Diabetes and Wellbeing
Managing the Psychological and Emotional Challenges of Diabetes Types 1 and 2
Diabetes and Wellbeing
Diabetes and Wellbeing

Managing the Psychological and Emotional Challenges of Diabetes Types 1 and 2

Dr Jen Nash
## Contents

Acknowledgements vi  
1 Introduction 1  
2 Cognitive Behavioural Therapy for Diabetes 11  
3 Dealing with Diagnosis 23  
4 Depression, Low Mood and Burnout 49  
5 Managing Fear, Anxiety and Worry 80  
6 Managing Food, Weight and Emotions 109  
7 Diabetes and Relationships 152  
8 Implementing Change 185  
9 Managing Setbacks, Staying Solution-Focused and Embracing Mindfulness 205  
10 Recommended Resources 218  
Index 223
Acknowledgements

Thank you to diabetes for teaching me all you have about myself. I’ve hated you, been angry with you and hurt myself because of you. But you’ve fostered in me a sense of resilience, courage and the tenacity to be myself. I wouldn’t be the person I am today without you.

Thank you to the many, many people with diabetes I have had the honour of being connected with through my work at Positive Diabetes. Each one of you has touched my life, and your bravery in sharing your lives and experiences has enabled me to write this book.

I am grateful to my parents, Vera and Bill, who always instilled in me the value of education. This is the greatest gift you could have given me. Your values have changed the lives of the people who I have worked with; your lives have left a legacy.

Thank you to my dear sister Vanessa. You are a rock in my life. Your practical support and efforts made the writing of this book so much easier and smoother. But most of all, thank you for being a role model of faithfulness and unconditional love – and for loving me just the way I am.

Huge gratitude goes to my cherished friend Duncan, who always believed in me, encouraged me and spurred me on to write even when I doubted myself. Your unwavering faith in my potential made this book possible. Thank you.

Thank you to all the wonderful members of Marie-Claire Carlyle’s Mastermind Group – you powerful women have been real role models to me and have encouraged me to step into a bigger vision of the impact I could have on the lives of people with diabetes. You inspire me.

Sincere thanks to all the team at Wiley-Blackwell for their dedication, believing in me and giving me the opportunity to write this much-needed book.

And finally. Thank you to everyone who has ever loved me, and who I have loved in return. You have taught me more than you know. I continue to be a work in progress – thank you for the gift of allowing me the space in your life to be that work in progress. It has been an honour to be a part of your journey.
Introduction

Life with diabetes can be hard work. Diabetes has been likened to a job – not just any job, but one in which you have to work 24 hours a day, 7 days a week, 365 days a year, with no holiday, no praise and no pay. I don’t know about you, but I wouldn’t stay working in a role like that for very long! But the individual with diabetes doesn’t have the option of walking out or giving up; they have to keep ‘working’, day in and day out, for the rest of their life.

I really like this analogy of diabetes being like a job as I think it helps put into perspective how much of a struggle life with diabetes can be. None of us can do anything in life that requires effort over a sustained period without getting support and respite – and diabetes is exactly the same. You are probably reading this because you are someone with type 1 or type 2 diabetes yourself, a professional who works with individuals with diabetes, or perhaps a family member or loved one of someone with the condition. You are aware that although diabetes is a physical health problem, it affects the person in other ways too; and you want to know how to understand, help and support the person with diabetes. This book aims to offer both a person with diabetes and those around them a range of insights and practical strategies to help.

What is Diabetes?

Diabetes is a disease in which the body fails to produce or properly respond to insulin, a hormone that the body needs to convert food into the energy
Introduction

needed to live throughout daily life. There are two different types of diabetes – type 1 and type 2 – and each has its own causes, symptoms and treatments.

Type 1 Diabetes

The causes

Type 1 diabetes occurs when the pancreas stops producing insulin. There are a number of different causes of type 1 diabetes.

Problems with the immune system Type 1 diabetes is an autoimmune disease. Your immune system is essential for fighting off infections. It works by attacking ‘intruders’ in the body that it doesn’t recognize, such as germs. In diabetes the body reacts against and destroys the vital insulin-producing beta cells of the pancreas.

Abnormal characteristics on your chromosomes There is evidence of certain abnormalities in the chromosomes, or DNA, of people with type 1 diabetes. Although these don’t guarantee the development of diabetes, abnormal chromosomes are one factor to consider amongst others.

A virus No one virus has been identified as responsible for causing type 1 diabetes; however, there is evidence that if a virus attacks the pancreas directly it can reduce its ability to produce insulin.

The symptoms

Increased frequency of urination When the body isn’t producing enough insulin, blood glucose levels rise, as the energy from food is not being converted into energy your body can use. The excess glucose ends up in the urine and makes it concentrated, then water is drawn out of the blood and into the bladder to reduce the concentration of glucose in the urine.

Increased thirst Linked to increased urination. When you lose a lot of water in your urine, your body starts to dehydrate, causing thirst.

Weight loss Glucose is being lost in the urine, so your body starts to break down muscle and fat in an attempt to obtain an alternative energy source.
Introduction

Increased hunger  The body doesn’t have enough insulin to allow the glucose being consumed through food to enter the cells. Although the person is eating enough, the cells are malnourished, so hunger increases.

Weakness  The glucose consumed from food isn’t being used properly, which causes muscle cells to fail to get the energy they need from glucose. The result is physical weakness.

Treatment

Insulin  Type 1 diabetes is treated by administering insulin, the hormone that is no longer being released by the pancreas. In the past, insulin was obtained from the pancreases of cows, pigs and some other animals. Now, however, almost all insulin is human insulin, produced in the laboratory. A number of different types of insulin are available, with short-acting and long-acting properties. So that the patient doesn’t have to take many injections a day (four is the most common), different types of insulin have been developed to work for different periods of time.

Insulin can be delivered via a syringe, an insulin pen, a jet injection device or an external pump. Your healthcare team will advise you which option is most suitable for you.

Type 2 Diabetes

The causes

Type 2 diabetes develops when the body responds to insulin in abnormal ways. It usually occurs later in life than type 1 (although it is increasingly occurring at younger ages with rising obesity levels) and there are a few different causes.

Insulin resistance  Unlike people with type 1 diabetes, those with type 2 do have some insulin in their bodies. People with type 2 are insulin-resistant: their bodies resist the healthy functioning of insulin. It is the combination of this insulin resistance with not enough insulin to overcome this resistance that causes type 2 diabetes.

Genetic causes  Type 2 diabetes runs in families: a person with diabetes usually has a family member who also has the disease.
Introduction

The symptoms

Fatigue In order to feel energized, the cells in your body need fuel from the glucose provided by food. Fatigue occurs because the cells are not getting the fuel from glucose that they need.

Frequent urination and thirst As the body can’t make use of the glucose in the normal way, it needs to find another means of flushing it out of the system, so it stimulates thirst in order to ensure regular bladder emptying. The increased urination in turn leads to dehydration.

Blurred vision The eyes are affected by rising and falling glucose levels: high blood sugar causes the lens of the eye to swell. Vision becomes blurred as the eye can’t adapt quickly enough to these changes in the lens.

Slow healing of skin, gum and urinary infections The white blood cells (responsible for healing infections) don’t function well when there is a lot of glucose present in the body. This means the body is more susceptible to infections.

Genital itching The glucose lost through the urine makes the genitals an ideal environment for yeast infections, such as thrush.

Numbness in the feet or legs Type 2 diabetes affects the nervous system, and can lead to a condition called neuropathy, which causes loss of sensation or tingling and burning sensations in the feet and legs.

Obesity People who are obese are more likely to develop diabetes, as the body has to work harder to convert glucose into energy.

Treatment

Diet About four out of five people who are diagnosed with type 2 diabetes are overweight. Many people with type 2 diabetes can control their condition through diet alone. This means reducing calorie intake and eating a good balance of foods from each of the food groups: vegetables and fruits; protein, through meat, dairy and non-animal sources; carbohydrates,
through bread, rice, pasta and cereal; and a small quantity of fats, oils and
sweet foods.

Oral medication There are a number of different oral medications for
type 2 diabetes. Sulphonylureas are drugs that reduce blood glucose levels
by making the pancreas produce more insulin. Metformin works by
suppressing glucose production by the liver. Arcarbose blocks the action
of an enzyme in the intestine, which leads to a slower rise of glucose in
the bloodstream after meals. Glitazones are a group of drugs that directly
reverse insulin resistance.

Insulin Sometimes oral medication does not provide good enough control
for the person with type 2 diabetes. In that case insulin may be required.
Often one injection at bedtime is adequate, with more frequent ones added
as needed.

What is the Emotional Impact of Diabetes?

Now you have a better understanding of the physical aspects of diabetes, we
can move on to think about the various emotional and psychological issues
that will be addressed in this book. There are a wide range of emotional
factors that can impact the wellbeing of someone with diabetes – some of
which affect people with type 1 or type 2 only, but many of which affect
individuals with either type.

Dealing with diagnosis

The diagnosis of diabetes is a life event that has been likened to the
experience of grief. In the same way as it is natural to grieve for a lost loved
one, being given a diagnosis of diabetes can trigger a grieving for one’s lost
health. It is common to live life as if we are invincible, rarely considering
our health or mortality. This dramatically changes when you are diagnosed
with diabetes: you are suddenly acutely aware that your life is not without
limits. You now have to rely on regular medication, frequent visits to a
medical setting, and a team of doctors and nurses to keep yourself well.
Chapter 3 will describe the stages of grief to help you better understand the
Introduction

process of managing diagnosis. By becoming aware of these different stages and recognizing the stage of the process that you or your patient or loved one may be in, you can manage the potential challenges better.

Depression and low mood

Psychological research has demonstrated that low mood and depression are very prevalent among people with diabetes; in fact studies have demonstrated that depression is approximately twice as common in people with diabetes as in people who are in good physical health. Life has its challenges and, for all of us, with or without diabetes, experiencing the whole range of high and low moods is part of the human condition. However, coping with a demanding condition like diabetes is an extra stressor to contend with, and it is very common to struggle with low mood at times. Chapter 4 will examine how to identify and manage depression and provide strategies to improve mood and wellbeing.

Guilt, shame and self-blame

Feelings of guilt, shame and self-blame can be experienced by people diagnosed with either type 1 or type 2 diabetes. For individuals with type 1 or 2 diabetes there can be the shame of being ‘different’ by virtue of having this health problem to contend with. For those with type 1, injecting and blood testing in public can be experienced as embarrassing and something that they would rather hide than engage in openly. People with type 2 diabetes may experience these emotions because they may have been aware that they needed to make changes to their health and lifestyle and they feel regret that they didn’t act on this awareness in time to prevent diagnosis. Chapter 5 will discuss these emotions and how to overcome them.

Fear and anxiety

Fear and anxiety affect many people with diabetes. They can be divided into two categories: fear about factors in the here and now and fear of the future. Fear in the here and now may be anxiety over hypoglycaemia, fear of needles or simply the daily anxiety about the changes that diabetes causes in life. In terms of fear of the future, many people worry about the long-term complications and how they may have an impact in the
Introduction

years to come. Chapter 5 focuses on how to manage fear and anxiety in diabetes.

Using food to cope with emotions

For many people, both with and without diabetes, food can offer more than just fuel for the body. From birth, food is intimately linked to feeling safe and secure in the world, and in adulthood food can become a shortcut to dealing with difficult emotions. Many people go their whole lifetime using food in this way to a greater or lesser extent, and often without causing much harm. However, individuals with diabetes need to be more mindful of the role food plays in their lives, and that using food to cope with their emotions can cause problems. Chapter 6 will explain how and why these eating difficulties can develop and offer strategies to gain control of both food and emotions.

Communicating with health professionals

Developing a good working relationship with your healthcare team can go a long way towards making you feeling supported in your journey of managing diabetes. However, it’s common for people to avoid going to their health appointments completely, or to feel a range of difficult emotions when they do go. Chapter 7 will explore the various ways you may be relating (or not) to your healthcare team and give you both practical strategies and emotional insights to help you see these relationships in a more helpful light.

Family relationships

Diabetes doesn’t only affect the person with the condition – it has the potential to affect the whole family. Just as the person with diabetes can struggle emotionally, those around them can too. Family members can express their concern and worry in a multitude of different ways. Some loved ones may have a tendency to be over-involved with the management of diabetes, which can feel suffocating to the person with the condition. The opposite can also happen, when family members withdraw and seemingly ignore what is going on, leaving the person with diabetes feeling lonely and isolated. Chapter 7 describes these different ways diabetes can impact on
Introduction

the family system and offers strategies to help both the person with the condition and their loved ones.

Sexual difficulties

Difficulties with sexual response are a very common experience for people with diabetes and can affect men and women in differing ways. For the person with diabetes this can be a further setback: not only do they need to deal with all the other challenges of managing diabetes, now the part of their identity that could be expressed through their sexual relationship is hindered. It can feel like there isn’t any part of life that isn’t affected by diabetes. Chapter 7 will discuss the various ways sexual response can be affected by diabetes and describe both practical and emotional strategies to help.

How Does Psychology Help?

So we can see that there are a variety of challenges that can affect the emotional wellbeing of the person with diabetes. How can psychology help? Over the last century, a number of psychological theories have been developed that help us to understand our emotions and behaviours. The practical application of these theories through one-to-one counselling and therapy have been well researched and demonstrated to be helpful in offering insight and alleviating psychological distress. The theory that underpins the advice in this book is called cognitive behavioural therapy (CBT). In the NHS, CBT is offered as the treatment of choice for individuals who are struggling with both a chronic health problem (such as diabetes) and depression, and it has also been shown to be very helpful and effective for those who are experiencing emotional challenges more generally: anxiety, depression, anger, eating disorders and many others. CBT is built around the premise that thoughts are central to our emotional and behavioural responses. By examining our thinking styles and learning how to choose more helpful thoughts, we can choose more productive responses, which will improve our mood and wellbeing. Chapter 2 is devoted to teaching you everything you need to know about CBT in order to tackle the emotional challenges described in the remainder of this book.

Goal setting

Once you know the changes you want to make and have been equipped with the tools of CBT to help you implement them, you need goals to keep
you on track. Goal setting is arguably the crucial ingredient of making any change in life, and failing to set realistic goals is one of the main reasons why life changes don’t occur in the way we might want. Chapter 8 will outline how to set diabetes-related goals that work, and how to stay on track and motivated towards them.

Rewards
If you examine your life, there is probably very little, if anything, that you engage in for which there is not a ‘reward’ of some type. Diabetes is no different. Knowing that rewards are a fundamental of your diabetes care is often enlightening and encouraging; chapter 8 will describe how to use rewards as an integral part of your diabetes management.

Acceptance and mindfulness
Acceptance and mindfulness are psychological strategies that can be used in conjunction with CBT to good effect. Not only can they improve emotional wellbeing, they have also been demonstrated to improve diabetes control. Chapter 9 describes mindfulness in greater detail and includes practical strategies for implementing the mindfulness approach.

Staying solution-focused: managing setbacks
Setbacks are an inevitable part of the change process. In fact, expecting, managing and overcoming setbacks are arguably crucial elements to making any change in life. However, without this knowledge, setbacks can be the very part of the process that stalls people from making progress. Chapter 9 explains the importance of noticing and learning from setbacks to ensure they don’t get you off track but, instead, provide an important part of the process that will enable you to make significant and lasting change.

How to Use this Book
This book has two broad aims. The first is to help you to better understand the ways diabetes can affect you emotionally, and the second is to equip you with new skills and strategies to manage your emotions in a different way. This greater insight coupled with the skills of CBT should, in turn, create more positive outcomes for your physical health.
I suggest you read the whole book through first, and then focus in depth on the particular chapters that are relevant to your situation. Although you may choose to ignore some of the chapters that aren’t relevant to you, it is important to complete the exercises in Chapter 2 before doing any of the exercises in later chapters. This is because Chapter 2 teaches the skills of CBT that are fundamental to the material in the remainder of the book. Some of the exercises may look easy, but do complete them. When you actually try them they can be more complicated than they seemed at first glance. By trying them out, you are actively engaging with the material, which is crucial to make the changes that you want. Remember that many of the skills of CBT can be used in areas of your life not directly linked to diabetes, and many people report that the perspective it gives them allows them to enjoy their whole life more fully.

Further Reading

The Importance of Managing Your Thinking Styles

Are you aware of the thoughts running through your mind right now? We have many thousands of thoughts every single day and it is likely that you rarely, if ever, pay much attention to them. However, research has demonstrated that our thoughts contribute much to our emotional wellbeing, and that if we can become aware of them, we can influence them, and therefore our moods and wellbeing.

Psychologists began paying attention to the role of thinking styles back in the 1960s, as a reaction to traditional Freudian psychoanalysis, which could often take many years to achieve long-lasting results. Aaron Beck (1997) was a psychiatrist who worked with patients with depression. He found that they experienced streams of negative thoughts that seemed to pop up spontaneously. He termed these ‘automatic thoughts’, and discovered that their content fell into three categories: negative ideas about themselves, about the world and about the future. Beck (1997) found that his clients would tend to accept these thoughts as true and valid, without reflecting on the authenticity of their content. He began helping patients identify and evaluate these thoughts and found that, by doing so, patients were able to think more realistically, which led them to feel better emotionally and behave more functionally.

CBT is now widely used to treat many emotional problems, including depression and anxiety, and is recommended as the treatment of choice.
for patients with both diabetes and depression. Even if you don’t have depression, the techniques of CBT have been demonstrated to be extremely helpful in coping with the emotional experiences that often accompany the daily demands of managing a chronic health problem such as diabetes. Although many people work with a therapist, counsellor or psychologist to learn the skills of CBT, it is not essential. CBT can be used at home without a therapist, as long as the principles of treatment have been understood. CBT is a skill, and like any skill it takes time and effort to learn it well. It isn’t a quick fix. By learning the skills and practising their implementation you will develop control over your moods, emotions and general wellbeing. This chapter will explain in detail what CBT is and the five-step process of putting it to use in your daily life.

**What is Cognitive Behavioural Therapy?**

According to the theory of CBT, any of our experiences has four aspects. There are the physical symptoms: what happens to us physically and the sensations we are aware of in our body. Secondly, there are our moods, emotions and feelings. Thirdly, our thoughts – what goes on in our mind: our thinking styles, images and memories. And finally our behaviours: the actions that we take or fail to take. These four categories of our inner experience all interrelate, so our thinking affects our body sensations, which affects our behaviour, which affects our moods.

So what does this mean in practice? Let’s look at a case study. Eileen wants to lose weight and has been attempting to eat more healthily for a week. She steps on the scales at the end of the week to check her progress, and discovers that she has not lost any weight despite all her efforts. Eileen’s thoughts may be, ‘What’s the point of trying? I have tried to eat healthily and I have not lost any weight! There is nothing I can do to change this.’

If Eileen is thinking these thoughts it is likely her mood will decline, and she may feel fed up, anxious or depressed. If she is thinking these thoughts and feeling these emotions, it is probable she will experience some changes in her bodily sensations, such as fatigue and irritability. If she is thinking these thoughts, feeling these emotions and experiencing these bodily symptoms, it is likely that her subsequent actions will be affected. For example, she may snap at a family member who asks how her healthy eating is going. Or she might decide to eat something sugary to cheer herself up.
Thoughts:
- “I can never get this right”
- “What’s the point of trying?”
- “There is nothing I can do to change this”

Feelings/Emotions/Moods:
- Low mood
- Frustration
- Fed up
- Anxious

Body Symptoms:
- Fatigue
- Irritability
- Lacking energy

Behaviours/Actions:
- Lose motivation to try and eat healthy
- Snap at family members
- Eat some sweet food to cheer myself up

Figure 2.1 Eileen’s CBT chart

According to the theory of CBT, all of these experiences – the thoughts, the emotions, the body sensations and the behaviours – interact to bring about a certain outcome. CBT focuses on our thoughts as playing the central role in our psychological wellbeing. Therefore by changing our thinking patterns we can change the emotions we are experiencing and the behaviours we are most likely to engage in.

So how can we change our thinking patterns? Perhaps you can identify with the example of Eileen and have had the experience of getting on the scales, realizing you haven’t lost any weight and feeling disappointed. However, instead of reacting in a similar way to Eileen (Figure 2.1), you could think, ‘Well, it’s only been a week – I’ll keep going for another week and see
how I get on.’ If you were thinking these thoughts it is likely you would have a different set of moods, a different set of body sensations, and therefore a different set of behaviours. Instead of snapping at your partner or deciding to eat a sweet treat to comfort yourself, you may think, ‘This is frustrating, but what can I have for dinner tonight that is healthy and will help me stay on track to reach my goal next week?’ You might ask your partner for a hug or to remind you of how good you’ll feel once you’ve reached your goal.

This shift in thinking has the potential to affect profoundly both your emotional experience and your subsequent behaviour. This is key for good diabetes care, as much of the time you need to engage in certain behaviours (whether it be making healthy food choices, deciding to exercise or participating in your medication regime) to achieve the desired outcome. Focusing on your thoughts and replacing unhelpful thoughts with more supportive and empowering ones can help you to reach your diabetes goals and overcome the barriers that prevent you from behaving the way you would like in relation to your diabetes care.

How to Use CBT: The Five-Step Thought-Challenging Process

So how can you put CBT to use in your own life? There is a five-step process to using CBT; this section will guide you through it. Table 2.1 will help you.

Step 1: Ask yourself, ‘What is the situation or event?’

When you notice your mood changing in relation to your diabetes, the first step is to increase your awareness about what exactly is happening. What is the situation or event? Many people believe that nothing has caused their shift in mood, and while this is sometimes the case (see Chapter 4 on managing depression, which discusses this in more detail), more often than not there is a trigger – either an internal or an external one. The skill is in increasing your awareness of the possible triggers that affect you. Examples of external triggers are stepping on the scales and seeing that you have not lost any weight this week. Or measuring your blood glucose and the result being higher than you were expecting. An example of an internal trigger may be thinking about your upcoming clinic appointment and feeling stressed because, last time, you felt you weren’t really being ‘heard’. Whatever the situation is, use Table 2.1 to write the situation down in the first row.
Table 2.1  Five steps to challenging your thoughts

<table>
<thead>
<tr>
<th>Step</th>
<th>Question</th>
<th>Example</th>
<th>Your Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What is the situation or event?</td>
<td>Measuring your blood glucose level and it being higher than you expected</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>What do you tell yourself? What are the thoughts you notice running through your mind?</td>
<td>What have I done wrong? I can’t do this. I’m a failure</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What is happening in your body? What do you do?</td>
<td>Mood – hopeless</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Body sensations – dry mouth, thirsty</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behaviours – snapped at my partner</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Challenge your thoughts: ask yourself some helpful questions</td>
<td>What is the evidence for and against this thought?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is thinking this way helping me?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are there other ways of thinking about this situation?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If a friend told me they were thinking this way, how would I respond?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Am I thinking in ‘all or nothing’ terms?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Develop an alternative, balanced thought</td>
<td>‘I have tried. Just because I haven’t got the result I wanted it doesn’t mean that I’m a failure’</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>‘If a friend was feeling this way I’d help her see what she could do differently next time, or suggest she phones her diabetes nurse to ask for advice.’</td>
<td></td>
</tr>
</tbody>
</table>

Step 2: What do you tell yourself? What are the thoughts you notice running through your mind?

Step 2 is to write down the thoughts that are running through your mind when you are in this situation. At first it is likely that you will draw a blank when trying to think about your thoughts. This is common. However, do
persevere, as many people struggle in the beginning. You may worry about writing your thoughts down for fear of making them worse, or you may feel that they are unimportant or ridiculous. Again, these fears are normal. Remember that by identifying them you are taking the first step towards controlling them and your wellbeing. Typical thoughts are:

- What have I done wrong?
- I can’t do this.
- I’m a failure.
- There’s no point.
- I never get it right.
- I just want to give up.
- I’m not coping.
- I should be able to do this.
- What’s wrong with me?
- I hate diabetes.
- This isn’t my fault.

Write the thoughts you have identified in the second row of Table 2.1.

**Step 3: What is happening in your body and what do you do?**

Step 3 is to think about what is happening in your body and the actions you take. In terms of body sensations you may be feeling irritability and fatigue, or you may notice your heart rate increase or your breathing become more shallow. In terms of moods you may feel frustration, depression, anger or hopelessness. In terms of behaviour you may lose motivation to eat healthily or test your blood glucose again for the rest of the day. You may snap at your partner if they ask you how things are going with your goal. Write these in the third row of Table 2.1.

- Mood – hopelessness, frustration, depression, anger, fear, anxiety, worry
- Body sensations – irritability, fatigue, heart racing, headache, increased sweating.
- Behaviours – snapped at my partner, didn’t test my blood glucose, ate more than I planned to