

## **New Beginnings: Managing the Emotional Impact of Diabetes – Module 3**

ALEXIS (AW): Welcome to New Beginnings: Managing the Emotional Impact of Diabetes. I'm Alexis Williams.

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

AW: The purpose of this series of audio programs is to introduce you to the roles that emotional coping and family support play in managing diabetes. In the first program, we talked about the emotional impact of diabetes and helpful coping strategies. In the second program, we talked about family support. Now Michelle and I will move on to cultural considerations and storytelling as an educational strategy. The New Beginnings Discussion Guide has resources and activities to help you incorporate the strategies we'll discuss into diabetes education and support groups.

Let's start by talking about the role of culture in emotional coping. The emotional impact of diabetes and the need for family support are common among all people with diabetes. How people express their emotions, what coping strategies they use, and how they communicate with family members or health care providers are often influenced by culture. It's important to understand the influence of cultural factors like race or ethnicity, as well as age, gender, or region of the country.

Michelle, what are some common cultural considerations to keep in mind when working with people who have diabetes and their families?

MOG: In many cultures, there's a stigma associated with talking about emotional issues or illnesses, like diabetes. Talking about your feelings can be seen as a sign of weakness. Some believe that you can just snap out of depression or that people who feel down just need to get on with life and not dwell on their feelings. Many don't feel comfortable talking about emotional issues with people outside their family or cultural group.

AW: Some people believe you're not supposed to share feelings of emotional distress with strangers in a support group or even a health care provider.

MOG: Just because a person doesn't talk about emotional distress or look upset doesn't mean everything is fine. Trust may need to develop before an honest discussion about feelings can occur.

AW: Another cultural consideration is the role of family or social networks.

MOG: Many cultural groups depend heavily on their family and social networks for support. They'll talk to family or friends about how they're feeling before they'll talk to a health care professional or join a support group. They may want to bring family members to group meetings or medical appointments. They might expect family members to be included in decision making related to their health care.

AW: We should take this into account when we do educational programs. People may not come if they can't bring a family member. New Beginnings is designed to include family members.

MOG: Another cultural consideration is the role of spirituality and faith. Spirituality plays a very important role in the lives of many people and will often be the first place they turn when they're upset, depressed, or uncertain. It might be important for discussions about emotional coping to include spirituality and faith.

AW: Culture impacts the way people cope with emotional distress and how they talk about their emotions. There might be a cultural stigma attached to illnesses like diabetes or depression. Culture can also impact the role people expect their family to play. In some cultures spirituality plays a role in emotional coping.

MOG: While it's important to be aware of and sensitive to cultural factors, we must respect that different people will act differently. Culture does not always predict behavior. We can learn

more about cultural issues by talking with members of the group or people who work with the group and by reading articles on the subject.

When educators are aware of potential cultural differences they can use teaching strategies that are respectful of cultural norms and traditions. This builds trust and opens the lines of communication.

The New Beginnings discussion guide uses storytelling as a strategy to address many cultural issues. Alexis, tell us about the benefits of using storytelling in diabetes education and support groups.

AW: Michelle, all cultures use stories to share information. We all start learning from stories at a very early age, so storytelling is familiar to most people. This has several benefits in diabetes education and support groups.

One of the most useful outcomes of storytelling is that it can help open the lines of communication. When the educator or group leader tells a story about someone who is learning to manage their diabetes, it provides a starting place for conversation. Participants can talk about how the characters in the story acted or reacted and what they might have done that was the same or different.

MOG: People might feel more comfortable talking about the characters in a story instead of themselves.

AW: This can be helpful when you're working with people who are hesitant to share personal information.

Storytelling can also be an effective way to teach people new information in a way that's easy for them to remember.

MOG: How so?

AW: For example, I can give you a list of reasons why it's important for family members to go to diabetes education classes and you might remember a few. We're not really wired to learn this way.

On the other hand, I can tell you the story of what happened when Terry woke up to find that LyCythnia had low blood sugar, and how he was able to respond based on what he learned in class. You'll be more likely to remember and understand the benefits of having family members attend diabetes education classes. It's easier for us to remember what happens in stories.

MOG: People can also connect emotionally with LyCythina and Terry which can make the information more meaningful.

AW: And you can probably imagine the consequences of what would happen if Terry *had not* gone to the diabetes education class. This is how stories make information relevant. They put a human voice to information.

MOG: Earlier, we talked about how important it is to be culturally sensitive but not make assumptions based on culture. Can storytelling help with this issue?

AW: Yes. Instead of assuming that the people in a group will react a certain way because of their culture, we can tell a story about how someone dealt with a situation. The people in the group can say, "I can identify with that reaction," or "I would've done things completely different." Or even, "I'm expected to act like that, but I don't like it and it makes things hard for me."

MOG: Discussing the story can provide insight into how cultural norms or traditions may or may not affect participants.

AW: We can also learn a lot about participants by encouraging them to tell their own stories. Start by asking open-ended questions. A closed-ended question like, “Did you use any of the stress management techniques we talked about?” is usually answered with a “yes” or “no” and you wouldn’t learn much. When we ask an open question like, “What happened when you were stressed out last week?” the person will tell the story. Then, just *listen* and learn. Resist the temptation to jump in with advice or instructions. When you interrupt a story, you take the focus off the person telling the story and what they were trying to share.

MOG: It’s like instead of listening you were just waiting for a chance to talk.

AW: This is active listening and it’s an important skill to learn. As educators, we’re used to teaching. But in this case, we need to let the person tell their whole story and pay attention. The educator can learn more about the person, the kinds of things they go through, and how they’re trying to cope with what happens to them. You get the whole picture and start to build trust and bridge differences.

MOG: Let’s review. Educators can tell stories that give people a way to talk about emotional issues without having to share information that might be too personal. Stories are also a useful teaching tool because they help us remember information and make it more relevant. The way a person with diabetes responds to a story can help bridge cultural differences by helping reveal the influence of cultural norms and beliefs.

AW: Another way to learn more about participants and start to build trust is to encourage them to tell stories. Ask open-ended questions that can’t be answered with a “yes” or “no.” Then, really listen to the whole story.

MOG: Now we’ll summarize the three New Beginnings audio programs. In the first program we talked about effective coping strategies that help people deal with the emotional impact of diabetes.

AW: Diabetes educators and support group leaders can help people with diabetes understand emotional distress and teach them skills to use health information, communicate with health care providers and family members, overcome self-doubt, manage stress, and solve problems.

MOG: They can also help people become more knowledgeable about the signs and symptoms of depression.

AW: We also talked about the four steps to solving problems: Identify the root cause of the problem, make a plan, get ready to use the plan, and evaluate how well it worked.

MOG: In the second program, we talked about the importance of family support that's encouraging, helps the family member with diabetes feel good about herself, and focuses on helping her solve her problems. Families can provide informational, practical, and emotional support to their loved one with diabetes.

AW: There are four steps for families to provide support: Learn more about diabetes; talk to the loved one about coping with diabetes; find out what the person with diabetes needs and; and discuss and set support goals.

MOG: In the final program, we talked about the role of culture. It can affect how people cope emotionally and communicate with others. It can result in a stigma towards diabetes or emotional distress, and cause people to be reluctant to talk about these issues. We also talked about cultural expectations and the role of family support and spirituality.

AW: We can't make assumptions about how a person will react, based solely on his or her culture.

MOG: Educators can use storytelling to make it easier for people to talk about the emotional side of managing diabetes. Storytelling makes it easier to remember information, and helps bridge cultural differences between the educator and participants.

AW: We also talked about using open-ended questions to encourage people to tell their stories, and the importance of listening to the whole story to understand the perspective of participants and build trust.

MOG: The tools and resources provided in the New Beginnings discussion guide will help educators and group leaders use all of strategies we discussed.

AW: You can access the guide on NDEP's website at [your-diabetes-info-dot-org](http://your-diabetes-info-dot-org).