

Historical Geographies of Diabetes and Emotion

gENTRY hANKS

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Abstract

The current focus on heredity and obesity in the discourse surrounding diabetes hasn't always had the lime light. Emotion was once very much considered as part of the etiology of diabetes.

1 Major Players

It might be of use to introduce researchers and doctors who have been particularly visible in the world of diabetes focused medicine as well as historians of diabetes. Thomas Willis G. E. Daniels Papaspyros Charles Best Frederick Banting Joslin George Burch

2 The Eradication of Emotion

The role of emotion has been seen as more prevalent and important, particularly in the 1950s, 60s and 70s. The bulk of research and writing arrived through psychosomatic medicine. Although medical doctors in the past and present acknowledge that emotion plays a role in the course of the illness, exactly how and to what degree has been hotly contested. Astutely, Burch et al. (1962) noted, “that as new understanding of the disturbed physiology of the disease has developed, or as new advances have been made in therapy, interest in the role of emotional factors has receded” (p, 131/93). While the main current focus of medical communities centers on heredity and obesity, a focus on emotion has largely fallen by the wayside, particularly in medical fields that have achieved legitimacy through their willingness to neglect the role of emotion in human health. This has created a rift in the treatment of diabetes— maintaining a split between mind and body— and has been positioned as a metabolic disorder. This mind/body split in current medical practice relies on the assumption that emotion is not bodily and vice versa. This split is furthered through a carving up of geographical delineations of the body, almost completely obscuring the concept that the mind/body

dualism is a false one. The carving up of bodies, as it were, parallels that of medical disciplines and academic fields in general. Contemporarily, it is rare that a physician takes into account the emotional factors in the course of diabetes (among other illnesses). There has been a turn in North America to ‘fix’ this with bandaids called diabetic educators. The current model of treatment relies on the individual requisitioning a team of doctors and professionals, thereby splitting one’s own person into compartments based solely on the bodily geographic location of symptoms or secondary problems. This team often consists of a family doctor, an endocrinologist, an ophthalmologist, a nutritionist or dietician, a podiatrist, and a gynecologist (for women). Oddly, although men’s sexual and reproductive health is also affected by diabetes, it is almost unheard of that they are approached about these topics outside of written information plastered on walls and laid out on waiting room tables, let alone are men encouraged to broach this subject with medical professionals.

3 Annotations and Quotes

Medical and academic literature regarding diabetes produced from the 1930s through the 1970s is saturated with snippets of biological and environmental determinism, which ultimately allowed the baby to be thrown out with the bath water.

1. (Daniels, 1948) “In seriously considering emotional conflict in the etiology, it is not necessary to discard facts relating either to heredity or obesity, as both appear of great clinical importance and must be included in any calculation” (p. 289).

References

- Burch, G. E., Phillips Jr, J. H., and Treuting, T. F. (1962). The role of emotional factors in the etiology and course of diabetes mellitus: A review of the recent literature. *The American journal of the medical sciences*, 244(1):93–109.
- Daniels, G. E. (1948). The role of emotion in the onset and course of diabetes. *Psychosomatic Medicine*, 10(5).