



## **Riva Greenberg Weighs in on Diabetes and Its Treatment**

Chad's email arrived in my inbox as a total surprise. I didn't know him, but I was immediately impressed that he's lived with type 1 diabetes even longer than my fifty years. He shared that he was writing this book and invited me to be a part of it.

While I don't agree with some of Chad's thinking, I do agree with much of it—especially its impact to help “people with diabetes” (PWD) live our healthiest and happiest lives.

As Chad does, I believe that diabetes is a condition of carbohydrate intolerance and that we can better manage our blood sugar with carbohydrate reduction. I eat low carb and have for years. It keeps my blood sugar off the “roller coaster” and increases my time in range. The remarkable thing is that I don't miss those carb-loaded bagels and scones I used to eat every day. We know taste buds can change in just a few weeks.

Once, over brunch with acquaintances with type 1 diabetes, a woman yelled at me while buttering her bagel, “Don't expect me to make such sacrifices!” But my life is not about sacrifices and not without goodies. I bake my own scones and biscotti, and I even make pizza dough with almond flour. I enjoy pasta made from soybeans and lentils, and my husband is not disappointed. If they shipped me off to a desert island with just three items—plain yogurt,

almond butter, and a pan of roasted vegetables with olive oil—I wouldn't feel deprived.

I also agree on the value of exercise for overall health, weight maintenance, the psychological boost, and insulin sensitivity. I walk an hour almost every day, and when I have to miss it for a few days, my body needs more insulin. However, I'm not for a "grin and bear it" attitude toward exercise. If that works for you, more power to you. But if you're like us creatures of comfort, I believe doing something you like has more sticking power. Throughout my years with diabetes, I have tried weightlifting, working with a personal trainer, running, yoga, ping-pong, tennis—and yet, all fell by the wayside.

I started walking forty years ago when the subways in Manhattan went on strike. Hundreds of us laced up our sneakers and walked to and from work. I did it for a few months out of necessity, and for the next forty years out of enjoyment and a sense of accomplishment. These days, I listen to a podcast during my walk, so if I miss a walk, I really miss my podcast. Low-carb eating and walking are how I've dropped thirty-five pounds over the years and kept them off just as long.

### **A HUMAN-ORIENTED APPROACH**

After nineteen years of working in diabetes, over the last few, I've been sharing with health care professionals (HCPs) around the world a different way of working with people who have diabetes. It's an approach I designed called the Flourishing Approach.<sup>17</sup> Rather than "fixing problems"

with the goal of avoiding complications, it helps people identify and build on what they're doing well, see more of what is possible, and aim to achieve their best health.

The conventional treatment approach is similar to that used for acute conditions: treating the body, not the person. The Flourishing Approach, conversely, treats the whole human being. It's grounded in the understanding that we are sociobiological creatures who require safety and belonging to flourish. It uses insights from neurobiology, as well as how people create health and resilience and grow from adversity. As such, it fosters trust and psychological safety between PWDs and HCPs.

This alchemy calms the nervous system, which allows you to hear better, think more clearly and creatively, and see new solutions when you visit your doctor. "Doing diabetes" without a sense of partnership is, for patients and practitioners alike, like running a three-legged race.

Here are steps you can take to move in the direction of flourishing:

1. Learn everything you can.
2. Appreciate what you do well. Think, *How do I do it? How might I do just a bit more of it?*
3. Reflect on one positive thing that diabetes has given you. Some positives I've heard include the joy of helping family members with diabetes, a sense of humility, pride at losing weight and keeping it off, becoming healthier, developing new friendships, and feeling closer to a partner.

4. Tell your HCP what you'd like to work on next and brainstorm together how to do that.
5. Ask your HCP to repeat anything you didn't hear or understand.

### **COMPLEXITY AND MASTERY OF BLOOD SUGAR**

The Flourishing Approach also acknowledges that managing diabetes and blood sugar is complex; it's not a simple cause-and-effect ("do this and that will happen") as health professionals have been trained to think. This complexity comes from the many variables that affect blood sugar—known and unknown, certain and unpredictable, interwoven and separate, obvious and hidden, and inside and outside our body. This means we cannot "control" our blood sugar. Instead, we daily—often hourly—must make sense of it and decide what to do next. I point this out in a chapter I wrote, "When Disease Requires a Complexity Framework."<sup>18</sup>

Because many HCPs believe that our salvation lies in controlling our blood sugar, which is something we cannot do, many people with diabetes see themselves as failures. And, as Chad also notes in Chapter 3, some give up their management entirely. When I share this complexity knowledge with others with diabetes, they feel liberated. Our best effort is made not by trying to control blood sugar, but by gaining the skills to navigate blood sugar.

Navigating means:

1. Knowing how to influence your blood sugar to best prevent highs and lows
2. Recognizing blood sugar patterns—for example, being more insulin-resistant in the morning—and knowing how to nudge blood sugar into the desired target range no matter what the number is

I also believe that the complexity of managing diabetes and life defies prioritizing management domains as Chad's pyramid suggests. And just as with YDMV (your diabetes may vary), what may be my most pressing issue may not be yours. Working from a complexity mindset, we benefit instead from seeing the management tiers in a flow state and working with what's most critical in the moment, and from a space of potentiality, with whatever may emerge.

### **LOOKING BACK AND FORWARD**

Flourishing for me includes a healthy dose of historical gratitude. Getting T1D at the age of eighteen in 1972 was ten years before glucose meters came out. I was told to take one shot of insulin a day at 8:00 a.m., and my “diabetes diet” translated into “don't eat candy bars”! I'm grateful for all the advances that help me, such as my continuous glucose monitor; faster, small glucose meters; insulins that don't peak; and sharper, thinner needles.

Casting my eyes forward on diabetes treatment, I'd like to see the onus on self-efficacy, the work we load on a patient's shoulders lightened by social efficacy, and having

government and business leaders participate in making healthy choices and activities easier and more accessible.

Here are some questions you can ask your HCP to move from coping to flourishing with diabetes:

1. Ask your burning question not when your hand is on the doorknob to leave, but early on.
2. What am I doing well? (This helps you both talk about improvement rather than fixing a problem.)
3. What one small step do you think will improve my management?
4. Can I have a referral for Diabetes Self-Management Education and Support (DSMES) services?

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Riva Greenberg is a health researcher, health coach, corporate advisor, author, and inspirational speaker. Having lived with type 1 diabetes for more than fifty years, her work is dedicated to helping people with diabetes and health professionals work collaboratively in a way that helps both to flourish. Riva has written three books: *Diabetes Do's and How-To's*, *50 Diabetes Myths That Can Ruin Your Life and the 50 Diabetes Truths That Can Save It*, and *The ABCs of Loving Yourself with Diabetes*, as well as hundreds of articles and blog posts at Diabetes Stories. Riva is working with the Centers for Disease Control and Prevention to brand DSMES, is a

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member of a global diabetes experts forum (Controversies in Obesity, Diabetes, and Hypertension, [codhyglobalexpertforum.com](http://codhyglobalexpertforum.com)), was an A1C Champion peer mentor for ten years, has spoken at the World Health Organization, and is recognized for her humanistic work by professional associations and organizations.