The Dancing Diabetic

An information pack for teachers and students to understand and support type 1 diabetics.

By Ariane Barnes

BA Hons Acting. Performance (QTLS). 500Hr (RYT), is an award-winning performer, cultural leader and holistic empowerment worker in the diasporic arts. Her program Warrior Women Like ME, invites women to reconnect to their heritage, authenticity and natural leadership skills through performance and yoga psychology. She has lived with type 1 diabetes for 34 years and has experience of using multiple daily injections and the Hybrid closed loop pump system. Disclaimer: Ariane is not a medical professional; all advice and insight is based on lived experience of Type 1 Diabetes.

THE AVERAGE TYPE 1 DIABETIC MAKES UP TO 200 EXTRA DECISIONS PER DAY, EVERY DAY, FROM THE TIME OF DIAGNOSIS. (AMERICAN DIABETIC ASSOCIATION)

I was diagnosed with type one diabetes at the Mayday hospital in Croydon, in 1991. I still remember Nana, the dietician and diabetic nurse coming up to me with an orange and an old-fashioned syringe to demonstrate how I would be injecting for the rest of my foreseeable future. My mother would tell you how I hid behind the curtains of the ward; my Minnie mouse slippers poking out from underneath them. Nana, dressed in Maroon from head to toe, sporting a short bob and wearing glasses, looked much like Velma from Scooby Doo. She informed me I had a choice; she could show me how to do it myself or she could do it for me. This moment is probably an accurate way to define my personality - of course, I wanted to do it myself!

I hadn't had much of an opportunity to get to know my new life as a diabetic in the UK before my parents made the decision to return to Mauritius, where the understanding of Type 1 Diabetes was old-fashioned at best and harmful at its worst. At the time I operated like most children in the early nineties, I had two large injections per day and ate pre-planned meals in between. Alongside this twice daily regime, came the terrible stereotypical advice including, not ever eating any sugar, very little carbohydrate, and basically, being the outsider on every social occasion occurring on what locals called 'Mauritian timing'. This was an endless, torturous affair where one would be expected to show up and wait for hours before being served a proper meal with no thought about the consequences for others.

This culturally accepted norm often meant I was unable to function normally at social events and parties. At one point, a school friend at a sleepover told me that her parents hadn't wanted to upset me, but they felt incapable of keeping up with my need to 'eat regularly' and have snacks ready in case my sugars dropped. I knew it wasn't that complicated, all they had to do was give me food, I was doing all the rest myself at 11 years old. I remember tearfully packing my bags and asking her parents to take me home. So, for me, self-reflection around my health and the level of my activity came early from all sides.

By 13, I was assisting my mother in her twice-weekly gymnastics class, doing ballet and training 3 to 4 times a week as a mid-distance sprinter. At the time I was captain of my junior school team and vice-captain of the Mauritian Junior Athletics team. This mixture of responsibility, physical activity, and caring for my health taught me the importance of independence and taking care of myself. I had no idea how essential this would be when it came to performance and dance...To this day, I remember the struggle that my parents went through getting their hands on research and appropriate medical treatment, explaining things to the local doctors and combating local attitudes. Some 29 years later, I'm able to put myself in their shoes with more ease and what I'm seeing worries me.

The lack of data around sports and diabetics is hard to warrant and within dance and performance- it appears to be non-existent.

Whilst everyone is doing their best to find a cure or even a remedy towards better quality of life for type one diabetics- what I don't see is more research on how to help us navigate our current situations. With the NHS being overloaded and very rarely able to give us the time and attention we need, the necessity for research has never been clearer- especially when it comes to supporting young diabetics within the performance sector.

As a visiting lecturer in many schools, I'm always surprised to see the lack of information available on health, nutrition and well-being embedded in the performance subject curriculum. Whilst the attitudes and levels of care have vastly increased and become more caring and encompassing of students needs overall, there is still a gap in understanding and education around specific health conditions and how they affect us in everyday life and therefore- as humans performing. Our notorious 'shut up and put up with it' mentality, appears to be alive and well.

Diabetes is well known for its complexity, and the paucity of research available makes it difficult to navigate even for health professionals themselves. Even when the onus is placed on the diabetic to provide information, the implications of this are still poorly understood and rarely embodied in process or training.

A conversation I had with a community dance tutor comes to mind, they shared that 'if there was something wrong, I should just talk about it.' as though it was simple and no input or safeguarding would be necessary on their behalf. Another tutor simply looked terrified and worried when they saw how unwell the condition was making me. And this had been after I'd explained the situation and as the previous tutor had suggested- 'just talked about it.' It can make you feel as though you just can't win, and it emphasizes the very old and familiar feeling that people are just afraid of what they don't know or understand.

During my drama training in the UK, now in my 20's, on a multiple daily injection (MDI) schedule, injecting every time I ate, my impulse was to do what I had always done; do my best and pray for the best, largely disassociating from anything other than maintaining levels as best as I could. During this time, I encountered varying attitudes from my medical team. There was the diabetic nurse that was determined to help me through my journey with diabetes and exercise and lauded me for being active and helping myself to control my own blood glucose levels. And the bookish consultant who said that I was in the wrong choice of career - I should give up performance entirely, she said, totally unsolicited of course. I remember laughing at her and thinking of the years of student loans and performances accumulated, something I was reminded of when Sunak advised creatives to 'retrain'...

It wasn't until one day I had a low episode in our compulsory morning limber (which I happened to love as it gave me time to prepare for the day and not rush into a class) that a colleague of mine witnessed my process. Mainly, he observed I was pushing myself as hard as possible to continue with the rest of the group, despite my blood sugar levels having been very difficult to cope with that morning. I would suffer this in silence under the impression it was required of me to 'get the right grades.' Honestly, I wasn't wrong...No one around me had thought about asking or checking in about my health condition during my studies. Many times I've questioned whether I silently gave them those permissions through my lack of understanding of my own condition and how it was being affected as I performed, rehearsed, jumped around, and generally expended energy with a limited understanding of how much time my body needed to recover. Ah, the arrogance of youth. As an adult, I question the difference it would've made. Are we expecting our educators to know about every condition under the sun without being prompted as soon as a diagnosis is disclosed? As an educator myself I think not.

However, there are a few things that might be helpful to know when dealing with diabetic students in the performance and dance studio. To illustrate what it might look like in a studio- I'd like to share an experience I had in a movement intensive.

The training was led by a prominent well recognized dancer, and I'd been very excited to do it. I'd been struggling that day as it was extremely hot and although we were free to stop and start as we wished, we'd had a week of physical activity already and the hardest part had been left till the end of our week. Whilst this suited the facilitator's learning process and would arguably have been fine for anyone without a health condition, saving our hardest activity till the end of our time together, was a problematic way of structuring the week for those of us with access needs. I watched in horror, as my colleagues looked at me in disbelief, and I became someone else. My sugar levels now plummeting below the normal levels, my coordination became impaired almost immediately, I couldn't remember more than two phrases at a time and the alarms on my Constant Glucose Monitoring system started going off consistently- loud and unrelenting. After the second set of alarms and a good cry outside, I sat it out. This wasn't a behavior that I had to explain as the people around me were aware of my condition, but all they could see was me 'being a bad dancer'. There was no understanding of why or whether this was a permanent indicator of my talent.

It was during this intensive and the few hours surrounding it that I began to fully understand the impact of low blood sugar on my dancing. It hadn't just been the preparation required, it had also been the intensity of the exercise during the week, my journey into studio that morning, and finally the recovery time it would take before I was able to get up and perform again to the required standard. My heart broke. Recalling the advice that I should just talk about things, I sought out the teacher to check in. They originally dismissed me being overwhelmed and tearful as parr for the course because I had pushed myself beyond my creative capacity. This made me want to scream and kick something. They were so kind, and it really wasn't their fault. But here I was after performing for all these years, having to explain the same thing again. I'd never let anyone into my process in this way before, but suddenly I understood there was a need. Once I mentioned what was happening in my body, a puzzled look flitted across their face. They clearly had absolutely no idea what I was talking about. Whilst I couldn't go into the details (something that even diabetic specialists and endocrinologists have difficulty with) I could explain to him that having low blood sugar meant my brain was 'short circuiting' and doing any kind of weight-bearing activity would be madness. This ability to stop and start and voice my needs was a massive breakthrough

which I mentioned to the teacher and in the process widened their understanding of accessibility in practice.

Coming out of this experience, I had a good chat with my diabetic weightlifting coach. I'd spent three years working with her to prepare for transitioning from Multiple Daily Injections to an insulin pump. My coaching with her was funded by access to work. I crunched steel three times a week, going from 20kg on a fixed bar to 110kg deadlifts and watched the wonderful effect it had on my blood sugar levels. Like many, I had no clue that resistance training would be such a great way to help regulate my blood sugar. I explained how small and embarrassed I felt in the studio and how I needed more help around these scenarios. As we tossed around different scenarios and options, we came up with the idea of using a smart watch. I was lucky enough to have the latest diabetic sensor, a constant glucose monitor which enabled me to keep track of how my sugars were fluctuating, but having it on my wrist would mean fewer alarms that disrupted other people and stressed me out, it was around then things really changed for good.

Everything became clearer- the effect of my actions, nutrition before and after training, recovery etc., all became a fine art which was much easier to control, and the results were overall less embarrassing, albeit sometimes very upsetting to go through. There is nothing more frustrating than having to stop in the middle of a workout, but it's much easier to deal with at the gym when you're lifting weights (which has tendency to run your blood sugar a little higher not lower), than it is in the middle of a full dance class (which will drop your levels consistently) let alone an audition context. With the lack of research and support out there, had I not undertaken a deep commitment to myself and my practice- I would never have known what was going on in my own body.

This caused me to go backwards in my practice and ask myself at what points my diabetes was affecting me without me knowing. If my ability to perform consistently in training had been affected by my diabetes- how had it affected my audition life? And why was it miraculously sorting itself out for performances? It just made no sense. I was determined to establish a pattern within both my nutrition and my nervous system regulations, to understand this. During performances, I noticed an inexplicable rise in my blood sugar just before I went on stage. This was due to a sharp rise in Cortisol which directly affected my blood sugar levels. I would even have to inject before going on or hope that it would miraculously come down- sometimes it would, sometimes it wouldn't. But that at least explained the miracle of performance; Dr Theatre did its job by giving me the adrenaline that I needed- which would explain why I've never had any problems 'showing up and showing out' on long runs.

Rehearsals on the other hand, especially when poorly constructed by creatives who self admittedly proclaimed themselves as 'bad communicators' or established directors with no concern about access or equity in their practice, tended to be difficult times. I've been able to trace this back to the fact that physical activity within performance and dance contexts is very rarely put together in ways that help make physical practices more accessible- not just for those with health conditions but for everyone. The lack of prioritization around well-being is still astounding, and what I find most upsetting is that it really is just common sense. This led me to question how I might implement those things for myself and others, taking full responsibility for my condition whilst also helping others to navigate it openly, which I admit is still a challenge.

I began to compile a list of things that had worked very well in the past in terms of diabetic control and peak physical performance. Doing so, a very clear pattern emerged, I'd always performed best in the afternoon or evening classes when I had not eaten a full meal, but rather a small snack before rehearsal and saving my meal for after training and achieving tight or at the very least, stable control before a class. Unsurprisingly, things were easier when I'd had maximum rest and wasn't pushing through a 6 day, 12-hour shift Rota with a 20 min break, that started at 9:00AM and didn't allow me to eat until 14:30...See what I mean by common sense?

I've learnt to lean into the availability of reasonable adjustments and access riders and to educate myself about them, be honest about limitations more towards myself than anyone else, and further- make clear when I am under or overestimated, because the truth is they just can't know, no matter how much we explain. Diabetes is complex and every diabetic experiences things differently- what works for me may not work for you.

I am now an advocate for wellbeing in performance and training, and I walk alongside those who might struggle expressing those needs to others. So, to anyone experiencing any of these things please know, talking about it will help and you deserve support, friends, family members, teachers and partners that will support you on your journey and make it easier. Don't wait so long to speak up or walk away. And finally, take courage, as a diabetic dancer you are a rare bird...The fact you stand and spin and make people smile and gasp with everything you have going on is a miracle in itself- so go dance, go live, go be...

Below you will find a resource pack for those who wish to understand how to navigate Type 1 Diabetes in the studio both as teachers and learners. If you are a diabetic dancer in need of support, please contact hello@differentwomenproject.co.uk

THE DANCING DIABETIC INFORMATION PACK

The Quick Summary:

- Type 1 diabetes (T1D) refers to an auto immune disease/ Chronic condition resulting in the pancreas inability to produce the hormone insulin. (Diabetes UK, 2025)
- Insulin is responsible for blood sugar regulation and the processing (break down and distribution) of glucose into energy at a cellular level.
- The pancreas is a vital organ; meaning it must be functional in order for a human being to live.
- Most people do not realize that being a type 1 diabetic is tantamount to the total failure of a vital organ.
- When placed in this context, many behaviors, attitudes and support mechanisms, vis-a-vis diabetes can simultaneously be better understood and challenged when necessary.
- It is important to understand that there is no cure for type 1 diabetes, and it cannot be cured or treated solely through *diet or exercise. *
- Although the aforementioned* are instrumental in achieving good diabetic control, exercise in particular cardio-based exercise can be extremely challenging to navigate.
- 'Diabetic control' refers to the capacity to keep one's blood sugar levels stable and as close as possible to normal range.
- This is a delicate and difficult thing for diabetics to achieve.

If you remember nothing else, remember this:

The average type 1 diabetic makes up to 200 extra decisions per day, every day, from the time of diagnosis.(American Diabetic Association)

To help you understand what this might look like have a look at this example of an average training day:

Non-Diabetic:
Gets up, Dresses, Washes, Eats balanced meal or grabs something on the way out, arrives, trains, refuels. Goes home, stretches, showers, has dinner, watches tv, goes to bed.

Diabetic:
Tests Blood sugar, works out insulin required for morning considering food and activity level during the next two hours, carbohydrate intake at next meal, and current blood sugar level, takes insulin, eats, hopes for stability, travels to training, checks blood sugar, treats with glucose or insulin according to level, trains. Repeats the entire process before refueling. Goes home, repeats the entire process before dinner, reevaluates the day and makes tweaks for the next day, modifying insulin dosages and carbs according to energy levels. Hopes for stability overnight so they wake up in a stable Blood Glucose level and start the day in a good place.

When looking at it this way, it becomes easier to understand the concept of making an extra 200 decisions a day, and simpler still, to see how this might result in an inability to participate, physically or intellectually, when things go wrong.

So, what does it look like when things go wrong?

Many people have a terrible image of type 1 diabetics fainting, becoming wildly incoherent or even having a seizure when thinking of 'diabetic episodes' (hypo/hyperglycaemia). These are extremes and for the most part, get in the way of us understanding and supporting diabetics in the ways that count as educators. Most diabetics will experience highs and lows daily but bearing in mind T1D is invisible, here are some things you may want to look out for to help demystify the 'signs' things are not going well.

- Inability to focus or sudden lack of co-ordination/ memory (had the choreography- now can't remember or execute it)
- Sudden fatigue or withdrawal (Normally super engaged, now very quiet and breathing heavily or sweating, shakiness, feeling drowsy)
- Sudden need to stop activity
- Immediate need to test blood sugar, inject or eat
- A need to take things very slowly after a day or night of poor diabetic control *
- Unable to attend in person due to difficulty getting blood sugars in range *
- Choosing to avoid certain cardio or weight bearing activities if blood sugar levels are unpredictable *

Technical difficulties

Most diabetics regardless of 'type' are now using some kind of assistive technology to help with the daily management of their condition.

They may wear a sensor, which feeds their blood sugar levels directly to their phone or watch.

They may inject using a smart pen that helps them remember how much insulin they administered at their last dose.

Or they may be on an Automatic Insulin delivery (AID) also known as a 'pump'. Some pumps are in patch form like the Omnipod 5 (looks like a hard shell 'lady bug') or a wired pump (looks like an old school pager/beeper with a cable). Both are attached to the body subcutaneously.

These systems are often used in conjunction to better help manage a diabetics health condition. These all come with problems from time to time and some of them are very important to understand.

The first and most important thing to keep in mind is that if any of these assists are malfunctioning your student is having a tough time.

The severity of this experience will be dictated by how badly the malfunction has affected them across a particular period of time.

Pump failures (where the AID ceases delivering insulin completely) should be considered the most challenging and dangerous of the malfunctions as they can lead to the development of severe hyperglycaemic (levels too high) or hypoglycemic (levels too low) episodes.

A bad pump failure can affect levels for up to 24 hours after the failure has occurred. This is because during this time the body will have been totally deprived of insulin and glycemic

control becomes impossible, leading to prolonged high blood sugar and a severe drain on the brain's ability to function.

Likewise, if a student forgets their insulin or their blood sugar machine is not working, they may need to excuse themselves from your activity.

Lastly, be aware of alarms - these can sound like the world is ending and cause unnecessary and unavoidable attention to be drawn to the student. They indicate many different things, and some are necessary for the diabetic to be aware of changing levels or tech malfunctioning. Your student is likely aware of this and may regularly check their phone or their watch during lesson times to avoid this happening. It's not personal and it's important that you accept that their attention may need to come away from learning and focus on health management during your class. (see bullet point 5-7 on page 7).

How to support a diabetic: There are 5 Golden rules!

1. Action Reasonable Adjustments

Much like in a yoga class instructors give alternative poses to better assist different bodies, if you have never considered making reasonable adjustments for students with chronic conditions or a differently able student, you must make sure you have some kind of mechanism to support your student to achieve maximum potential when working with your diabetic. Although most diabetics will make the effort to tell you the best ways to assist them, the onus should be on the educational provider or coach to make sure these conversations happen well ahead of time, and staff or students are informed accordingly. This is part of the Equality Act of 2010 and should be implemented throughout all practices, especially those pertaining to physical activity and learning. This can range from needing extra time for exams and presentations in case of a diabetic episode to making sure someone has a regular lunch break before a certain time of day and food has been considered or provided depending on the circumstance.

2. Make sure you know what works for them

Diabetes and indeed any chronic condition, is lived and experienced differently by every individual. Do not assume your knowledge of previous family, friends or colleagues will be enough to know how to support your new T1D. Make sure you have discussed any Reasonable Adjustment Student Agreements in detail and are well equipped to enact them should the need arise. If you teach independently, make sure you check in at the beginning of class to protect you both. It can be a surprisingly easy process and sometimes students will have considered things in detail whilst others may not have at all, making it even more necessary for you to understand the situation.

3. Trust their decision making

There is nothing worse than an anxious teacher or relative hovering over you and 'worrying.'

Likewise, having someone consistently offering you food is unhelpful. Ultimately, unless they are very freshly diagnosed the reality is they will always know better! Let them get on with it and offer any adjustments and reassurance as needed.

4. Have fast acting glucose in the room

Hypoglycemia (low blood sugar) can be relatively easily treated, and most adult diabetics carry some form of glucose with them. Unfortunately, emergencies happen; things run out, we forget. Always stock a packet of jelly babies on location, and you are covered for most of these instances. Every diabetic remembers the teacher or the stage manager that winks at them at taps the packets of sweets they have on the desk before a class or a show. They will remember you for all the right reasons.

5. Be understanding about tech and noise

It's an unfortunate part of Diabetes that monitoring levels by constantly looking at a phone or a watch is just a reality of daily life. It's also unavoidable that from time-to-time alarms will go off that cannot be silenced because the manufacturers' settings cannot be altered. It's important to understand this is not disrespect from your student but rather, them trying to make sure they're taking care of themselves so they can fully participate and communicate their needs with you. Try and remember that these noises may happen- rather than overreacting or fussing around them, trust your student will come to you if they need to stop or ask for assistance. Technically, if you followed the first rule, that shouldn't even be an issue.

Conflicting Cultural Beliefs in Practice

Here are a few things that have been known to happen in classes where diabetics have walked away feeling unsupported, particularly in African and Caribbean based classes:

- Late Lunch/meal breaks, forgetting about the need for food entirely, waiting for food for hours because of social etiquette or poor organization by stage management or team, with no communication.
- 'Keep up or get out' mentality - shaming students for eating, losing choreography/ sudden lack of co-ordination, sweating or overall lack of capacity.
- Insisting there is a CURE! And God will save them! With no medical intervention or need for medication whatsoever! (People have died, it's not a joke).
- Excluding a student entirely out of fear because they 'appear tired' or 'have a health condition' without consulting them or attempting to support them by allowing recovery time or allocating alternative tasks.

Trauma informed approaches to teaching and onboarding:

- Use the 5 Golden rules.
- Implement realistic and predictable meal breaks and inform them well ahead of time (more than 48 hrs) what the timetable is.
- Let them know when a class will be particularly demanding well ahead of time and be specific: "We are getting very sweaty on Thursday- it will be full on- please make sure you fuel yourself appropriately and talk to me throughout."
- Predict circumstances where food might be difficult; choose the place everyone can eat at, that serves promptly.
- Remember recovery- it can take 45 minutes to an hour for diabetics to properly recover even if they seem fine, remembering that will go a long way to moderating your expectations of their capacity within that period.

Helpful resources:

- A podcast by Diabetes UK on Diabetes and Sport https://shows.acast.com/645a0fc46de49d00118a42f1/6470b7874ec2ce00115648a0

- An explanation of how diabetes technology works by breakthrought1d (https://breakthrought1d.org.uk) https://youtu.be/lXLT8E4Vagk?si=iqfDovWNBG5vNgh_

And finally, here are some super star diabetics for some inspiration!

Vanessa Williams (USA) Actress, Dancer, Singer, Multiple awards.

Rylee Arnold (USA) Dancer, Strictly Come Dancing 2024- present.

Olivia Bant (Wales) Dancer, Dance World Cup 2022.