

CHAPTER 4

Health-Promoting Behaviors

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TAKING CONTROL OF YOUR HEALTH

In this time of rapid advances in technology and medicine it may be tempting to see your health as the responsibility of doctors and other medical specialists. It's easy to lose sight of the simple yet powerful things you can do to enhance your own health. In this chapter you will find a number of options about reclaiming control over your own health, in spite of having multiple sclerosis (MS). You will learn how to identify when you are ready to change key health behaviors and the areas where you are most ready to change. You will also learn how to tailor your health-promotion efforts to fit your specific stage in the change process.

We will explore how to work through several very common ways that people get stuck when they are trying to make changes. Some of these “stuck” places may be well-known to you by phrases like the following:

- People say you are “in denial.” What to do when you don't want to change.
- You feel trapped in ambivalence. “I want to change, but...”
- You were doing fine, but you've “relapsed.” Two steps forward, one step back. By working with, rather than against, your stage of change, you can move ahead.

Finally, we will look at several specific areas of health promotion in detail and provide you with suggestions to consider and activities to engage in for each area.

HEALTH PROMOTION: WHAT IT IS AND ISN'T

Doing what you can to improve your own health is called *health promotion*. Health-promoting activities come in two flavors: actions you can take to stop doing certain behaviors that will improve your health; and actions you can take to start doing certain behaviors to improve your health. Some health-promoting activities are just common sense. But, of course, we all know that we don't always do what we know we should. Other health-promoting activities may seem counterintuitive. Moreover, there are areas where we've only recently learned something about what seems to work.

Good examples of behaviors to stop doing are the common addictions: overeating, smoking tobacco, abusing alcohol, and misusing prescription or over-the-counter medications. We will discuss each of these common unhealthy habits below.

There are many things you can start doing to improve your health. For example, you could (1) start taking *course-altering medications*, such as an immunomodulator for your MS or a medication for managing spasticity, either for the first time or to renew your commitment to fully adhere to the dosage schedule for a course-altering medication that you may have started and stopped. (2) You can start exercising more often or adopt a more active lifestyle. (3) You can get serious about managing your fatigue. (4) You can learn more effective ways to cope with stress and anxiety. And (5) you can learn to ask for help and begin utilizing your social support network. Some actions you can do on your own. Some you can do with a friend or family member. Other actions require your doctor, rehabilitation therapist, or other healthcare provider to be your partner.

HEALTH-PROMOTING ACTIVITIES WORK WELL FOR PEOPLE WITH MS

Dr. Alexa Stuijbergen, a nursing researcher in Austin, Texas, has studied health-promotion activities in people with MS for years. In a 1997 study, she measured the extent to which women with MS engaged in various health-promoting activities including keeping physically active, eating nutritious diets, taking responsibility for their health, improving their interpersonal relations, focusing on meaning or spiritual growth, and managing their stress. She also measured each woman's physical abilities and quality of life (Stuijbergen and Roberts 1997).

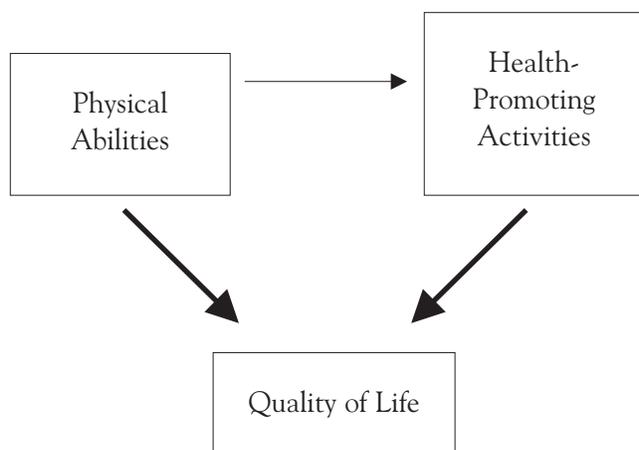


Figure 4.1: Health promotion and MS.

The results of her research are shown in figure 4.1. She found that two factors heavily influence the quality of life for women with MS: that is, their physical abilities and their health-promoting activities. Notice that the arrow between physical abilities and health-promoting activities is very thin. That means that people with milder MS, as well as those with more severe MS, all benefit equally from health-promoting activities.

Question: Which health-promoting activity do you think gives the most “bang for the buck?”
Answer: Exercise. Think about it. Aerobic exercise in people with MS has been shown to improve strength, decrease fatigue, improve mood, decrease anger, and improve social interactions, home management, and recreational activities. Exercise packs a powerful punch. Keep this in mind later when you think about your options for improving your health.

THE STAGES OF CHANGE

Until recently, we’ve tended to view people as either ready to change or not ready, like a light switch that is either On or Off. In many cases, those not ready to change were labeled as “resistant” or “in denial” when they did not change in the ways that others thought they should. In the past two decades, we’ve come to a deeper understanding of change processes and, hopefully, a more useful and compassionate view of it.

For example, James Prochaska and his colleagues (1994) became tired of armchair theories about how people change. They decided instead to study how average people create change naturally. They studied people who were trying to quit smoking, lose weight, and start exercising. They even studied those who make New Year’s resolutions to try to gain insight into natural change processes.

One of their discoveries was that change is often a more complex process than it was initially thought to be. They found there are several common stages that people who want to change go through, and that, on their way to making and sustaining behavioral change, they tended to go through a progression of these stages. What follows are brief descriptions of the stages of change that Prochaska and his colleagues identified in their study.

Stage 1: Precontemplation

Precontemplation refers to the stage when you are not changing, not interested in change, and perhaps even defensive about not changing, especially if confronted about your need to change. In precontemplation, you may be unaware or underaware of the need to change in a particular way. You might be in precontemplation out of a sense of hopelessness, or of not wanting to feel controlled, or from ignorance, or just out of reluctance. Other people may be concerned or worried about you, but you can’t see a need to change. You even may avoid reading or talking about the topic.

Stage 2: Contemplation

Contemplation is the stage in which people are ambivalent about change. That is, the pros and cons of changing seem about evenly balanced, leaving the person stuck. In the contemplation stage, people often think that they should change in some area, but they don’t get to the point of actually changing what they do.

Ambivalence about change is extremely common and can last for many years. If you repeatedly think about changing in a particular area but never get around to it, or you rationalize your way out of it, or you decide that changing is just not worth the trouble it will take, you are probably in the contemplation stage.

Stage 3: Preparation

In the preparation stage, you have decided to change, you've made plans to change, but have not yet actually initiated the change. For example, smokers who are determined to stop may set a quit date, dieters who are determined to change their eating habits may stock up on different and healthier foods, and people determined to become more fit may figure out how they are going to fit new forms of exercise into their daily or weekly schedules.

You are in the preparation stage if you plan to begin a new health-promoting activity within the next thirty days.

Stage 4: Action

The action stage is when behavioral change really begins. Everything up until this point has been mental changes. Now the person starts to do something new, or perhaps stops doing something old (which still involves doing something new). The action stage corresponds to using new behaviors that started up and have been sustained for up to six months, that is, long enough for the new behavior to become a relatively well-established habit.

Have there been any new health-promotion activities you've begun and sustained within the past six months?

Stage 5: Relapse

Relapse obviously refers to a return to previous behavior patterns that were in place before actions were taken to try to change. Recently, relapse has become recognized as an almost universal stage of change rather than as an anomaly or a failure to change. Most people initiate behavior change and then relapse several times before the change is maintained successfully. For example, most smokers quit four to eight times before maintaining their status as nonsmokers (Prochaska, Norcross, and DiClemente 1992).

Think about any new healthy habits you tried to acquire in the past six months. Try to recall any relapses that occurred, such as not sticking to a diet or picking up smoking again, or giving up on a walking program.

Stage 6: Maintenance

After a new action has been successfully followed for about six months, the person is said to enter the maintenance stage. In this stage, a habit has been formed, but maintaining it over the long haul is less certain.

YOUR STAGE OF CHANGE PROFILE

Worksheets 8 and 9 below list a large number of potential health-promoting activities you can consider. Worksheet 8 lists actions you can start doing. Worksheet 9 lists actions you could stop doing. For each item on both worksheets, ask yourself, “What stage of change am I in?” Check the stage of change column that corresponds with your stage of change for each health-promoting activity.

If, for example, you are a nonsmoker, put your check in the maintenance column. There is a space in each category for you to fill in another idea. Write in any other health-promoting activities that you are contemplating, preparing for, doing, maintaining, or that have relapsed.

Be Kind to Yourself

While you fill in the worksheets, try to appreciate the progress you may have already made. Maybe you’ll recognize an item where you were previously in denial, and now you are contemplating some sort of positive change. Perhaps you had long-standing ambivalence about initiating a change, and now you’ve finally reached the point of taking action.

It is especially important to appreciate areas where you changed and then relapsed, because even though you relapsed, you did make a positive change for a certain period of time. Furthermore, there are usually lessons to learn from a relapse that will help you the next time.

It’s also a good idea to think about whether your change efforts are focused on just a few areas or spread out over many areas. Which changes are you most excited about? Which ones are looming? Which ones do you dread?

WORKSHEET 8: A MENU OF HEALTH-PROMOTING OPTIONS						
Health-Promoting Strategy: Behaviors to begin or improve. Specify as best you can.	Precontem- plation	Contem- plation	Prepar- ation	Action	Relapse	Maintenance
Energy conservation						
Cut down on less important activities						
Work smarter (organize, prioritize, create efficiencies, start earlier, etc.)						
Ask for help/delegate						
Pace yourself; break down large activities into smaller ones						
Other						
Energy recharging						
Make time for rest, relaxation, naps						
Improve sleep quality or amount						

Have fun; maintain or seek new hobbies and recreation						
Other						
Energy enhancement						
Exercise (strength, endurance, stretching)						
Increase physical activity, e.g., walking, water aerobics, etc.						
Other						
Maximize medical management						
Fatigue-reducing medications						
Disease-modifying medications						
Antispasticity medications						
Improve adherence to current medications						
Antidepressant medications						
Bladder function medications						
Learn more about disease or treatments						
Discuss problems with healthcare provider or consultant						
Other						
Manage psychological challenges						
Use stress/worry management techniques						
Rediscover meaning and purpose in life through psychological or spiritual counseling						
Challenge hopeless or negativistic thinking						
Reaffirm core values or spirituality						
Replace passive with active coping skills						
Other						

WORKSHEET 9: REDUCING NEGATIVE BEHAVIORS						
Health-Promoting Strategy: Behaviors to stop doing or cut down.	Precontem- plation	Contem- plation	Prepar- ation	Action	Relapse	Maintenance
Smoking						
Alcohol use						
Illicit drug use						
Medication misuse						
Excessive independence						
Overactivity						
Excessive exposure to heat, humidity, or cold						
Unhealthy eating habits						
Poor sleeping habits						
Other						

WHERE AND HOW TO START THE CHANGE PROCESS?

You can really start anywhere and, as you will see, you are thinking about, making or preparing for, or relapsing from change all the time in several areas. One good place to start would be an area about which you are most enthused right now and where you can see the most payoff for your work. On the other hand, if there is no particular area for which you feel any enthusiasm, you can start in any area.

You can make significant progress even when you are in the precontemplation stage about changing in an important area, perhaps an area where others have implied you “should” change. Or maybe there is an area in which you feel resigned, reluctant, or even resistant to change. Yet, way in the back of your mind, you may also have the suspicion that your life could be improved in this area.

Keeping a Journal

It would be a good idea to start keeping a separate journal while you read and work with this book. Of course, there are many worksheets within the text for you to write down your thoughts about specific subjects; however, there are also many instances where the text encourages you to think about something specific. As a general rule, when you write your thoughts down, the writing clarifies the material about which you are thinking. Also, a separate journal will allow you to expand and elaborate on anything of importance that comes up for you while you are working with this book.

THE PRECONTEMPLATION STAGE

One place to start thinking and writing about might be to simply notice any psychological defenses you use to maintain your state of not changing. Precontemplators tend to deny or minimize the negative consequences of their unhealthy behaviors. Others rationalize or make repeated excuses for not changing in a particular area. Some blame their inability to change on others or on external circumstances over which they believe they have no control.

Noticing your defenses can lead to a healthier attitude about your responsibility for not changing. There is something more honest and empowering about changing your belief from “I can’t do that,” or “If only I could do that,” to “Right now, I am choosing not to do that.” The fact is, it’s your life and you don’t have to change in any way that you don’t wish to change. Only you can decide if changing is worth the risk and effort. No one can force you to change.

Simply to understand yourself better, you could also take out your journal and try listing the benefits you get from not changing. You might be avoiding working too hard, exposing yourself to criticism, or risking failure. Or you might have an entirely different set of reasons for not wanting to change. But it would be a good idea to know what they are.

Another way to start the change process might be to think about the area where you don’t want to change and project yourself five to ten years into the future. Ask yourself, “Where will I be ten years down the road if I continue not changing in this area and how does that fit with what I want to be or become as a person?” This question can help you see whether the benefits of not changing now may shift over time. Ultimately, it’s best not to get stuck in a battle with yourself over not changing in some particular area. We hope that you identified an area (or areas) where changing holds more interest for you. So let’s move on to the next stages of change.

THE CONTEMPLATION AND PREPARATION STAGES

Moving into the preparation stage after contemplation involves understanding and changing the balance between the pros and cons associated with the specific behavior. Doing the decisional balance exercise below in worksheet 10 provides a good way for contemplators to begin moving into the preparation stage. The decisional balance expands your old pros and cons for changing to include the benefits of not changing and the costs of changing versus the benefits of changing.

Moreover, to completely understand all the factors, these pros and cons of changing can be analyzed in terms of short-term versus long-term costs and benefits. You can use worksheet 10 to examine an area where you may be stuck in the contemplation stage. Discovering more potential positive benefits of changing can be the surest way to move yourself toward action. If you can identify five, ten, or even more potential benefits you may receive from changing, either short- or long-term, the greater your chances are of moving toward action.

WORKSHEET 10: THE DECISIONAL BALANCE

Write the change being contemplated here: _____

After you've written in the change you are considering making, fill in the specific pros and cons that would result from making that change. Fill in the short-term costs of changing and the short-term benefits of not changing. Then fill in the short-term costs of not changing and the short-term benefits of changing. After you've completed filling in that part of the worksheet, go through the same analysis for the long-term costs and benefits of changing and not changing.

Cons of Change		Pros of Change	
Short-term costs of change	Short-term benefits of <i>not</i> changing	Short-term costs of <i>not</i> changing	Short-term benefits of change
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
Long-term costs of change	Long-term benefits of <i>not</i> changing	Long-term costs of <i>not</i> changing	Long-term benefits of change
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

In this preparation stage, you can put more teeth in your plans in several ways. You can shore up your motivation to change by writing down your most important reasons for changing, especially the benefits. Be specific about what you will do, and tell others about your plans. Set a start date and make a list of the things you need to get ready to begin the change you are preparing for.



THE ACTION STAGE

Once you are in the action stage, actually making the changes, reward yourself. Tell others about what you've accomplished; chart your progress. Don't forget that many people relapse back into their old behaviors. Make a crisis plan for what you will do if you should experience a relapse. That way you can keep a brief lapse from turning into a more extended relapse.

Crisis Plans for Relapses

As a rule, a crisis plan involves contacting a trusted friend who supports and accepts you unconditionally when you are in the action stage. Explain to your friend that you are making an important change in your life but you may have a relapse, and you want to enlist your friend's future help if the need arises. Tell your friend that, if you do relapse, you won't need criticism or lectures to worsen your guilt.

Together, you and your friend can normalize your relapse, review the main reasons you wanted to change, appreciate the changes you did make, and see where you want to go from there. If you have relapsed previously, this would be a good time to look for the specific triggers that led to the relapse, and perhaps to modify your goals or strategy in accordance.

If you are in relapse now, take heart. You are in good company.

Relapse can be a failure with a silver lining if you make the effort to find your triggers. Pay attention to the feelings, situations, people, or events that led to relapse and you can learn a lot about how to prevent it the next time. Sometimes you have to look back several steps, before the relapse took place, to see where the factors leading to relapse began.

Identify Your Relapse Triggers

Identifying your triggering factors allows you to anticipate and plan to cope with those situations in new ways. First, notice how you felt after your relapse. Guilty? Demoralized? Frustrated? These negative emotions and others are common reactions to relapse. To combat this tendency think about and try to appreciate the progress you did make before the relapse occurred. You got to the point of making a change, got started, and made some headway. How did it feel to do that? Reflect on the things you are proud of and about the changes you did make, regardless of how long they lasted. Understand that people rarely make significant changes without relapsing along the way. When you feel guilty or ashamed about a relapse, remind yourself that this is normal, happens to everyone, and is instructive as a test-run toward your goal.

Next, think about the specific situations, events, people, or feelings that preceded your relapse. Which of these factors triggered you to give up your efforts to change? How did you cope with it at the time?

Finally, what are some alternative ways you can handle these relapse triggers in the future? It is best to plan ahead how you would like to handle this situation in the future. Get out your journal and write down what you will do in the event that you need to cope with this or similar situations in the future. You increase your chances of successfully changing if you write down what you will do the next time. If you choose not to write it down, then tell the friend you enlisted for support in the event of a relapse.

THE MAINTENANCE STAGE

After you have made it into the maintenance phase, you have six months of change under your belt. You have truly been successful. Congratulations! A question that now arises is that of your lifestyle balance. If your lifestyle change is based primarily on self-denial or on considerable effort without tangible rewards, the change may not last as long as you desire. Therefore, it is important to balance self-denial and hard work with healthy pleasures and rewards. If your lifestyle change involves stopping or cutting back on some pleasurable activity, you must come up with other newer, healthier ways to reward yourself. Take pleasure breaks, call a friend just to chat, or each time you take that injection or do that exercise, contribute some money, even if it's only a dollar, toward a special purchase you want to make. Substitute healthier habits for less healthy ones; for example, buy some of your favorite ice cream or chocolate instead of cigarettes or alcohol.

HEALTH PROMOTION: FOUR CORE AREAS

Here, we will take a look at four general types of health-promoting activities that are beneficial for people with MS: exercise and activity; managing fatigue; coping better with stress and anxiety; and coping better with alcohol or other drug misuse.

Exercise and Activity

Sara was an avid golfer, a wife, and mother when she was diagnosed with MS. In the early 1990s her doctor's advice regarding how to cope with the fatigue was in keeping with then-current clinical lore, "rest and conserve your energy." Sara gave up golf, limited her other enjoyable but nonessential activities, and saved what energy she had for key family responsibilities. She was plagued by fatigue, the unpredictable good days and bad days, and the fear that overactivity would worsen her fatigue or bring on a full-blown exacerbation. She missed golf, she missed her old life, and she felt trapped by her symptoms and fear of relapse.

In the past ten years, medical research has turned upside down how we think about coping with MS. Now, we know that by resting and avoiding activities, Sara's muscles were weakened and shrank, her fatigue worsened, her mood, self-esteem, and self-confidence all plummeted further down than they might have, had she been given different advice. That is, some symptoms Sara suffered from were caused by inactivity and deconditioning, not by MS.

Fortunately, Sara volunteered for a study that supported her efforts to build back her strength and endurance. She started where she was at; walking for about ten minutes several times a week. By systematically increasing her walking distance over the course of several months she was eventually able to play nine holes of golf and enjoy it. After several months, she was invited to spend a weekend playing golf. She played several eighteen-hole rounds of golf in two days. Sara was exhausted, of course, but she was also very happy. She had reclaimed a part of her life she thought she had lost.

When it comes to exercise, you have many options to choose from. Most people can find something that fits well with their lifestyle. Some people are able to enjoy more vigorous aerobic activities, such as jogging, cycling, swimming, or aerobics. Others may want to focus more on strength-building using

weights or machines. Still others prefer or are limited to stretching and range-of-motion activities such as yoga or Pilates.

We tend to think of exercise only as going to the pool or gym, jogging down a pathway, or playing a sport. All of these are great. Yet, every movement can be considered exercise, giving rise to the popularity of *lifestyle exercise*. When you incorporate exercise into your lifestyle, that means walking to the store rather than driving. It means parking a few blocks from your destination and walking the rest of the way. Or climbing stairs rather than taking the elevator. Gardening, mowing the lawn, shopping, even housework are all forms of exercise. The list of lifestyle activities involving movement and exercise could continue for another paragraph.

Exercise Tips

Here are some tips for successful exercisers. Although exercise generally is considered safe for people with MS, talking with your doctor about your plan, before embarking on an exercise program, can provide reassurance and useful advice. Think about what you are already doing and expand on that. Recall activities you used to enjoy and think about ways to reclaim them a bit at a time. Make it fun and your motivation will last. Start from where you are, even if that is at zero, and set small attainable goals. If you can walk only fifty feet before you are fatigued, don't lament; start with that today and set your goal to improve slowly, by 5 to 10 percent each time.

Remember, take baby steps. Avoid the self-defeating cycle of overactivity followed by intense fatigue and underactivity by not overdoing it in the first place. Set a reasonable goal and stick to it. When you meet the goal for the day, stop so you don't overdo.

If you can, join classes or others who are already exercising. The commitment and social support can help you stick to your goals when your motivation wanes. Plan for possible heat sensitivity problems by "pre-cooling" in a cool bath before exercising, obtain a cooling vest, stay in the shade, and exercise during cooler times of day or in air-conditioned facilities. Remember to keep hydrated. Experiment and find out what works for you.

If you have been avoiding activities out of fear of exacerbations or sideeffects, make a crisis plan. You might have a friend join you, or you could carry a cell phone and identify someone to call for help if you start to feel bad while you are away from home. Chart your progress and reward yourself when you meet your goals.

Managing Fatigue

Fatigue is almost universal among people with MS and often it can be the most disabling symptom. Fatigue can be "physical" or "mental" or a combination of both. It can be chronic and constant or episodic, often increasing unexpectedly or with exertion. Fatigue can come directly from MS or it can be related to secondary problems with sleep, depression, or medication side effects, as well as to MS-related breathing problems or difficulty moving.

Since 1998, there have been specific guidelines established to help physicians understand how to help manage MS-related fatigue (Kinkel et al. 1998). More research has been done since then and this is an area where partnership with your physician is especially important. Your doctor can help you determine whether your fatigue potentially will be compounded by any of the factors listed above, and whether medications such as amantadine, pemoline, or modafinil might be useful to you.

In addition to working with your doctor there are a number of other ways you can gain some control over your fatigue. Of course, as noted above, one of the most exciting recent discoveries is that aerobic exercise actually improves fatigue in people with MS. There is no reason to doubt that other forms of exercise that build strength or endurance would not also improve fatigue. The reverse also seems to be true, that is, excessive rest and inactivity can make fatigue worse.

There are also a number of energy conservation strategies that you may find beneficial. Use the checklist below to see how many of these strategies you already use and which ones you might consider trying again or improving.

Checklist 5: Fatigue Management

- I break large tasks into smaller, manageable parts.
- I reflect on my core values and give priority to activities most meaningful to me.
- I prioritize tasks and do the most important ones first.
- I organize tasks first to reduce unnecessary effort.
- I pace myself by resting or napping before I become overexhausted.
- I delegate or ask for help with tasks that are either too difficult or have a lower priority for me.
- I use strategies to prevent, avoid, or reduce overheating.
- I avoid becoming sedentary and deconditioned.
- When needed, I modify tasks so I can do them more easily, e.g., while sitting.
- I maintain a daily schedule and set realistic goals as much as possible.
- I accept certain limits and help others who rely on me to understand those limits.
- I reserve my time and energy for recreation, family, and friends.

Better Coping with Stress and Anxiety

A lot of normal, understandable stress comes along with MS. The unpredictability of the disease, and its unexpected overwhelming fatigue or exacerbations can trigger a sense of helplessness and a passive, avoidant, or giving-up style of coping. Although such a response to the stress of MS is understandable, other responses are possible and undoubtedly healthier.

How you cope begins with how you think about your illness and its related stressors. Consider some aspect of having MS that is stressful to you now. Do you think of this aspect of your illness as a threat or a challenge? If a stressor is perceived as a threat, people are prone to become fearful. We become tense and sweat as our body releases stress hormones. Our heart races. To deal with this discomfort, we tend to avoid and otherwise cope passively with this stressor. However, when we perceive stressors as a challenge, we tend to think in terms of problem solving, engaging the stressor, and taking constructive action.

Research has shown that people with MS who use these kinds of active coping fare better (Pakenham 1999). So, the key question is how to change “threats” into “challenges.”

You could start by picking up your journal and writing down a list of the current threatening aspects of your illness, the events or people you are avoiding, the aspects that make you feel anxious or stressed. It may be that you can’t predict when you are going to feel well, so now you avoid making plans altogether. Maybe you’ve thought about starting on one of the ABC disease-modifying drugs, but you can’t bear the thought of self-injection or the possible side effects. Maybe the people in your life don’t understand your illness, that you need to ask for help, or that you are withdrawing and becoming depressed about your illness and your life.

After you’ve made such a list, number each stressful aspect on that list from 1 (the hardest to deal with) down to 5 (the easiest to deal with). *Start with the easiest current threat you have to deal with* and spend a few additional minutes writing down what your biggest fears are about this issue. Pay close attention to the thoughts that come to your mind. Let yourself catastrophize. What makes it a threat? Get down on paper your worst-case scenarios about what might happen if you tried to change in this area. You may become even more stressed doing this journal writing and you may notice the close connections between how you think about things and how you feel emotionally and physically.

Then, work with worksheet 11 to rate how stressed you are on a scale of 0 (not at all) to 100 (as stressed as imaginable). Also rate how much you believe in your worst-case scenarios from 0 to 100 percent.

WORKSHEET 11: MY THREAT LIST		
Describe the top five most threatening aspects of your illness (worst-case scenarios), how stressed you are by each, and how much you believe each will come true.	Stress level 0-100	Belief level 0-100
1.		
2.		
3.		
4.		
5.		

The Opposite of Stress Is Relaxation

The next step in this process is to take a break from all this stress and allow yourself to relax. Get into a comfortable position and practice a calming strategy such as deep abdominal breathing. Or imagine you are in a very peaceful, relaxing place you once visited and try to relive all the sights, sounds, smells, tastes, and other sensations of that experience. Once you have taken some time (at least ten minutes) to relax and enjoy the sense of calmness and ease you can give yourself, then you can allow your mind to shift back to the easiest threat you identified above, and ask yourself the questions you will find in worksheet 12.

WORKSHEET 12: COPING WITH YOUR THREATS

Note which words or phrases you used that were especially emotional or extreme. Also note your use of words like “always,” “never,” “should,” “must,” or “can’t,” and statements where you catastrophize (imagining the most catastrophic outcome possible), or where you feel hopeless, or helpless.

What is the evidence for the idea that this threat is something I should be stressed and frightened about?

What is the evidence against the idea that this threat is something that is so threatening?

What is the evidence for the belief that I can cope with this threat?

What are some potentially good things that could happen if I deal with this threat differently?

What am I thankful about regarding this threat? E.g., How is my current situation better than it could be?

What aspects of this threat, however small, do I have control over and might be able to change?

What strategies have I used to cope actively with stress in the past that I can apply to this threat?

Once you’ve had some time to reflect on this “threat” in a calmer state of mind, you may discover, not solutions, but small inroads that will address some aspect of the threat/stressor or a place to start. A glimmer of gratitude for what you have been spared, a foothold where you can achieve a degree of

control, an opportunity that you can grasp. With each of these changes in your thinking, your reappraisal of the stressor can lead to a sense of possibility and a challenge that you can take up.

If you have been successful at learning to see your stressor as less of a threat and more of a challenge, you may wish to solidify your insight in some way. You can do this easily by writing down your reappraisal on a small index card, to carry with you or to put up next to the bathroom mirror where you will be sure to see it every day.

Jill's Story

Jill was overwhelmed by all the housework she did, especially the vacuuming, which often led to her becoming overly fatigued. By examining her current appraisal of that situation, she noticed she felt she “should” be able to keep up with the housework. It made her feel “trapped,” “guilty,” and her family “didn’t appreciate” how much effort she had to expend on such household chores. After reflecting on this situation with her therapist, she noticed how the word “should” implied a rigid, somewhat moralistic expectation that she put on herself.

She changed her appraisal to what she came to see as a more accurate view: “MS has made housework much more difficult for me.” She wrote this reappraisal down on a small index card that she kept in her wallet. Whenever she started to feel trapped or guilty, she pulled the card out of her wallet and read it over several times.

This simple admission of her difficulties led her to consider a number of possible solutions that were more in line with her core values of being a good mother and wife. She realized it was worth it to ask for help with housework from her family or, if no one had the time, to hire someone to come in and vacuum every other week so that she would have the energy to cook and monitor her son’s homework more consistently.

Coping with Alcohol or Other Drug Misuse

People with MS are not immune from problems with using or abusing alcohol or other drugs. Smoking, alcohol use, and misuse of prescription or over-the-counter medications are all potential concerns for people with MS. The use of controlled substances is relevant in the context of health promotion because the negative effects that alcohol or other drugs may have on people with MS may be magnified.

For example, alcohol can cause or contribute to problems with depression. Moreover, heavy alcohol use can make antidepressant medications ineffective. Alcohol or other drug use can alter liver function and change how well your body is able to metabolize other medications, as well. This may cause additional side effects such as increased drowsiness, fatigue, loss of coordination, or balance. Medications that can have bad interactions with alcohol and other drugs include painkillers, antispasticity medications, cold medications, anti-inflammatory drugs (e.g., ibuprofen, naproxen), blood-thinning agents, antibiotics, and antihistamines. Alcohol or other drugs may exacerbate subtle cognitive impairment.

Despite the health risks, people who use alcohol or other drugs are not crazy or weird, they are much like everyone else. They have their reasons to use controlled substances that make sense to them. Therefore, alcohol or drug use cannot be dismissed with a simplistic “Don’t do it!” From a health-promoting perspective, what can be helpful is to examine the pros and cons of alcohol or other drug use. If you smoke or use alcohol or other drugs, including overuse of prescription medications, consider going through the following brief exercise:

Exercise: Alcohol or Drug Use in Your Life

Use your journal to do this exercise. First, list all the good things about your use of alcohol or other drugs. What are the perceived benefits to you, physically, mentally and socially? There must be some benefits or you wouldn't be using them.

Next, list the not-so-good aspects about your use of alcohol or other drugs. What concerns do you have about your use, either in the near-term or the long-term, if your use continues as it is now?

Next, take some time to consider how your alcohol or other drug use fits in with who you are and who you want to become. This should reflect your values, your situation, and the important goals you have for yourself in life. Perhaps you are married and have children and want to be a good parent. How does alcohol or drug use fit in with that? Maybe you are unemployed and trying to get back on your feet. Or you may be newly diagnosed with MS and wondering what course this illness will take in your life and whether you have any control over it.

When thinking through these issues, it is important to remember several things. No one can force you to change; it really comes down to what you want for your life. Also, no one can change for you. It's up to you to change if you want to. Don't get bogged down by not wanting to make a particular kind of change you think you should make; for example, deciding to abstain for life. That is a huge decision and only one of the many options open to you. It also distracts you from thinking about the here and now. The question is this: What do you want to happen with your alcohol or other drug use today after reflecting on the pros and cons of continuing to use them?

Useful Alcohol and Drug Facts

- Alcohol may help you to fall asleep but it causes fragmented sleep later in the night and reduces the overall quantity and healing qualities of sleep.
- Marijuana impairs attention, motor speed, and short-term memory for at least twenty-four hours after use. Most people are not aware of their impairment, making driving, for example, especially dangerous.
- Normal "safe" alcohol use is defined as no more than two drinks (one drink = one ounce of hard liquor or six ounces of wine or twelve ounces of beer) per day for men and not more than one drink a day for women.
- Drinking five or more drinks a day on a regular basis causes lasting impairment in cognitive abilities.
- Use of stimulants like cocaine or amphetamines increases the risk of stroke by causing inflammation and deterioration of the blood vessels in your brain, high blood pressure, and the clamping down of blood vessels, which can interfere with blood flow throughout your body.

Making the Change

There are many different types of changes people make that can improve their situation. Some people cut down on their use of alcohol or drugs. Others are unsure whether their use patterns are relatively safe or harmful and therefore they search for more objective information regarding their use. (Drinkers can complete a free, confidential Web-based assessment of their drinking that produces immediate personalized feedback about their drinking. See the Join Together Web site in the Resources section at the back of the book.) Some people try periods of abstinence just to try to get a better idea of what life can be like without alcohol or other drugs.

Just as there are many different types of change people can make, there are also many different ways to help change come about. Surprisingly to many, the vast majority of people with alcohol or drug use problems change completely on their own. Often health concerns, family issues, or other lifestyle changes provide an opportunity for people to reflect on their alcohol or drug use and to reevaluate the role it plays in their life. Frequently those individuals make decisions to change their use of drugs or alcohol that are successful without formal treatment, counseling, attending AA (Alcoholics Anonymous) or NA (Narcotics Anonymous), or seeking other formal help. Many people also consult their doctors about whether and how to change.

People also try AA or NA meetings, Rational Recovery, Moderation Management, or they sign up for specialized treatment. Alcohol or drug concerns are also appropriate to bring up with counselors, psychologists, social workers, clergy, or anyone else who can offer nonjudgmental support and advice. Especially for people who experience significant symptoms of dependence (e.g., craving, loss of control, compulsive use, withdrawal, blackouts) or have been unable to remain clean and sober after several serious attempts, formal treatment or support programs may be quite helpful. Often, formal treatment provides not only a break from access to alcohol or drugs, but good training in coping with abstinence and preventing relapse. AA provides a strong spiritual model and, often, tenacious social support for the person trying to recover. Clearly, there are many ways to change alcohol or other drug abuse and, hopefully, each individual will find a route best suited to him or herself.

Conclusion

The good news is that people with MS have many things they can do to improve their symptoms, their health, and their daily lives. The bad news is that it may take time, effort, support from loved ones, and sometimes support from rehabilitation or other medical professionals. Hopefully, you have identified some opportunities to improve your health, placed your progress within a stage of the change model, and planned what you can do next. Don't forget, one type of active coping is asking for help. If you get stuck, ask for help from your doctor, a rehabilitation therapist, a psychologist, or a counselor who works with people with chronic diseases such as MS.