

Hypoglycemia

A Biblical Plan for Dealing with Chronic Low Blood Sugar

By

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The Problem

For the Biblical Counselor, little information is available to assist in counseling clients with a growing physiological problem in America known as hypoglycemia. The purpose of this paper is to provide a clear definition of the problem, some known and some speculated causes, and a biblical approach for dealing with the disorder and its symptoms. For the Christian, a debilitating physical disorder presents a unique challenge as to how to react to the symptoms of the disorder. The disease should not be used as an excuse. It is the responsibility of the individual to control both the factors that lead to a hypoglycemic reaction and the symptoms that result. The Bible is the authoritative source from which all Christians must derive their life-practices, regardless of their physical condition. The hypoglycemic Christian must do all that he or she can to live a holy life in the face of such a debilitation.

Hypoglycemia is “an abnormally low plasma glucose level that leads to symptoms of sympathetic nervous system stimulation or of CNS (central nervous system) dysfunction.”¹ Causes range from diabetes, drug and alcohol use, fasting, diet, or a physiological abnormality. Types of hypoglycemia not related to diabetes are either reactive or fasting. Causes of the reactive type are not certain. Some researchers believe that reactive hypoglycemia is linked to a sensitivity in certain people whose

¹ “Disorders of Carbohydrate Metabolism,” *The Merck Manual*, Sec. 2, Ch. 13, [book online]; available from <http://www.merck.com/mrkshared/mmanual/section2/chapter13/13e.jsp>; Internet; accessed 31 December 2004.

body's malfunction in the release of the hormone epinephrine while others conclude that deficiencies in glucagon secretion might lead to this type of disorder.²

The symptoms of hypoglycemia present the greatest challenge to the person with the disorder. These may include fatigue, light-headedness or dizziness, irritability, headaches, drowsiness, and in severe instances the inability of normal body functions (such as thought process and movement).³ These symptoms will vary for each person, and in most cases are not severe. However, repeated failure to deal responsibly with the dysfunction can lead to severe symptoms. The individual must accept the responsibility for both prevention and treatment of the disorder.

A diagnosis of hypoglycemia should be handled by a medical doctor. A glucose tolerance test is the standard tool that doctors use to determine this condition.

Hypoglycemic reactions are common in diabetics when blood sugar levels drop.

However, they can also be present in individuals who are non-diabetics as has been mentioned, and are common in alcoholics.⁴ Therefore, the Biblical Counselor should first verify that a medical doctor has indeed rendered a hypoglycemic diagnosis before proceeding with counseling activities. Subsequently, he or she should then determine if the medical doctor has given a cause, specifically, if the trigger of this condition is alcohol, drugs, or a pancreatic dysfunction.

² *National Diabetes Information Clearinghouse* (NDIC) A service of the National Institute of Diabetes and Digestive Kidney Diseases (NIDDK), NIH [book online]; available from <http://diabetes.niddk.nih.gov/dm/pubs/hypoglycemia/>; Internet; accessed 31 December 2004.

³ Terry Mason, "Hypoglycemia," *Discovery Health Encyclopedia Online, Diseases and Conditions*, [book online]; available from <http://health.discovery.com/encyclopedias/1568.html>; Internet; accessed 31 December 2004.

⁴ *The Merck Manual*

The Answer

For the non-Christian who has hypoglycemia, the only hope he or she can have is what medical science can offer them. This is usually limited to diet and exercise. However, for the Christian there is the Word of God, sufficient for all of life, equipping us with the answers to the problems of life. There are two areas that Scripture addresses for the hypoglycemic. The first is that of the discipline of prevention. 1 Corinthians 6:19 tells us that the body is the temple of the Holy Spirit. The implication is that of caring for. Therefore, the Hypoglycemic should discipline themselves to do all they can to prevent hypoglycemic reactions. Secondly, in Philippians 2:5 we read that we are to have the same attitude that Christ had. This means that even when the person with hypoglycemia is experiencing the worst of symptoms, he or she should not use this as an excuse to be unkind, manipulative, hurtful, or indifferent. Christ endured the ultimate of all suffering and yet was perfect in attitude and behavior. Therefore, hypoglycemia cannot be used as an excuse to sin. Additionally, “because of the feeling orientation of our society, discipline and self-control are poorly taught and learned.”⁵ The biblical counselor will therefore be working against the flow in assisting the hypoglycemic in these two areas. It is imperative, though, that discipline and self-control be sought if the person suffering from hypoglycemia is to have any true hope. It is these two elements that we should then focus our attention on.

⁵ Jay Adams, *A Theology of Christian Counseling*, (Grand Rapids, MI : Zondervan, 1979), 260.

In order to deal systematically with both elements, the multidimensional process found in *Curing the Heart*⁶ will be used. The first step is to build involvement. As to the discipline of prevention, almost any counselor should be able to find a point at which he or she may be able to relate. For the hypoglycemic, eating regularly small meals, avoiding simple carbohydrates while looking to more complex carbohydrates and proteins, and exercising may be hard to do. The counselor should be able to disclose something about themselves which they also find difficult to do, yet know that they must discipline themselves to do it. It may be difficult for counselors who do not have hypoglycemia to understand not only the symptoms, but what the counselee is actually experiencing physically and emotionally. Unlike a pain in the side, it is difficult for one to just “bear it” because the physical symptoms have emotional affects. It would benefit both if the counselor would read some accounts of those who have hypoglycemia. Message boards on the Internet might be a good place to start since they are first-hand accounts. The counselor can then get a sense of the feelings of depression, lethargy, helplessness, anger, and such that the counselee has experienced as a result of hypoglycemic reactions. The counselor can then determine whether he or she can truly identify with this kind of experience, and in turn share with the counselee this self-disclosure. For a woman counselor, PMS may be a good level on which to relate to a physical occurrence having emotional consequences (the “out-of-control feeling”). Regardless, the counselor must not make light of the symptoms if he or she can not understand them. For both the discipline of prevention and dealing biblically with the symptoms, the counselor can show genuine concern and then pray for the grace of

⁶ Howard Eyrich and William Hines, *Curing the Heart*, (Ross-shire, UK : Christian Focus Publications, 2002), 81-160.

discipline and the grace of self-control. Finally, the counselor should project a solution orientation for the counselee. It is critical not only that hypoglycemia is not an excuse for sin, but also that it does not become an idol for sympathy. Furthermore, the counselor should make clear that what his or her intent is, is not to give a physiological solution, but to provide biblical guidance to deal with the physiological problem in a way that honors God and blesses men and women.⁷

The second step of the multidimensional process is data gathering. As Eyrich and Hines point out, the counselor must not make assumptions and fail to gather adequate data.⁸ Doing so may not only fail to help the counselee in the most comprehensive manner possible, but it may facilitate sinful behavior because of a failure to address all issues in the counselee's life. The objective component of data gathering, the Personal Data Inventory (PDI), will help the counselor immensely whether dealing with the discipline of prevention or the biblical response to the symptoms, or both. Other objective assessments just as the Taylor-Johnson Temperament Analysis (TJTA) may also help reveal tendencies that the counselee has in his or her personality that may conflict with the discipline of prevention or handling biblically certain symptoms of hypoglycemia. The counselor must also listen, and build the data gathering from the subjective standpoint, bringing in elements that the counselee mentions that may not have been revealed in the objective portion. These might be things like a spouse or parents who are not sensitive to the needed disciplines in diet, or a desire to be accepted among co-workers by not eating the required snacks or small meals during the day. These other parts may reveal idols of the heart that also need to be addressed

⁷ Ibid, 89-97.

⁸ Ibid, 98.

if the hypoglycemia is going to be challenged. The final concern in data gathering is the halo data. This is “non-verbal communication or body language”⁹ that the counselor observes during the sessions. The counselor may perceive that the individual is a “people-pleaser” and therefore more interested in what others think of him or her than in the discipline of prevention. Or, the counselor may note that the counselee is prone to depression, always bad-mouthing others and particularly downcast. Dealing biblically with the hypoglycemic reactions will only be a part of the solution for this individual. So many other factors can affect the Hypoglycemic in his or her prevention of the symptoms or dealing biblically with the symptoms that the counselor must gather as much data as possible in order to deal as comprehensively as possible with the problem.¹⁰

The counselor should then seek to isolate the problem. Eyrich and Hines write, “The counselor needs to focus on what happened, when it happened, where it happened, how it happened, with whom it happened, and why it happened (what was transpiring which gave occasion to the behavior, thinking and/or attitudes.”¹¹ The presence level is the first area of focus. For the individual struggling with the prevention of hypoglycemic symptoms, this may be a constant failure to discipline himself or herself and the subsequent frustration. The counselee struggling with dealing biblically with the symptoms might explain their depression, angst, or other such emotions and the downward spiral that ensues. Keep in mind that a counselee might fall into both categories of failing to prevent and failing to deal biblically with the symptoms. The

⁹ Ibid, 104.

¹⁰ Ibid, 98-104.

¹¹ Ibid, 104-105.

second area of focus is the performance level, which deals with the counselee's behavior. Third is the preconditioning level. What influences have affected the counselee subconsciously? For the hypoglycemic this may be a parent who rewarded good behavior with food (often the wrong kind) or used food to deal with a sad child, and thus engrained in the counselee a pattern of eating to celebrate, relax, or deal with depression. It may also be the opposite type of parent or a spouse who viewed food as a bad thing, discouraging eating, thus engraining in the counselee feelings of guilt over eating. This latter pattern might be more common if the counselee is overweight. The final level is the perception level. This deals with how the counselee thinks and deals with his or her thoughts and emotions. This will vary depending on the counselee's background from a completely secular mindset to a biblical mindset, and everywhere in between. Eyrich and Hines point out that for the unsaved counselee, the counselor should focus on evangelism as the first step to a solution. For the saved counselee, the development of his or her character should be the counselor's focus. Are they disciplined? Do they understand the importance of caring for their body as the temple of the Holy Spirit? Do they understand that sinful behavior is indeed sinful, even if it is the result of a hypoglycemic crash? Isolation of the problem must be focused on thoughts, attitudes and actions, and although keeping in mind the physical condition, must aim to lead the counselee away from using this as an excuse. The counselor should lead the counselee from the problem to a solution of personal responsibility.¹²

Fourthly is the step of determining a direction. "This step in the process includes deciding which of the counselee's problems to tackle first, what goals the counselee

¹² Ibid, 104-109.

should adopt, and how he will accomplish those goals.”¹³ Upon clearly articulating the problem(s), the counselor should set a priority of dealing with these problems. Next, the counselor should establish clear and attainable goals for the counselee, keeping in mind that goals and direction must fall within Scriptural guidelines and the counselor must ensure that a distinction is made between direct commands of God and valid inferences made from Scripture.¹⁴ For the counselee struggling with prevention, this may be meal planning, carrying a proper snack with them at all times, and an exercise schedule. For the one who needs to deal biblically with the results of a hypoglycemic crash it may be memorizing Scripture, praying, or making a phone call to a designated person for encouragement and exhortation. The counselee must learn to make the steps a habit. They may need to carry Scripture cards with them, program a watch or PDA with a reminder to eat, or have a friend or spouse help keep them accountable. The only “cure” for hypoglycemia is a life change. The problem will not go away, and the counselee must understand that they must develop the habits to deal with this disease for the rest of their life.¹⁵

The fifth step is to reframe the problem. The counselor needs to help the counselee understand his or her own thought processes. Do they view hypoglycemia as an excuse to sin? Do they see themselves as hopeless? Do they expect others to simply accept their condition rather than dealing with the failure to prevent a crash or the following behavioral patterns? It may be helpful for the counselee to list sinful behaviors that they are in the habit of practicing. Seeing them on paper will help them

¹³ Ibid, 110.

¹⁴ Adams, 18-19.

¹⁵ Eyrich and Hines, 110-119.

combat these actions whether they be laziness, unkindness, lying, anger, etc... It is understandable that feelings of depression or angst are the result of a hypoglycemic crash. The acting out of those feelings is what must be targeted and changed.

Prevention is obviously the best first step, but when a crash does occur, the counselee must learn to take his or her thoughts captive (2 Cor. 10:5) and deal with the feelings in a biblical manner. Keeping a log of crashes may help the counselee understand what led up to the crash and the results of it. This will in turn show them where to make changes in their life. The goal of every Christian is to be like Christ. He was tormented externally and internally, yet remained holy. The counselee must then ask himself or herself, "How did Christ deal with torment? What did He do when He suffered physically?" His example will help the counselee reframe his or her thoughts regarding their own physical condition on a daily basis.¹⁶

The following step is to confront the counselee. God is a confronter. He challenges men and women to be holy as He is holy (Lev. 11:35). His Word challenges and corrects our sinful behavior (2 Tim. 3:16). In Colossians 3:16, we are commanded to admonish one another. The Merriam-Webster dictionary defines admonish as "to indicate duties or obligations to; to express warning or disapproval to especially in a gentle, earnest, or solicitous manner; to give friendly earnest advice or encouragement to."¹⁷ It is this Greek word from which the term Nouthetic counseling is derived. It is more than just the responsibility of the Biblical Counselor; it is the duty of every believer. In a commentary on Romans 15:14-16 (where this Greek word is used),

¹⁶ Ibid, 119-129.

¹⁷ Merriam-Webster, Inc. *Merriam-Webster's Collegiate Dictionary*. Includes index. 10th ed. (Springfield, Mass., U.S.A.: Merriam-Webster, 1996, c1993).

Robert Mounce writes, “none were so wise that they had nothing more to learn, and none were so inept that they had nothing of value to share. Spiritual insight is by no means the sole prerogative of those with high intelligence.”¹⁸ For the person suffering with hypoglycemia, he or she must face the sin in their life. This step of confrontation involves not only pointing out sin, but also encouraging the defeat of such sin. As with all sin, self-discipline must be engaged for prevention. The counselor might ask, “What sinful thoughts, attitudes, and actions are you most prone to as a result of a hypoglycemic crash?” The counselor should then frame the confrontation of these sins with a biblical perspective. Helping the counselee see what the Bible says about their sin is authoritative as well as hopeful. God’s Word promises that no temptation is too great (including those that result from hypoglycemia) and that there is always an escape (1 Cor. 10:13). The three elements of confrontation are 1) Confrontation assumes something is amiss, 2) The problem can be overcome with God’s help, and 3) Confrontation is meant to profit the counselee.¹⁹ As the counselee is confronted, he or she will learn to confront their own sin.

The seventh step is giving hope to the counselee. Eyrich and Hines explain that “giving hope grows out of confrontation.”²⁰ As with any counselee, the hypoglycemic person can feel hopeless. They’ve tried to control their blood sugar, they’ve tried to control their anger, depression, or irritability; yet, they sense only failure. They need encouragement! Eyrich and Hines note several methods of implanting hope in the counselee. Only three shall be considered in this paper, although the others are also

¹⁸ Robert H. Mounce, *Romans*. The New American Commentary. (Nashville: Broadman & Holman Publishers, 2001, c1995).

¹⁹ Eyrich and Hines, 134.

²⁰ Ibid, 138.

helpful and applicable. First, establish responsibility. Because hypoglycemia is a physical condition it is easy for the counselee to think he or she has no responsibility in the matter and needs only help in dealing with the physical symptoms. It is essential that the counselee take responsibility for the personal discipline that they need to exercise to deal effectively with the physical condition as well as the responsibility of their own attitudes in the midst of the physical hardship of a hypoglycemic crash (remember Christ's example of His attitude in the midst of the greatest suffering ever). Furthermore, there needs to be accountability for this responsibility to assist the counselee in establishing good habits. A second method of giving hope is "teaching about habit capacity...in other words, the counselor needs to educate the counselee about the existence of ungodly ingrained patterns of thinking and acting in his life that need to be broken and replaced with godly alternatives."²¹ Again, it must be stated that the hypoglycemic in most cases will need help in understanding that they are responsible for their actions and reactions, regardless of the fact that they have a physical condition that at times makes it difficult to act godly. It may be that the counselor helps the hypoglycemic who refuses to discipline himself to eat regularly see how his lack of discipline is setting himself up to hurt himself and those around him later when he "crashes." Or the counselor may need to educate the overweight hypoglycemic as to how she is causing greater harm to herself and others by not eating regularly to maintain her blood sugar, even though she feels guilty for being overweight. Getting to the heart of why the counselee thinks that way he or she does is of greatest importance if a true solution is to be reached. Then teaching them how to think biblically will bring

²¹ Ibid, 141

that solution about. A third means of giving hope is to teach and remind of God's promises.²² His promises mean something to us because He is faithful, and perfectly faithful at that. His promises are true, reliable and unwavering. Therefore, His promises give hope the way that nothing else can. When the hypoglycemic comes to really believe that God will not give them beyond what they are able (1 Cor. 10:13), their entire attitude will be transformed. They can then revel in tribulation (be it a mere physical tribulation as opposed to the greater tribulation, spiritual persecution, that is the context from which Paul writes in Romans 5) and then know that "hope does not disappoint" (Rom. 5:3-5). This hope that does not disappoint is true hope, as opposed to false hope. The biblical counselor must ensure that he is not giving false hope. Wayne Mack provides helpful characteristics of both:

Characteristics of False Hope

1. Based on human ideas of what is pleasurable and desirable
2. Based on a denial of reality
3. Based on mystical or magical thinking
4. Based on an unbiblical view of prayer
5. Based on an improper interpretation of Scripture

Characteristics of True Hope

1. A biblically based expectation of good
2. The result of true salvation
3. Holistic in focus
4. Is realistic
5. Must be renewed daily
6. Inseparable from a diligent and accurate study of God's Word
7. Is a matter of the will
8. Is based on knowledge²³

The bottom line is that the hypoglycemic counselee needs hope. They need to be reassured that God has something to say about their condition and that He has

²² Ibid, 140-142

²³ Wayne Mack, *Introduction to Biblical Counseling*, ed. John MacArthur and Wayne Mack (Dallas, TX : Word Publishing, 1994), 190-199.

expectations for how they handle themselves with the condition, yet that He alone gives instruction, strength and grace to meet those expectations.

The eighth step is gaining a commitment from the counselee. It may seem that this step is obvious. After all, why would the hypoglycemic be seeking help if he or she were not willing to make a commitment? But as we have seen, many counselees with a physiological condition (hypoglycemia or another) may be prone to seeking help only for feeling better about themselves, not necessarily to change. It is imperative for the counselor to seek commitment throughout his or her time with the counselee. The commitment should be to some thing, not just merely an assent to change, but some exercise that fosters change.²⁴ In the biblical counseling arena this is called homework. This type of assignment is measurable so that both the counselor and the counselee can objectively assess if the commitment has been kept. This practice will assist the counselee in becoming less dependent on the counselor and more dependent on God. Some assignments for a person suffering with hypoglycemia might be to write out a meal plan for one week, the next assignment might be to follow it for one week (charting where there was success and failure), or the counselee might need to keep a log of their crashes, what led up to them and how they handled the episode. Again, the idea is that the assignment should be observable and assessable. By gaining a commitment to an observable and assessable exercise, the counselor assists the development of self-discipline in the counselee that will lead him or her away from failures in the area of struggle and toward success.

²⁴ Eyrich and Hines, 146.

Step nine is to assign homework. Eyrich and Hines list several of the benefits of assigning homework, a few of which are: a) it establishes a pattern for action and change in the counselee's life; b) it helps sustain momentum between counseling sessions; and, c) it provides a solid measure for determining counselee understanding and progress.²⁵ The benefits go both ways for the counselor as well as the counselee. For the counselee, homework ultimately is an assignment of self-discipline. When a person is disciplined as a new believer, he or she is often given homework to help them develop discipline. Without it, the Christian (whether hypoglycemic or not) becomes unproductive and unfruitful in his or her knowledge of God. Martyn Lloyd-Jones writes, "there is only one ultimate cause for all the manifestations of this depression, and that is a lack of discipline. That is the real trouble, it is a sheer absence of discipline and order in their life."²⁶ For the hypoglycemic, this can be especially true, and it is homework that can provide the steps to developing discipline and order. Because homework is essential to success in the business of change, it is imperative that the steps Eyrich & Hines list for creating good homework assignments be listed here in their entirety:

1. To construct a good homework assignment, the counselor needs to ensure that it is biblical in nature.
2. The counselor needs to make the task concrete and specific in character.
3. The counselor needs to make the task practical, realistic, and relevant in orientation.
4. The counselor needs to make the tasks flexible in organization.²⁷

With these steps in mind, the counselor can develop a program for change to help the individual who suffers from hypoglycemia. This program should help foster self-discipline that will prevent hypoglycemic crashes and bolster self-control in the event

²⁵ Ibid, 150-154.

²⁶ Martyn Lloyd-Jones, *Spiritual Depression*, (Grand Rapids, MI : Eerdmans, 1965), 207.

²⁷ Eyrich and Hines, 155-156.

one's blood sugar does fall. The ultimate goal/homework of all believers is to glorify God in all things. For the hypoglycemic this means to take the steps necessary to care for the body as the temple of the Holy Spirit (1 Cor. 6:19) and guard against attitudes and actions that dishonor God.

The final step is to evaluate the counselee's homework. This process not only measures the counselee's performance but teaches them to evaluate their own lives. The ultimate question is if the homework achieved the objective the counselor had for the counselee. He can also see how committed the counselee is to change and if he or she really understood all that the counselor taught.²⁸ Through this process of evaluation the counselor also models for the counselee how he or she should practice self-evaluation in order to bring about lasting change. Scripture exhorts us to "examine everything carefully; hold fast to that which is good" (1 Thess. 5:21). Furthermore, the evaluation process allows the counselor to help the counselee evaluate their life according to biblical norms. By instructing them in truth, assigning homework that is biblical, and encouraging and giving hope along the way, the counselor establishes a normalcy that is God-honoring. Evaluating their progress and commitment to the assigned homework helps the counselee to see how much closer he or she is coming to a biblical understanding of normal.²⁹

The conclusion that can be found from what is known of this disorder and what Scripture teaches is that the believer with hypoglycemia is responsible to both prevent low blood sugar through God honoring self-discipline as well as to biblically handle the symptoms of low blood sugar in the event of a crash. The believer must not use the

²⁸ Ibid, 158-160.

²⁹ Adams, 105.

condition as an excuse, nor should he or she be indifferent to the seriousness of it, nor feel despised and accursed because of it. Ultimately, all physical debilitation is the result of sin, but God is no less sovereign. He has not and will not give to us beyond what we are capable of handling without His grace. Therefore, the hypoglycemic can see their condition as a part of God's refining process. He or she then has the choice to be bitter over the debilitation or embrace it as an assistant to molding and making them more like their Lord and Savior, Jesus Christ.

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