Chapter Ten

Emotional factors and general considerations

As any diabetic knows, diabetes forces one into a pattern of being constantly aware of one's illness so that the diabetes becomes completely enmeshed into day to day living. The implications of diabetes in the lives of patients are all-encompassing – from simple food preferences to major decisions regarding marriage, career, and holiday planning. Each diabetic will cope with his illness in a highly individual way. Usually, there are three basic well recognized patterns:

(1) *Rejection* – Unfortunately, many diabetic patients, reject their diabetes. ('If I pretend it doesn't exist, maybe it will go away.' ) This is a completely irrational approach and usually is present in patients who lack a complete understanding of the disorder, often because they don't want to know. As must already be evident, people who adopt this approach to their diabetes will sooner or later head for disaster. Unfortunately, these patients, being the very ones who most urgently need advice and treatment, are just the patients who shun doctors. This attitude is most often seen in teenage diabetics, probably as part of the 'adolescent revolt'. Fortunately, most of these patients eventually develop a more mature attitude and it is not uncommon for diabetics in their late teens or early twenties to present rather sheepishly to a doctor, asking to be disciplined and stabilized. If you have diabetes, the sooner you come to terms with it, accept it and adapt your lifestyle accordingly, the happier, healthier and more emotionally stable you will become.
(2) **Obsession** – A small proportion of diabetic patients take their diabetes so seriously that they read avidly any material on the subject (a good thing, if approached with the right mental attitude), test their urine eight times a day, count calories to the last one and measure carbohydrate, protein and fat intake to the final crumb. Clearly, this approach will lead these people into a completely regimented, unaltering and extremely dull lifestyle. While they may assure themselves of a longer healthier life, the anxiety engendered by this obsession makes both them and the people around them unhappy, and certainly reduces the quality of life. This sort of strict regimentation is really not necessary. One young diabetic man was so obsessive that he tested his urine every 2 hours, reacting completely irrationally at the first sign of sugar in the urine. The anxiety itself was sufficient to increase the blood sugar level so that his diabetes was extremely brittle. He then injected himself with extra insulin to counteract this, sometimes injecting himself 5 or more times a day. His diabetes ruled his life to the extent that he had no time or interest in any other activity, had no friends and had great difficulty in maintaining a job. After intensive psychiatric counselling he was instructed to test his urine once a day only. He kept this up for only one week before breaking down completely and reverting to his previous pattern. This unfortunate patient still remains as obsessive as ever and has reconciled himself to this, despite all attempts to wean him of this habit.

(3) **Intelligent acceptance** – This is by far the most healthy approach to the diabetic state. Certainly, if one has diabetes, one has to live with it, but with intelligent forethought and insight it soon becomes evident that apart from minor alterations in lifestyle there is nothing stopping any diabetic from living a normal, fulfilling and varied life.

Most diabetics, more usually those whose diabetes is diagnosed when young adults, go through all three of the above stages. Initially, at the time that the diabetes is diagnosed, there is a period of complete rejection. Sooner or later,