# PSYCHOTHERAPY IN DIABETES

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The following is the case history of a diabetic man who failed to improve on insulin and other routine therapy, yet became clinically well and lost his glycosuria after psychotherapy.

## CASE REPORT

W, aged 54 years, was first seen in December 1951, complaining of a productive cough following pneumonia 2 months previously. Earlier during the same year he had suffered from acute suppurative appendicitis and a septic foot. In childhood he had had one attack of osteomyelitis.

He was found to be a somewhat over-weight, ruddy-complexioned man of average health, except for chronic bronchitis and persistent glycosuria, the urine sugar averaging 2%. The fasting blood sugar was found to be 242 mg.%. The cardiovascular system was normal except for a hypertensive tendency, the highest reading over the course of several years being 165/98 mm. Hg.

He was put on an adequate diet and 20 units of protamine zinc insulin daily. At a later stage this was increased to 40 units a day. He remained on this therapy for nearly 6 years and during this period the glycosuria persisted at the same level and the fasting blood sugar varied between 240 and 280 mg.%, in spite of treatment at one stage being supplemented with Invenol and also with Diabeton. There was at no time acetonuria or albuminuria. The weight remained approximately constant during the whole of this period.

In September 1957 his general health began to deteriorate and he suffered from depression, anxiety and mild confusion. He was again investigated clinically and no change from the previous status could be found. The glycosuria was unchanged and the fasting blood sugar was 234 mg.%. As the case was now developing into one where ordinary physical measures were obviously inadequate, W was referred for evaluation and treatment of his mental and emotional attributes. The results of these investigations follow in some detail:

He was the second eldest of 6 children of a farming family in England and until 1951 his health record was excellent. He left the farm at the age of 14 to work in industry at Oxford. He remained with the same firm, making slow progress and being moved from one branch to the other.

All his life he had lived quietly in lodgings—a set pattern of

respectability—work, a glass of beer after a heavy dinner, sleep, and a theatre once a week. In 1933 he married his landlady's daughter. He found out in 1940 that for many years she had been unfaithful to him and in 1946 he divorced her.

In 1948 he was sent to Cornwall and for 2 years, whilst under the influence of his immediate superior, a dominant individual, heavy drinking, irregular eating and a guilty sexual relationship with a friend's wife replaced the previous staid pattern of living. In 1951 he moved to South Africa and 2 months after his arrival here, he was found to have diabetes.

He is a placid, quietly spoken, unassertive individual, who has a most likeable appearance and whose intelligence is sufficient for his particular social and working background. He accepts every situation in which he is placed and if he has any resentment he never shows it.

Throughout his life he has been dominated by women. His mother was a strong character who ruled her husband and children and determined their way of life for them. His first wife, who was 10 years younger than he, had no difficulty in managing her life with him and in concealing her extramarital relationship, his apathy and passivity making the whole situation easy. It seems as if he has a constant need to be mothered. Women like him very much and from the time of the break-up of his marriage there have been a succession of relationships. In 1955 he married again and this wife maintains a motherly attitude to him.

Sexually he has always been adequate, except in marriage. His libido has progressively declined and performance has become unsatisfactory, so that when first seen he had been impotent almost from the start of his second marriage. This mirrors to a large extent his previous marital experience. Pre-marital sexuality with both wives was adequate—a sexual relationship in which there is a degree of guilty feeling apparently supplies the impetus for adequate performance.

He related himself very well to the therapy situation, and over a period of 3 weeks with 5 interviews lasting from 45 to 60 minutes each, dealing with his emotional and social life and work situation, he began to feel much better. He lost 15 lb. in weight, the urine soon became sugar-free and insulin could be discarded. This improvement has been maintained, although the hyperglycaemia has persisted in spite of the absence of glycosuria, the last estimation being 264 mg. %.

It was felt that authoritative guidance and encouragement was necessary for this rather apathetic and unaggressive individual. A great deal of environmental manipulation was carried out. Thus he was persuaded to ventilate his grievances to his employer. His working hours were shortened. His lack of libido and performance was discussed and resulted in some improvement.

## DISCUSSION

No amount of emotional stability in itself will give a diabetic back his ability to produce insulin from his own pancreas, but it will enable him to adjust much more satisfactorily to his life situation. Before the discovery of insulin there were many observations in medical literature on the importance of the influence of life situations on the course of diabetes mellitus. Some 300 years ago Thomas Willis remarked on sweet urine and said that the disease was caused by 'prolonged sorrow'.[1] In 1946 Mersky demonstrated that hyperglycaemia and glycosuria could be brought about in diabetic subjects by stressful interviews.

There has been an increasing body of evidence describing the manner in which psychologic, social and cultural factors influence the incidence, onset and course of the disease.[2]

Harold G. Wolff,[3] describes a situation in which a normal healthy human temporarily develops diabetes, namely starvation. If carbohydrate is fed to a subject after an absence of food for more than 24 hours, the blood sugar rises to hyperglycaemic levels, producing a 'diabetic glucose tolerance' curve and glucose is promptly excreted in the urine. However, the metabolism soon responds to food and the glycosuria disappears. Hinkle suggests that deprivation of love objects or relationships which are indispensable to the security of the individual, might set up a reaction pattern similar to food deprivation.

In the proper study and evaluation of chronic disease a holistic attitude is necessary and it cannot be fully understood out of the context of daily living and the goals and aspirations of the individual and his culture. Attitudes engendered by cultural pressures become relevant to body function. Diabetes is the end result of an intricate chain of causation in which many factors are involved, not least emotional disturbances and stresses deriving from the particular mode of living.

In early childhood W developed a strong emotional conflict between resentment of his parents and docile submission. There is a history of domination by the mother, with strong ties of affection and dependence. His first marriage was not successful in that his need to be babied was not gratified. His inability to make up his mind led to an unduly long protraction of divorce proceedings with a great deal of emotional distress. The period 1948 to 1950, when his feelings of insecurity led to a slavish imitation of his employer's mode of living, heavy drinking, irregular eating and a great deal of unhappiness was probably the determining factor in the onset of his diabetes.

Factors which have led to an improvement in his emotional life are the cooperation of his present wife, who supplies the necessary motherly care. She is extremely helpful in taking steps to widen the social life and to encourage our recommendations of greater social activity. The development of an interest in bowls, with its friendly social attitude, has given him a much better outlook on life. The resolution of his conflicts in regard to the long hours of his job has led to a much more realistic and friendly attitude to his employer. The acceptance of his sexual disability and our interests in improving matters is a source of satisfaction.

## SUMMARY

The proposition that threats and symbols of danger and their emotional concomitants have profound repercussions within the organism, is undoubtedly correct. Changes, disruptions and deprivations result from the interaction of humans on each other. Unease in the emotional life cannot be divorced from the soma. Chronic emotional stress must inevitably cause breakdown or neurotic compromise both physically and psychologically. In the case of W it was followed by diabetes, and at least the glycosuria, if not the hyperglycaemia, could be eliminated by a resolution of the conflicts.

The illnesses of man should always be considered in the totality of his existence and never as isolated entities.

## REFERENCES

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3. Wolff, H. G. (1953): *Stress and Disease* (American Lecture Series). Springfield, Ill.: Chas. T. Thomas.