

The Unintended Consequences of Diabetes Self-Management: Stigma and Shame



Widely considered a “lifestyle disease,” type 2 diabetes carries the stigma of being a self-inflicted illness brought about by lack of self-control. This can feed a psychologically and physically deleterious cycle of shame and blame, as many patients find it difficult or impossible to control blood sugar through diet, exercise, and medication regimes.

Diabetes self-management assumes that patients have **rational bodies** that will respond in predictable ways to medications, changes in eating, and physical activity. In **diabetes self-management**, the burden of treatment is often placed on the patient, who must reconcile abstract protocols with their complicated lives and sometimes disagreeable bodies.

When bodies do not respond rationally or predictably, or the complicated contexts of actual lives conspire against adherence, **patients are often blamed for their behavior** (“non-compliance”). This can lead to experiences of shame, which can further exacerbate outcomes.

Shame has caused some patients to have poor mental health outcomes, with some reporting depression and anxiety. Those at higher risk of shame included women, young adults, those without a college degree, and those under financial pressure.

Global Example: Cuba’s National Diabetes Care Program emphasizes collective responsibility in which the patient, their family members, and their community share responsibility for treatment. After initial diagnosis, the patient and another family member are jointly enrolled in an education program. Patients and family members participate in interactive diabetes circles to discuss practical strategies of disease management, and patients receive ongoing care from local polyclinics and neighborhood-based family doctors.

RECOMMENDATIONS:

1. Resist blame and shame, and integrate the practicalities of patients’ lives and care networks into treatment regimes.
2. Shift focus from “self-management” to approaches that support collective responsibility and that address systemic factors, including public and social infrastructures.
3. Include patient perspectives in developing policy and treatment regimes.

Western ideologies, stemming from Enlightenment-era thinking about human populations and their bodies, influence how we approach diabetes management today.