



# Blame and Shame: The Stigma of Diabetes

Stephen A. Brunton

When my 8-year-old daughter developed diabetes, she felt isolated and confused. She questioned why she had developed this condition and why she was different from her peers. She wondered whether she was to blame for getting diabetes. It wasn't until another child at her school received the same diagnosis that she could share her experiences and lose the sense of shame she experienced whenever she needed an injection, had an episode of hypoglycemia, or had to count her carbohydrates. Both type 1 and type 2 diabetes are stigmatized, yet type 1 diabetes is different. No one blames people with type 1 diabetes for their disease. Although the etiology is obscure, it certainly isn't their fault. Still, the diagnosis carries its own forms of stigma in terms of ignorance and stereotyping.

Unfortunately, the experience for people with type 2 diabetes is particularly negative, especially if they are overweight. All of society's biases about obesity, its origins, and its consequences come into play. Unfair beliefs that people with obesity are lazy, lack a sense of responsibility, have poor self-control, or embody a plethora of other negative attributes result in biased opinions and ultimately stigmatization. People with diabetes and obesity not only perceive this negative regard externally, but also often internalize it, espousing negative views of themselves.

Those of us in health care share responsibility for this hurtful stigmatization. Our negative perspectives regarding obesity and diabetes are too often evident in our interactions with our patients. By projecting our intolerance of lifestyle challenges and negative perspectives about patients' personal responsibility and "poor compliance," we amplify the impact of the stigma our

patients with diabetes perceive and contribute to the negative consequences they experience. Often, we may not recognize or acknowledge our role in perpetuating this stigmatization, but it plays out in our behavior toward and perceptions of our patients.

Unfortunately, this issue has not received adequate attention in medical education and training programs. Similarly, the impact of the confluence of biases against obesity and diabetes has not been adequately investigated. In this issue of *Clinical Diabetes* (p. 51), authors Rebecca M. Puhl et al. address this important issue, presenting compelling data from their study of the effects of obesity and diabetes stigma on patients' health behaviors.

Recently, the diaTribe Foundation initiated an ambitious project to address diabetes stigma, starting with a series of meetings with multiple stakeholders. The discussion at these meetings included reflections on how other groups—particularly individuals with HIV/AIDS and mental health issues—have faced stigma and the strategies they have used to overcome it. Working groups were then established to make recommendations, design projects to address various aspects of stigma, and develop effective strategies to help overcome it. One of the many ideas raised was the possible establishment of a stigma information resource hub, which would serve as a repository of materials aimed at addressing the myriad issues associated with diabetes stigma and lessening their impact on health outcomes and well-being.

The American Diabetes Association recognizes that discrimination is a significant problem for people with diabetes and advocates on their behalf as part of its strategic plan and mission. We can all make a difference in this regard by examining our own biases and nurturing an environment without stigma for people with diabetes.

## DUALITY OF INTEREST

No potential conflicts of interest relevant to this article were reported.

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