Key Words: Diabetes, Insulin, Social Pressure, Avoidance, Shame, Misconceptions, Lack of Resources, Side Effects, Negative Effects


Topic: How Social Pressures and Self-Perceptions Affect Level of Care Received by Diabetics

- People faced with taking insulin for the first time will often feel very negative, scared, and reluctant about it due to both misconceptions and short-term social concerns or pressures. Delaying the beginning of insulin treatment (or the outright refusal to take it at all) puts the individual in more danger as time goes on, minimizing the effectiveness of treatment—the earlier one begins to use insulin, the less at-risk one is as far as contracting long-term diabetic side effects (Brod, 24 & 26).

- Sadly, less than half of the health care professionals in the specified study felt like they were able to treat diabetic patients’ psychological needs as well as their medical needs. There is a discontinuity between their needs as people and what doctors feel like they owe patients (Brod, 24).

- Lack of accurate diabetes knowledge often causes diabetics to resist taking insulin. Some think that insulin will hurt them instead of helping to manage their condition; some wish
to wait until they “get worse”; and some simply refuse to acknowledge that they need it, clinging to a false hope of being diabetes-free (Brod, 25).

- Diabetics might see insulin as negative because they associate it with those who have “failed” to take care of themselves. They think that if they are so far gone as to need insulin, nothing can save them, and it is no use trying. Insulin is seen by some as a last resort or a punishment, reflecting one’s own negative self-perception and fear of inadequacy to deal with such a serious responsibility (Brod, 25).

- Having to take insulin is seen as a daily burden and an overall loss of freedom, independence, and control (Brod, 25).

- Anticipating side effects (especially weight gain and cardiovascular risk) can cause a person to resist the use of insulin. Women (who are, generally, under pressure to look their best) are especially likely to resist taking insulin, even if they are a type 1 diabetic, meaning their body produces no insulin at all (Brod, 26).

- Diabetics often feel uncomfortable injecting insulin around other people, because it is not often seen. Syringes and needles are commonly associated with the very ill or heroin addicts, neither of which have positive connotations. This discomfort can lead to a diabetic mistiming an injection or simply not injecting for an abnormally long and dangerous period of time (Brod, 26).

Assessment:

This is a great resource because it successfully summarizes a huge amount of information (from 116 articles spanning 22 years) into a relatively brief article. It offers historical background, tells of the methodology of the research, and breaks down an analysis of the results. It relates reluctance or refusal to use necessary insulin to social and psychological factors,
showing that having a serious or lifelong illness affects multiple parts of one’s life, including actions, personality, and identity. A few of the class narratives wrote about such illnesses and how they affected either the author’s identity or a loved one’s identity, and this source proves that serious illness can have a direct or indirect impact on identity.