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**Living with Type II Diabetes and Mental Health in Pakistan: An Interpretative Phenomenological Analysis**

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Sohail Aslam<sup>1</sup>, Amna Rizvi<sup>2</sup>, Sadaf Rehman<sup>3\*</sup>**Abstract**

In the Pakistani cultural context, Type II Diabetes is an increasing issue that poses a significant risk to mental health. This qualitative study aimed to explore the experiences and expressions of individuals recently diagnosed (6 months to 2 years) with Type II diabetes and their mental health issues, with a focus on providing counseling and early intervention. A non-probability, purposive sampling strategy was used to select the sample. Interpretative phenomenological analysis of semi-structured interviews with 15 individuals (eight men and seven women), recently diagnosed (6 months to 2 years) with Type II diabetes, aged 35-65 years, from diverse socioeconomic backgrounds was done. The superordinate themes of the emotional burden of diabetes, cultural influences on the diabetes experience, impact on mental health and well-being, coping mechanisms, and resilience were identified. The subordinate themes consisted of shame and guilt, stigma and social isolation, anxiety and fear, cultural beliefs and values, family and social support, healthcare system and provider interactions, depression and low mood, anxiety, stress and resilience, positive coping strategies, maladaptive coping strategies, and resilience. This study highlights the need for culturally sensitive diabetes care and awareness programs that address the unique emotional, social, and cultural needs of individuals with Type II diabetes in Pakistan. Healthcare providers should be aware of the cultural influences and emotional burden associated with diabetes, and provide supportive and non-judgmental care to their patients.

**Keywords:** Interpretative Phenomenological Analysis, Mental Health, Pakistani Culture, Type II Diabetes

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**Introduction**

Millions of individuals worldwide suffer from type II diabetes, a chronic and complicated metabolic disease. According to the International Diabetes Federation (2019), an estimated 463 million people worldwide

have diabetes, with Type II diabetes accounting for approximately 90% of all diabetes cases. Insulin resistance and decreased insulin production, which result in hyperglycemia, are the hallmarks of this disease (Antar et al., 2023). Poor diet, obesity, physical inactivity, and genetic predisposition are multifactorial causes of Type II diabetes (Garg & Duggal, 2022). Increased thirst, urination, exhaustion, blurred vision, sluggish wounds, and cut healing are non-specific symptoms of Type II diabetes (Goyal et al., 2023). However, early detection and diagnosis of Type II diabetes can be difficult because many people with this disease may not exhibit any symptoms for years (Zhang et al., 2023). There are significant regional and national variations in the prevalence of Type II diabetes. The top

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ten countries with the highest rates of diabetes are China, India, the United States, Brazil, Russia, Mexico, Indonesia, Pakistan, Japan, and Egypt (Ortiz-Martinez et al., 2022).

Cardiovascular disease, renal disease, blindness, vision impairment, neuropathy, and cognitive impairment are among the many consequences and comorbidities of type II diabetes (Lu et al., 2024). According to Luga et al. (2024), these issues can significantly affect a person's quality of life and place heavy financial strain on the healthcare system. A multimodal strategy is required to manage Type II diabetes, including medication, lifestyle changes, self-management, and monitoring (Galindo et al., 2023). Medications such as metformin, sulfonylureas, and insulin are commonly used to treat Type II diabetes, changes in patterns of life such as weight management, physical activities, and healthy eating, are essential to prevent and manage the disease (Padhi et al., 2020). Consistent monitoring of blood glucose levels and effective self-management of the condition are essential to prevent complications and enhance the quality of life (Maina et al., 2023).

Pakistan is encountering considerable public health issues due to the increasing prevalence of Type II diabetes. The International Diabetes Federation (IDF) reports that Pakistan ranks third in global diabetes prevalence, following China and India, with approximately 33 million affected adults. The prevalence of diabetes in Pakistan has risen from 11.77% in 2016 to 17.1% in 2019 (Azeem et al., 2022). Research has indicated different prevalence rates of Type II diabetes in Pakistan. A previous study revealed a pooled prevalence of 14.62% among 49,418 individuals (Akhtar et al., 2019). The National Diabetes Survey of Pakistan (NDSP) indicated an overall weighted prevalence of 26.3%, comprising 19.2% of

old diabetes cases and 7.1% of newly diagnosed cases (Basit et al., 2018).

Demographic factors significantly influence the increasing prevalence of Type II diabetes in Pakistan, with studies indicating that urban areas exhibit a higher rate of diabetes (17.72%) than rural areas (12.10%) (Azeem et al., 2022). This study indicates that alterations in dietary habits, including increased intake of processed foods and sugar-sweetened beverages, may be linked to the increasing prevalence of diabetes (Du et al., 2024). The study indicated that family history is a significant risk factor, with findings showing that individuals with a family history of diabetes are 2.68 times more likely to develop the disease (Denton & Fernandez, 2021). A study indicated that the prevalence of diabetes increases with age, peaking in the 65-74 years age group at 21.84% (Das & Kar, 2023). Obesity and hypertension are notable risk factors for diabetes, and research indicates a robust correlation between these conditions and Type II diabetes (Chanrasekaran & Weiskirchen, 2024). The prevalence of diabetes exhibits regional variations, with Sindh province reporting the highest rate at 19.25% and Khyber Pakhtunkhwa the lowest at 13.98% (Akhtar et al., 2019).

The relationship between diabetes and mental health is complex, with increasing evidence indicating a bidirectional connection (Liu et al., 2024). Individuals with diabetes worldwide exhibit an elevated risk of mental health disorders such as depression, anxiety, and diabetes distress (Busily et al., 2024). Another study indicated that individuals with diabetes exhibit a significantly higher prevalence of depression (17.8%) and anxiety (21.4%) than those without diabetes (Farooqi et al., 2022). Individuals with diabetes in Bangladesh frequently experience depression and anxiety (Al-Mamun et al., 2023). Depression is characterized by enduring feelings of sadness, hopelessness,

and disinterest in activities, whereas anxiety is characterized by excessive worry, fear, and avoidance (Eysenck & Fajkowska, 2018). Diabetes distress, a distinct form of psychological distress associated with diabetes management, significantly affects quality of life (Alwani et al., 2024).

The bidirectional association between diabetes and mental health problems has revealed that people with diabetes have a high risk of mental health issues, whereas those with mental health issues are at an elevated risk of developing diabetes (Liu et al., 2024). This relationship is influenced by several factors, such as the physical and emotional requirements of diabetes management, the effects of diabetes on daily activities, and stigma related to the condition (Ashraf & Cheng, 2024). Investigating the interplay between mental health and chronic illnesses, including diabetes, is essential for several reasons. Mental health problems significantly affect the quality of an individual's overall well-being (Akhaury & Chaware, 2022). Mental health issues can impair an individual's capacity to manage diabetes, resulting in adverse health outcomes (Busily et al., 2024). Examining mental health in chronic illnesses enables healthcare providers to create targeted interventions that support individuals with diabetes, thereby enhancing their overall health and well-being (Akif et al., 2024).

Cultural and contextual factors in Pakistan significantly influence the experiences of individuals with diabetes and their mental health. The collectivist culture of the country, which places a high value on family and social relationships, can exert both beneficial and detrimental effects on individuals with diabetes (Tariq et al., 2022). Family support serves as a crucial motivator for individuals with diabetes, facilitating condition management, and adherence to treatment plans (Busebaia et al., 2023). Conversely, familial expectations and pressures may

contribute to stress and anxiety, exacerbate mental health issues (Xu et al., 2024). Religion significantly influences Pakistani culture, with Islamic values and practices shaping individuals' comprehension and management of diabetes. Some individuals may perceive diabetes as a divine test and pursue spiritual guidance and support to manage their condition (Alramadhan et al., 2023). Social expectations regarding the maintenance of a healthy diet and regular physical activity can influence an individual's management of diabetes and mental health (Ulabayar et al., 2025). Gender roles and access to healthcare are significant cultural and contextual factors in Pakistan (Ali et al., 2022). Women encounter considerable obstacles to obtaining healthcare, such as restricted mobility, insufficient financial independence, societal norms related to caregiving and domestic responsibilities (Matin et al., 2021). These barriers may lead to delays in diagnosis and treatment, potentially worsening mental health conditions, such as depression and anxiety (Waumans et al., 2022).

Mental health stigma constitutes a considerable challenge in Pakistan, where mental illness is frequently perceived as a personal deficiency or an indication of weakness. The stigma surrounding mental health issues may hinder individuals from pursuing treatment, leading to delays in both diagnosis and care (Mansoor & Warsi, 2023). Mental health stigma has significant implications such as heightened symptoms of depression and anxiety, diminished quality of life, and lower treatment adherence (Ahad et al., 2023). Type II diabetes imposes a considerable burden on mental health. However, research on this topic in Pakistan remains limited. Research has predominantly concentrated on the physical dimensions of the disease, whereas the psychological and emotional experiences of individuals with Type II diabetes have received insufficient

attention (Sharif et al., 2023). This research gap underscores the necessity of investigating the mental health effects of Type II diabetes in Pakistan and the formulation of effective interventions to mitigate these concerns. This study employs the biopsychosocial model of health and illness as its theoretical framework (Engel, 1977). This model asserts that health and illness arise from combination of biological, psychological and social factors. This model posits that Type II diabetes encompasses combination of biological, psychological and sociological factors.

## Method

### Study Design

This study investigated the lived experiences of Type II diabetes patients in relation to mental health issues. The IPA method facilitates a thorough analysis of the lived experiences of diabetic patients with mental health issues, allowing the study of this complex phenomenon.

### Sample, Sampling Strategy and Setting

The current study involved 15 participants, comprising 7 women and 8 men, aged between 35 and 65 years, recruited from Department of Endocrinology and Diabetes, Services Hospital, Lahore. The study included only married patients with type II diabetes who reported psychological concerns and were recently diagnosed with diabetes for a duration of 6 months to 2 years because the study aimed to explore diabetes coping in the context of family and spousal support. In many cultures, including Pakistan, married individuals often rely on their spouses for practical and emotional support to manage chronic illnesses. Spousal partners are frequently the primary caregivers in chronic disease management, and living in supportive couple relationship has been shown to be essential for patient well-being. Patients with type I and gestational diabetes were excluded from the study. A purposive sampling technique was used to select

participants using a strategic method of recruiting individuals. The sample was purposefully selected in order to obtain in-depth information. Semi-structured interviews were conducted to collect data that were consistent with (Naz et al., 2022). Pilot testing was conducted on five participants, which suggested minor modifications to the ambiguous questions. The changes were made in the protocol according to the pilot study results. Finally, the researcher ensured that through interviews, he attained a saturated point.

### Data Collection

Data were collected at Department of Endocrinology and Diabetes, Services Hospital, Lahore in March 2025. Data were collected through interviews, and informed consent was obtained from each participant. Confidentiality and anonymity were ensured to the participants. They were also informed that they could withdraw from the study at any stage if they were not comfortable participating in it. The interviews were conducted by a researcher with expertise in qualitative techniques.

Initially, an interview guide was developed to examine the lived experiences of patients with Type II diabetes and their mental health problems. All participants spent 45-60 minutes on the interview. The interview guide contained several main questions and probing questions.

The main questions were as follows.

1. What are the emotional experiences of individuals with Type II diabetes in Pakistan and how do these experiences impact their mental health and well-being?
2. How do cultural beliefs and values influence the experiences of individuals with Type II diabetes in Pakistan?
3. What is the prevalence of anxiety, depression, and stress among individuals with Type II diabetes in Pakistan, and how do these mental health conditions impact affect their quality of life?

### Secondary Questions

1. How do shame, guilt, and stigma associated with diabetes contribute to emotional distress and social isolation among individuals with Type II diabetes?
2. What coping strategies do individuals with Type II diabetes in Pakistan use to manage their emotional burdens?

### Data Analysis

The main purpose of this study was to determine the lived experiences and mental health problems of patients with Type II diabetes. To explore the lived experiences of the individuals, data were collected using an ideographic and inductive approach. The data were analyzed using IPA (Smith & Osborn, 2015). Initially, the interviews were transcribed and analyzed through the participants' eyes to gain enriched information. Certain steps were taken to make them credible and trustworthy. Peer debriefing was conducted at various stages of the study (i.e., throughout recruitment, after

each interview, and during data analysis). Initial notes were taken and modified into emergent themes. In addition, emergent themes were subjected to clustering theme under superordinate themes. Finally, the superordinate and subordinate themes expressed the original verbatim of the participants; then, the interrelationships of the emergent themes were examined to ensure that nothing was out of context and misinterpreted.

### Results

Table 1 shows the participants' characteristics, including age, sex, education level, area of residence, and duration of Type II diabetes diagnosis.

Three superordinate themes emerged in the IPA of the data: (a) the emotional burden of diabetes, (b) cultural influences on diabetes experience, and (c) impact on mental health and well-being. The details are presented in Table 2.

**Table 1**

*Demographic Characteristics of the Participants (N= 15)*

Participants	Age	Gender	Level of Education	Area of Residence	Duration of Diagnosis
Participants 1	49	Women	Illiterate	Rural	1 Years
Participants 2	43	Men	Matric	Urban	2 Years
Participants 3	54	Women	Primary	Rural	2 Years
Participants 4	47	Women	Matric	Urban	1 Years
Participants 5	52	Men	Intermediate	Rural	1.5 Years
Participants 6	55	Women	Graduation	Urban	2 Years
Participants 7	53	Men	Graduation	Urban	1.7 Years
Participants 8	45	Men	Matric	Urban	2 Years
Participants 9	47	Women	Graduation	Urban	1.3 Years
Participants 10	56	Men	Matric	Rural	1 Years
Participants 11	51	Men	Graduation	Urban	1 Years
Participants 12	48	Men	Illiterate	Rural	2 Years
Participants 13	56	Women	Matric	Urban	1 Years
Participants 14	43	Women	Matric	Rural	1.3 Years
Participants 15	61	Men	Matric	Urban	1 Years

**Table 2***Superordinate Themes and Subordinate Themes that Emerged from Data Analysis (N= 15)*

Type II diabetes and Mental Health	Superordinate Themes		Subordinate Themes
	Emotional Burden of Diabetes		Internalized Shame and Guilt Stigma and Social Isolation Anger and frustration
	Cultural Influences on Diabetes Experience		Traditional Health Practices Family dynamics Social support
	Mental Health and Well-Being		Depression Anxiety Stress Lowering self-esteem Problematic Eating Patterns Quality of life
	Coping Mechanisms		Positive coping Maladaptive coping

**Emotional Burden of Diabetes**

The participants reported numerous emotional burdens related to diabetes. These pertain to internalized shame and guilt, stigma, social isolation, and anger and frustration.

**Internalized Shame and Guilt.** Internalized shame and guilt are common emotional experiences among individuals with Type II diabetes. These feelings can be triggered by various factors including societal expectations, personal expectations, and perceived failure to manage the disease, as demonstrated by the following statement:

*"...I feel like I have let my family down by developing diabetes. I'm ashamed to tell them about my diagnosis..."*

Another person stated the following.

*"...I blame myself for developing diabetes. If I had eaten better and exercised more, I wouldn't have gotten it..."*

These words demonstrate the feelings of shame and guilt that develop when one feels that they have failed to satisfy the expectations of others. In these statements, the participants believed that they had let their family down by having diabetes and

blamed themselves for developing diabetes because of their dietary and physical activity habits. These feelings can have a substantial impact on a person's mental health and wellness as well as a decrease in motivation to engage in healthy behaviors.

**Stigma and Social Isolation.** This is a common experience among people with Type II diabetes, which can be attributed to societal views on diabetes. Fear of being criticized or pitied, as well as fear of becoming a burden on others. Participants expressed:

*"...I don't like to tell people about my diabetes because I don't want them to think I'm weak or lazy..."*

This sentence emphasizes the shame attached to having diabetes. Individuals are concerned about being regarded as weak or lethargic by others, which can lead to humiliation and embarrassment, both emotionally and socially demanding. Another person stated the following.

*"...I'm missing out on social events because of concerns about my blood sugar levels. I do not want to be a burden on others..."*

The participant's statement highlighted the social isolation that could occur due to diabetes. People are concerned about their blood sugar levels and believe that they are losing out on social activities, which can lead to feelings of loneliness and detachment, as well as increased stress and low self-esteem.

**Anger and Frustration.** Anger and frustration are common experiences among individuals with Type II diabetes. These include feelings of injustice, frustration with treatment regimens, and a perceived lack of understanding from healthcare providers. The participant stated the following:

*"...I'm so angry that I got diabetes. I feel like it's not fair that I'm being punished for something I didn't do..."*

In this statement, the participant highlighted the anger and frustration that could arise from feeling like one has been unfairly diagnosed with diabetes. This participant felt punished for something they did not do. As another stated that:

*"...I'm frustrated with the constant monitoring and medication. I feel like I'm a slave to my diabetes and that I've lost control over my life..."*

The participant's statement also illustrates the frustration that they feel like they are constantly monitoring and managing their diabetes, and that this has taken over their lives. Another participant stated,

*"...I'm angry with my healthcare providers for not listening to me and for not taking my concerns seriously. I feel like they don't understand what it's like to live with diabetes..."*

This statement highlighted the anger and frustration that, according to them, healthcare providers do not listen to or understanding. The participants felt that their concerns were not being taken seriously and that their healthcare providers did not understand what it was like to live with diabetes. This can lead to feelings of resentment, bitterness, or hopelessness.

## Cultural Influences on Diabetes Experience

The theme of cultural influences on diabetes experiences highlights the significant role cultural factors play in shaping the experiences of individuals with type II diabetes. This theme encompasses various aspects of cultural influence including traditional health practices, family dynamics, and social support.

**Traditional Health Practices.** Traditional health practices refer to the use of non-conventional or non-Western approaches to diabetes management, such as herbal remedies, spiritual practices, or traditional healing methods. These practices are often deeply rooted in cultural traditions, and can provide a sense of comfort, connection to cultural heritage, and spiritual support. The participants stated the following:

*"...My grandmother used to give me herbal remedies to control my blood sugar levels. I still use them today because they make me feel more connected to my culture..."*

Participants' verbatim highlights the importance of cultural heritage in shaping health practices. The participants' use of herbal remedies was not only a way to manage their diabetes, but also a way to connect with their cultural roots and honor their grandmother's traditions.

Another participant stated,

*"...I was taught by my traditional healer to use spiritual practices to manage my diabetes. I pray and meditate every day to help control my blood sugar level..."*

This illustrates the role of spiritual practices in diabetes management. The participants' use of prayer and meditation provided a sense of spiritual support and comfort, which can be beneficial for overall health and well-being.

**Family dynamics.** Family dynamics refers to the relationships and interactions within an individual's family, which can impact their

experience of diabetes. This includes family members' attitudes towards diabetes, their level of support and involvement in diabetes management, and the impact of diabetes on relationships. Participants reported the following:

*"...my family is very supportive of my diabetes management. They help me with my medication and accompany me to doctor's appointment..."*

This finding highlights the positive impact of supportive family dynamics on diabetes management. The participant's family was actively involved in their care, providing emotional and practical support, which could enhance their psychological well-being and ability to manage their diabetes. Another participant stated,

*"...I feel like my family doesn't understand my diabetes. They think I'm just being lazy or not taking care of myself..."*

This demonstrates the negative impact of unsupportive family dynamics on diabetes management. The participant feels judged and misunderstood by their family, which can lead to feelings of frustration, guilt, and shame and can negatively impact their ability to manage their diabetes.

**Social Support.** Social support refers to the emotional, practical, and informational support provided by family, friends, and community members which can affect an individual's experience of diabetes. This includes support for diabetes management, emotional support, and social connection. The participant stated the following:

*"...I've joined a diabetes support group in my community. It's been helpful to connect with others who understand what I'm going through..."*

This finding highlights the positive impact of social support on diabetes management. Participants found a sense of community and connection with others who shared similar experiences, which could provide emotional support, practical advice, and a sense of

belonging. Another participant reported the following.

*"...I don't have many friends because I'm always worried about my diabetes. I feel like I'm a burden to others..."*

This illustrates the negative impact of lack of social support on diabetes management. The participant feels isolated and worried about being a burden to others, which can lead to feelings of loneliness, anxiety, and depression.

### **Mental Health and Well-being**

The themes of mental health and well-being highlight the complex emotional and psychological experiences of individuals with Type II diabetes. There are various aspects of mental health, including depression, anxiety, stress, self-esteem, eating patterns, and quality of life.

**Depression.** Depression is a common mental health issue experienced by individuals with Type II Diabetes. It can manifest as feelings of sadness, hopelessness, and loss of interest in activities. The participants stated the following:

*"... I feel like I'm stuck in a dark cloud, and I don't know how to get out. My diabetes diagnosis just makes me feel more hopeless..."*

This highlights feelings of hopelessness that can accompany depression. The participant felt overwhelmed and trapped by their diabetes diagnosis, which can exacerbate feelings of despair and helplessness. Another participant reported the following.

*"...I've lost interest in things I used to enjoy. I just feel like I'm going through the motions of managing my diabetes, but I'm not really living..."*

It depicts a loss of interest in activities that can be symptoms of depression. The participant feels disconnected from the activities they once enjoyed and is merely going through the motions of managing their diabetes without any sense of purpose or fulfillment.



**Anxiety.** Anxiety is another common mental health issue associated with Type II diabetes. It can manifest as feelings of worry, fear, and apprehension regarding diabetes management. The participant stated the following:

*"...I am always worried about my blood sugar levels. I'm afraid of having a hypo or hyper and not being able to control it..."*

This highlights the fear of uncontrolled blood sugar levels, that can contribute to anxiety. The participants were constantly worried about the potential consequences of uncontrolled blood sugar levels, such as experiencing a hypo- or hyper-episode. Another participant reported the following.

*"...I feel like I'm constantly on edge, waiting for something to go wrong with my diabetes..."*

*"...I'm afraid of losing my limbs or going blind due to diabetes, I do not want to be a burden on my family..."*

This participant's statement emphasized the anxiety that might emerge when managing blood sugar levels. The participant was concerned about developing hypoglycemia or hyperglycemia and being unable to control it. Another person stated the following. The participant's statement also exemplifies concerns regarding problems associated with diabetes. This can lead to greater stress, decreased motivation to engage in healthy behaviors, and a lower quality of life.

**Stress.** Stress is a significant factor affecting the lives of individuals with Type II diabetes. It can arise from the management of diabetes, fear of complications, and concerns regarding the impact of diabetes on daily life. The participants stated the following:

*"...Managing my diabetes is a full-time job. I feel like I'm constantly stressed about something my blood sugar levels, my medication, my diet..."*

This highlights the feeling of being overwhelmed by demand for diabetes

management. Participants felt that they were constantly stressed about various aspects of their diabetes care, which could be exhausting and burdensome. Another participant reported the following.

*"...I feel like I'm under a lot of pressure to manage my diabetes perfectly. If I make a mistake, I feel like I've failed..."*

This demonstrated the pressure to manage diabetes perfectly, which can contribute to stress. The participant feels like they are under a lot of pressure to perform flawlessly in managing their diabetes and that any mistakes will result in feelings of failure.

**Lowering Self-Esteem.** Low self-esteem is a common experience among individuals with Type II diabetes. It can manifest itself as self-talk, self-blame, and feelings of inadequacy. Participants reported the following:

*"...I feel like I'm not good enough because I have diabetes. I feel like I've let myself and my family down..."*

This highlights the negative self-talk and self-blame that can accompany lower self-esteem. The participants felt that they were not good enough because of their diabetes diagnosis and that they had let themselves and their loved ones down. Another participant stated,

*"...I feel like I'm defined by my diabetes. I'm not just a person, I'm a diabetic..."*

It depicts the feeling of being defined solely by a diagnosis of diabetes. The participant feels that their identity is now centered on their diabetes rather than their overall personhood, which can impact their well-being and quality of life.

**Problematic Eating Patterns.** Problematic eating patterns, such as disordered or unhealthy eating habits, can be challenging for individuals with Type II diabetes. These patterns can affect the blood sugar levels and overall health. Participants narrated the following:

*“...I use food to cope with my stress and anxiety about my diabetes. I know it’s not healthy, but it’s hard to stop...”*

This finding highlights the use of food as an emotional coping mechanism. The participants used food to manage their stress and anxiety related to their diabetes despite knowing that it was not a healthy behavior. Another participant stated the following.

*“...I feel like I’m constantly restricting myself because of my diabetes. I feel like I’m missing out on enjoying food and social events...”*

This illustrates the feelings of restriction and deprivation that can occur when managing diabetes through diet. The participants felt that they were constantly limiting themselves and were missing from their enjoyable experiences. Problematic eating patterns can affect blood sugar levels and emotional well-being.

**Quality of life.** Quality of life is an important aspect of mental health and well-being in individuals with Type II diabetes. It can be affected by factors, such as diabetes management, social support, and overall health. Participants reported the following:

*“...my diabetes diagnosis has really impacted my quality of life. I feel like I’m missing out on things I used to enjoy...”*

This highlights the loss of enjoyment and activities that can occur as a result of living with Type II Diabetes. The participants felt that their diabetes diagnosis limited their ability to participate in the activities they enjoyed. Another participant reported the following.

*“...I feel like my diabetes management is taking over my life. I feel like I’m just existing, not really living...”*

It depicts the feeling of existence, rather than living, that can occur when diabetes management becomes overwhelming. The participants felt that their lives were being consumed by their diabetes management,

leaving little room for other aspects of life which reduced their quality of life.

### **Coping mechanisms**

Coping mechanisms are strategies used by individuals with Type II diabetes to manage their mental health and wellbeing.

**Positive coping.** Positive coping mechanisms, such as problem-focused coping, emotional regulation, and social support, can help individuals with Type II diabetes manage their mental health and wellbeing. Participants reported the following:

*“...I’ve learned to accept my diabetes diagnosis and focus on what I can control. I’ve started to exercise regularly and eating healthier...”*

This illustrates the importance of acceptance and self-management for coping with diabetes. Another participant reported the following.

*“...I try to focus on the positive aspects of my life and not let my diabetes diagnosis get me down... I have learned to express my emotions and not bottle them. It’s helped me manage my stress and anxiety related to my diabetes...”*

This highlights the importance of maintaining a positive focus and expressing emotions in managing stress- and anxiety-related diabetes. Participants could cope better with the emotional challenges of living with diabetes.

**Maladaptive Coping.** Maladaptive coping mechanisms, such as avoidance, denial, smoking, and the use of other substances, can exacerbate mental health issues and negatively impact overall health. Participants reported the following:

*“...I try to avoid thinking about my diabetes as much as possible. I don’t want to deal with it...”*

It depicts the use of avoidance as a maladaptive coping mechanism in that, by avoiding thoughts about their diabetes, the participants may be temporarily relieved

from stress and anxiety, but this coping mechanism can ultimately exacerbate mental health issues and negatively impact their overall health. Another participant reported the following.

*“...I have started smoking to cope with the stress of my diabetes. I know it’s not healthy, but it helps me forget about my worries...”*

This highlights the use of substances as a maladaptive coping mechanism. Smoking may provide temporary relief from mental health issues, but it can have serious negative consequences on mental health, including an increased risk of cardiovascular disease, respiratory problems, and other complications.

### Discussion

Type II diabetes is a chronic condition affecting millions of people worldwide. While the physical aspects of the disease are well-documented, the emotional, cultural, and psychological experiences of individuals living with Type II diabetes are equally important. We focused on married individuals to specifically examine spousal support, given the evidence that spouses often assume key caregiving roles in chronic illnesses. Focusing on married patients allowed us to investigate dynamic dyadic support, which was the research question of this study. The findings of a qualitative study that explored the lived experiences of individuals with Type II diabetes highlighted their emotional burden, cultural influences, mental health, and coping mechanisms. The biopsychosocial model of chronic illness, or social support theory, contextualizes how social and emotional factors influence diabetes management. Global mental health initiatives, such as the world health organization (WHO) Mental Health Gap Action Program, emphasize the integration of mental health care into chronic disease management. Owen-Gary et al. (2018) emphasized the importance of addressing the

psychological and social aspects of diabetes care, citing the impact of diabetes-related distress, depression, and anxiety on glycemic control and quality of life.

The findings of the current study are consistent with those of previous studies that have highlighted the emotional burden of diabetes. Participants’ experiences of internalized shame and guilt, stigma and social isolation, anxiety and fear of complications, and anger and frustration. These emotions can arise from various sources, including societal and, personal expectations, and perceived failure to manage the condition (Prizeman et al., 2023). Dolezal (2022) found that individuals with Type II diabetes often experience feelings of guilt and shame related to perceived failure to manage their condition, which can exacerbate emotional distress. Paudel et al. (2023) found that individuals with Type II diabetes experience significant anxiety and fear related to complications, which can impact their mental health and well-being.

This study also highlights the significance of cultural influences on the experience of diabetes. The participants' use of traditional health practices, such as herbal remedies and spiritual practices, was consistent with previous research emphasizing the importance of cultural heritage in shaping health practices (Latif, 2020). Family dynamics and social support are also crucial in determining participants' ability to manage their diabetes, which is consistent with previous research highlighting the importance of social support in diabetes management (Almubaid et al., 2024). Similarly, a qualitative study by (Shiyanbola et al., 2018) explored cultural influences on diabetes self-management among African Americans, revealing the importance of cultural heritage and traditional health practices in shaping health behaviors. Another study (Hasan et al., 2024) found that

social support from family and friends is a critical factor in diabetes self-management. Mental health and well-being were also consistent with those reported in previous study. Participants' experiences of depression, anxiety, stress, lowered self-esteem, problematic eating patterns, and reduced quality of life were similar to those reported in other studies (Sander et al., 2021). This study highlights the complex emotional and psychological experiences of individuals with Type II diabetes, which is consistent with previous research that has also shown that individuals with Type II diabetes often experience a reduced quality of life, including decreased physical and emotional well-being (Morales-Brown et al., 2024). Akshatha and Nayak (2024) found that individuals with Type II diabetes experience a significant stress and anxiety related to managing their condition, which can impact their mental health and well-being. Hasan et al. (2024) found that individuals with Type II diabetes often experience disordered eating patterns, including binge and restrictive eating, which can affect glycemic control and overall health. This study identified both the positive and maladaptive coping mechanisms used by individuals with Type II diabetes. Positive coping mechanisms, such as problem-focused coping, emotional regulation, and social support, can help individuals manage their mental health and well-being (Mansoor & Warsi, 2023). In contrast, maladaptive coping mechanisms, such as avoidance, denial, or substance use, can exacerbate mental health issues and negatively impact overall health (Ahad et al., 2023).

### **Conclusion**

This study highlights the importance of considering the emotional, cultural, and psychological experiences of individuals with Type II diabetes. Healthcare providers should acknowledge the emotional burden of diabetes and provide support and resources to

help individuals manage their condition. Cultural sensitivity and awareness of traditional health practices can also enhance care provided to individuals with Type II diabetes. Positive coping mechanisms and addressing maladaptive coping strategies, healthcare providers can help individuals with Type II diabetes improve their mental health and well-being and reduce the risk of complications.

### **Implications**

**Need for integrated diabetes care:** These findings highlight the importance of addressing both the physical and mental health aspects of diabetes management. Healthcare providers should adopt a culturally relevant holistic approach that incorporates psychological support and medical treatment. Our findings also highlight the need for culturally sensitive communication and counseling because they show how cultural beliefs influence coping, so intervention should be tailored to those beliefs.

### **Limitations & Recommendations**

In the current study, participants who were recently diagnosed with diabetes were recruited because coping and resilience often develop over time, and future research should examine individuals with longer diabetes duration. The generalizability to lower socioeconomic groups may be limited. Future studies could include a more socioeconomically diverse sample. The current study was conducted only on married individuals because the study was contextualized in a spousal dyadic relationship and our findings are based on a specific and homogeneous group, which limits its generalizability to unmarried populations.

### **Ethics Statement**

All the ethical standards of APA were met. Informed consent was taken in written form

from all the respondents to participate in this study.

### Contribution of Authors

Sohail Aslam: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft  
Amna Rizvi: Methodology, Writing - Reviewing & Editing, Supervision  
Sadaf Rehman: Methodology, Writing - Reviewing & Editing

### Conflict of Interest

There is no conflict of interest declared by the authors.

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### Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [S.R.] upon the reasonable request.

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