

Diabetes & its Complications

The Psyche Faces the Pancreas

Harvey A. Schwartz, MBA*

Founding Partner, Executive Vice President - Influence Marketing, WhoSay Inc., New York.

*Correspondence:

Harvey Aaron Schwartz, MBA, is the author of "The Sweet & Sour Disease: Emotionally Managing Diabetes". Columbus, Ohio, USA, E-Mail: schwartz.harvey@gmail.com.

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It is my assertion that the medical, patient and public communities currently frame diabetes only as a physical disorder.

My only credentials, since I am not trained in science or medicine, is my 46 year tenure with diabetes and that I have actively been engaged with other diabetics as a patient advocate since I was 17 years old (being the president of the 16th chapter of the Juvenile Diabetes Research Foundation in 1973).

It is my contention that diabetes crosses at minimum three frameworks: Physical, Mental & Emotional; often at the same time.

I am writing this article to initiate a movement for investigators to broaden and integrate these three frameworks in their research to most effectively and efficiently manage the disease. By adopting a cross-functional landscape, I believe, would provide opportunities to have credentialed experts assess this broader viewpoint for treatment protocols. And, in the long-run, make significant impacts in reducing complications and other hardships of the disease.

In essence, having patients take a more active role in self-managing their diabetes is a motivational action (i.e the Emotional framework.)

From the long-term diabetics I have informally had conversations (all of whom exercise, control their dietary intake and have a positive attitude), they either have naturally or learned what I call the Diabetic Detours. This is a quick-thinking process I use and I believe can become a natural reaction to dilemmas that cross a diabetic's path.

The Diabetic Detour is a cycle which could last a few seconds or several hours, depending upon the situation.

Stage One is a Shocking revelation in which the person with

diabetes realize a sudden change in their health. Something has gone wrong, such as recognizing an extremely elevated blood sugar.

Stage Two is Moping. The patient is bothered by what has just occurred. They feel out of control. What did they do wrong? This is accompanied by anxiety and hopelessness.

Stage Three is Coping. This is a significant stage as it is when the diabetic knows they and only they can they correct the situation. It is a process of thinking through a corrective action.

Stage Four is Hoping. Do they have the resources or tools (such as another insulin pump insertion device or insulin pen handy) and if not what would be the other alternatives.

Stage Five is Doing. This is the action step. This is where the patient is assembling all of his or her options and determining the best time-sensitive resolution--and taking the appropriate actions.

Stage Six is Living. I believe emotionally-stable diabetics see things through the lens of the big picture. Yes, a disturbing control factor raised its ugly head, but the patient takes charge because how they see life. This is where empowerment provides them the strength to overcome just about any interruption and remain calm.

Stage Seven is Aligning. The astute diabetic has not only calmed down, but can acknowledge they have the endurance, the stamina, the courage to limit what went wrong relative to their purpose in life, no matter what attempted to have them hit the wall or ruin their day. The diabetic is bigger than their diabetes.

I believe this navigational skill set is applicable to more than diabetics, but anyone with a chronic or other serious disease. I have seen myself and others command the Diabetic Detour to the

point where nothing is such a big deal. And it becomes a pattern of living with a disease where you are on a tightrope without a net, 24/7/365.

I welcome the opportunity to work with others who recognize that for persons to lead their diabetes (not simply manage it) that such an undertaking would require a coordinated global initiative, including people like me, who are patient advocates. Write me at Schwartz.Harvey@gmail.com if this sparks your interest.