



## **Common T1D Distress Beliefs and New Perspectives**

There are 6 common underlying themes of diabetes distress stories that lead to tough feelings and drive expectations about diabetes that are unhelpful. It is important to consider another perspective that is fact-based, neutral, and helpful. This can allow for different choices.

### **1) “I’m a bad diabetic.”**

“Bad diabetic” is a critical judgment of the whole person, as if challenges with diabetes management reflect a character flaw. It does not acknowledge choices and effort. It allows no room for change or improvement. There are many good reasons why people may struggle with diabetes or make choices that result in elevated blood glucose levels. These choices don’t make the person a “bad diabetic”. At any point, people can make changes to their treatment plan, make different choices, and change their relationship with diabetes.

Consider new perspective: “At times, I choose to back-burner my diabetes management and it shows up in my BG numbers. “

### **2) “I can’t do this right or perfectly, so why bother?”**

Perfectionism is a perspective around diabetes that has two speeds – perfect or failure. It often leads to emotional exhaustion or a feeling of burnout, as perfection is unattainable for any length of time, and perfection is not needed to have diabetes in a safe place. An alternative perspective to perfectionism is working toward a “*healthy good enough*”. This perspective is working towards a personal, daily best effort that is ambitious, considers other important life circumstances that may impact diabetes, and allows for mistakes, experiments and normal excursions that go with diabetes.

Consider a new perspective: “I am making an effort to improve my time in range by adjusting my basal rates. Progress not perfection.”



Consider a new perspective: “Today I have a deadline at work and between the stress and busyness of my day, I know that I may have more BGs over 160 mg/dl. I will expect that to happen and be prepared.”

### 3) “I’m an idiot/can’t do this/failure.”

Many people feel like after a certain period of time of living with diabetes, they should never make mistakes, have unexpected highs/lows, or have new things to learn. This can lead to a conclusion that when frustrating or scary things happen, like having a hypoglycemic event, that it happened because they are an “idiot” or simply not good at managing diabetes. This perspective can be very discouraging as diabetes outcomes *are* sometimes unpredictable or unexplainable, require changes over time as your body’s needs change, and as knowledge about diabetes, devices and medications evolve. These are experiences that all people with diabetes face.

Consider a new perspective: “I had a scary low. That doesn’t make me an idiot. It makes me human and its part of living with type 1 diabetes.”

### 4) “I’m a burden.”

It is common for people to conclude that they are a burden when life with diabetes requires help from others, impacts daily routines that affect others, or has a financial toll. Life with diabetes may impact others and can be expensive. The challenge is recognizing that you are worth the investment of time, effort, adjustments, and costs that go with living with diabetes. Your contributions to your friends, family, work, home, and community are more than what managing diabetes can sometimes impact. When others help you when you need it, is an act of kindness, concern, and love.

Consider a new perspective: “My friends are happy to help me when I occasionally need it. We help each other.”



### 5) “I’m broken/defective.”

Sometimes people believe that having diabetes makes them “damaged goods”. Therefore, they are concerned they may be seen by others as less attractive or less valuable. Having diabetes is not a character flaw and does not impact a person’s value. The only thing that is broken in diabetes is a fully functional pancreas.

Consider new perspective: “Having diabetes means having one type of cell in the pancreas that is broken, not being broken as a person.”

Consider a new perspective: “I am more than my diabetes. It is only one part of me.”

### 6) “I’m doomed.”

Sometimes people come to believe their current efforts to manage diabetes will not have a positive impact on their health and they are therefore doomed to suffer terrible complications or believe diabetes is a death sentence. This often leads people to conclude that there is really no point in fully engaging in the efforts of self-management. Why bother if it doesn’t help anyways? Those who experience this sense of fatalism may indeed have a heightened risk of complications such as an elevated A1C, blood pressure, etc. As a result, they may have had experiences in the healthcare system that resulted in healthcare professionals resorting to emphasizing negative outcomes, such as kidney failure, blindness and other scary complications. These scare tactics often lead people to further cement their sense of doom and hopelessness that they can ever avoid negative outcomes. An alternative perspective is one of evidence-based hope: one doesn’t have to be perfect to live a long and healthy life with diabetes, most people don’t reach treatment targets, it is never too late to start engaging more with diabetes. Even with complications from diabetes people can have productive and meaningful lives.



Consider a new perspective: “My efforts to manage my diabetes can have a big impact on my wellbeing. I don’t need to be perfect to have a healthy life.”

Common DD Beliefs



Expectations

I am a failure/idiot

Why bother, will never get this right

I am doomed

Why bother, it won’t matter anyway

I am broken

Will be seen as less attractive/valuable

I am a burden

I should never need help, keep to self

I need to be perfect

I can’t do it, sustain it, burnout, why bother

I am a “bad diabetic”

Nothing will help, can’t do it right