New Beginnings: Managing the Emotional Impact of Diabetes – Module 1


MICHELLE (MOG): And I'm Dr. Michelle Owens-Gary.

AW: The purpose of this series of audio programs is to introduce you to the important role that emotional coping and family support play in helping a person with diabetes manage their condition. In the first program, Michelle and I will talk about the emotional impact of diabetes and healthy coping strategies. In the second program, we'll talk about family support, and we'll discuss cultural considerations and storytelling in the third program.

Michelle and I will refer to the New Beginnings Discussion Guide which has resources and activities that can help you teach the skills we'll discuss in these programs to people with diabetes and their families. If you don't have a New Beginnings discussion guide, you can download one from NDEP’s website at your-diabetes-info-dot-org.

Let’s get started by talking about the emotional impact of diabetes. Michelle, tell our listeners why this is such an important topic.

MOG: Alexis, people with diabetes have to manage their health day in and day out—without a day off. They may have to make changes in their eating and physical activity habits. They have to learn to take their medication, manage their blood sugar, and keep track of their symptoms.

AW: On top of everything else they have to do in their daily lives.

MOG: Yes. They also have the emotions that come with being diagnosed with a serious, lifelong health problem. All of this can be overwhelming. If the person doesn’t have helpful coping strategies, she may have problems successfully managing the disease. And a person
who has trouble managing her diabetes might develop complications. It’s clear that we can’t address the clinical side of managing diabetes without addressing the emotional side, as well.

AW: To help us understand some of these issues, let’s listen to Yvonne talk about how diabetes has impacted her life physically and emotionally.

YVONNE: My name is Yvonne Young and I am a registered nurse. I am a diabetes educator and I have diabetes. I’ve had diabetes for over 25 years, and the way I discovered that I had diabetes, I was applying for some life insurance and one of the things they did was a glucose tolerance test. And at the time I was told that I was borderline diabetic and the term borderline to me meant that I still had time to play. I wasn’t really diabetic but eventually I would become a diabetic. But just at the mention of the term diabetes I went straight into denial and I ignored my disease for a very long time. I weighed over 200 pounds. I smoked two to three packs of cigarettes a day. I didn’t do any kind of exercise and I ate whatever I wanted and how much I wanted and I was wearing a size 20 dress. And I was feeling bad and had all the symptoms of diabetes but in my mind I rationalized that, “Well it was something else. My vision blurred because I need glasses. I’m thirsty all the time because I’m tired. I go to the bathroom because I drink a lot of water,” and just totally ignored the disease and even after I got my official diagnosis that I was diabetic and needed to be on medication I was a poor complier. I didn’t take my medication. I didn’t check my blood sugars as I should. I didn’t exercise or anything because in my mind I didn’t have diabetes. Because when you’re in denial – that was a comfort zone to me. I didn’t have to address the issues of diabetes. But what I found out was that it was also a deadly zone because as a result of me ignoring my disease I allowed complications to start. So people would tell me all the time, “well you’re a nurse, you’re supposed to know better.” Yeah, but knowing better and doing better are two different things because I still face the human challenges. So one day, one day, I heard a little voice said to me, “Yvonne, do you realize what you’re doing to yourself?” and I decided then that my lifestyle was killing me. Not exercising, not taking medication, not checking my blood sugars, not trying to follow any type of meal plan. And I had to acknowledge that the numbness in my feet was a result of nerve damage from my uncontrolled diabetes. The coronary artery disease, the patches on my arteries. So I made the lifestyle changes. I decided yes, I want to live. I like life. So I quit smoking cold turkey – didn’t have the withdrawals or anything because I was determined that I like living more than I like cigarettes. And I came to the conclusion that food was not worth dying for so I looked at how I was eating and made healthier choices. And I started walking. In the beginning, initially when I started, I lost a total of 50 pounds. I came from a size 20 a cute little size 12. So in life you have to find something good in everything bad. So yes it was bad that I developed diabetes, but it made me start taking care of myself and it got me a cute little size 12 out the deal too.
AW: Michelle, I heard a range of emotions in Yvonne’s story. She was in denial, and she also sounded scared, and maybe a little depressed. I also heard hope.

MOG: You’re right, Alexis. People with diabetes can have a range of emotional responses - depression, anger, fear, anxiety, guilt, shock, denial. These are all normal. They can also feel a sense of relief at finally knowing what the cause is of their health problems. That’s normal too. It’s also important to remember that a person with diabetes’ emotional state can be affected by their blood sugar.

AW: It might be hard to focus on the clinical parts of managing diabetes, such as learning to measure blood sugar, if a person is feeling overwhelmed by emotions or is in denial.

MOG: Denial led Yvonne to ignore her condition and try to explain away her symptoms.

AW: Like when she said, “I’m thirsty all the time because I’m tired.” Or “I go to the bathroom because I drink a lot of water.”

MOG: Right. I think Yvonne’s story also shows how a person’s emotional response is not just related to the diagnosis, but it can also be related to how and when she learns she has diabetes.

AW: How so?

MOG: A person’s situation at the time of diagnosis or the circumstances around the diagnosis can influence how they react. When Yvonne was first told she might be at risk, she was told that she was “borderline diabetic.” It doesn’t seem that she was told much about what that meant for her health, and it also doesn’t seem like she was given much information about prevention. Also, she wasn’t looking for health information – she was applying for life insurance.
AW: It might have been a shock to go in for a routine insurance exam and hear you’re “borderline diabetic.” That could contribute to the denial.

MOG: People who are diagnosed with diabetes may also be dealing with other health problems or family or job issues. Maybe they have a family history of diabetes and watched family members struggle with the disease. These other issues can cause a strong emotional response. If you want to help people understand their emotional response, it’s important to look at the big picture and not assume the only reason a person is upset or in denial is because the doctor told her she has diabetes. Emotional responses are complicated and if we only focus on one thing, we might miss other concerns.

AW: Michelle, give us some insight into the emotions of people who have been living with diabetes for a while.

MOG: We expect an emotional response from people when they’re first diagnosed, but we don’t always consider how diabetes can impact a person’s emotional state over time. The daily responsibilities of managing diabetes can wear a person down, especially if they’re dealing with other health problems or issues. A person may be doing fine, and then experience a complication or health set-back that can cause an emotional response. Something may happen in her life that’s not even related to diabetes, like a deadline at work, the loss of a loved one, or a child going off to college, which can have an emotional impact and cause them to have problems managing their diabetes.

AW: We might expect a person who has been managing diabetes successfully for a while to be used to dealing with these kinds of challenges.

MOG: And that’s not always the case. Yvonne pointed out that just because you know better doesn’t mean you do better. In other words, knowledge doesn’t always equal behavior. We need to be aware of and sensitive to how life changes can impact the people we’re trying to educate and support.

AW: So a person with diabetes might have a range of emotional responses related to the diabetes diagnosis or symptoms, or to the circumstances surrounding the diagnosis. They
might also have other life events that aren’t related to diabetes that impact them emotionally. These emotions can lead to problems managing the diabetes which can lead to further emotional distress. Knowledge and experience don’t always protect you from emotional distress, and we need to be sensitive to how long term management of diabetes and life events can impact a person’s emotional well-being.

MOG: Yes! It’s important for us to be aware that it will be different for each person, and it can change over time.

AW: Let’s talk about coping with these emotions. First, define coping.

MOG: Coping is basically how a person deals with problems or emotions. It is the strategy they use to get through the day. Coping strategies aren’t helpful when they cause you to be stuck in an emotion or do things that are harmful to your health or to other people. Effective coping strategies help you deal with your emotions or the situation and take care of your health.

AW: So a helpful coping strategy could be a range of things - being physically active, volunteering, joining a support group, prayer, humor…

MOG: Yes. It’s anything that helps the person with diabetes move to where she needs to be emotionally in order to take care of her health and stick with behavior changes.

AW: Could the same strategy be effective at times and less helpful at others? I’m thinking of humor…

MOG: Humor is a good example of that. It can be an effective way to deal with tension, but it can also be used to avoid a problem which can make it worse. Don’t assume that a strategy is helpful because it seems like a healthy response. People who provide diabetes education and support should try to help people with diabetes recognize when their coping strategies aren’t working. They should focus on helping people find effective strategies for dealing with emotions.
AW: Let’s talk about how we can help people with diabetes learn effective coping strategies.

MOG: The first thing is to acknowledge that managing diabetes is hard. Let people with diabetes know that they’re going to feel all kinds of emotions and that it’s normal and okay. We shouldn’t tell people not to feel sad or angry. But you don’t want people to get stuck in an emotion or do things that are bad for their health.

Teach people with diabetes how to find and use health information, how to make the most of visits to health care providers, how to overcome self-doubt, how to ask for help from family and friends, and how to manage stress and solve problems. These skills can help relieve some of the distress that people with diabetes feel and they are all addressed in the New Beginnings Discussion Guide.

It’s also important to remind people with diabetes to get the medical attention they need. People with diabetes might not realize that their blood sugar is affecting their mood or their mood is affecting their blood sugar, and they need to see their doctor. Learn the symptoms of depression and teach these to your patients or participants. Encourage them to get treatment if needed. There’s information about depression and diabetes in New Beginnings.

AW: Let’s summarize some key points from our discussion so far. In providing diabetes education or support, it’s important to acknowledge the range of emotions patients or participants might be feeling and help them try to understand what’s causing the distress. Teaching people with diabetes to use health information, communicate with health care providers or family members, overcome self-doubt, manage stress, and solve problems can help them be better prepared to deal with emotional distress. Let’s talk about another important skill for people with diabetes to learn - problem solving.

MOG: Problems are going to happen, but people can learn to manage problems and stay on track.
AW: There are four steps to problem solving. The first is to try to understand the root cause of the problem.

MOG: Say a person is feeling stressed because he’s always running late in the morning. The root cause might be low blood sugar in the morning, but it could also be depression. Both can make it hard to get out of bed.

AW: But these two causes would have very different solutions.

MOG: Right. People don’t deal with morning low blood sugar the same way they deal with depression. They need to understand the root cause in order to develop a plan that will work.

AW: Which is step 2: Develop a plan.

MOG: Knowing the root cause of the problem allows a person to develop a specific plan of action. If he’s late in the morning because of low blood sugar, he may need to learn how to manage morning lows. If he can’t get up due to depression, he should see a doctor.

AW: In making a plan, people should also think about potential barriers and how to move past them. If the plan is to try to go to bed earlier, he should think about what might keep him up late. By thinking about the barriers, he can plan steps to avoid them.

MOG: The third step is to prepare to use the plan. It’s not enough to say, “I could have some easy-to-fix breakfast items in the house to eat on the days I’m running late”. The person has to go out, buy the food, and make sure it’s where it should be when he needs to use the plan. Then he’s ready the next time the problem comes up. If he needs to see a health care provider for an issue like depression, he should go right away. The sooner depression, or any health issue, is recognized, the sooner he can start to feel better.

AW: So put the plan into action.
MOG: It might seem like an obvious step, but how many times have we all planned to do something but then we got busy and didn’t follow through? It’s important to remind people to put their plan into action. Their plan won’t work if they’re not prepared to use it.

Then the fourth step is to evaluate how it worked and make any changes, if needed. It’s ok if the plan doesn’t work exactly as expected. That’s how we learn. He needs to think about how to improve the plan. Encourage him to go back to step one, think some more about the root cause of the problem, and make changes that might help. Also encourage him to stay positive.

AW: So educators can teach people the four steps to solving problems. Identify the root cause, make a plan, get ready to use the plan, and evaluate how well it worked. Remember that you’re helping the person with diabetes figure out the solutions – you’re not solving the problem for them.

MOG: That’s right. And encourage them to stay positive and keep trying.

AW: Let’s summarize. In this program, we’ve talked about the range of emotional responses people with diabetes might have. Different people will have different reactions, and emotional distress can occur even after managing diabetes for many years. Emotional distress can impact a person’s ability to manage their diabetes, so we need to learn to recognize the range of emotional reactions that might occur and help people learn to identify useful coping strategies. Effective coping strategies help people deal with their emotions so they can take care of their health. While you can’t change how a person feels, you can help them learn to react to those feelings in ways that help them effectively deal with the emotions. This can mean learning to find and use health information, communicate with health care professionals and loved ones, overcome self-doubt, manage stress, and solve problems. Problem solving is an especially important skill because it helps people deal with different kinds of problems related to emotional coping, and the kinds of routine problems that might occur when managing diabetes.

MOG: The New Beginnings Discussion Guide has resources and strategies to help incorporate these skills into diabetes education or support groups.
AW: In the next program, we’ll talk about the role of family and social support.