This work is dedicated to my children. You have made me stronger, better and more fulfilled than I could have ever imagined. I love you to the moo and back.	

ACKNOWLEDGEMENTS

I am grateful to everyone who has helped me in my struggle to achieve my dream of becoming a Ph. D. I would first like to thank Caroline Gaither, who has given much time, effort and knowledge to aid in the completion of this dissertation. She has cultivated an appreciation for teaching and mentoring students by her example. Thank you for your patience and friendship. I would also like to think Rick Bagozzi, whose wisdom and experience was greatly appreciated. My sincere thanks to Trisha Wells for her assistance with the pilot test and patient recruitment phase and for her insight regarding patient attitudes and behaviors. I will miss the many conversations that I had with Nancy Lewis regarding her experiences with her patients, these stories helped to refine and direct my current stream of research. And lastly, I would like to thank Renee Anspach, whose class I took years ago sparked an interest in identity and who has graced the committee with her enthusiasm and expertise.

Many others have been instrumental in this process. I would like to acknowledge their role in the completion of my work. I appreciate the generous assitance of Dean Frank Ascione, who aided in the funding of this project and who has inspired me throughout my career at the University of Michigan. Without the financial support of the C.R. Walgreen III Fellowship and the Henry Arbour

Scholarship, the completion of this degree would not have been possible. The faculty and staff in the Social and Administrative Sciences department and the PICO group also deserve recognition: Suzan Kucukarslan, Lynn Phanuef, and Duane Kirking for the sharing of their knowledge and expertise, commaraderie and rapport.

Many thanks go to my fellow students Anita Ou, Alvin Wu, Hsien-Chang Lin, Jongwha Chang, Isha Patel, Alla Iaconi and Justin Gatwood, who have provided friendship and support, and with whom I have shared laughter, frustration and companionship. A special thank you to Daniel Lane, our friendship will not be forgotten long after we both graduate. The best of luck to you in all of your endeavors!

I cannot begin to express my gratitude to my family for all of the love, support, encouragement and prayers they have sent my way along this journey. To my parents, thank you for being my champions throughout the past 32 years. Your unconditional love and support has meant the world to me, I hope that I have made you proud. To my siblings, the rivalry between us has pushed me to succeed. I am so proud of all of your accomplishments and share in all of the joys in your lives. To my grandparents, thank for you for believing in me and for all of your help with the boys when I needed it the most. To my boys, Sam and Caleb, you are my inspiration to achieve greatness. Without you, I would not be

where I am today. And to my Ryan, thank you for being there for me at the end of the day. Your love is what has gotten me through when I wanted to give up.

Finally, I am grateful to have had the privelege of attending the prestigious University of Michigan. This experience has afforded me the opportunity to work with some of the best and brightest, and the resources for me to achieve great success. Thank you for this opportunity.

TABLE OF CONTENTS

Dedication	ii
Acknowledgements	iii
List of Tables	xii
List of Figures	XV
List of Appendices	XV
Chapter	
1. INTRODUCTION	
Statement of the Problem	1
Nature of the Research Project	5
Theoretical Background	7
Components of Social Identity Theory	12
Study Aims	13
Significance	13
Hypotheses	15
Notes to Chapter 1	16
2. LITERATURE REVIEW	22
Chapter Overview	22
The Incidence of Diabetes	22

Explanation of and the relationships between key study constructs	27
Illness identity	27
Illness representations and perspectives	28
Acceptance of diagnosis and the development of illness identity	32
Social Identity	36

	The relationship between illness identity and social identity	39
	Accepting chronic illness: implications for social identity	44
	Illness and its impact on social relationships with others	48
	Support Groups	52
	Online Support Groups	60
	Relationship between social identity and support groups	70
	Goal Setting and Achievement	73
	Relationship between support group participation and goals	78
	Conclusion	87
	Notes to Chapter 2	91
3.	METHODS	. 101
	Chapter Overview	. 101
	Selection of Methodological Approach	. 101
	Sample Size	. 102
	Sample Selection	. 104
	Inclusion	. 105
	Exclusion	. 105
	Data Collection	. 106
	Pilot study	. 106
	Pretest	. 108
	Description of the Online Survey	. 109
	Measures	. 109
	Questions for Demographic and Diabetes Information	. 110
	Illness Identity variables	. 111
	Social Identity variables	. 113
	Goal related variables in the study	. 115
	Support group identity and participation variables	. 117

	Support group identity variables	119
	Other support group variables	121
	Survey administration	122
	Incentives	123
	Analysis Plan	123
	Evaluation of Non-response Bias	124
	Construct Validation	124
	Reliability Analyses	125
	Construct/Variable Creation and Scoring	125
	Factor Analysis	126
	Hypothesis Testing	130
	Pilot Test and Pretest Results	138
	Pilot test results	138
	Demographics of the pilot test population	139
	Changes made to the initial pilot survey	140
	Pretest response rates	140
	Pretest Results	141
	Confirmatory Factor Analysis of Pretest	144
	Notes to Chapter 3	148
4.	RESULTS	150
	Chapter Overview	150
	Response Rate	151
	Non-support group users	153
	Study variables	157
	Non-support group Respondents versus Support group Respondents	165
	Main survey measures: Differences in mean scores betwee groups	

	Diabetes Control and Friends and Family Support	168
	Diabetes-related Emotions	169
	Diabetes Impact on Life	170
	Diabetes assistance and impact on relationships	171
	Social Identity	172
	Self-esteem	173
	Work-life Balance	174
	Goal Behavior	175
	Evaluation of Measures	177
	Cronbach's α	177
	Exploratory Factor Analysis	180
	Confirmatory Factor Analysis	182
	Structural Models	189
	Hypothesis Testing	191
	Non-Support Group Users	194
	Support group members	214
5.	DISCUSSION OF RESULTS	217
	Chapter Overview	217
	Introduction	217
	Hypotheses	218
	Discussion of the Demographic Results	221
	Comparisons between the study groups on main study variables	228
	Diabetes variables	228
	Diabetes Control and Family and Friend Support	230
	Goal behaviors	232
	Testing Aim 1	233
	Testing Aim 2	241

	Testing Aim 3	242
	Testing Aim 4	244
	Notes to Chapter 5	250
6. CON	CLUSIONS	252
	Chapter Overview	252
	Summary of Study Aims	253
	Aim 1	253
	Aim 2	255
	Aim 3	255
	Aim 4	256
	Implications of the Results for Health Care Delivery	257
	Implications of the results on the use of Social identity theory	259
	Study Limitations	261
	Future Studies	265
	Conclusions	267
	Notes to Chapter 6	269
Appendices.		270
Bibliography	,	300

LIST OF TABLES

Table 3.1: Description of Demographic and Diabetes variables in study	. 111
Table 3.2: Illness and Social Identity related variables in study	. 115
Table 3.3: Goal related variables in study	. 117
Table 3.4 : Support group identity and participation variables in study	. 120
Table 3.5: Demographic frequencies of the pretest population	. 142
Table 3.6: Confirmatory Analysis of Proposed Illness and Social Identity Constructs	. 147
Table 4.1: Descriptive statistics of demographic information for Non-su156pport group users	. 155
Table 4.2: Descriptive statistics of demographic information for Support group users	. 156
Table 4.3: Frequencies of Responses for emotion Variables for Support Group Users	. 158
Table 4.4: Frequencies of Responses for Emotion Variables for Non-support Group Users	. 159
Table 4.5: Frequencies of support group interaction	. 162
Table 4.6: Frequencies of outcomes of support group interaction	. 163
Table 4.7: Frequencies of benefits of support group interaction	. 164
Table 4.8: t-tests for group differences on diabetes variables	. 167
Table 4.9: t-tests for group differences on diabetes control beliefs and friends and family support	. 169
Table 4.10: t-tests for group differences on diabetes emotions	. 170
Table 4.11: t-tests for group differences on diabetes impact on present and future life	. 171

Table 4.12: t-tests for group differences on assistance with diabetes care and impact of diabetes on relationships with others.	. 172
Table 4.13: t-tests for group differences on social identity	. 173
Table 4.14: t-tests for group differences on general self-esteem	. 174
Table 4.15: t-tests for group differences on diabetes impact on work-life balance	. 174
Table 4.16: t-tests for group differences on goal setting	. 175
Table 4.17: t-tests for group differences on goal self-efficacy	. 176
Table 4.18: t-tests for group differences on goal achievement	. 177
Table 4.19: Reliability of Survey Instruments	. 179
Table 4.20: Item Loadings for Main model constructs	. 181
Table 4.21: Non support group Main model Correlation Matrix	. 184
Table 4.22: Support Group Main model Correlation Matrix	. 185
Table 4.23: Confirmatory Analysis of the Main Study Model for Non-Support Group Users	. 186
Table 4.24: Confirmatory Analysis of the Main Study Model for Support Group Users	. 186
Table 4.25: Support group participation correlation matrix	. 188
Table 4.26: Standardized Estimates of the Structural Model for Non-Support Group Users	. 190
Table 4.27: Standardized Estimates of the Structural Model for Non-Support Group Users	. 190
Table 4.28: Standardized Estimates for the Betas and Gammas of the Main Study Model for Support group Users	. 193
Table 4.29: Variances explained by the Main Study Model for Support group users	. 194
Table 4.30: Standardized Estimates for the Betas and Gammas of the Main Study Model for Non-support group Users	. 196
Table 4.31: Variances explained by the Main Study Model for Non-support group users	. 197
Table 4 32: Multiple Groups Analysis	198

Table 4.33: Moderated mediation regression results for Aim 2-Lifestyle goals related to SMBG and avoiding certain foods
Table 4.34: Moderated mediation regression results for Aim 2-Lifestyle goals related to eating healthy, exercising and conducting foot exams
Table 4.35: Moderated mediation regression results for Aim 3-Medication goals203-204
Table 4.36: Moderated mediation regression results for Aim 3- Lifestyle goals related to SMBG and avoiding certain foods
Table 4.37: Moderated mediation regression results for Aim 3-Lifestyle goals related to eating healthy, exercising and conducting foot exams 208-209
Table 4.38: Moderated mediation regression results for Aim 3-Medication goals210-211
Table 4.39: Bootstrapping Estimates
Table 4.40: Test of low versus high support group participation
Table 4.41: Test of low versus high support group identity
Table 4.42: Bonferroni Multiple Comparisons ANOVA between subjects with HbA1c values below 6.0 and above 8.0

LIST OF FIGURES

Figure 1.1: Conceptual model of the relationships between identity, support group participation, goal setting and goal achievement
Figure 2.1: Depiction of Leventhal's Illness Appraisal and Coping Mode 29
Figure 2.2: Depiction of The Shifting Perspectives Model of Chronic Illness 30
Figure 2.3: Depiction of Kubler-Ross Stages of Grief Model
Figure 3.1: Hypothesized moderated mediation model for Aim 2
Figure 3.2: Hypothesized moderated mediation model for Aim 3
Figure 3.3: Preacher and Hayes model
Figure 3.4: Confirmatory Factor Analysis of Proposed Illness and Social Identity Measures
Figure 4.1: Confirmatory Factor Model with Lisrel Notation
Figure 4.2: Structural Equation Model for Support group members
Figure 4.3: Structural Equation Model for Non-support group members 199
Figure 4.4: Moderated mediation model for Aim 2
Figure 4.5: Moderated mediation model for Aim 3
Figure 5.1: Study Theoretical Model

LIST OF APPENDICES

Appendix

Α.	Subject Recruitment Script and Consent Form	271
В.	Survey Instrument	274