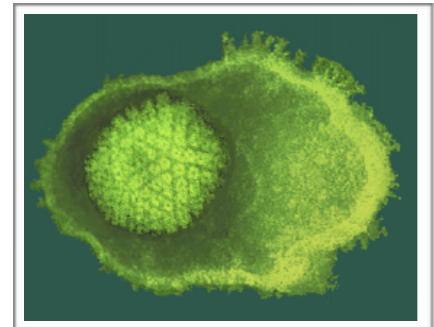


Diabetes and the Enneagram Helping Patients & Their Health Care Providers Control Blood Sugar©

Diabetes Mellitus (DM), the body's inability to maintain blood sugar in a normal range, affects over 6% of the US population and the numbers are growing by the year, now totaling over 18 million children and adults. About 10% of cases are Type I DM in which the body is unable to produce the hormone insulin which is necessary to assist glucose in the blood to enter cells where it is essential for production of energy. Type I DM usually has onset in childhood, and without insulin injections death can occur within months. The other 90% of DM is termed Type II in which the body gradually loses its ability to make insulin and the insulin which is present is not readily usable by the body's cells (Insulin Resistance.) Type II DM is associated with obesity and has a strong family inheritance pattern. Both kinds of DM are associated with high risks of cardiovascular disease resulting in stroke, heart attack, high blood pressure, and peripheral vascular disease, blindness, and kidney failure.

In today's information glutted world there is an enormous quantity of information for patients and caregivers guiding the proper prevention, diagnosis, and management of this devastating disease. Web sites abound as well as guide books, cookbooks, cell phone apps, diabetes educators teaching classes, seminars, and camps- yet, only about one third of individuals with DM have their blood sugar adequately managed. Why? It is certainly not for lack of good information and good medications and more easily delivered insulin injections than ever; for the progress in the treatment of this common disease has made great strides since Banting and Best's discovery and dramatic first use of insulin at the University of Toronto in 1921. Then what prevents the doctor/patient interaction from being successful? Personality- that of the patient and the health care provider!



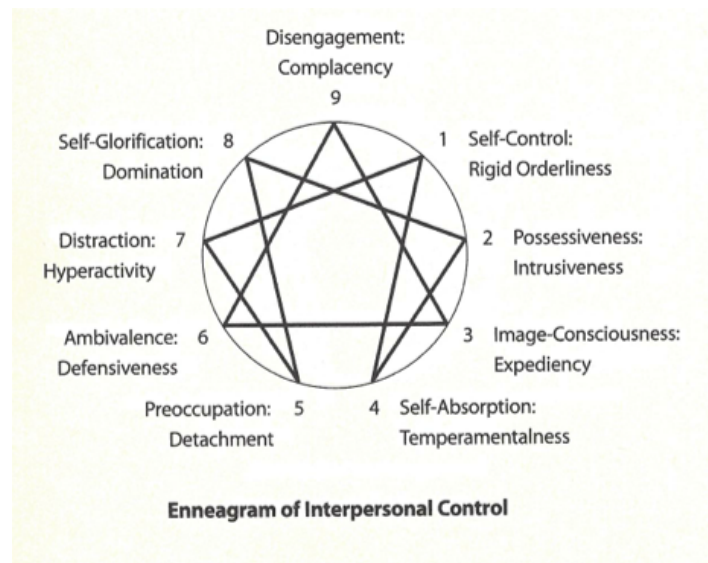
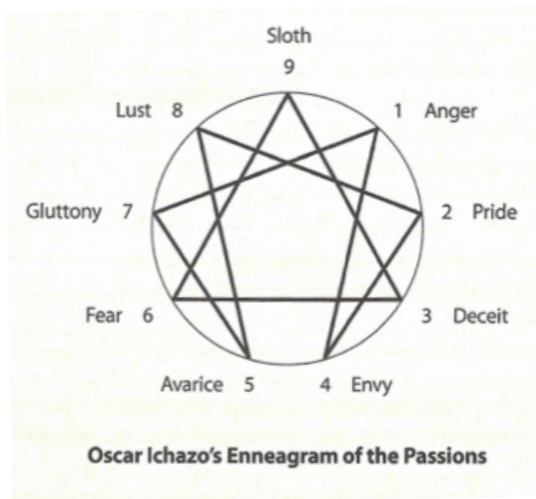
Beautiful Insulin

Imagine being told that you had to attend to every single thing you ate and the multiple medications you ingested, and the amount of exercise you took each and every minute of each and every day for the rest of your life. In Type I DM even a few days of lack of attention may prove deadly. For type II, although the patient may not feel unwell for some time, the deadly organ damage is well under way. So often the doctor, with or without her medical team, offers initial education and support, but over time, for individual reasons, the blood sugar remains abnormal. This essay describes how knowledge of Enneagram Personality Type in the Average Levels, for both the patient and the medical team, will improve the outcomes of blood sugar

management, which in today's world of insurance negotiation, outcome data, and soaring health care costs is no small thing.

Over my twenty five years of primary care medical practice I cared for many patients with DM or the high risk of developing DM. thinking back to the obstacles which I encountered in their care, I can clearly identify personality traits that interfered with both my patient's as well as my ability to be effective in managing this disease. It was not the lack of availability of good treatments, it was the lack of understanding of how the patient's personality played into their approach to their disease- their fears, their coping strategies, their default behaviors which landed them in trouble. As a physician, had I a clearer understanding of what to expect, where to bring the greatest focus, and how to offer strategies that would make the most sense to the patient I am sure I would have been more successful in helping my patients.

Here I will choose three Enneagram Types, one from each of the Body, Heart, and Head triads as illustrative of what is possible. These were actual patients in my practice. I find it most helpful to reference two Enneagram Type descriptions, both taken from Don Riso and Russ Hudson's *Understanding the Enneagram*.¹



The Nine Passions (the word drawn from the concept of the Deadly Sins of Christianity) represent how we tend to 'miss the mark,' the literal translation of the Greek word for sin. They show us the main ways in which we lose our center and become distorted in our thinking, feeling, and doing.² What could be worse for managing a chronic life threatening disease than losing our balance in our thinking, feeling, and doing?

¹ *Understanding the Enneagram*, Don Richard Riso and Russ Hudson, 2000 Houghton Mifflin Co. pgs 38 and 162

² *Wisdom of the Enneagram*, Don Richard Riso and Russ Hudson, 1999, Bantam Books, p. 23

The Enneagram of Interpersonal Control as illustrated above shows us typical behaviors which operate when we are out of balance. Awareness of the tendency to manifest these behaviors, especially under the stress of the daily attendance on DM can give valuable information of how to literally *cut the enemy off at the pass*.

Stan, “Don’t push me” Type Nine

Stan developed Type II DM at age forty. He was an easygoing guy who liked to avoid conflict and live comfortably in peace. He could be extremely stubborn when pushed to do anything on a routine basis, preferring to follow his own mental distractions. At his best he was able to determine and act on what was best for him but on an average day he operated in a state of inertia, demonstrating the Passion of Sloth. On his worst days he was downright apathetic. His habit of becoming disengaged and complacent were a tremendous impediment to his necessarily strict daily diabetes treatment plan. He at first embraced the treatment regimen, avoiding conflict with his doctor; but over time his apathy and stubbornness to be ‘told what to do’ overran his earlier good intentions.

At the core of the Type Nine is not fully engaging in the matters that shape their life.³ Their tendency to avoid the ‘big issues,’ like managing a life threatening disease, in favor of focusing on non important small items, becomes self defeating to their very sense of peace and harmony as their disease progresses.

How to help Stan: Knowing how hard it is for Stan to focus on the daily routine of his diabetic management ask him what is important to him. As a Type very much concerned for the welfare of others, ask Stan about those he cares about and the impact on them of his worsening disease. Expect him to repeatedly get fuzzy about his focus and help him with setting up priorities and routines and provide strict follow up with clear goals and endpoints. For instance a physician could ask him to email his blood sugars into the office once a week, his blood pressure values once a month, and return for a Hemoglobin A1C (a blood test which reflects the average blood sugar over a several month interval) every three months. At his at first monthly, then every three month appointment he could once again be reminded and supported. Expecting this return to disengagement, complacency, and sloth are key to helping him stay on track which will result in the opportunity for normal blood sugars and decrease in the risk of sequelae. One clear awareness can make a huge impact.

Dorothy, the Type Three Doer

³ *Deep Coaching*, Roxanne Howe-Murphy, Ed.D., 2007, Enneagram Press, p. 64

Dorothy developed Type I DM in her late teens. It was only when she was no longer able to make herself show up for cheerleading practice that her parents became concerned and took her to the doctor. Her blood sugar was already markedly elevated indicating that vascular damage was already occurring. She was hospitalized, begun on insulin, and educated in her disease. For a time when Dorothy continued to live at home, with the help of her parents and regular follow up at the diabetes clinic at the local medical center she did reasonably well. However, by her late twenties Dorothy's DM was under poor control. She was at the time working in a rigorous sales job as a pharmaceutical rep. She was rewarded with commissions based on the number of prescriptions written by the doctors to whom she marketed her allergy drugs. She loved dressing up, visiting offices and engaging physicians through lunches, dinners, and informational talks over drinks after clinic hours. She was successful, liked, and considered a real go getter. It all came crashing down when after a particularly rigorous week of cocktail parties and a medical convention where she collapsed in the lobby of the hotel and was taken to the local emergency room where her blood sugar was dangerously elevated necessitating her admission to the ICU for treatment. What happened?

As a Type Three young woman competing for success in the world of sales Dorothy was focused on 'getting the job done' as competently and as successfully as possible. Her Passion is Deceit, the deceiving of herself that she had needs that must be met. Her behaviors of maintaining her image as successful, charming, and a winner coupled with the expediency of focusing entirely on her job drew her focus of attention completely away from herself resulting in a serious neglect of the necessities of diabetic management: regular diet, avoidance of high carbohydrate alcoholic drinks, regular exercise, adequate sleep, stress management, and proper medication use. It nearly cost her her life.

How to help Dorothy: Understanding Dorothy's Type Three temperament as not only the gifts it confers (high energy, competence, drive for success) but also its tendency toward neglect of one's own needs could quite easily have predicted this deterioration amidst her rise in the high stakes pharmaceutical sales world. Helping Dorothy to see these traits in herself and notice when certain behaviors arise and begin to take off could arm her with a valuable tool to ward off the self neglect that is so threatening to her health. Asking her to notice her tendency to set goals with the exclusion of the reality of her DM. Notice with her, her tendency to ignore her needs. Acknowledge her success and wonderful drive but be the voice of truth as regards her health. Help her create a regular set apart time each day to attend to her health needs apart from her work where there is not need to perform.⁴ As noted for Stan, the simple act of noticing, that is bringing awareness to underlying patterns and habits, can make a substantial impact in all areas of life.

⁴ Ibid., p. 105

Art “I wanna be free” Type Seven

Art was in his late forties when he was diagnosed with Type II DM. At the time he was traveling the world brokering imports of goods from Thailand and China. He loved the food and relaxing on the beach and scuba diving. With the return from each trip he weighed a little more until finally he reached obesity. He described his job as ‘glorious fun’ charging about the earth ‘gobbling everything up.’ He employed an assistant, a ‘detail gal’ to do ‘all the boring everyday stuff.’ His Passion of Gluttony served him poorly as regards his health as he ate and drank and caroused himself from a predisposition to DM into full blown DM. Upon learning his diagnosis he was stunned and said “you don’t seriously expect me to slow down! I’d die!” So illustrates the Interpersonal Control of the Type Seven: Distraction and Hyperactivity. Even a small amount of awareness of his drive for more and more, never enough, could have raised his vigilance around his risk for Dm which ran rampant in his family.

How to help Art: First and foremost acknowledge the inner experience for the Seven- how he truly does feel that he will die if he slows down or he misses an opportunity. Acknowledge his avoidance of all things negative and empathize that having diabetes is indeed negative. *Seeing* him instead of scolding him is the key and knowing his Enneagram tendencies gives the key to this *Seeing* of the other.

Art will need constant encouragement and support, perhaps through group classes, workshops with other diabetics, regular follow up appointments and positive feedback. Encourage him to feel the pain of this diagnosis and its implications if left untended. Help him find sources of support and help him set reasonable structures around his work. While his highly efficient assistant can not actually manage his disease, she might be a key reminder and cheerleader for his proper care and attention. Encourage him to use his creativity, a particularly spectacular mark of the type Seven, to think outside the box for solutions. Knowing his Type Seven personality allows the physician to help him use his very strengths in the time of great challenge. the Enneagram wisdom demonstrates in a crystal clear fashion that one size does *not* fit all.

I can envision basic personality inventories at the initial interaction between a physician and patient where both learn about the many strengths and challenges that their individuality confers. Everyone wants to be seen for who they really are. What a wonderful start this could be to *improved outcomes!*