

Interpersonal Closeness and Self Confidence between Type-1 Diabetics and Non-Diabetics

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In the twenty-first century, the psychological dimension of health has gained significant recognition, especially in the context of managing chronic illnesses such as Type-1 Diabetes. This study aims to examine the influence of Type-1 Diabetes on self-confidence and interpersonal closeness, by comparing Type-1 Diabetics with Non-Diabetics. For this, a purposive sample of 120 Indian participants aged 18-30 was analysed using correlation and independent samples t-test. The findings indicate no significant difference in self-confidence and interpersonal closeness between Type-1 Diabetics and Non-Diabetics. However, an inverse relationship between confidence and interpersonal closeness was observed in both groups. Policymakers can use this study's insights to promote holistic health approaches, improving access to mental health services and awareness of chronic illness's psychological impacts. It may also reduce stigma and discrimination against Type-1 Diabetics, promoting equality in workplaces, and educational institutions, and have important implications in the fields of social and developmental psychology.

Keywords: Type-1 Diabetic, Non-Diabetic, Self Confidence, Interpersonal Closeness.

The mind and body are considered to be two separate entities, but they work in conjunction to maintain a person's overall well-being. Poor mental health can not only affect a person's judgment, and decision-making, but also increase the risks of developing illnesses such as diabetes, gastric issues, weight loss or gain, weakened immunity, etc. On the flip side, chronic physical health conditions such as cancer, or diabetes may affect a person's mood and cause issues like anxiety, depression, social withdrawal, etc. Engel (1977) proposed the biopsychosocial model of health, which states that both – health and illness are contributions of the interplay of biological, social, and psychological factors.

Diabetes: Diabetes happens when one's blood sugar is too high because their body either does not produce enough insulin or cannot use it properly. Insulin metabolises glucose to create energy. Without enough

insulin, glucose stays in the blood, leading to health issues like eye, kidney, nerve, and heart problems, as well as some cancers. Managing or preventing diabetes can reduce these risks. According to the International Diabetes Federation Report (2022), around 8.75 million people have Type 1 Diabetes, and approximately 1.52 million of them are under 20 years of age. Its incidence is highest amongst children, adolescents, and young adults. Despite exhaustive research, its causes still remain unknown. Susceptibility to diabetes runs higher in some ethnic groups than others. For example, Southeast Asians are more likely to develop diabetes (Roglic, 2016).

Psychological Aspects of living with Diabetes: One's body can be influenced by one's thoughts, emotions, beliefs, and outlook on life. Neglected mental health concerns can exacerbate diabetes, while

diabetes-related challenges can worsen mental health issues. Improvements in one aspect often led to improvements in the other.

Chronic stress and anxiety can cause blood sugar levels to fluctuate unpredictably. 1 in 3 adolescents report experiencing diabetes-specific distress, i.e., a rise in negative emotions due to daily life issues caused by diabetes (Hagger et al., 2016). Diabetes management, over the years, can lead to fatigue. Frequent and extreme glycaemic fluctuations can be tiresome to handle, and they may make a diabetic feel like they are “losing control.” When diabetics are unable to achieve positive results despite doing their best to manage their health, they may feel incompetent, which could further lead to them disengaging from performing tasks that help maintain a healthy lifestyle. Such behaviours are often observed during “diabetic burnouts,” and in the long run, can heighten the risk for complications (Fritschi, and Quinn, 2010).

Perez-Fernandez et al. (2021) found that having diabetes does not inherently affect emotional intelligence. However, mood swings due to hypoglycemia or hyperglycemia can temporarily impact emotional regulation. Hypoglycemia can cause symptoms like nervousness, aggression, and impairments in decision-making and concentration (Felman, 2023). For instance, during low blood sugar episodes, a diabetic person may react sharply to questions, demonstrating temporary challenges in emotional regulation.

Diabetic women are more likely to have lower self-esteem and be less outgoing and emotionally stable than non-diabetic women. However, diabetic men tend to have higher self-esteem, but less emotional stability than non-diabetic men. People with diabetes who are highly stressed about their condition are more likely to have low self-esteem, as compared to diabetics who are not as

stressed about their health condition (Rassart and colleagues, 2014).

Diabetics often try to perceive themselves as similar to other people, so that they can feel “normal.” Once knowledge about health management has been acquired, diabetic adolescents can manage their health, independent of adult supervision. This increases their self-efficacy. Gaining adequate knowledge about one’s diabetes leads people to be accepting of their health condition, without engaging in self-blame and denial, which can further enable them to achieve moderate to high levels of life satisfaction (Rostami et al., 2015).

Social Aspects of Living with Diabetes : Diabetes is stigmatized in society, to the extent that people sometimes do not affiliate with diabetics, or get involved in romantic relationships with them. Children with Type-1 Diabetes may face issues at school, such as being labelled “ill” by teachers, and not being selected for physical activities. This often leads to diabetic children feeling left out, and lonely. People who face such discrimination during their childhood feel emotional describing such discriminative incidents, even as adults (Browne et al., 2013).

When diabetic adolescents are raised in balanced and cohesive families, they have fewer internalizing symptoms, and a better self-concept than diabetic adolescents who are raised in controlling or conflict-ridden families. (Missotten, Luyckx, and Krenke, 2012). If parental involvement is perceived by the diabetic child as controlling, despite being well-intentioned, diabetic children are less likely to adhere to a good regimen. Moreover, when parents attempt to manage their child’s diabetes, especially during a period of heightened diabetes-related issues, children may begin to lack in daily self-efficacy beliefs. Type 1 Diabetes management often becomes a source of

conflict between parents and Type 1 Diabetic children, which is problematic because it translates into poor health outcomes for the child. (Wiebe, Helgeson, and Berg, 2016).

Young adults with diabetes may experience difficulty establishing close friendships because they have to navigate the process of informing new people about their health condition. Over-involvement with friends can lead to poor self-care in diabetics, who may feel that managing their condition could harm their friendships. However, such incidents are more likely to happen specifically in a situation of friend conflict, in the absence of parental support. (Helgeson, et al., 2014).

Diabetes stigma involves negative attitudes, judgment, prejudice, or discrimination against people with diabetes, often due to the misconception that diabetes is solely caused by unhealthy food and lifestyle choices. Such stigma affects self-confidence and self-care, leading to severe physical health complications and psychological issues like anxiety and depression. A diabetic person's perception of their diabetes management challenges, self-care obstacles, and support from others influences their self-confidence. Receiving emotional and other support is crucial for enhancing confidence, especially in self-care activities (Lee, Lee, and Choun, 2017).

Interpersonal Closeness

Interpersonal closeness is defined by Perkins (2018) as "being connected to", "close with", or "good friends with" another person. Interpersonal closeness is often experienced within relationships with friends, family, or romantic partners, rather than with casual acquaintances like neighbours or classmates whom we rarely interact with. These close relationships involve sharing one's emotions, feeling understood by others, and valuing their feelings and needs.

Self-Confidence

Bandura defined self-confidence as "the belief in one's ability to succeed in specific situations or accomplish a task. It involves a positive attitude and assurance in one's own skills, talents, and judgments, leading to a sense of empowerment and resilience in the face of challenges." This definition is based on his theory of self-efficacy. There are three components of self-confidence, namely self-efficacy, self-esteem, and self-compassion (Perkins, 2018). According to Bandura (1977), self-efficacy is defined as "the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations." It is the behavioural component of self-confidence. Self-esteem encompasses how individuals perceive and value themselves, which can influence their thoughts, emotions, and behaviors. While self-efficacy focuses on beliefs about one's abilities to perform specific tasks, self-esteem pertains to broader feelings of personal value and worthiness. This is the affective component of self-confidence. Lastly, self-compassion is defined as "a healthy self-attitude of kindness, understanding, and awareness, which protects against self-judgments and rumination" (Neff, 2003).

Objectives

1. To study the self-confidence levels of Type 1 diabetics and non-diabetics.
2. To evaluate the type of interpersonal relationships that Type1 diabetics and non-diabetics have with other people.
3. To study the relationship between self-confidence and interpersonal closeness of Type-1 diabetics and non-diabetics.

Hypotheses

Ho1: There is no difference between the self-confidence levels of Type-1 diabetics and non-diabetics.

- Ha1: There is a significant difference between the self-confidence levels of Type-1 diabetics and non-diabetics.
- Ho2: There is no difference in the levels of interpersonal closeness of Type 1 Diabetics and non-diabetics.
- Ha2: There is a significant difference in the levels of interpersonal closeness of Type 1 diabetics and non-diabetics.
- Ho3: There is no relationship between self-confidence and interpersonal closeness.
- Ha3: There is a relationship between self-confidence and interpersonal closeness.

Method

Design

The aim of this study is to understand the role of Type 1 Diabetes in self-confidence and interpersonal closeness. This study follows the design of cross-sectional, comparative, quantitative, and exploratory research. The independent variable in the study was being a Type 1 Diabetic or not being a Type 1 Diabetic, while the dependent variables are self-confidence and interpersonal closeness, in both cases. After sufficient literature review, data collection will begin. The non-probability sampling technique of purposive sampling will be used to collect samples for the study. The data will

be statistically analysed using independent t-test and correlation analysis.

Participants

The sample size selected for the study was 120, which consisted of 60 Type-1 Diabetics and 60 Non-Diabetics. All the participants belonged to the age group of 18-30. The data was collected from all over India. Purposive sampling technique was used.

Measures

The present study required measures of the participants' self-confidence and interpersonal closeness, for which the 'Functional Idiographic Assessment Template' and the 'Internal Self Confidence Scale' were used.

Functional Idiographic Assessment Template Questionnaire: The questionnaire FIAT-Q (Cronbach alpha reliability 0.94), a self-report tool developed by Glenn C. Callaghan in 2006, assesses five classes of behaviour - A, B, C, D and E. Out of these, class D (24 items and Cronbach's alpha 0.80) which assesses disclosure or interpersonal intimacy/closeness, has been utilized in the present study.

Internal Self Confidence Scale : (Cronbach's alpha reliability 0.924) developed by Kelsey Evelyn Perkins in 2018 (12 items), measures an individual's self-confidence in terms of self-efficacy, self-esteem, and self-compassion.

Results

Table 1. Descriptive Statistics of the Sample

Variable		N	Mean	Median	SD
Interpersonal Closeness	Type-1 Diabetic	60	-16.1	-19.5	21.8
	Non-Diabetic	60	-11.5	-13.0	16.3
Self Confidence	Type-1 Diabetic	60	65	69	13.2
	Non-Diabetic	60	63.7	66.0	10.8

Note. In terms of interpersonal closeness, the mean values indicate that the responses of Type-1 Diabetics are comparatively more dispersed than those of Non-Diabetics. In terms of self-confidence also, the mean values indicate that the responses of Type-1 Diabetics are comparatively more dispersed than those of Non-Diabetics.

Table 2. Independent Samples T-test Results (N=120)

		t-Statistic	df	p	SE difference
Interpersonal Closeness	Student's t	-1.30	118	0.194	0.32
Self Confidence	Student's t	0.55	118	0.576	0.72

Note. $t^{crit} = 1.98$, * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3. Pearson's Correlation for Type-1 Diabetics

		Interpersonal Closeness	Self Confidence
Interpersonal Closeness	Pearson's r	–	–
	p-value	–	–
Self Confidence	Pearson's r	-0.308*	–
	p-value	0.016	–

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3 represents Pearson's Correlation calculated for Interpersonal Closeness and Self-Confidence for individuals with Type-1 Diabetes. The correlation came out to be -0.308, which indicates a low negative correlation. It was chalked out to be statistically significant because its value is less than the p value of .05.

Table 4. Pearson's Correlation for Non-Diabetics

		Interpersonal Closeness	Self Confidence
Interpersonal Closeness	Pearson's r	–	–
	p-value	–	–
Self Confidence	Pearson's r	-0.242	–
	p-value	0.062	–

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 4 represents Pearson's Correlation calculated for Interpersonal Closeness and Self Confidence for individuals who do not have Diabetes i.e., for non-diabetic individuals. The correlation was -0.242, which means that there is a low negative correlation between interpersonal closeness

and self-confidence amongst non-diabetics. However, the correlation was not statistically significant, as its value is higher than .05 p value.

Discussion

The research findings suggest that there are no significant differences in terms of interpersonal closeness and self-confidence, for both groups of participants. Levels of interpersonal closeness may be similar for both diabetics and non-diabetics because the depth of relationships is not necessarily determined by health status. Both groups can experience strong bonds with friends, family, and romantic partners, characterized by open communication, mutual understanding, and support. Research conducted on emerging adults showed that parents play a significant role in supporting the self-care practices and psychological well-being of individuals with diabetes. This support encompasses tangible assistance with managing diabetes, providing guidance based on their understanding of the condition, and offering emotional reassurance and a space for empathetic discussions. However, there is a delicate balance involved in parental involvement, as emerging adults desire independence while still valuing their parents' availability and support. They prefer not to feel overly dependent or restricted by their parents' involvement in their diabetes management, emphasizing the importance of maintaining positive and empowering interpersonal connections (Johansen et al., 2020). Peers also play a crucial role in providing support that fosters a sense of normalcy and social inclusion for individuals with diabetes. Peer

support, particularly in activities like exercise, enables adolescents to engage in typical social interactions, aids in the development of a distinct identity apart from a person's diabetes (Robinson, 2008). This aspect also contributes to an individual's ability to define themselves as independent and autonomous individuals. Naturally, if someone's presence in one's life helps them build their own identity, and makes them feel "normal," there will be increased interpersonal closeness. This highlights the importance of fulfilling relationships with peers and friends in the lives of individuals managing diabetes. Whether someone has diabetes or not, the quality of their relationships depends on factors such as emotional connection, shared experiences, and the level of trust and intimacy established, rather than solely on health status. Mutual understanding is vital in fostering interpersonal closeness. This understanding can arise from empathy, active listening, and a willingness to see things from the other person's perspective. Diabetics and non-diabetics alike can cultivate this mutual understanding through empathy and compassion, regardless of their health status. While the experiences of managing diabetes may differ from those without the condition, both groups share common life experiences, challenges, and joys. These shared experiences can strengthen the bond between individuals and contribute to a sense of belonging and connection. The level of trust established within relationships is crucial for fostering interpersonal closeness. Trust develops through consistent support, reliability, and respect for one another. Whether managing diabetes or not, individuals can build trust in their relationships by demonstrating care, honesty, and reliability. Effective communication serves as the primary foundation for building trust. The significance of communication and information processing in trust formation stems from various factors. Communication fosters collaboration, offers valuable insights

into team members' personalities, establishes shared values, and promotes ongoing interaction (Gibson and Manuel, 2003). Therefore, diabetics and non-diabetics alike can cultivate close relationships that provide them with the same sense of connection and support.

It is common public perception that type-1 diabetics may not be as confident, or capable, as people who do not have diabetes. However, this study has proven that it is not so. Many individuals diagnosed with Type- 1 Diabetes undergo psychological adjustment processes which enable them to develop resilience and adaptability, thereby helping them to cope effectively with the condition. Educating diabetics about their condition, including its causes, symptoms, and how it affects their body may reduce fear and uncertainty, thus empowering diabetics to take control of their health, which could be yet another reason why type-1 diabetics have similar levels of self-confidence as non-diabetics. Some effective self-management strategies such as developing a collaborative relationship with a healthcare provider, maintaining a positive attitude, and engaging in group education sessions which aim at enhancing learning, and provide a platform for open discussion of emotions and fears (Nagelkerk, Reick, & Meengs, 2006), may also foster similar levels of self-confidence in type-1 diabetics as their non-diabetic fellows. Advancements in diabetes management such as continuous glucose monitoring, and insulin pumps (Akturk, and Garg, 2019), as well as increased awareness of diabetes has led to the normalisation of the disease to a large extent, encouraging self-confidence and aiding individuals to lead active, fulfilling lives despite their condition. Similar to how individuals without diabetes feel assured knowing they possess resources to handle daily life, those with type 1 diabetes feel equally reassured by having access to resources and support to manage their

condition effectively. Studies indicate that the families and peers of Type-1 Diabetics, as well as Type-Diabetics themselves slowly become accustomed to managing the condition on a day-to-day basis, and despite its unpredictable characteristics, living with it becomes routine (Marshall et al., 2009). In-fact, studies suggest that receiving emotional and other forms of support is essential for increasing confidence in a diabetic person, especially when it is related to their self-care activities (Lee, Lee, and Choun, 2017). This could result in similar levels of self-confidence amongst type-1 diabetics, as are found in non-diabetic individuals. Levels of self-confidence among individuals with type 1 diabetes can vary widely based on personality traits, life experiences, and coping mechanisms, which is quite similar to how these variables affect self confidence in the non-diabetic population. While some may struggle with self-confidence due to the challenges associated with diabetes, others thrive and maintain high levels of confidence.

The findings of this study also indicate that there is low negative correlation between interpersonal closeness and self-confidence, for both groups – type-1 diabetics and non-diabetics. This means that in both cases, as interpersonal closeness increases, self-confidence tends to decrease, and conversely, as self-confidence increases, interpersonal closeness tends to decrease. This information has been presented in Tables 3 and 4. Diabetics and non-diabetics who are highly self-confident often have a strong belief in their abilities and judgments. As a result, they may rely less on others for validation, support, or emotional connection. Their independence and self-sufficiency can sometimes create barriers in forming deep interpersonal bonds because they may prioritize self-reliance over seeking closeness with others. Highly self-confident individuals may be more guarded with their

emotions and vulnerabilities. They might perceive expressing vulnerability as a sign of weakness and therefore avoid sharing their deeper thoughts and feelings with others. This emotional guardedness can hinder the development of intimacy and closeness in relationships because it limits the depth of emotional connection that can be formed. Highly confident non-diabetics and diabetics may fear becoming dependent on others for their emotional well-being. Such individuals may have high standards for trust and may be more selective about whom they allow into their inner circle. They may be sceptical of others' intentions or abilities, which can make it challenging for them to form close bonds with new people. Their reluctance to trust others can create barriers to developing meaningful relationships and hinder the growth of interpersonal closeness. Highly confident diabetics and non-diabetics may invest a significant amount of time and energy in pursuing success and may view relationships as secondary to their personal and professional aspirations. This focus on achievement can result in limited time and attention dedicated to nurturing relationships, leading to lower levels of interpersonal closeness. Although the experience of having high self-confidence is related to low levels of interpersonal closeness in both diabetics, and non-diabetics, there is some difference. Type-1 Diabetics often face stigma due to their condition, which may induce in them a fear of judgment and rejection (Browne et al., 2013). Heightened confidence could be a coping mechanism in the face of such stigma, as individuals with Diabetes may try to barricade themselves from other people, thereby decreasing their willingness to open up. Diabetics who have high self-confidence believe that they can do exactly what other people can do, despite their health issues. They may even compare themselves with other individuals to prove that they are as capable as non-diabetics. However, this

internal comparison that they do might have the opposite effect - instead of feeling more confident about themselves, they may like they are “different” from non-diabetics or feel isolated, as diabetics may not be able to relate to non-diabetics, potentially impacting interpersonal closeness.

Despite the unpredictability of blood sugar levels and the need for constant monitoring, individuals with Type 1 Diabetes often develop a high sense of control and devote more time for self-management practices, and this leads to less time being spent on developing interpersonal closeness. For example, a slight change in diet can translate into blood sugar fluctuations for up to 3 days. Perhaps, to avoid any such fluctuations, even highly self-confident Type-1 Diabetics may socialise less with friends and family, especially if going out for dinners or lunches, which in turn could lead to poor interpersonal relationships. Highly self-confident diabetics may prioritize their health over social activities. Research suggests that once knowledge is acquired about how to manage one’s health, there is an increase in a Diabetic’s self-efficacy, which in turn may lead to an increase in self-confidence. (Rostami et al., 2015). Diabetic or not, highly self-confident individuals tend to value autonomy and independence in decision-making. Their increased independence in decision-making is due to them choosing to take charge of their own lives and making choices that align with their personal values and goals. Diabetics in particular, believe that they are capable of managing their own health, which may make them perceive other people’s efforts to “help” manage their health as unnecessary, or intrusive, or feel like they are being pestered continuously. This can cause negative interpersonal interactions such as arguments, fights, and avoidance leading to less communication. Research conducted by Wiebe, Helgeson, and Berg (2016) reported that managing Type-1

Diabetes often becomes a source of conflict between parents (or peers) and diabetics. Hostile reactions from a loved one who has diabetes can inadvertently make their caregivers feel unappreciated. This dynamic can lead to the supportive individual completely stopping their involvement in the diabetic person’s life. Research suggests that spouses of diabetics, in particular, may experience more burden trying to regulate their partner’s dietary selections, or their medical regimen, because a spouse is involved in the life of their partner for much longer than other individuals may be (August et al., 2011).

Conversely, research suggests that in close relationships, people with low self-confidence may experience a perceived need for constant reassurance and support from their partner or loved ones, leading to a dependency dynamic. Sometimes, individuals with low self-confidence may even resort to joining support groups, to validate their self-worth, alleviate feelings of insecurity, and find validation, which increases their socialisation. Research suggests seeking frequent reassurance from those around oneself reduces anxiety and provides immediate relief (Karamat, Zahra, and Saleem, 2023). It was also observed for both groups that maintaining emotional boundaries can be challenging for individuals with low self-confidence. They may find it difficult to conceal their emotions or pretend to be unaffected by their struggles. When individuals with low self-confidence open up about their insecurities and struggles, it creates a space for intimacy to develop. This is because the act of vulnerability allows others to see them authentically, fostering a deeper connection based on mutual understanding and acceptance (Bakshi and Ansari, 2022). Such insecurities and vulnerabilities can be the same for both diabetics and non-diabetics, but may more likely be related to health status, such as

feeling like one is “incomplete,” or that one has “a faulty body” in the case of a type-1 diabetic. In turn, the individuals who offer support and understanding become integral figures in the person’s life, fostering a sense of closeness as they navigate challenges together. Practical assistance, such as help with medication management, meal preparation, or transportation to medical appointments, in the case of diabetics, can alleviate the burden of managing diabetes alone. For non-diabetics, such assistance could be either at home, or at the workplace. In both cases, reliance on other people can lead such individuals to not cultivate any resilience within themselves. While this tactic may work for both groups, it becomes particularly dangerous in the case of some diabetics who may not practice health maintaining behaviours when they are alone. In the case of some diabetics, low self-confidence may be because of poor self-efficacy and higher dependence on others at the time of need, which translates into more interpersonal interactions.

Conclusion

The findings of this study indicate that there is no difference in the levels of self-confidence and interpersonal closeness for both groups- Type-1 Diabetics and Non-diabetics. A negative correlation was found between interpersonal closeness and self-confidence, in the case of Type-1 diabetics, as well as for Non-diabetics. Overall, the data suggests that Type-1 Diabetes may not directly impact self-confidence or interpersonal relationships, but there may be complex interactions between these factors within the context of diabetes that warrant further exploration. This study would have implications for a plethora of stakeholders, including Type-1 Diabetics, healthcare professionals, policymakers, and researchers. This study can contribute to a deeper understanding of the impact that chronic illnesses, such as Diabetes, can have

on one’s psyche, which can be used by professionals to create more supportive environments, and customised intervention plans for such people. Depending on their existing levels of self-confidence and the quality of their interpersonal relationships, strategies can be designed to improve both of these aspects of their lives. These interventions could be counselling services, training peers of diabetics to be supportive, and even psycho-educational initiatives aimed at building resilience and healthy coping mechanisms. Policymakers could use the insights from this study to introduce policies that prioritise an amalgamation of both – physical and mental well-being among diabetics. This could include initiatives such as an improved access to mental health services. Additionally, efforts aimed at sensitising the general population towards Type-1 Diabetics may help uproot the deeply embedded stigma that diabetics are less capable than non-diabetics, or that they may have poor quality of life. This can translate into reduced discrimination of diabetics in the workplace, in educational institutions, and the kind of opportunities they are given in almost all aspects of life.

Despite having ideal implications, this study has certain limitations. The specific age group chosen (18-30) does not represent the entire Type-1 Diabetic population of India. The sample belongs to few cities in India, and becomes limited, especially with regards to social and cultural diversity in the country. The study also collected data from people who had access to the internet, were literate, and understood English as a language, thereby excluding rural dwellers, illiterate people, or people with no access to the internet. The study utilized self-report measures to assess self-confidence and interpersonal closeness, and such measures are subject to response biases such as social desirability, and acquiescence, which could have hindered the accuracy of responses.

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