

# A Flourishing Approach to Mental Health in Patients With Diabetes

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## Abstract

Therapeutic approaches addressing mental health often focus on mental *illness* (i.e., depression, stress, anxiety, and burnout) rather than mental *health*. This has led to treatment approaches primarily focused on what clinicians characterize as “coping.” We suggest additional treatment approaches rooted in mental *health* in an attempt to expand the treatment repertoire of health care providers, explore salutogenesis (i.e., the study of what causes health), and introduce the concept of “flourishing with diabetes.”

## Introduction

The mental health aspect of living with diabetes is often referred to in negative terms, such as coping with depression, denial, stress, shame, and guilt. Working from this negative perspective embodies a “coping mindset,” which focuses on what is not working, followed by a problem-solving process that attempts to move the patient to what is considered “normal” functioning. Further, patients are generally guided to work at avoiding negative outcomes, such as complications, overweight, high blood glucose values, depression, and anxiety.

Remarkably, little attention is given to people who are living well with diabetes and, in fact, may be

experiencing a benefit living with diabetes. Such people may be described as “flourishing” in that they have moved beyond coping and are living healthy, happy, and meaningful lives, not *despite* their diabetes but *because* of it. Exploring the causes of flourishing yields a different treatment approach that we term working from a “flourishing mindset.” The “flourishing mindset” may be described as one of collaboration, wherein the practitioner and patient together determine mutually selected goals, successful approaches that build on the patient’s strengths, and effective solutions.

A review of the literature explains the concept of flourishing and provides case studies and practical tips that health care providers can use to aid patients in designing forward-looking approaches to care.

## Literature

Emerging research investigating the flourishing mindset includes knowledge on salutogenesis, solution-focused brief therapy (SFBT), and positive psychology.

Most literature on diabetes and mental health focuses on mental illness (1). Titles of mainstream books are illustrative: *Diabetes Burnout: What to Do When You Can’t Take it Anymore* (2), *Psyching Out Diabetes: A Positive*

*Approach to Your Negative Emotions* (3), *Depression and Diabetes* (4), and *The Mind-Body Diabetes Revolution: The Proven Way to Control Your Blood Sugar by Managing Stress, Depression, Anger and Other Emotions* (5).

Hislop and colleagues (6) investigated the prevalence of psychological distress in young adults with type 1 diabetes. They found that 64.8% had experienced no distress at all, which the authors considered “normal,” and 35.2% had experienced moderate and severe distress, which they considered to be “abnormal.” Instead of investigating why 64.8% had experienced no distress, the authors focused solely on those whom they considered abnormal.

In contrast, medical sociologist Aaron Antonovsky has conducted inquiries into the origins of good health (7,8). To his surprise, his research showed that nearly one third of a research population of Holocaust survivors were maintaining good health and leading satisfying lives. He asked the salutogenic question, “How can a person be moved toward greater health?”

His research identified biological, material, and psychosocial factors that he defined as generalized resistance resources, including

optimism, self-efficacy, learned resourcefulness, hardiness, money, social support, intelligence, and tradition. The commonalities in these factors are captured in his “Sense of Coherence” (SOC) theory, which identifies three key elements necessary to move people to greater health:

- 1 Understanding the challenge (comprehensibility)
- 2 Believing that resources are within or available (manageability)
- 3 Being motivated (meaningfulness)

Antonovsky concludes that the stronger a person’s SOC, the more successful would be his or her attempts at creating health (8). Thus, a treatment plan that addresses these three points will likely enable patients to be more successful in reaching good health.

SFBT is a psychotherapy-based coaching approach whose orientation is “solution-focused” rather than “problem-focused” (9-11). SFBT aims to assist patients in setting goals and designing solutions and strategies to promote movement forward. Among the SFBT practices are helping patients to discover their strengths; search for “exceptions”; identify times when the problem or situation does not exist and contributors to that; and recall successes, exploring the factors and choices that led to their creation.

The guiding principle of SFBT is a coach and thinking partner approach. Many of the techniques can be helpful for health care professionals working with people with diabetes (12). Three representative techniques are: 1) scaling questions, in which patients determine where to place themselves

**Table 1. Comparison of Coping and Flourishing Treatment Strategies**

<b>Treatment Characteristics</b>	<b>Coping Mindset</b>	<b>Flourishing Mindset</b>
Approach	Cope and repair	Design and build on what is already working
Goal	Come up to “normal”	Go beyond “normal” and flourish physically and psychologically
Direction	Avoid what you <i>don't</i> want	Move toward what you do want
Focus	The disease, what is going wrong, and corrective actions	The patient in personal life context, what is going well, and building on successes
Health care provider-patient relationship	Health care provider is the expert and decides, tells, and explains what the patient should do	Health care provider and patient are both experts who leverage each other’s strengths to co-design a way forward
View of diabetes and impact on one’s life	A burden that one must fight/battle/overcome and that makes life smaller/limiting	Bestows benefits, integrates into one’s life, and makes life bigger/possibilities

on a scale from 0 (extremely poor/nonexistent) to 10 (excellent) in terms of self-management tasks and psychological well-being; 2) identifying strengths and exceptions; and 3) asking the “Miracle Question,” in which patients describe their desired future state and visualize solutions (9). Patients are then asked to design a next step to bring them closer to the envisioned ideal state.

The positive psychology movement also advocates seeking health through a more positive approach (13). Martin Seligman, PhD, considered by many to be the father of this movement, writes: “Positive mental health is a presence: the presence of positive emotion, the presence of engagement, the presence of meaning, the presence of good relationships, and the presence of accomplishment. Being in a state of mental health is not merely being

disorder-free; rather it is the presence of flourishing” (14).

Barbara Fredrickson, PhD, has developed a “broaden and build” theory, stating that positive emotions such as joy, curiosity, contentment, love, play, gratitude, and appreciation broaden an individual’s mindset to be more open, see new possibilities, create social ties, and be more creative and flexible (15). These capacities build an individual’s well of inner strengths and resources from physical and intellectual to social and psychological, enlivening mental health. Frederickson also proposes that negative emotions such as fear, guilt, and shame narrow a person’s mindset, leaving individuals with fewer capabilities and resources. The positive psychology approach would encourage asking the unthinkable question: “What good has diabetes given the patient?”

**Table 2. Applying the Flourishing Approach**

Situation	Flourishing Approach	Observed Results
2010. 65-year-old married woman who had been diagnosed with type 1 diabetes 9 months previously. With the difficulty she is having in managing blood glucose, she is stressed and frustrated. Referred by her Certified Diabetes Educator.	Three sessions. Patient was asked to tell her life story. Provider and patient together identified the patient's strengths and co-designed mechanisms for healthier habits.	Improved understanding of carbohydrate counting and the impact of food on blood glucose, increased confidence, and improvement in blood glucose control.
2011. Children with Diabetes Workshop. Parents of children with type 1 diabetes and adult patients with type 1 diabetes.	After introducing the coping and flourishing mindsets, the provider asked, "What is one positive thing that diabetes has given you?"	All 35 participants wrote one positive thing on pieces of paper; all stood, and smiling, shared what they had written, using a microphone.
2010. Diabetes Sisters Workshop. 100 female participants with either type 1 or type 2 diabetes.	Participants worked in pairs, sharing a difficulty in their lives that they had overcome. Partner listened for strengths. Three stories were shared with the group, noting how the identified strengths could facilitate better diabetes management.	Participants felt pride in recalling their successes and recognizing personal strengths. New insights were gained regarding how to resolve issues and to use strengths to improve diabetes management.
2013. Two-day workshop for the Diabetes Prevention & Treatment Program for the Pascua Yaqui Tribe. First day for health care providers only. Second day for returning health care providers and patients they invited. Day one had 28 participants and day two had 52 participants.	Health care providers learned empathic listening techniques, identifying strengths, and coaching practices as well as how to apply these with their patients on day 2. Patients were asked to identify one good thing diabetes has given them.	Health care providers were invigorated by the approaches they learned/practiced. Patients identified personal successes and internal resources and expressed pride, increased confidence, and a renewed desire to improve their diabetes care. Each patient offered one positive thing diabetes had given them. Energy was high.

Focusing on what causes health, rather than what causes illness yields additional treatment options that may lead to improved outcomes for both patients and providers (Table 1) (13, 16).

### Clinical Applications

Table 2 illustrates samples of the first author's experience in applying the flourishing approach in her workshops and coaching practice.

### Conclusions

Based on emerging scientific evidence and anecdotal reports, the addition of a flourishing approach to existing treatment and coping strategies can generate new and effective methods of support and promotion of well-being in people

with diabetes. Health care professionals can incorporate the strategies related to the flourishing mindset to leverage the expertise of patients and collaboratively find ways forward that are context-sensitive.

What remains is an urgent need for scientific and clinical research to analyze and evaluate the impact of this approach on self-efficacy, clinical outcome indicators such as the glycated hemoglobin, and long-term sustainability. In addition, implementation of the flourishing approach to treatment may challenge the skill sets of some health care professionals, which requires further research.

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### Tips for Working From a Flourishing Mindset

1. Begin each session asking, "What's improved since we last met?" This encourages the patient to reflect on successes, thereby guiding the visit in a positive direction.
2. Ask the patient to share a challenge or difficult life event and describe the steps he or she took to overcome it. Listen for strengths that were used, provide congratulations, and ask, "How can you use these strengths to help improve your diabetes management?"
3. When looking at a patient's logbook or discussing proposed nutrition interventions, focus on what he or she is doing well, such as blood glucose numbers that are in range or the two vegetables a week he or she does eat. Ask "How did you do this?" and "What can you do to make this happen more often?"
4. Provide patients with suggested areas where improvement is needed and ask them to identify areas of focus and goal setting. Patients are more likely to be successful when they feel ownership for the goal. Discuss ideas for improvement and encourage the patient to implement one or two of them. Even if the selected approach(es) is/are not successful initially, the patient is more likely to engage in alternative approaches and future recommendations by the health care provider, if given the opportunity to choose.
5. Be present, attentive, and mindful in your visit with a patient. Show genuine curiosity and interest. As is often quoted in medicine, "Patients don't care how much you know until they know how much you care."

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To read more by Riva Greenberg, DPE, author and Certified Health Coach, please see the following publications:

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