Diabetes Impaired Relationships

How Diabetes Impact Your Relationship And Ways To Protect It

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This article will help you and your partner:

- Reduce diabetes impact on your relationship
- Learn how blood sugar impaired cognition can hinder communication
- Understand how blood sugar impaired cognition can impact your relationship.
- Discover ways to improve your communication skill around diabetes
- Understand the unique ways to best support your partner with diabetes

Tips & Tools: Ways To Reduce The Impact Of Diabetes

DiabeticTalksTM

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This article's goal is to help you and your loved ones reduce diabetes impact on your relationship. Learn how the cognition of someone living with diabetes can hinder communication, which can affect your relationship. Discover ways to improve your communication skill around diabetes. You will understand how to work with your loved ones so that they can feel supportive instead of annoying.

Internal Dialogue

Cognition is the mental process of acquiring knowledge through our senses and interpreting the gained information using internal dialogue (thought). People without diabetes have three distinct voices that make up internal dialogue, they sound alike but have different roles. The voices are our "needs/want voice" and "should do voice" that present their information to the "mediator voice" that decides what action to take (i.e. I'll give the wrong answer and feel dumb.)

I am going to refer to needs/wants and should do voice as, internal or inner voices. The internal voices contemplate and express their points of view to the mediator. The mediator makes a ruling on how you are going to respond to the world. For example, your mediator may decide not to talk in class or to raise your hand to answer the teacher's question based on information the internal voices have presented.

Our inner dialog is a relationship with ourselves. Everyone including your loved ones has an internal dialog as well. Here is the interesting part: if in a relationship, we are actually in a relationship with them, their inner dialog and your inner dialog.

You see it all the time in relationships. For example, you are in a conversation and you are asked, "What do you think?" and nothing comes to mind, because you were having another conversation in your mind. Communication isn't easy with six internal voices in the room.

It is important to work on quieting your inner dialog when someone is talking to you, or you miss important details. If you don't, things can get complicated fast. Now, let's look at the diabetic voice in a relationship.

This voice is the one that interrupts the internal dialog and takes over when diabetesrelated issues need addressing. The diabetic voice is most noticeable during a low blood sugar for most people. The diabetic voice is vigorous and domineering as your survival mode is triggered. Keep in mind that the diabetic voice can be timid as well and anywhere in-between in the person living with diabetes. Sometimes the diabetic voice will take over, and the mediator will just go along for the ride. Here is an internal conversation between a Mediator, Internal, and Diabetic voice:

Diabetic:	Your Blood Sugar Is Low.
Internal:	I am having dinner with a friend. It can't be low.
Diabetic:	Your CGM is beeping, check for yourself.
Internal:	I am enjoying my conversation! I'll take care of it in a
	moment!
Diabetic:	Okay, we don't have time for this!
The Mediator:	We are looking at it now. It's 70 mg/dL with a down arrow.
Internal:	We need to let our friend know.
Diabetic:	No time.
The Mediator:	I have checked my blood sugar. It is 60mg/dL.
Internal:	Look it's only 60mg/dL we have some time to let our friend know.
Diabetic:	No! Low Blood Sugar! It is life and death! We are going to get a coke.
Internal:	I should ask my friend if they want something.
The Mediator:	The diabetic voice is right.
External	"I would like a coke with no ice."
Voice:	
Bartender:	"Here you go, that will be \$5."
External	"Here's a \$10 and keep the change."
Voice:	
Internal:	What?
Diabetic:	It was life or death.
Internal:	But, he didn't know that!
The Mediator:	Well we can't go and ask for it back now!
The Mediator:	We are back at the table. Our friend seems pissed off;
	how can we handle this?
Internal:	What are we going to do?
Diabetic:	Don't know but my job is done here. I am sure you
	will come up with something good to tell our friend.
Internal:	We should say something before our friend says
	something.
Internal:	We could just say nothing and see if it passes.
The Mediator:	We are going to say something.
The Mediator:	I think we are too late.
Friend:	"It pisses me off when you do that. What? You can't
	say excuse me for a moment I need to get a drink?
	And without asking if I wanted one? Sometimes, you
	can be so selfish!"

My diabetic voice is pretty strong but wasn't always. At one point my diabetic voice would tell the mediator about the problem (a low blood sugar) and my internal voices would speak over my diabetic voice. My inner voices would tell my mediator, "It will have to wait till we are finished," with whatever I was doing and my mediator almost never heard my diabetic voice. After lots of cognitive psychotherapy, my inner voices and my diabetic voice allow each other equal time to make their case to the mediator, most of the time.

Healthy Conversation

I am a good listener. As a psychotherapist, I do it for a living but still struggle with my diabetic voice. I was having dinner with a friend who was telling me a personal story of great importance to her. I was paying attention, as I was interested in learning more about her. My inner voice was quiet, and I was enjoying the conversation. I didn't realize that my blood sugar was going low.

She asked me if I was listening and I said I was, but I was having trouble focusing. My Mediator said "something's off here" and to check my blood sugar. It was low, and then my diabetic voice started screaming. "Where's my glucose packet? I can't find it, I need the waiter, hurry, you need to find him." My inner voices said to tell my friend. I did, and she helped me get the waiter who brought me a coke.

In a relationship when diabetes is involved, the internal diabetic voice has to take priority for both you and your partner. Those in the relationship need to agree on this point for the relationship to be strong. If either partner in the relationship doesn't agree, it tends to cause emotional upheaval in the relationship and possibly physical damage to the individual living with diabetes. In my clinical opinion, the higher rate of divorce correlates to either person not listen to the diabetic voice.

Regardless of whether or not the person with diabetes or their loved one is the individual not dealing with the management, it is important for both people to do their part to be flexible around managing diabetes. Not having a balance between the mediator, inner, and diabetic voice creates many problems, but add the cognitive impact of a low or high blood sugar, and you have a mess on your hands. Even if you both agree and a person's diabetic voice is firm, there are many issues that can interfere with one's internal dialogue. The issues that impact one's internal voices are environmental, cognition issues including blood sugar levels, psychiatric issues and one's ability to remember also interfere with both diabetes management and relationships.

Understand your partner

It's hard for loved ones to comprehend how people with diabetes could forget to give a shot or checked their blood sugar. Everyone forgets from time to time without the

complications of diabetes. An individual may forget, once a week to several times a day. Whether it's to make an appointment, forgetting that same appointment, where you placed the TV remote, check the weather, return an urgent email and so on. The list is endless, and that is without the cognitive complications that people with diabetes face every day.

The culprit is the short-term memory. Most people believe that short-term memory lasts several minutes, when it lasts for just a few seconds. To remember longer, you may have to repeat the information several times in your head and send the information to long-term memory.

Think about this, the individual with diabetes just remembered to give their insulin to correct for a high blood sugar, but the phone rings. They pick up the phone, and an hour later the conversation ends. While talking their blood sugar rises even more and now in a very high range with lots of insulin resistance to hinder bringing it down quickly. After discovering what they believed they caused, they begin to blame themselves. Many factors contributed to being forgetful.

Regardless of the importance of the task, it may have little impact on whether information leaves the short-term memory to be retained in long-term. There are many internal and external distractions every day that interferes with one's ability to remember. For example, in a home that is filled with lots commotion forgetting is more prevalent, than in a household that is calm and orderly. Capacity to remember diminishes as distractions increase.

The most responsible individual can forget to take care of him or herself when their household is full of noise and commotion. When looking at forgetfulness, it's essential to comprehend just how one's environment can interfere with memory recall.

Short-term memory holds small portions of information active and ready for use for only a few seconds. The average length of time for short-term memory is about 15 to 18 seconds, but many things can affect the duration of time. Not just one's external surrounding but internal conditions, your state of mind and body, will impact one's ability to remember.

Due to high, low and shifting blood sugar, people living with diabetes tend to be more forgetful and struggle with memory retention and recall. Other internal issues that influence the ability to remember are physical illness, heavy emotions, and mental health problems.

High blood sugar levels slow the mind down while hindering the synapses from firing correctly. As blood sugar levels increase, the ability to retain or retrieve memory reduces. Therefore, the higher blood sugar goes, the greater possibilities of forgetfulness including

simple tasks. A person can get used to living at high levels and may not be aware of the cognitive impact till they bring their blood sugars in control.

Low blood sugars have a similar effect on memory retention but speed the mind up causing synapses to fire rapidly and, in turn, causes an inability to focus. In either state, it is difficult or next to impossible to hold on to information. It can reduce the active retention of information from 18 seconds to less than zero; creating forgetfulness and causing missed blood test or shots. This happens to the best of us, even if you are trying hard to manage your diabetes.

The Cognitive Impact of Low Blood Sugars:

- Low Blood Glucose (BG) impacts the brain, inundating the synapses with oxygen, which hinders the process of information transference to the rest of the body.
- The lower the levels of glucose you have in your blood, the more your blood thins and the more your heart rate increases. This increases oxygen levels to the brain, causing increasing cognitive disorientation.
- Low BG decreases the density of blood causing a reduction in glucose to your extremities and brain. This causes poor memory recall, prevention of new information from assimilating into memory correctly, and causes poor retention.
- Low BG hinders a diabetic's ability to think, at just about any level.
- During low blood sugar, the mind and body lose control. The lower the BG, the less power a person has mentally, physically and emotionally.
- Hypoglycemia (hy·po·gly·ce·mi·a): The medical condition of having an abnormally low level of sugar in the blood. If left untreated, low blood sugars can cause seizures, loss of consciousness and in rare cases death.

The Cognitive Impact of High Blood Sugars

- High Blood Glucose (BG) affects the brain, inundating the synapses with sugar, which hinders the process of information transference to the rest of the body.
- High BG increases the density of blood causing the heart to push harder to circulate the blood. The rate of blood flow slows down, getting less oxygen to your extremities and brain. This causes poor circulation, which can lead to nerve damage to various parts of the body including the neuron, and chemical synapses in the thought-processing center of the human brain.
- Since high BG causes blood density to increase and oxygen levels to reduce, the brain's response to stimuli lessens. This causes the chemical synapses to function poorly, reducing the brain's ability to process information. This makes it hard to think and process information.
- High BG impacts memory recall, attention, concentration, focus and retention of external information, making learning difficult, and in some cases impossible, for the child or adult living with diabetes. If left untreated, high blood sugars can cause unconsciousness, known as diabetic ketoacidosis or hyperosmolar syndrome.

• The Vicious Cycle of Diabetes

When you're in a depressive rut or feeling "foggy," it may not be in your control—it's your body's chemistry. The brain requires 25% of the body's glucose stores in a state of rest to function properly. Low blood sugar reduces the flow of glucose to your brain, leading to poor memory, decreased judgment and difficulty learning. High blood sugar is no picnic, either. It causes the blood density to thicken and oxygen levels to reduce. Causing a reduction in memory, ability to learn, poor judgment, over emotionality and extended periods of high blood sugar lead to increasingly difficult emotional and relationship issues.

I've seen people lift their spirits and gain their energy back, simply by getting a handle on their blood sugar levels. Conversely, I've seen people destroy their lives and relationships by letting things go unchecked. The result is resentment, denial, low self-worth and much more.

This reduction in cognitive ability can cause multiple issues within a relationship. When someone with diabetes is unaware of a high blood sugar, that physical state can generate intense emotional states that may lead to unnecessary arguments and overreactions. Things that normally wouldn't bother the person with diabetes can become unbearable. A fight over a cap off the toothpaste tube can lead to a breakup.

Diabetes mismanagement can devastate a person's relationships placing a strain on even the strongest relationship. But it doesn't have to end it. While you may not want to burden your partner, it's best to let them help. It is important to have a discussion on how they can best support you. Here are some helpful tips on obtaining healthy support from your partner or loved one, when living with diabetes:

- Address how you and your partner are going to handle high and low blood sugars at the beginning of your relationship when your blood sugar is in the normal range.
- Inform your significant other if you're not feeling well or your blood sugars are off—before they ask if possible.
- Discuss your limitations when blood sugars are off. This helps your partner to be flexible and patient during these events, instead of branding you as lazy or uninterested.
- Ask your partner to say something to you, if they see you're not your usual self. When he or she does, listen and check your blood sugar.
- Take blood tests often, and share the results with your partner when high or low.
- Wait until blood sugars return to normal before eating. Dinner can wait—your significant other will hopefully understand. If not, explain why it is important when blood sugars return to normal.
- No significant conversations when blood sugars are off.

- Avoid placing blame, and replace the phrase, "should have" with "could have."
- Commit to a handful of simple, low-pressure tasks when blood sugar is high, and follow through even if you're feeling sad or foggy.

This picture can be more complicated when mental illness is part of the picture. But the story doesn't have to end there—help is available and can reduce the stress in your relationship. Individual psychotherapy is helpful, and if you have trouble addressing diabetes in your relationship, counseling is also useful. I can't stress enough the importance of seeking counseling, cognitive behavioral psychotherapy or a certified diabetes educator as part of your diabetes care.

All people with diabetes are unique. For many of them, speaking up can reduce the emotional impact of high and low blood sugars. Here are some helpful tips:

- Inform the people in your life when your blood sugars are high or low and remind them that is why your behavior might be off or odd.
- Discuss the emotional symptoms of diabetes with people you care about and readdress as needed.
- Regardless of who asks if you are okay, check your blood sugars and thank them for asking? If appropriate to the situation, inform them if your blood sugar level is off and if you need their help nicely.
- Always have glucose or rapid-acting insulin on you or in your bag. This can limit stressful situations where your friends, family members or you are frustrated around your self-care.

While it may seem like always monitoring diabetes is more trouble than it's worth, not monitoring can cause problems in every aspect of your life. When you're overly careful and over-prepared, you've got the sense of security to handle whatever comes at you. Keep reaction supplies like glucose tablets or gels readily available. Decide in advance, should you experience a low blood sugar; whether telling your boss, coworkers or family is necessary. Ahead of time make a plan for all situations you can think of. As thinking about what action to take while blood sugars are low can be next to impossible.

*All advice included in this article therapeutic in nature and should not be considered medical advice. Prior to making any changes to your diabetes maintenance program, please consult with your primary physician or endocrinologist.

Eliot LeBow, LCSW, CDE, is a Diabetes-Focused Psychotherapist, Presenter, and Author. His private practice is in New York City and is also available via Skype. LeBow, who has been living with Type I Diabetes since 1977, treats the many diverse cognitive, behavioral, and emotional needs of people living with Type I and Type II Diabetes.

Diabetes-Focused Psychotherapy takes a holistic approach combining traditional talk therapy with diabetes education and management help. It addresses both the physical and emotional aspects of living life with diabetes while still addressing other non-diabetes related life problems to create a unique holistic approach to help people with diabetes thrive. For more information go to his website or Facebook Page or set up a free 30-minute phone consultation to see if talk therapy is right for you.