some extent. There was a gap in analysis of the relationship between self-compassion and rumination. So, the present study carried to overcome the limitations of the past studies while also incorporating suggestions given by past studies, wherever feasible.

II. RESEARCH ELABORATIONS

Aim

- To find the relationship between Rumination and Self-Compassion among working and non-working diabetic women.
- To find the difference between Rumination and Self-Compassion among working and non-working diabetic women.

Objective

- To find out the relationship between Rumination and Self-Compassion among diabetic women.
- To find out the difference between working and non-working diabetic women on Rumination.
- To find out the difference between working and non-working diabetic women on Self Compassion.

Hypotheses

- There is no significant relationship between Rumination and Self-Compassion among diabetic women.
- There is no significant difference between working and non-working diabetic women on Rumination.
- There is no significant difference between working and non-working diabetic women on Self Compassion.

Survey research design was adopted for the study. The sample for the present study was 218(109 working and 109 non-working) diabetic women. The sample includes diabetic women of age between 35-45. Purposive sampling method was used. Rumination Scale- short developed by Treynot et al., (2003) it consists of 22 items with 4-point Likert's scale and Self-Compassion scale developed by Dr. Kristen Neff. (2003) consists of 12 items with 5-point scale. All participants were given a brief detail about the research and its purpose. They signed the consent form and then completed questionnaires. Then the collected data analyzed using Pearson's correlation method and student t test. The statistical analysis was done with the help SPSS version 16.

III. RESULTS

Table I shows the correlation between Rumination and Self compassion among diabetic women.

Variables	Rumination
Self-compassion	-0.80**

** Correlation is significant at 0.01 level.

The result of Pearson's correlation shows that there is a strong negative correlation between rumination and self-compassion

among diabetic women. The calculated 'r' value is greater than that of the table value at .01 level of significance. Thus, the null hypothesis is rejected.

Table II shows the difference between Rumination and self-compassion between working and non-working diabetic women.

Variables	Sample	Mean	SD	T
Rumination	Working diabetic women	68.54	6.72	0.49 NS
	Nonworking diabetic women	67.90	6.85	
Self-compassion	Working diabetic women	20.27	5.81	0.40 NS
	Nonworking diabetic women	20.94	6.03	

NS- not significant

The t-test result shows that there is no significant difference between diabetic women on self-compassion and rumination. Thus, the null hypothesis is accepted.

IV. CONCLUSION

Past empirical research study examined the link between self-compassion and rumination. Results of this study showed negative correlation between Rumination and Perceived Self compassion among diabetic women. Rumination is common among working and non-working diabetic women. New studies should be conducted in order to enhance the quality of diabetic women. Further it should be specifying how these self-compassion techniques can be implemented in treating rumination among diabetic women. Research study can be done on different variables and population with large sample. Early managements of ruminative thoughts to avoid negative thoughts, stress, depression and psychosocial problems. Effective Psycho education, workshop on diabetes and the complications of the disease should be periodically conducted on both urban and rural areas. Early detection of psychosocial problems and referral should be done. Furthermore, future research work should focus on measuring clinician's role in promoting diabetes-specific self-compassion in the context of establishing towards treatment goals.

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