

## **The Sacred Space of Diabetes Education ~ Beverly Thomassian, RN, MPH, CDE, BC-ADM**

Every Tuesday, for the past 16 years, I have had the privilege of providing diabetes consultation and education in a local community hospital.

My favorite part of the job is time spent meeting with patients.  
**I consider this meeting time with each individual a sacred space.**

This is a time of intense connection when people share their diabetes story. I am deeply moved and affected by the pain and sometimes shame they share with me. I am inspired by their resilience and their willingness to face the “diabetes monster” head on. I am reassured by the love and compassion expressed by their spouses, siblings and other support people.

With each person, I do my best to leave judgment at the door and listen full heartedly. I am mindful and present as I sit across and hear the life story of each individual and how they are uniquely living and coping with their diabetes.

I am a better educator because of what my patients with diabetes teach me.

In this newsletter, we explore the teachings of poets, spiritual leaders and other wise people, to inform and guide us in the spiritual aspects of diabetes education.

The closing of the year provides us an opportunity to reflect on all the gifts our patients give us and how they enrich our lives. I feel fortunate to call myself a diabetes educator.

Have a wonderful season everyone and may you encounter and hold tight those little moments of joy throughout your day.

Sincerely, Beverly

## **Diabetes Education – The Compassion Connection**

***“The highest form of wisdom is kindness.”***  
***~ The Talmud***

How many times has a person arrived in my office disheartened and beating themselves up for their weight, their blood sugars, what they eat and what they don't eat?



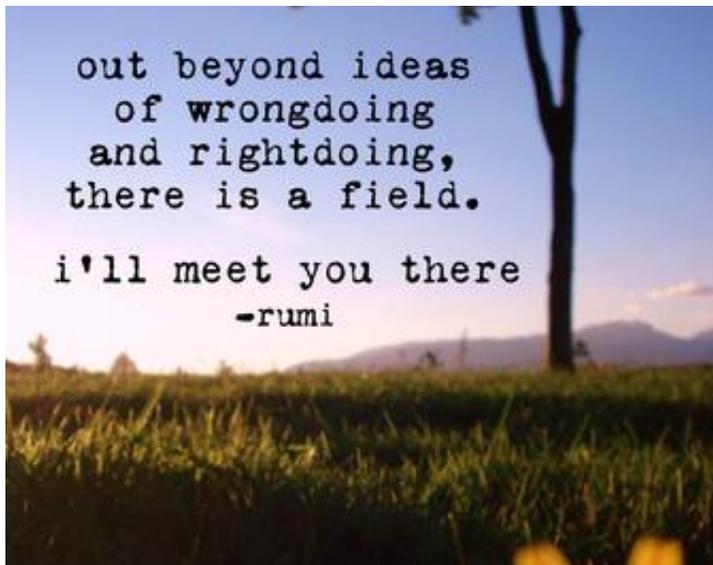
This moment of discouragement and despair provides us the opportunity to help them recognize how hard they are being on themselves. We can remind them that having diabetes is not their fault and no one can do it perfectly. By modeling kindness and understanding, we

can encourage them to be a kinder self-coach from this day forward.

On the topic of self-coaching, [according to Psychologist Ethan Kross](#), "by making a subtle linguistic shift — shifting from 'I' to your own name — can have really powerful self-regulatory effects." In other words, when engaging in self talk, instead of saying, "I can't believe I ate that huge bowl of ice cream", try using your own first name. For example, "Beverly, you ate more ice cream than you intended. Maybe next time you can use a smaller bowl".

Research shows that addressing ourselves by our first name allows a little more distance and objectivity, and as a result, people tend to provide kinder self-coaching. Try it with yourself and share this gem with your patients. It really works! [See this NPR story for more details](#).

*So, as those who have been chosen of God, holy and beloved, **put on a heart of compassion, kindness, humility, gentleness and patience;***  
-Colossians 3:12



- Rumi, 13th Century Mystic Poet.

People with diabetes often feel judged by others, including providers, family, friends and even sometimes by diabetes educators.

When we provide the gift of "non-judgment" we can help open unexpected doors of insight and understanding. In my experience, patients are already hard enough on themselves.

Meeting them in the field of understanding and compassion can provide them with the courage and belief that they can start rewriting their journey.



***“No one saves us but our self.  
No one can and no one may.  
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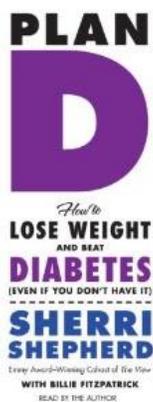
Diabetes is a self-managed condition. As educators we act as coaches, cheerleaders, supportive problem solvers, advocates and listeners. But, when the 'rubber hits the road', it is the person living with diabetes every day that makes the hundreds of little decision which move them toward or away from health.

Our job is to help discover the spark that motivates people to move **toward** health through our sincere curiosity and thoughtful questions. What is *their* motivating spark? Is it to make healthier life choices so they can be actively involved with their grandchildren, wanting to maintain independence, or making it to their nieces' wedding?

***Once the spark is discovered, only one person can ignite it. We stand close-by holding the match.***

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***“Getting diabetes saved my life.”  
~ Sherri Sheperd***



No one wants diabetes. Diabetes is not fair in who it affects. Once a person has diabetes, it does not go away. The question then becomes, how is this person going to incorporate diabetes into their life? Are they going to battle it? Deny it? Accept it? Like many of the courageous people I work with, **Sherri Shepard decided to embrace diabetes and use it as a motivator to improve her health.**

Upon learning about her diagnosis, she sought out information to learn how to eat more healthfully and she lost weight, a lot of it. She even wrote a book, Plan D – How to lose weight and beat diabetes.

When meeting with those newly diagnosed with diabetes (if it feels right), I will share with them that many people view diabetes as turning point in their life. They use it as a motivator to do all that "healthy stuff" they have been putting off. After all, a healthy person with diabetes is a healthy person!

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***You do not have to be good.  
You do not have to walk on your knees for a hundred miles through the desert repenting.  
You only have to let the soft animal of your body love what it loves.***



***From [Wild Geese](#), Mary Oliver, Pulitzer Prize Poet***

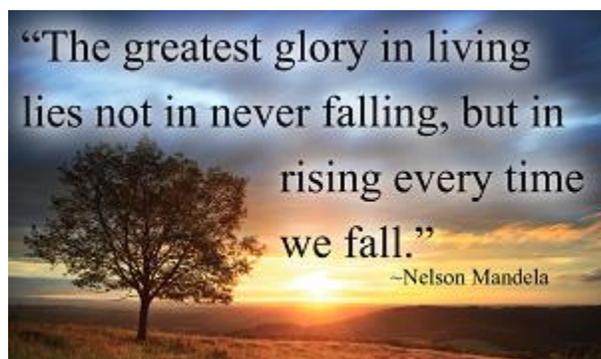
Diabetes requires a lot of work. We ask people to eat healthfully, take medications, keep active and try to keep their A1c and blood sugars within specific targets.

But sometimes, in spite of the person's best efforts, their blood sugars spike up or go too low and patients feel like they have failed. We remind them, "it is not you that is failing, it is your pancreas." Reminding them that perfect is not the target, I suggest the 80/20 rule.

**Let's just work toward getting to target 80% of the time. The other 20% is the "wobble room" that allows for those blood sugar fluctuations, a sweet treat or an exercise vacation day.**

It's impossible to do it right ALL the time and diabetes lasts a lifetime. So we have to focus on keeping it real and celebrating daily successes, no matter how small. Mary Oliver reminds us that whatever guilt, shame, whatever confessions we hold inside, can be let go. We are not required to do this perfectly.

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I have met with many patients who are on "diabetes vacations". Maybe they have stopped checking their blood sugars or they aren't following any kind of meal plan. They just got "burned out" and stopped some or all aspects of their diabetes self-care. Sometimes this group of patients are referred to as "non-compliant". I see it differently. Diabetes lasts a long time and sometimes people just need to take a break.

When they arrive back at our office or call us up after one of these "falls", they are trusting that we will help them back up with a kind and gentle hand.

When I meet with people in this situation, we embark on a process of discovery. We look for barriers to self-care and try and find work-arounds. We discuss and acknowledge the emotions swirling around their diabetes. And finally, we make one small goal that signifies their commitment to try and get back on track. This goal has to be absolutely achievable. Its purpose is to remind them that they can succeed.



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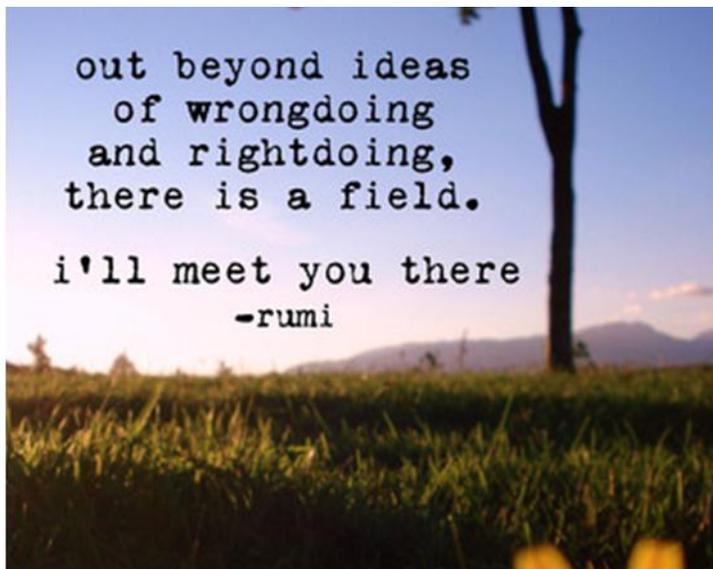
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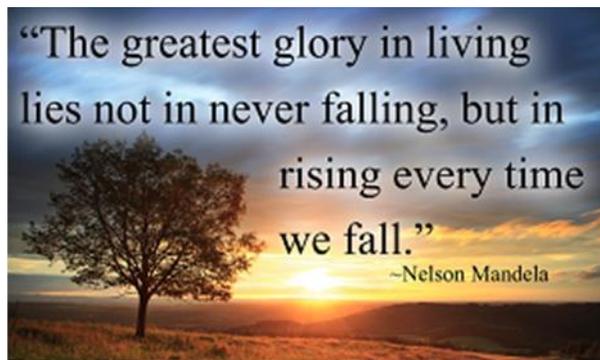
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