



Self-compassion directly and indirectly predicts dietary adherence and quality of life among adults with celiac disease



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ABSTRACT

Strict adherence to a gluten-free diet (GFD) is the only treatment for preventing both short- and long-term consequences of celiac disease. Given that following a strict GFD can be difficult, evidence-based strategies are needed to improve the psychological experience of living with celiac disease and following the GFD. Self-compassion appears to be an important component of effectively self-regulating one's behavior to cope with a chronic disease. The main goal of this study was to examine the relationships between self-compassion and management of celiac disease as assessed by (a) adherence to a strict GFD and (b) celiac-specific quality of life (CQoL). The secondary goal of this study was to explore self-regulatory efficacy (i.e., confidence in one's ability to self-manage behavior to follow a strict GFD) and concurrent self-regulatory efficacy (i.e., one's confidence to self-manage other valued life goals while following a strict GFD) as mediators of the relationship between self-compassion and the primary outcomes (adherence and CQoL). In this prospective study, 200 North American adults diagnosed with celiac disease completed online questionnaires at two time points (baseline and 1 month later). Self-compassion at baseline *directly* predicted stricter adherence (at Time 2; $b = -0.63$, $p = 0.006$) and enhanced CQoL (at Time 2; $b = -0.50$, $p = 0.001$). Further, self-compassion (at Time 1) also *indirectly* predicted stricter Time 2 adherence through self-regulatory efficacy (at Time 1; $b = -0.26$, 95% CI [-0.58, -0.04], $R^2 = 0.29$) and enhanced Time 2 CQoL through concurrent self-regulatory efficacy (at Time 1; $b = -0.07$, 95% CI [-0.14, -0.03], $R^2 = 0.33$). This was the first study to assess the effects of self-compassion in relation to the psychological experience of coping with celiac disease and following a GFD. The findings indicate that self-compassion, self-regulatory efficacy and concurrent self-regulatory efficacy are important cognitions in understanding adherence to a GFD and CQoL among adults with celiac disease.

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Celiac disease is one of the most prevalent chronic gastrointestinal diseases in developed countries (Lionetti, Gatti, Pulvirenti, & Catassi, 2015). Individuals with celiac disease typically report a range of physical (i.e., gastro-intestinal upset, migraines, body pain) and/or psychological (e.g., depression, anxiety) symptoms (Green & Jabri, 2006; Guandalini & Assiri, 2014). Strict adherence to a gluten-free diet (GFD) is the only treatment for preventing both short- and long-term consequences from celiac disease (e.g., gastro-intestinal distress, intestinal cancers, osteoporosis, infertility; Green & Cellier, 2007) and is often associated with improvements in quality of life (Mustalahti et al., 2002; Nachman et al., 2009; Nachman et al., 2010; Roos, Karner, & Hallert, 2006). However, a recent review found that

quality of life does not always improve upon initiation of a GFD (Zingone et al., 2015). Indeed, many individuals with celiac disease report that the lack of alternative treatments to the GFD has a negative impact on their quality of life (Zingone et al., 2015) and/or continue to experience negative psychological symptoms such as anxiety and depression (Casellas et al., 2015). Further, following a GFD can be difficult. Findings from a review of the literature suggest that there is variation in the rates of strict adherence to a GFD and that a large proportion of individuals with celiac disease appear to struggle to achieve and maintain strict adherence (Hall, Rubin, & Charnock, 2009).

Recently, Sainsbury, Mullan, and Sharpe (2013a) found that adaptive coping strategies were associated with positive attitudes, perceptions of control and intentions to adhere to a GFD among adults with celiac disease. Based on their findings, Sainsbury et al. (2013a) called for the development of evidence-based strategies to improve coping with celiac disease. While previous research has

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identified a range of positive outcomes associated with strict adherence to a GFD (e.g., Green & Jabri, 2006; Nachman et al., 2010; Roos et al., 2006), evidence-based strategies are needed to improve adherence to a strict GFD and the psychological experience of coping with celiac disease. One such programme that included strategies to target coping and self-efficacy among others, and which demonstrated positive effects on adherence, has been published to date (Sainsbury, Mullan, & Sharpe, 2013b). Drawing from health psychology literature, self-regulation and self-compassion have been identified as important components of adherence to a medical regimen and coping with chronic diseases (e.g., youth coping with asthma; Clark, Gong, & Kaciroti, 2014; Terry & Leary, 2011).

Self-regulation is the process through which individuals self-manage their behavior (Bandura, 2005). This process of self-regulation involves four main components, self-monitoring, goal-setting, planning and reflecting. Research shows that people can be taught how to self-regulate (Baumeister, Gailliot, DeWall, & Oaten, 2006), and that one's confidence to self-manage their behaviors to achieve a desired outcome (i.e., self-regulatory efficacy) is an important determinant of health behaviors (e.g., physical activity during arthritis flares; Gyurcsik, Brawley, Spink, & Sessford, 2013). In regard to celiac disease, higher self-regulatory efficacy directly predicts fewer instances of accidental gluten consumption and indirectly predicts fewer instances of purposeful gluten consumption through intentions (Dowd, Chen, Jung, & Beauchamp, 2015). Based on Dowd et al. (2015) finding, self-regulatory efficacy appears to be an important cognition involved in adherence to a GFD among adults with celiac disease. In addition to self-regulatory efficacy to follow a strict GFD, one's confidence to self-manage other valued life goals while following a strict GFD could influence one's ability to self-manage a chronic disease (i.e., concurrent self-regulatory efficacy; Jung & Brawley, 2013). Indeed, if one does not feel confident to follow a strict GFD at the same time as managing other valued life goals (e.g., work or family commitments), the person is unlikely to be able to strictly adhere to a GFD (Jung & Brawley, 2011). As such, further inquiry regarding factors that facilitate effective self-regulation among people coping with celiac disease and managing other valued life goals is warranted.

It has been suggested that self-compassion may be directly related to self-regulatory cognitions (Terry & Leary, 2011). Self-compassion is simply giving oneself the same kindness and caring that one typically gives to other people; it is a positive way of relating to oneself that involves self-kindness, mindfulness, and a sense of common humanity (feeling socially connected to other people; Neff, 2003). Specifically, Terry and Leary (2011) theorized that people who are more self-compassionate are more likely to be able to effectively self-regulate because they are less judgmental when they self-monitor, set more realistic, growth oriented goals and reflect on progress in a kinder, caring manner. People who are higher in self-compassion report greater quality of life (Van Dam, Sheppard, Forsyth, & Earleywine, 2010), life satisfaction (Neff, 2003) and well-being (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). In addition, self-compassion is associated with more adaptive coping strategies (Neff, Hsieh, & Dejitterat, 2005) and more personal initiative and responsibility in the general population (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, Rude, & Kirkpatrick, 2006) and in chronic disease populations (Sirois, Molnar, & Hirsch, 2015). Sirois, et al. (2015) found that higher levels of self-compassion were associated with better coping strategies and outcomes among adults coping with inflammatory bowel disease or arthritis. Given the similarities in coping with inflammatory bowel disease and celiac disease (i.e., strict diet with the patients often dealing with a variety of digestive struggles), self-compassion holds high potential for promoting positive coping for

individuals with celiac disease. The effects of self-compassion on people managing celiac disease have yet to be explored.

It is important to acknowledge the numerous demands on someone coping with a chronic disease such as celiac disease. In addition to being extremely diligent about what food they eat at all times which often involves extra cooking time and shopping and specialty store, individuals with celiac disease often have multiple additional demands on their time such as doctors appointments to manage other associated concurrent conditions (e.g., Hashimotos hypothyroidism, osteoporosis, infertility; Canova et al., 2016; Tersigni et al., 2014). If a person can practice self-compassion to help them cope with these multiple demands on their daily life, it is likely to reduce negative thoughts, increase positive thoughts and health self-efficacy (Sirois, 2015; Sirois, Kitner, & Hirsch, 2015; Sirois et al., 2015), thereby reducing total cognitive load. As such, people with celiac disease who practice self-compassion are more likely to have more cognitive resources left to effectively self-regulate (i.e., better adherence to a GFD), and manage multiple valued life goals (e.g., increase CQoL because multiple areas of life are attended to). Given that these outcomes are all implicated in adaptive coping with celiac disease, self-compassion is likely to be associated with effective self-management of celiac disease. With this in mind, the overall purpose of this study was to examine self-compassion in relation to celiac specific quality of life (CQoL) and adherence to a GFD among adults with celiac disease.

1. The current study

The main aim of this study was to examine the relationships between self-compassion and the primary outcomes, (a) adherence to a strict GFD and (b) CQoL. The secondary aim of this study was to explore the indirect relationships between self-compassion and the primary outcomes, through self-regulatory efficacy and concurrent self-regulatory efficacy. It was hypothesized that higher self-compassion would directly predict stricter adherence to a GFD and higher CQoL. Furthermore, based on Terry and Leary (2011), it was hypothesized that self-regulatory efficacy and concurrent self-regulatory efficacy would mediate the relationships between self-compassion and the primary outcomes (adherence and CQoL).

2. Methods

2.1. Participants and design

Institutional ethical approval was obtained from our institutional behavioral research ethics board before data were collected. Participants were recruited through postings on celiac and gluten-free social media online portals, associations for people with celiac disease as well as emails to members of the Canadian Celiac Association and the National Foundation for Celiac Awareness. Individuals interested in participating in the study were asked to contact the first author and were subsequently sent an information letter, asked to consent to participate online and then completed an online questionnaire (Time 1). One month later participants were contacted again to complete a follow-up questionnaire (Time 2). Two-hundred and twenty North American adults ($M_{\text{age}} = 44.02$ yrs; 91% female) with blood test and/or biopsy confirmed diagnosis of celiac disease completed the baseline questionnaire and 200 completed the same questionnaire at 1-month follow-up between September 2014–June 2015. Individuals were eligible to participate in this study if they had been diagnosed with celiac disease ($M_{\text{years since diagnosis}} = 7.85$, $SD = 7.85$), were at least 18 years of age, had regular access to and were competent with computers and the Internet, and were fluent in English. Participants were entered in a draw to win one of four \$50 Visa gift cards.

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