Hardhead Diabetic™

In A Nutshell

Rica J Rich

This book is not intended as a substitute for the medical advice of physicians. It contains the opinions and ideas of the author and is written with the planned intent to provide helpful general information on the subjects it addresses. The reader should regularly consult a physician in matters relating to health, specifically their own, and particularly with respect to any symptoms that may require diagnosis and/or medical attention, as well as, the ongoing treatment and future assessments of any illnesses or diseases diagnose prior to reading this book. The author and publisher specifically disclaim all responsibility for injury, damage or loss that the reader may incur as a direct or indirect consequence of following any directions, suggestions or recommendations given in this book.

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This book is dedicated to SaMii and SieRi, my granddaughters. You are the motivation for keeping my sugars down and my health up. Nana needs many years to watch you grow up and to have as much fun with you as I did Mommy and Auntie when they were little.

Who loves you?

Appreciation goes to my two daughters, Angel and London: London for her many years of tending to her mother whenever I fell ill, when I lost my eyesight to diabetic retinopathy and whenever I became hypoglycemic; Angel for recently giving me strong encouragement to finish this book and for showing me how unproblematic it could be to publish. London took her healing spirit and became a nurse. Angel took her entrepreneurial spirit and founded a company.

I love and am very proud of you both!

To everyone who has taken the time to fuss, roll your eyes, scream and downright explode at me through the years about the things I have chosen and currently choose to eat –

I LOVE YOU RIGHT BACK!

You are a huge part of the inspiration for my books.

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Hardhead Diabetic,Inc.
AN EXPERIENCE LIKE NO OTHER

Introduction

One day while shopping in the grocery store, I experienced my first significant sugar low. Until that point, feelings of being “a little off”, tired or run down had occurred if my blood sugar levels dipped. As a new diabetic, it was not understood those oddities were a result of hypoglycemia (blood sugar lows). In my mind, the new diabetes medication was the culprit behind my intermittent feelings of physical ineptness. Consequently, that pill was often skipped. Within a few months my fasting blood sugar levels stayed around 150-175 mg/dl. A little nervous from these readings, a promise came to take my pill every day. That commitment was being kept for the three days prior to the episode in the grocery store.

To me it was an episode because of the sweating, shaking, inability to completely walk, the blurred vision and thoughts that passing out was inevitable. Lucky for me, two things happened. The register clerk knew me, but I did not know her. Also, in my basket were marshmallows to make rice crispy treats for me and my girls that night. So upon using every ounce of my shaking energy to tear open that bag of marshmallows, prop myself up on the conveyor belt and shovel half a bag of those soft, white saviors into my mouth before paying; pure relief came when the register clerk’s only comment was, “boy you must be hungry!” There was not enough energy in me to answer her. She soon realized I was sick. She held up her line to help me and allowed me to stay there until my sugar stabilized.

Two months before that incident, 24 years ago, I received the diagnosis of diabetes. In keeping with the folly of youth, unable to foresee the relevance to my future health, the news was shrugged off. A short time later a friend and mentor, held in high regard by me, attempted to imprint the magnitude of the diagnosis. His mother was diabetic, had ailing health and was wheelchair bound as a result of an amputation precipitated by complications of diabetes. He did not want to

see me succumb to the same fate at the tender age of 26. A crash course came my way on what foods to eat and which ones to avoid (all my favorites by the way). Over the next few months *sometimes* I took the little pill the doctor prescribed and attempted to eat the diet my friend recommended. Needless to say, after the event in the grocery store, that pill was never taken again. Adding fuel to my barn fire, the food recommended by my friend, was bland, devoid of sugar and frankly hard to envision eating every day for another 50+ years. Naturally there was a return to eating the *good* stuff of the prior 10 years. Fifteen years later, the doctors gave me a new diagnosis – diabetic retinopathy (retina detachment of both eyes) - legal blindness. The decisions made in the grocery store and the subsequent outcomes were a direct result of my being what we have coined a *Hardhead Diabetic™.*

Raison D'être

The purpose of *Hardhead Diabetic In A Nutshell* is to bring our personality type to the forefront; offer a few tips to family and friends on better ways to interact with us on the subject of diabetes; present to the diabetic some easier ways to handle their blood sugar; and, most important, inform the Hardhead Diabetic someone actually understands. They are not a group of one.

A lack of understanding of their decision making process fosters misinterpretation of the diabetic's behavior as "h*ard headed."* This type of emotional environment nurtures a breeding ground of diabetic complications for the Hardhead Diabetic. So much time is spent mentally and often vocally embroiled in battles with disapproving assaults from well-meaning people, frequently their own data collection and subsequent analytics get derailed. That is the reason I was compelled to write the upcoming book, *Hardhead Diabetic: Confessions of a Dangerous One.* The scale of the information this author desired to impart in that book, prompted the penning of this one*.*

We have condensed our larger book into this smaller one by presenting highlights of some of the chapters while omitting other chapter topics all together. In a *nutshell,* if you will, our concept of being and relating to a Hardhead Diabetic (HHD™). The purpose is not to represent the extended information in *Hardhead Diabetic: Confessions of a Dangerous One* as unnecessary, but to help the HHD™, family and friends start this new journey as quickly as possible by offering starter information. Should you find our appetizer helpful, we would love you to return for the main course.

While we believe the information in both our books will help all diabetics and their families, we have a target audience of the "hard headed" diabetic because we

believe their needs surrounding this disease are the most underserved, thereby causing them to be more readily susceptible to complications of diabetes. As Angie Stone's lyrics say, "for the ones that are bobbing…up and down and feeling this cuz uhh…it's all that, I represent you…" …*How thrilled are you with the information being presented?* The epicenter of our audience and most difficult to reach are those of you currently protesting that you 100%, unequivocally are **not** a Hardhead Diabetic...I am *really* representing you. The hallmark of this personality is denial of their process. I am a tried-and-true Hardhead Diabetic. I get it!

Hopefully the information provided within these pages will aid in your analysis of the statements proposed about the Hardhead Diabetic personality type. Most important and more specifically, we implore you to investigate where that personality's and your personality's traits might overlap. And, how, if you decide favorably concerning these opinions, the information gathered in these two writings might help ease some of your worried feelings about losing control of your life and giving up all the foods that bring you comfort and joy as you taste, chew and swallow.

We Are Not What You Think

Are you always being questioned or in your opinion "*nagged*" by family and friends about your eating habits, food choices and possible sedentary lifestyle? Have you been called "hard headed" more than once? If so, you are a Hardhead Diabetic just like me! If you are the one doing the questioning, and exasperated name calling, you are the loved-one of a Hardhead Diabetic.

There are two types of diabetics: the ones that begin doing everything they are told by their doctor at diagnosis. Either they are terrified of diabetic complications (losing a limb) or they are just that kind of person. They do exactly as instructed to eliminate the possibility of loss as well as use the most practical route to their destination. Then we have those who have a different thought process on everything. Things have to be crystal clear for them to act. These people do not like conflict or ambiguity. They need clarity, not fear, to move forward; but only in a direction that is logical to them. The more you push (*nag* by their definition) in a direction in which *they* have not deemed appropriate, no matter how sound the opponent's argument, they will stand firm on their current position. Once armed with understanding to their satisfaction they will apply *their* analytics to the situation. At this point they become able to move forward. These traits are the most pertinent aspects of the reasoning portion of their personality, (customarily misinterpreted as being "hard headed," stubborn or occasionally, "control freak").

They actually are none of the above. Hardhead Diabetics simply process information differently than a vast majority of others. Attempting to coerce the "hard head" into submission of what the "others" perceive to be "for their own good" through badgering or harassment is actually the worst thing to do. To a Hardhead personality type, that just becomes a game of will. *You are not going to force me to do something I said I was not ready to do.* If the HHD had been toying

with the idea of doing what has been suggested before collecting all of their data; they definitely will not do it now. For no other reason than to show you cannot make them do something they are not ready to do. *Hardhead* is now out the door and true stubbornness has reared its ugly head.

Paradoxically, the HHD is not being stubborn for stubbornness sake. The definition of stubborn is, *"[1]Having or showing dogged determination not to change one's attitude or position on something, especially in spite of good arguments or reasons to do so."* Under no circumstance is the Hardhead Diabetic doing this. The last part of the definition: *especially in spite of good arguments or reasons to do so*, deciphers their behavior best. Your insistent call to action is perceived as opposition to their being allowed to gain understanding – *good…reasons to do so*. From their vantage point, you have forced them into this stand-off. Additionally, it is bewildering to them why you would not want them to gain comprehension for themselves and simply take your word. Just because you know the dark clouds signal rain, does not automatically allow them to believe it is about to rain. Something in the HHD's hardwiring makes it necessary for them to grasp *how* you know an overcast sky foretells a shower. Blind followers they are not. Logical clarity is paramount to them for action.

An effective way to help would be offering assistance with gathering information *they* deem pertinent to their decision making (not what *you* believe pertinent). Afterwards, leave them to their own devices. You will find most of the time the HHD will reach the same conclusions you have. They just need the persistent intrusion of your, albeit well meaning, views to be quieted while they process. That quiet rarely comes from the loved-one because they are so invested in trying to bring the Hardhead Diabetic around to a sound decision. Unfortunately, that goal is almost never obtained because they inadvertently set up a dynamic that only leads to further murky waters for the diabetic.

Medical professionals help to exacerbate an already tenuous situation. Frequently they make a Hardhead Diabetic feel patronized if he asks questions. Usually this occurs when too many are asked in one sitting or the questions are not what the

[1]Google definition

doctor has been programmed to expect from a diabetic and/or patient. Sometimes the inevitable brush off arrives with an air of irritation, but usually it is condescension– *these questions will not be necessary if you simply do what I advise*. My assumption is the question appears obvious to the doctor because, well, medicine is their profession. Unfortunately, he forgets it is not evident to the necessarily information-driven decision making process of the Hardhead Diabetic attempting to reconcile this new life-long fate. The HHD, with their questions, merely designed to help them gather information, in some instances, falsely appear to be challenging the doctor's directives. The doctor, in turn, takes an authoritative stance. By being caused, inadvertently, to feel uncomfortable, their process stops. Many HHDs do not ask questions of their doctor moving forward with their care purely because of that last statement. Doctors mistakenly perceive their lack of questions as an indication of their intent to be obedient to the doctor's orders. The exact opposite is actually taking place.

Some do not ask because they are unsure how to devise the question without eliciting a fear-based answer. *Simply stay away from sweets. Take your medicine. And you will avoid kidney failure or lose of a toe in the future.* Fear admonishments regarding diabetes are true. However, to the Hardhead Diabetic, such presentations come across as sensational; lending credence to their improbability over likelihood. Finally, some do not ask questions because, honestly, they do not know what questions to ask. All the while, scare-tactic information is being presented to them, exacerbating the feeling of confusion. Outcome: *why change anything? I feel okay. I will wait until this seems less daunting to me.* For many that less daunting moment never arrives. Unfortunately, they are never armed with the type of information that will adequately influence their decision to change course.

We do acknowledge the state of medical care in America does not afford a doctor adequate time with each patient; placing them under great pressure to decrease time per patient and increase the daily number seen. Perhaps an information pamphlet could be created with answers to a new set of diabetic FAQs that *will* foster change as they will not contain fear-based answers and/or incentives. Such a handout would likely comfort a person suddenly faced with making drastic life

changes completely contrary to their current way of existence. Suggestions for such a document are pointed out in *Hardhead Diabetic: Confessions of a Dangerous One*.

Denied the opportunity to process to their satisfaction, a HHD will remain in a holding pattern of familiar habits. Your protests are no longer on their radar. At that point, retreat into a mental space impenetrable by all outside influences is their failsafe. Long-term processing or epiphanies are the only methods capable of effecting change when this occurs. Trapped in a cycle leading to mental aloofness, unwittingly created by loved ones and medical professionals, is not conducive to the Hardhead Diabetic moving forward with productive decisions regarding diabetes. Tragically, consistently facing various biases pertaining to their behavior is how Hardhead Diabetics navigate through most subjects in their lives. What we have described are the traits of their personality. These traits affect all areas of their life, not just diabetes. We simply narrowed the scope hoping to gain some assistance for the HHD with this dreadful disease by making the functionality of their personalities more understandable.

An article was written several years ago by a male nurse who tended to diabetic patients. The purpose of his article was to espouse his belief that all people working in the medical field should try living as a diabetic for one week before treating diabetic patients. He said he was in absolute hell by day three: the regimented schedules, the needles and pin pricks, and the *food* or lack thereof pertaining to foods he loved and enjoyed. He was trying to shed light on what he witnessed as a nurse for multiple years in that concentrated field. He felt as though people, doctors in particular, relegated diabetics' non-adherence to their prescribed lifestyle changes as lack of will power. To him, his week-long experiment bore out that assumption to be false. It is tantamount to saying an alcoholic merely needs the will power to cease entering the liquor store. Now imagine at once dumping those behavior alterations on someone who abhors change, is not motivated by fear stimulus and has had their decision making procedures denied them – the Hardhead Diabetic! If that were your make up, a call to action would fall on deaf ears as well.

Eating is a daily, usually mindless, life-sustaining activity. Keep a mental note of *every minute thing* you ingest for one typical day. It has been reported the average American consumes 5+ pounds of food per day. Find something that weighs five pounds, not because of density but size. Look at it. How many times would you have to raise hand to mouth to eat that entire thing in a day? Ask yourself if you were forced against your will, not because of a lifestyle decision you made, to be mindful of the totality of ingredients in every snack you grabbed on the run; to repetitively eat the same things because you feel limited by the intersection of what you like and can have; to study the sugar content whenever you wanted to try something new; were prohibited from trying the latest dish or eating at certain restaurants with friends – would you make it two days without total frustration? With the rampant rise in fast food eating, reflexive snacking during TV watching and late hour overtime…be honest. Each sunrise signals the repetition of those events for the diabetic until the end of their existence.

The time for one and all to update their views on persons saddled with diabetes is upon us. Not just on the Hardheads, the entire 422 Million worldwide according to 2014 stats. Quadruple the 108 Million in 1980. For a disease with such staggering increases, a thinking man would expect significant changes 37 years later in the basic treatment protocol to have occurred. Alas, no significant changes have been made in the basic tenants for treating diabetes in decades. The exception of course is the development of new medicines. Most do roughly the same things as the old ones with a slight slant here and there, a larger pool of possible side effects and a much higher price tag. Medicine advances are great. Please do not misconstrue my frankness for disapproval. We welcome all advances. Every diabetic should always take their medicine. But anyone who has ever dealt with a diabetic knows medicine is a band aid if the other behaviors do not change. Based on the data it does not seem as though anyone else is paying attention to that notion. We are. Often extraordinary change is precipitated by extraordinary understanding.