Historical Geographies of Diabetes and Emotion

gENTRY hANKS

July 16, 2014

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 first half of the twentieth century. The bulk of research and writing arrived through psychosomatic medicine. In the early 1900s, there was a distinction made based on the etiology of one's diabetes. The initial presentation of diabetes after prolonged times of sorrow, anxiety and crisis was classified as emotional glycosuria. Emotional glycosuria also referred to increased sugar levels in the urine of those who already have diabetes following cases of mental illness and depression. 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 and still is not well understood. In 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 geopgraphical dilineations of the body, almost competely obscuring the concept that the mind/body dualism is a false one. The carving up of bodies, as it were, paralells 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 opthamologist, a nutritionist or dietician, a podiatrist, and a gynocologist (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 layed out on waiting room tables, let alone are men encouraged to broach this subject with medical professionals.

While there seemed to be a trend toward understanding causal and correlational relationships between emotion and diabetes, this trend faded with the rise of medicalization and genetics. Only now in and after the affective

turn do we see a rise in interest between the two.

Boehm and Hoffmann (1878) experimented on cats whereby they observed glucose levels in the urine after exposure to several conditions. It was later found that physical pain, bondage and temperature weren't necessary ingredients for raising levels of sugar in the urine, but although Boehm and Hoffman didn't acknowledge it in their publication, emotional excitement was certainly involved.

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).

2. (Cannon, 1916) When Bohm and Hoffman's experiment was repeated to address the emotional factors, which they had not addressed in their results other than to intimate that the designation of "Fesselungsdiabetes" was not justifiable as "emotional glycosuria." Their results found that pain was the contributing factor in elevated sugar levels

in the cats. The discovery that "during fright (or rage?) the adrenal sectretion is increased, and the fact that injection of epinephrin gives rise to glycosuria, suggested taht glycosuria might be called forth by emotional excitement" (p. 282). When the experiment was repeated without the element of pain, an increase in sugar in the urine occurred.

3. (Menninger, 1935) Menninger conducted a thorough review of pre 1934 literature dealing with emotion and raised sugar levels in the urine and blood.

References

Boehm, R. and Hoffmann, F. (1878). Beiträge zur kenntniss des kohlehydratstoffwechsels. *Archiv für experimentelle Pathologie und Pharmakologie*, 8(4-5):271–308.

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.

Cannon, W. B. (1916). *Bodily changes in pain, hunger, fear, and rage: An account of recent researches into the function of emotional excitement*. D. Appleton.

Daniels, G. E. (1948). The role of emotion in the onset and course of diabetes. *Psychosomatic Medicine*, 10(5).

Menninger, W. C. (1935). Psychological factors in the etiology of diabetes. *The Journal of Nervous and Mental Disease*, 81(1):1–13.