



Positive Coping with Health Conditions

A Self-Care Workbook

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Copies of this book can be downloaded at no cost from: www.comh.ca/selfcare/

Positive Coping with Health Conditions (PCHC) was developed by scientist-practitioners with the Consortium for Organizational Mental Healthcare, Faculty of Health Sciences, Simon Fraser University, with funding support from the Vancouver Coastal Health Authority, Province of British Columbia, Canada. PCHC was developed in consultation with a range of stakeholders concerned with how individuals deal with health conditions, including patients, physicians, psychologists, nurses, rehabilitation professionals and researchers.

Note: This book is meant to provide accurate information about coping with health conditions. It is not a psychological or medical treatment and is not a replacement for treatment where this is needed. If expert assistance or treatment is required, the services of a competent professional should be sought.

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Introduction

Health problems can have a troubling impact on your life through pain, other physical symptoms and limitations on your day-to-day activities. You may need to undergo tests or treatments, take medications according to a schedule, change your diet, or make other adjustments. Managing a health condition can be very difficult. This workbook will help you cope with your health condition so that you can enjoy your life more.

There are many types of health problems, each with unique challenges – but this workbook can help you cope with any physical health problem or illness you might face. If you would like to know the most common health conditions, they are listed at the end of this workbook (see page 108).

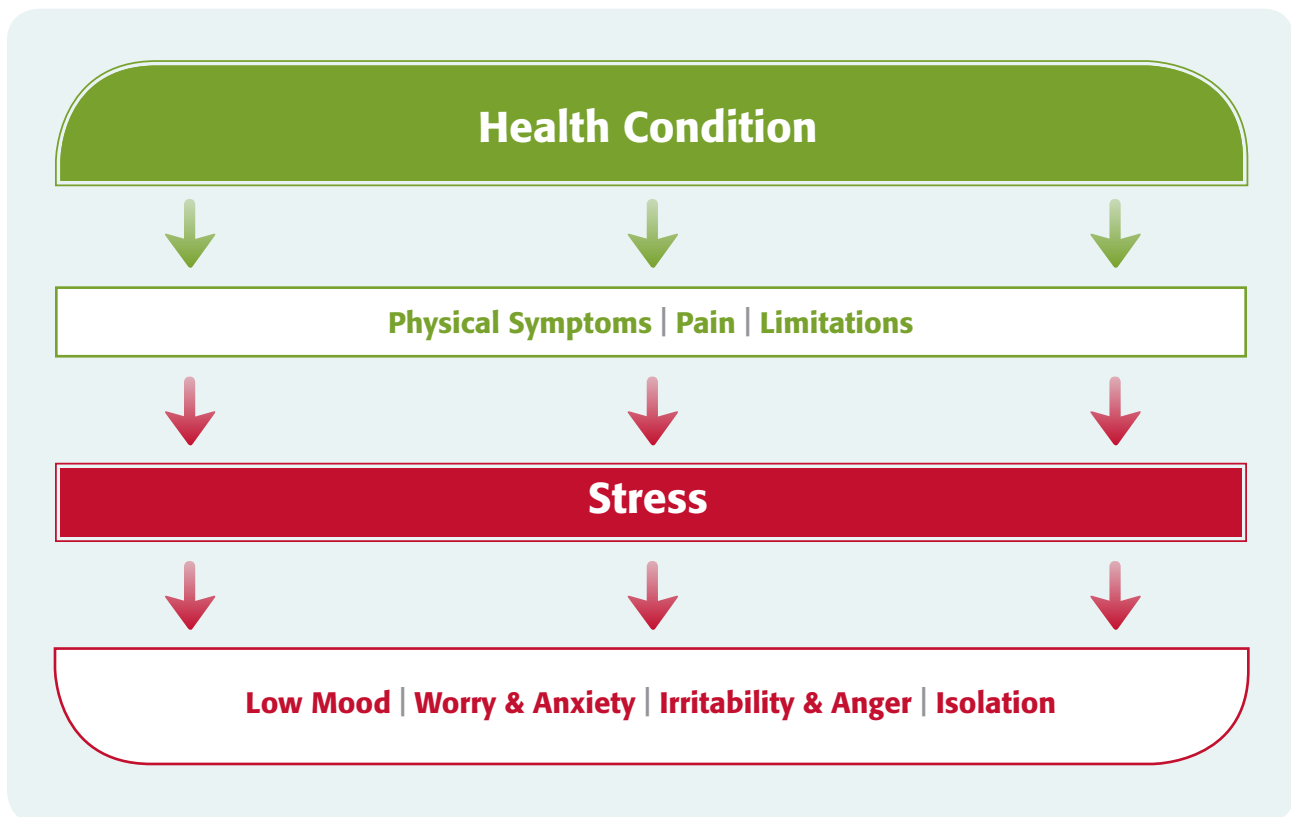
We are going to show you how to cope better with health stress and how to overcome stress

symptoms. These stress symptoms are reactions to the stress of having a health condition. They can develop when you feel overwhelmed by physical symptoms, pain, limitations and treatments. Stress symptoms make dealing with a health condition even more difficult.

Stress symptoms include:

- Low or depressed mood
- Worry and anxiety
- Frustration, irritability and anger
- Social isolation

Stress symptoms cause an extra burden of suffering, on top of the suffering caused by your health condition. They can worsen your health symptoms. They can make it difficult to attend medical appointments, keep up with self-care, or stay active.



It's hard enough carrying the burden of a health condition without also carrying the burden of stress symptoms.

To help you deal with stress and with stress symptoms, we will teach you **Positive Coping Skills**. These Positive Coping Skills are very helpful in dealing with stress, including the stress that results from having a health condition.

The Positive Coping Skills are effective in addressing stress symptoms. But, the skills are helpful *even if you are not experiencing any stress symptoms*. The Positive Coping Skills help you maintain a positive mood and achieve a relaxed and calm attitude. They will enhance your ability to cope with your health condition, help prevent stress problems and promote good health. For many people, coping with a health problem brings opportunities to make positive changes in the way they approach life. This workbook will help you develop skills to create lasting improvements in the quality of your life.

Who Can Be Helped By This Book?

1. Individuals with Health Conditions

This workbook will help you deal with the stress symptoms that accompany health conditions. If you learn and practice the Positive Coping Skills, you'll become more effective at dealing with stress. That will make it easier to handle your health condition and will help make your life more rewarding.

2. Friends & Family of Individuals with Health Conditions

This workbook is also designed to help friends and family members support people with health conditions as they learn and practice the Positive Coping Skills. Friends and family members are encouraged to look through the book. The better they understand the Positive Coping Skills, the better they'll be able to help their friend or loved one learn the skills.

3. Healthcare Providers & Peer Supports

This workbook is a resource for healthcare providers involved in the treatment of people with health conditions. Although healthcare providers have knowledge about medical treatment and physical self-care, they may not be familiar with the kinds of information and skills presented in this workbook. Peer counselors who support the self-care of those with health conditions will also find this a useful resource. Peer counselors may find it helpful to include the workbook material in self-management groups.

4. Everyone Else

Managing our health is a priority for everyone – each of us will deal with serious health issues at some time. Although this book is focused on individuals handling health stress right now, the Positive Coping Skills can also be used to prevent health stress later on. So the skills taught in this book are relevant for everyone!

Self-Care Is Important

You've probably been given information about how to care for yourself, along with information about medications or other treatments.

Examples:

- People with diabetes learn how to test blood sugar and how to change their diet or medications.
- People with emphysema learn special breathing techniques or how to pace their physical activities.



Each health condition has its own kind of self-care activities that improve health, lessen suffering or reduce limitations. Sometimes you can join a self-management group to learn more about your condition and share support with others facing similar challenges. Self-management groups are valuable – if you have access to a group, consider joining it.

This workbook is about self-care for problems caused by the stress of your health condition.

It fits well with self-care for physical symptoms. As you gain more control over stress, you will find it easier to do self-care for your health condition. If you are struggling with low mood and discouragement, it's going to be harder, for example, to carry out regular blood sugar testing. Or, if you're tossing and turning through sleepless nights because of worry, it will be more difficult to remember your medication schedule.

About This Workbook

The aim of this workbook is to teach Positive Coping Skills and show how you can get more control over stress. Reducing stress helps people with health conditions feel better and be better. When you feel better, you're more likely to practice self-care for your health condition.

The Positive Coping Skills are presented in a step-by-step manner, because we know how tough it is to learn new skills when you're already dealing with health challenges.

Before you begin the workbook, there's an important issue we'd like to address. Some people who are asked to read this book feel that their physical symptoms are being questioned ("Do they think it's all in my head?"). The answer is a clear and definite "no." Positive Coping Skills are useful for almost all people who develop a health condition. It's common to experience stress as a result of dealing with health issues – in fact, it would be unusual if you were not experiencing stress! Wanting to improve your coping just means you're like most people dealing with a health condition.



Stress Symptom Test



Over the last two weeks, how much were you bothered by:

1. Feeling stressed?



2. Feeling sad, down, or uninterested in life?



3. Feeling anxious or nervous?



4. Feeling angry?



5. Not having the social support you feel you need?



Source: Young Q.-R., Ignaszewski A., Fofonoff D., Kaan A. (2007). Brief Screen to Identify the Five Most Common Forms of Psychosocial Distress in Cardiac Patients: Validation of the Screening Tool for Psychological Distress. *Journal of Cardiovascular Nursing* 22: 525-534.

Above is a quick test to help you decide whether you have stress symptoms. In the test above, circle the number most like your feelings over the last two weeks.

If you scored 4 or more on any of these questions, then you are showing stress symptoms.

If you scored 4 or more on Question 2, then you might be dealing with *low or depressed mood*.

If you scored 4 or more on Question 3, then you might be dealing with *worry, tension or anxiety*.

If you scored 4 or more on Question 4, then you might be dealing with *anger or irritability*.

If you scored 4 or more on Question 5, then you might be dealing with *isolation*.

Now, we're going to explain more about each of these stress symptoms and how they affect your health.

Sometimes worry and tension become so severe that a person develops an Anxiety Disorder (for example, Panic Disorder). A physician or psychologist can tell you whether you are suffering from an Anxiety Disorder. The most effective treatment for most Anxiety Disorders is a psychological treatment called Cognitive Behavioural Therapy (CBT), but these disorders may also be treated with anti-anxiety medications. The skills in this book should still be useful along with other treatments.



Worry and Tension

It's not surprising that someone with a health condition might become worried or tense. After all, health conditions cause serious physical problems and may limit your ability to do your job or everyday chores. When you worry about problems caused by your health condition, you're trying to figure out solutions.

But sometimes the worry and tension go *too far*. Worrying about health problems can become a new problem! If you experience one or more of the following, then worry and tension might be problems for you:

- You are worrying much of the time – even when you're trying to do enjoyable activities;
- You feel nervous much of the time or you sometimes feel panicky;
- You have a sense of foreboding, like you're always expecting a disaster;
- You feel muscle tension, restlessness, headache or nausea that *aren't* caused by your health condition or medications (it can be difficult to figure this out – talk with your physician).

Excessive worry and tension don't help you solve problems. Even though excessive worry feels like an attempt to solve problems, it's usually not effective. There are three reasons why excessive worry is not good problem solving:

1. Worry usually just goes in circles, and doesn't get you closer to finding solutions.
2. Worry often happens when you're trying to do something else, like watch a movie with family or friends. It stops you from enjoying the moment.
3. If you feel very tense, you won't be very good at thinking clearly about problems. Tension makes it hard to concentrate.

The most useful skills for dealing with worry and tension are:

Relaxation	Page 12
Managing Worry	Page 16
Solving Problems	Page 42



Low Mood

If you have a health condition, you might become sad and discouraged. Perhaps you are thinking about activities you're no longer able to do – and your mood drops. Perhaps you have reduced activities in order to avoid pain – but reduced activity makes your mood worse. Low mood is common in people with health conditions. It usually comes and goes, but it still might get in the way of your self-care. The skills in this book are useful for improving low mood.

The most useful skills for dealing with low mood are:

Activating Your Life	Page 29
Solving Problems	Page 42
Managing Depressive Thinking	Page 54



Irritability and Anger

It's understandable that you might become more irritable, or even angry, when you're dealing with a health condition. Illness often causes pain and physical symptoms that make it hard to stay calm. Physical limitations can be frustrating. As a result, you might have a short fuse when there's conflict with a friend or family member. Or, you might find yourself carrying around resentment and frustration – like carrying a big weight on your back.

For some people, low mood doesn't go away. Instead, it just keeps getting worse. These people have less interest in their own life as well as problems like feeling worthless or guilty. They might be suffering from depression. You can learn more about depression by going to this Web site:

www.heretohelp.bc.ca

When people with health conditions have depression, it's usually what is known as **mild depression**. Mild depression is best handled by:

- Keeping busy;
- Talking to family and trusted friends;
- Reading self-care materials, like this workbook; and
- Talking to a physician, psychologist or counselor.

A small number of people with health conditions suffer from major depression. This is more serious.

Major depression is best handled by:

- Checking with a physician or psychologist to help figure out what's been going on;
- Getting treatment with antidepressant medication; or
- Getting an equally effective treatment known as Cognitive Behavioural Therapy (CBT). CBT is a talk therapy that teaches new skills for thinking and acting more effectively.

In this workbook, we will be teaching skills for dealing with low mood or mild depression. These skills won't be as effective when you're dealing with major depression, but they will still be useful along with other treatments.

Being Irritable or Angry Can Cause Problems:

- If you lose your temper, you might upset friends or family members, and that can harm your relationships. Maintaining relationships is very important when you have a health condition – if others pull back from you and are less willing to give you support, it's harder to deal with your health problem. It also feels lonelier.
- Anger causes changes in your body, such as muscle tension, nausea or increased heart rate. These changes might be bad for your health condition: someone with colitis might find that being angry triggers symptoms like cramping or gut pain; someone with chronic migraine might find that anger triggers a severe headache; etc. If you are often angry, you might be triggering the physical symptoms of your health condition – not a good idea.
- For most people, being irritable or angry just doesn't feel very good. Remember, you suffer enough just by having a health condition – adding more bad feelings because of anger isn't fair.

The most useful skills for dealing with irritability and anger are:

Managing Anger

Page 67

Relaxation

Page 12



Isolation

When you are under stress from your health condition, you might have difficulty keeping a sense of connection to family, friends or others. This can happen in a few ways.

- Maybe you've been withdrawing from others because of low mood or anxiety – you feel so discouraged and worried that it's hard to be with other people. Or, maybe you think others don't want to be around you. If you avoid social contact because of low mood or discouragement, you may find yourself cut off from others. This kind of isolation has been shown to worsen mood, which can lead to a vicious cycle: **Low mood** and **discouragement** •→ **avoiding social activity** •→ **lower mood** •→ **less social activity**. And so on!
- Maybe you aren't reaching out to people because you've always been independent, and you find it hard to depend on others. But if you don't reach out to others, they may not realize that you need their support.
- Maybe you have less social support for other reasons. For example, you might have lost supportive people because of death or divorce. But no matter how it comes about, isolation is a problem and can be helped by using the skills in this book.

The most useful skill for dealing with isolation is:

Relationship Building

Page 83



The Positive Coping Skills

The skills we will be teaching are:

Relaxation | Managing Worry | Activating Your Life | Solving Problems
Managing Depressive Thinking | Managing Anger | Relationship Building

Relaxation

“We can’t let daily stress get to us, we have to go with the flow.”

*“I use relaxation tapes and visualization – but mainly I use deep breathing.” **

Why Is this Important?

Many people with health conditions experience difficulty with physical tension and mental anxiety. Health conditions can be linked to tension and anxiety in several ways.

First, pain and physical discomfort can cause the body to become more physically tense, as though it were tightening up to withstand suffering. Physical tension can take the form of tightened muscles, rapid breathing, increased heart rate or elevated blood pressure. Second,

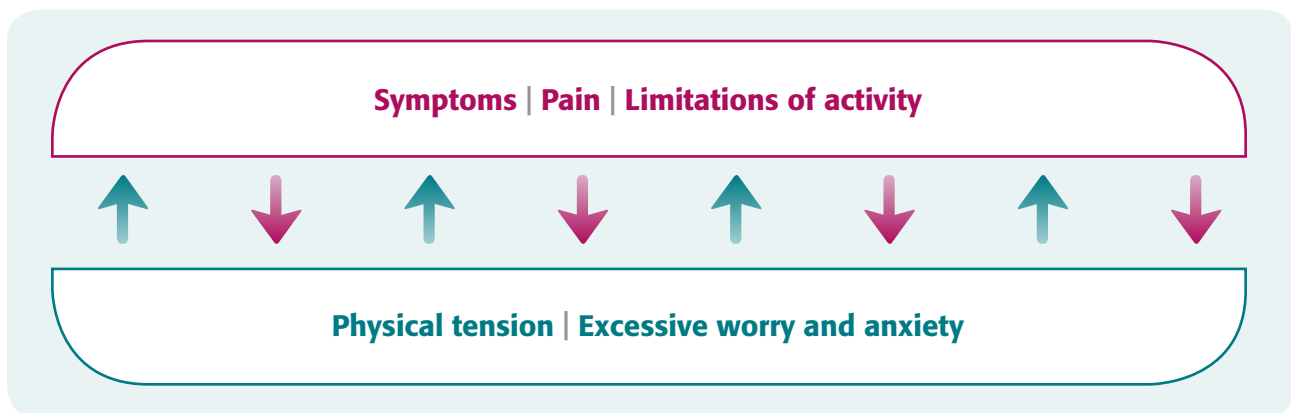
your concern about the health condition can lead to excessive worry and anxiety. Third, if you have ongoing physical tension, there can be negative impacts on the health condition – physical tension can intensify the experience of pain, increase symptoms like breathlessness or fatigue and make you feel so uncomfortable or nervous that you avoid activity.

How Can I Learn to Relax More Effectively?

In this section, we’ll teach you some effective relaxation methods. These methods have been shown to help individuals reduce anxiety and physical tension.

The steps toward Relaxation are:

1. Learn a relaxation method
2. Practice the method regularly
3. Choose a “portable” relaxation method
4. Practice relaxation in stressful situations



* Quotes from members of a chronic illness support group.

1 Learn a Relaxation Method

There are various books and audio tapes available that teach relaxation, using a number of different methods. Some of these are quite good, others not so good. To get you started on learning relaxation, we've made an audio CD that takes you through a systematic relaxation method. You might have received the Relaxation CD with this workbook. If not, go to our Web site (www.comh.ca/selfcare), where you can download the audio file (free) or buy a copy of the CD (at low cost). Practicing with this CD is a good place to begin. The Relaxation CD shows you how to let go of tension and how to calm anxious thoughts.

Find a quiet spot, maybe seated in a comfortable chair, and make sure that you won't be disturbed for about half an hour. Sit as comfortably as you can, with your feet on the floor and your arms resting at your side. You can listen to the CD through speakers or headphones, whatever feels most comfortable. The relaxation procedure is about 17 minutes long. Now, just sit back and allow yourself to listen. Don't worry about remembering every bit of the procedure the first time; you'll be listening to it again.

2 Practice the Method Regularly

In order to learn the relaxation method, you're going to need to practice it a number of times. Each time you listen through the relaxation procedure, you'll learn more about how to relax yourself. It's like learning any other skill, whether how to swing a golf club or how to prepare a recipe.

Set a modest goal for how often you'll practice the relaxation procedure. Maybe start by setting yourself the goal of listening to the Relaxation CD twice per week for the next several weeks. When you set your goal, make sure to specify *when* you're going to do it. Your goal should look something like this:

Activity	Listening to Relaxation CD
How Often?	Twice per Week
When Exactly?	Monday & Wednesday Evening at 7pm

Every time you listen to the Relaxation CD, make a note in your calendar or diary that you have completed your goal successfully.

3 Choose a "Portable" Relaxation Method

If you've practiced with the Relaxation CD for three to four weeks and it's been helpful, then it's time to find a portable relaxation method. After all, you can't always sit down and listen to a Relaxation CD, and you're going to be using your relaxation skill throughout the day. You'll need a brief version of the relaxation technique that you can do easily in any situation.

One portable relaxation method is to use the part of the CD where you focus on your out-breath and, while breathing out, slowly say to yourself *Deeply Relaxing*. You then continue with each of your out-breaths, focusing on the

words *Deeply Relaxing* as you breathe out – continuing this focus until you feel calmer. This relaxation method is effective for most people and can be done in any situation without drawing attention. It is truly a portable relaxation method. Because this method usually causes breathing to become slower and deeper, we call it the Slow Breathing Method.

You might also figure out your own portable relaxation method, using the Relaxation CD or other mental strategies that help you relax. Perhaps there's a particular image that has always been calming for you, something like a sunny beach or a cool pond. Go with whatever works for you, so long as it helps you relax and can be done easily in different situations.

Relaxation:

Christine's Story



4 Practice Relaxation in Stressful Situations

Certain kinds of situations are more likely to bring out anxiety or physical tension. For example, waiting for a medical appointment might increase anxiety because it's linked in your mind to hearing bad news. Or having an increase in pain might cause your muscles to become tense,

as though this would somehow help the pain (actually, muscle tension can make pain worse). When you're in one of these stressful situations, practice your portable relaxation method to lessen the tension and anxiety.

The more you practice relaxation, the more skilled you will be at staying calm in all types of situations.

Christine was a 52-year-old lawyer. She had always suffered from headaches, as far back as she could remember. These were diagnosed as migraine headaches when she was 28. Every couple of weeks, one of these migraines would flood her with pain – she would have to cancel appointments, go home and lie in a dark room. By the next morning, the pain would be tolerable enough that she could catch up with work. But she would be exhausted for several days. She tried a lot of different medications, but none of them gave her full relief. She accepted that she would have to build her life around the migraines. She also had “ordinary” headaches several times a week, but these were easier to handle and she could usually ignore this kind of pain.

During a visit to her family doctor, Christine talked about how hard it was to deal with the headaches and to feel so powerless. She also described how tense her shoulder muscles were most of the time and how difficult she found it to physically relax. The physician explained that sometimes migraines are triggered by ordinary “tension” headaches, and so better control of muscle tension might prevent ordinary headaches and perhaps help the migraines. The physician encouraged Christine to get a copy of the Positive Coping workbook and to practice the Relaxation skill.

Christine practiced relaxation three times a week – every time she practiced, she got better at relaxing. Sometimes she would practice with the CD and sometimes on her own. She began using a “portable” relaxation method during which she imagined her shoulder muscles gradually letting go of tension while she focused on Slow Breathing, repeating the words *Deeply Relaxing* with her out-breath. She also increased her physical activity level – she joined a yoga class, where she learned exercises that helped to relax her shoulder and back muscles.

Over the next few months, Christine became more physically relaxed. Her tension-type headaches were happening less often – in fact, she could go a full week without having one. But, most importantly, she was having migraine attacks less often. Over the next year, as she continued to practice relaxation, Christine continued to have fewer ordinary headaches and fewer migraines. This really improved the quality of her life. She felt more control over her own health.

Managing Worry

*“I don’t lie there worrying about not sleeping, I get up – distraction helps.”**

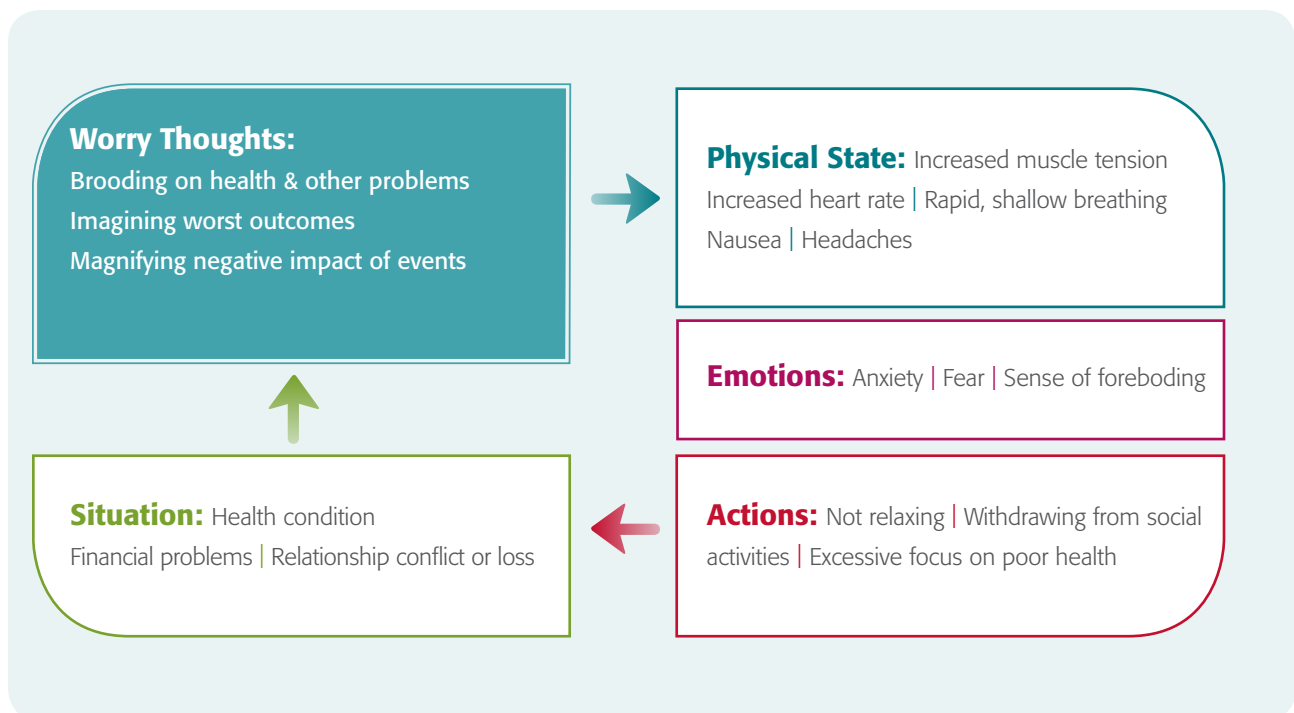
Why Is this Important?

Having a health condition leads to various problems that may cause you to worry. It’s understandable that you might be concerned or fearful about the risks associated with your health condition. Most people with health conditions worry about the future: whether the condition will become worse, whether they’ll be able to keep up their activity level and

whether the pain or discomfort will intensify. These are real problems and thinking about them can help you come up with solutions. After all, it’s usually better to think about a serious problem than to ignore it.

But worry can become *excessive*. You might find yourself worrying about a problem all the time, so much that it disrupts other activities or interests. For example, you’re trying to watch a movie with a friend but you can’t concentrate because you’re too worried. Or, you might not be able to sleep properly because intrusive worry keeps you awake. When worry becomes too much, when it’s causing more harm than good, then you’re dealing with excessive worry (what we call *Worry Thoughts*).

Here’s a diagram that shows how Worry Thoughts can affect your emotions, physical state and actions:



* Quote from a person in a chronic illness support group.

How Can I Reduce My Worrying?

We're going to show you how to reduce excessive worrying and how to worry more effectively.

The steps toward Managing Worry are:

1. Identify Worry Thoughts
2. Challenge Worry Thoughts
3. Practice calming and realistic thinking
4. Schedule Worry Time
5. Use these methods to protect your sleep

1 Identify Worry Thoughts

Worry Thoughts can be recognized by at least one of these features:

- You think *too much* about a problem, to the point that it interferes with other activities. Thinking so much about the problem makes it difficult to be with family or friends, enjoy entertainment or concentrate on work.
- You imagine the *worst possible outcome* of the problem, mentally magnifying the negative possibilities and ignoring any possible positive outcomes. This kind of thinking is known as "catastrophizing."

- You experience a *high level of anxiety* along with the worrying thoughts, whether the anxiety is felt physically (tense muscles, increased heart rate, rapid breathing, headache, stomach problems, etc.) or emotionally (fearfulness, apprehension, sense of impending doom).
- You have difficulty falling asleep or wake frequently during the night because of your worry.
- You rarely come up with a better understanding of the problem or new solutions – usually, your worrying just *goes in circles*, around and around the same kinds of problems without leading to any useful action.
- You find yourself *trying to suppress the Worry Thought*, to "stop thinking it." Although it's understandable that you would want this worrying to stop, just ordering yourself to stop thinking it usually doesn't work. Sometimes, the harder you try to stop a Worry Thought, the more frequently it returns!



2 Challenge Worry Thoughts

(and replace them with realistic ones)

Coping with Worry Thoughts involves deliberately *rethinking* situations that cause you anxiety. You can use a strategy called **Challenging Worry Thoughts**.

Think of a situation about which you've been worrying. *First*, make a brief note about the situation. *Second*, write down the Worry Thoughts that were making you anxious. *Third*, think about the situation and try to come up with more calming and realistic thoughts, using the Reality Questions below.



? Reality Questions

CAN I GET MORE EVIDENCE, MAYBE BY ASKING SOMEONE ABOUT THE SITUATION?

It's often helpful to get another person's opinion about the situation. For example: you've been worrying constantly that your health will keep getting worse – so you speak to the clinic nurse, who informs you that most people with your health condition are able to stabilize their symptoms.

WOULD MOST PEOPLE AGREE WITH THIS THOUGHT? IF NOT, WHAT WOULD MOST PEOPLE THINK?

Just by imagining how most people would react to a Worry Thought, you might be able to come up with a more fair and realistic way of thinking. When you step outside yourself and examine your thinking from another perspective, it's easier to see how your thoughts might be distorted.

WHAT WOULD I SAY TO A FRIEND, IF MY FRIEND WERE IN A SIMILAR SITUATION?

If a friend of yours were worrying too much, what would you say to her? It's likely that you would be able to help her think about the situation more fairly, looking at it in a more balanced way. You might remind your friend of tough situations she handled in the past. You might find it easier to think in a realistic way for a friend than for yourself.

WHAT WILL HAPPEN IF I CONTINUE TO THINK THIS WAY?

It's important to understand what results are likely if you continue to worry excessively. Consider the effect of worry on your enjoyment of time with other people, willingness to try activities, ability to get restful sleep, physical symptoms, etc. What might be the results for you and others if you continue to worry excessively?

WHAT IS A MORE ENCOURAGING OR USEFUL WAY OF THINKING?

Can you come up with another thought that would have better results? Is there a way of thinking that would be more encouraging and helpful in improving the situation?

Example:

This is how Alice, a young woman dealing with chronic pain, answered these questions:

Worry Thought:

What if the pain just gets worse and worse, until I can't work anymore?

Can I get more evidence, maybe by asking someone about the situation?

I asked my family physician – she told me that my pain has likely stabilized and that I can probably make some improvements by participating in my pain management group. The group leader thinks I will be able to improve my activity level and my pain management.

Would most people agree with this thought? If not, what would most people think?

My friends think I'm being too pessimistic – but I'm not sure they really understand what this kind of pain is like.

What would I say to a friend, if my friend were in a similar situation?

I would never say that kind of thing to a friend, especially when it's far from certain. It's too discouraging.

What will happen if I continue to think this way?

I've been so worried that I've been having problems concentrating at work. Also, I'm sleeping badly, partly because of worry, and that will become a big problem if it doesn't improve.

What is a more encouraging or useful way of thinking?

I need to keep reminding myself that my pain is most likely to stay the same or even get better – especially if I practice the pain management methods I'm learning in the pain group.

To the right is a worksheet you can use to come up with more calming and realistic thoughts. Make extra copies if you need to. Do this worksheet for at least one of your Worry Thoughts.

3 Practice Calming and Realistic Thinking

It's not enough to come up with a calming and realistic thought just once. Worry Thoughts can repeat over and over, until they become automatic. More balanced thinking will help you feel better, but it won't be automatic – at least not for a while. The good news is that reducing worry doesn't take years. In fact, people who have been worrying excessively often begin to notice a difference after only a few weeks of practicing the Managing Worry skill.

Stressful situations can trigger worry. Examples of stressful situations are:

- An increase in physical symptoms or pain
- Forgetting to take your medication
- Visiting a new specialist

In order to get the greatest benefit from this skill, you must pay attention to your thinking in situations that are likely to trigger worry.



Worry Thought:

••> Can I get more evidence, maybe by asking someone about the situation?

••> Would most people agree with this thought? If not, what would most people think?

••> What would I say to a friend, if my friend were in a similar situation?

••> What will happen if I continue to think this way?

••> What is a more encouraging or useful way of thinking?

In the beginning, realistic thinking can seem false. If your thinking has been distorted for some time, it can be difficult to see the truth. Imagine that you've been asking yourself repeatedly, *"What if I keep getting worse? What if my illness is more serious than my doctors realize? What if I'm the rare case?"* Having these thoughts regularly will cause you to feel anxious. Let's say you recognize this as unrealistic thinking and instead come up with a realistic thought: *"There's a high probability that I won't get worse, in fact that I will get better, so why waste my time thinking about very unlikely outcomes?"* At first, this realistic thought will seem false, as though you're just fooling yourself. Only with time and repetition will realistic thinking – **the truth** – begin to feel true. Eventually you'll come to accept realistic thoughts more naturally.

4 Schedule Worry Time

A big problem with excessive worry is that it interferes while you're trying to *do something else* – watch a movie, talk with a friend, or concentrate on a book, for example. This leads to negative results: first, it's harder to enjoy these activities or do them properly; and second, you don't get to focus properly on the problems you're worrying about because you're distracted by the other activity! You can't watch a movie and think about an important problem at the same time. Both activities will suffer.

As we explained above, trying to force yourself to "stop thinking it" doesn't usually work. But what you can do instead is schedule a particular time during the week when you will concentrate on worrying about your problems. During this **Worry Time**, you're not allowed to do anything that would distract you from worrying. Schedule a particular time when you can set aside an hour just for worrying, making sure that you won't be interrupted during this important task. Make sure to write this Worry Time into your schedule and do it at the time you've set, and only at that time.

The aim of this scheduled Worry Time is to allow you to *worry towards solution* instead of worrying in circles. When worry is done this way, it's more likely to help you resolve your problems. In order to get the full benefit from worry, set yourself up in a comfortable spot, maybe at a desk in a quiet area, and make sure you have paper and pen or a computer – whatever helps you think about problems and solutions. Scheduling Worry Time can increase the amount you are worrying in the *short term* – but in the *long term*, excessive worry will be replaced by problem solving.

A useful way to organize your Worry Time is by using the Solving Problems section of this book. It shows you how to approach your problems in a series of steps, like the example on the next page.

The Positive Coping Skills

Problem: I'm afraid that if I do any physical activity, I will worsen my heart condition.

Action	Advantages	Disadvantages
<i>Give up almost all physical activities, rest in bed most of the day.</i>	<ul style="list-style-type: none"> I wouldn't be taking a chance on activity making my condition worse. I wouldn't feel the anxiety I get when I'm out walking. 	<ul style="list-style-type: none"> The rehab nurse told me that becoming inactive would actually weaken me and worsen my health condition in the long run. My world would become much smaller. It would be boring and I would feel lonelier.
<i>Stop being so concerned about my physical symptoms, just go out and do lots of things every day, like I used to.</i>	<ul style="list-style-type: none"> It would be more interesting than staying home all the time. 	<ul style="list-style-type: none"> The nurse also told me that if I push myself too hard and tire myself out, I will "crash" and be unable to do much for a long time.
<i>Pace my activities so that I am setting activity goals after checking with my healthcare providers.</i>	<ul style="list-style-type: none"> It would be more interesting than staying home all the time. By checking with the rehab nurse and my doctor, I would be less likely to overdo it or worsen my health. 	<ul style="list-style-type: none"> I would feel some anxiety, so I would have to increase my activity goals slowly.

You can work on each of the problems you've been worrying about, one after another. You might want to make a series of folders, one for each problem, to store your notes and problem-solving activities. Then, when you settle yourself in your worry place, pull down the first folder and get to work figuring out possible actions to try in the next week. Once you've done all you

can on *that* problem and have no further ideas, close that folder, put it back on the shelf and grab the next problem folder.

Try to stay in your worry place until the scheduled time is over. If it looks like you haven't scheduled enough time for all the worrying you need to do, make the Worry Time longer next time. If it looks like you've scheduled too much time for

worry, make it shorter. What's important is that your worries will get all the time they need.

If a Worry Thought pops into your head while you're trying to do something else like watch a movie, don't just try immediately to stop thinking it. That usually doesn't work. Remember that having a Worry Thought means you're concerned about a problem and you need to think about it – just *not right now*. Imagine instead that you gently place that Worry Thought in a folder on a shelf, as though telling it: *"You're important, so I have to think about you carefully – I'm going to put you on the shelf and bring you down during my Worry Time – you'll get all the time you need!"* Often, reminding yourself that worrying about the problem is delayed, not canceled, is enough to calm the worry.



5 Use These Methods to Protect Your Sleep

If you've been worrying too much, it might affect your sleep. You might lie in your bed tossing and turning, trying to fall asleep – but instead your thoughts are circling around the same worries again and again. Worries seem particularly upsetting in the middle of the night. – It's hard to be realistic at 3am, and it's easy to get caught up in catastrophic thinking.

Here's what you should try: if you've been lying in bed for 20 minutes trying to get to sleep but worries are interfering, get out of bed. Go to your worry place and get the folders where you've been keeping track of your problems. Take down the first folder and read over what you've written about that problem. After you've read it over, ask yourself: *"Is there anything I've thought of or learned that I should add here?"* If the answer is *No*, then move on to the next problem folder. If the answer is *Yes*, then add in your new information or plans and then move on to the next problem. It probably won't take long to work through all of the problem folders – mostly, you'll be scanning over what you've already written during your Worry Time.

When you've looked over all of the problem folders, put them back on their shelf. Then, when you eventually start to feel sleepy, go back to bed. If the worries start up again in a way that's interfering with your sleep, review the problem folders again. Often only a few repetitions of this method are needed before you'll drift off to sleep.

Managing Worry:

David's Story



David was the director of marketing at a midsize corporation. He prided himself on his ability to lead complex projects. He devoted himself to his job, often working long hours. But the only way he relaxed was to take frequent cigarette breaks. David had been a pack-a-day smoker for about 20 years. He often thought about quitting, and intended to join a stop-smoking program when he wasn't feeling so stressed.

But at the age of 57, David noticed that he had a persistent cough. He also became very breathless after working out. He went to his family doctor for a check-up. After examining him and sending him for a lung function test, his doctor informed him that he was suffering from chronic obstructive pulmonary disease (COPD). Although this was a shock, David was relieved that it wasn't lung cancer. Still, he noticed that he was having a lot of difficulty with breathing and energy.

Over the next few years, this became worse – and finally he had to take early retirement. This was a dramatic change – without his job, David felt kind of lost. He was worrying a great deal of the time, especially when he noticed that his breathing was strained.

One day he was hurrying to cross the street and suddenly felt like he couldn't catch his breath, like he was suffocating. He felt a rush of fear. This subsided after a few minutes, but left him shaken. He became very nervous about physical activity – any change in his breathing sent him into a state of panic. He visited a nearby walk-in medical clinic and the doctor there prescribed anti-anxiety medication.

David tried the medication and it relaxed him. But he continued to avoid physical activity and to feel frightened if his breathing changed, thinking that he would suffocate. When David next visited his family doctor, the physician assured him that moderate physical activity would be good for him. But David had difficulty participating in physical rehabilitation because he felt so worried about activity. The physician gave him a copy of this workbook, suggesting he read the sections on Managing Worry and Relaxation, and also referred him to a clinical psychologist.

The psychologist helped David understand what had happened to him. When a person with COPD engages in a sudden burst of activity, he is likely to have temporary difficulty getting enough oxygen. It may feel like he can't breathe, and he might become very anxious. Unfortunately, being anxious contributes further to a sense of breathlessness – and creates more fear!

The best way to break this circle is not to avoid all activity and rely on anxiety medication. Instead, it's best to: 1) avoid *sudden bursts* of activity; and 2) identify unrealistic thoughts like "*I'm going to suffocate*" and replace them with realistic thoughts. The psychologist showed David how to do Slow Breathing (see the Relaxation skill). When David found himself breathless after activity, he would practice Slow Breathing and remind himself that it would soon pass and was not life-

> *continued*

> *Managing Worry: David's Story*

threatening. His breathing would then gradually normalize. As he learned to use this new strategy, David worried much less and no longer needed the anxiety medication.

David also worked on another problem with the psychologist. As they discussed David's thoughts about his health, David reported having a Depressive Thought: *"Because I did this to myself (by smoking), I deserve to suffer."* Thinking this way made it harder for David to put energy into self-care. David used the skill of Managing Depressive Thinking to challenge this unfair thought:

Situation: Being diagnosed with COPD

Depressive Thoughts

Because I did this to myself, I deserve to suffer.

Fair & Realistic Thoughts

- It's not fair to say that I should be punished because I should have been able to stop smoking – that's the type of depressive thinking called "Shoulds," in which you impose unfair expectations on yourself.
- Having COPD is enough of a burden. Why make things worse? Who benefits if I suffer even more?
- I never chose to have this health condition.
- By quitting smoking now, I reduce my risk for lung cancer by as much as 50%, so it makes sense to participate fully in self-care, including quitting smoking.
- Instead of being angry for not taking care of myself in the past, it makes more sense to engage in good self-care *from this point on*.

David practiced these realistic thoughts, and they made it easier to follow the self-care program.

Helped by the skills he learned from the psychologist and this workbook, David began to gradually increase his physical activity. He joined a Quit Smoking group. He reminded himself to avoid bursts of activity and to replace unrealistic thoughts about his breathing with realistic ones. He kept practicing the Slow Breathing method. Using these self-care strategies, his overall health and lung capacity improved. And, he was much happier!

Activating Your Life

*“You have to find a different normal – I changed my activities, to keep my mind and body as active as possible. I kept myself involved in life so I didn’t get depressed.”**

Why Is this Important?

Health conditions may limit your ability to keep up the activities you enjoy. You might need to avoid activities that worsen your symptoms or you might not have the energy to do certain things. You may need to change your activities significantly. It’s a “different normal.”

But you might limit your activity more than is necessary and become *inactive*. Sometimes people with health conditions fear that *any* physical activity, even a short walk, will trigger their symptoms or exhaust them. It’s understandable that you might be nervous about physical activity – if you walk around the block and feel increased pain, you might worry that you’re making your health condition worse and taking a risk. Or maybe you reduced your activity because of low mood, worry and discouragement.

But if you become inactive, you might be avoiding the kind of activity that would be *helpful* in dealing with your condition. A big

part of rehabilitation is helping people become more physically and socially active.

How Can I Increase My Activity Level?

You may need to find new sorts of activities to enjoy. Sometimes these activities will make fewer physical demands, and sometimes they will just be different than activities you did before. The important thing is to find activities that keep you involved with life, without worsening the symptoms of your health condition. Your mood will be better and you’ll find it easier to manage your health. The aim is to increase your activity by setting goals that are challenging but not overwhelming.

It’s especially rewarding to increase activity *with other people*. When you’re dealing with a health condition, relationships with family, friends and healthcare providers take on extra importance. The practical and emotional support you get is extremely valuable.

“Whatever you’re facing – serious illness, divorce, job loss, grief over the death of a loved one – you don’t have to face it alone. Sharing your experience with other people who express understanding and sympathy may be helpful in ways we’re only beginning to understand.”

John Gottman,
The Relationship Cure (2002)

* Quote from a person in a chronic illness support group.

In this section, you will learn the skill of Activating Your Life, so you can maintain a level of activity that is beneficial for your health, good for your mood and connects you to other people.

The steps toward Activating Your Life are:

1. Know your limits
2. Identify new activities
3. Choose two activities
4. Set realistic goals
5. Carry out your goals
6. Review your goals

1 Know Your Limits

It's important to understand the limitations or risks related to your health condition. This will help you feel confident that you're not harming yourself when you begin to increase your activity level. You can get this information from physicians, nurses, physiotherapists or other healthcare providers. There may be educational sessions to attend, printed material to read, or useful information on the Internet. Be aware that some Internet Web sites are accurate and useful, but others are inaccurate and perhaps even dangerous. Ask your healthcare providers to recommend high-quality Web sites.

You'll want to learn about:

- Activities with a significant risk of worsening your health condition
- The level of activity that is appropriate for you, whether described in amount of activity or the length of time you can be physically active
- Activities that help recovery and symptom control (for example, a physical exercise program that improves your lung or heart function)

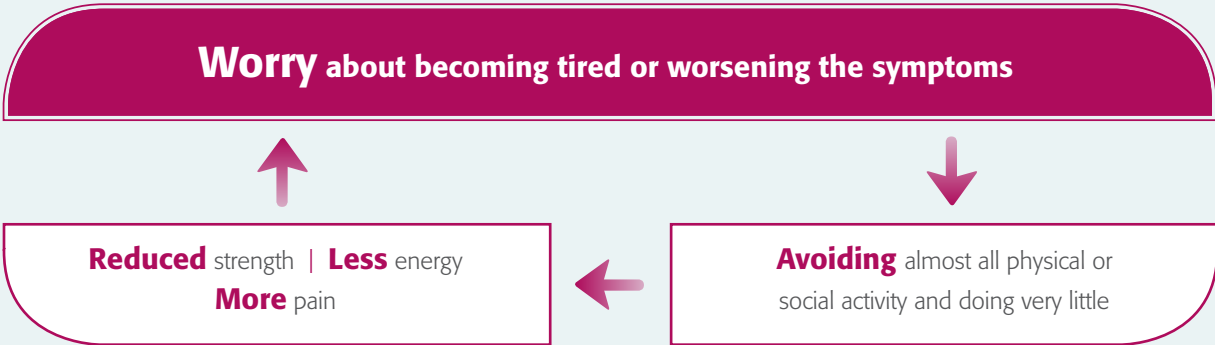
You might want to take a look at the section in this workbook on dealing with pain (page 100), which can help you make decisions about activities that might trigger pain.

Pacing

When you have a health condition, it's essential that you learn to *pace* your activities. The aim is to set a realistic overall activity level, one that's within your capacity *even on a bad day*, and to make sure that you reach that activity level every day. If you find it difficult to keep up with your chosen activity level, then it's too high and should be lowered. If you're finding most activities too difficult, you should ask your doctor for suggestions.

On the next page, you'll see three kinds of activity patterns: **Underactivity**, **Overactivity** and **Paced Activity**.

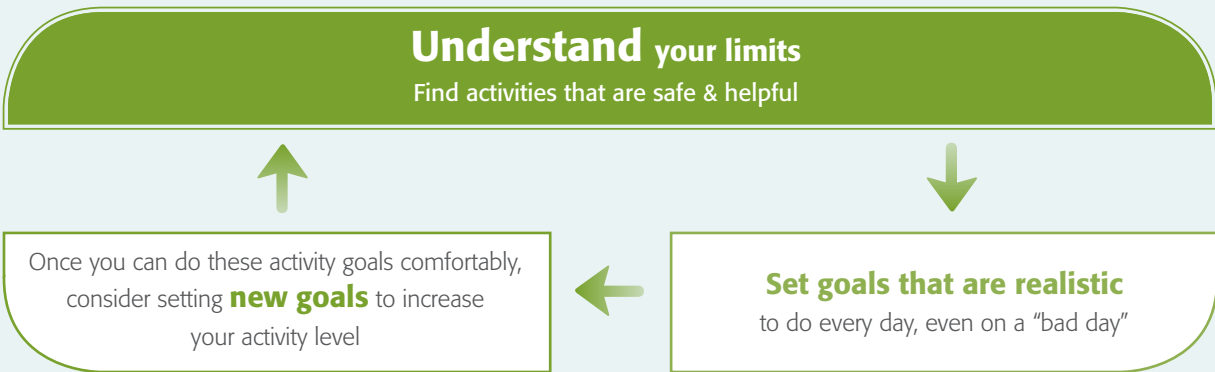
Underactivity (not recommended)



Overactivity (not recommended)



Paced Activity (recommended ✓)



2 Identify New Activities

These will be activities that fit with your health condition. For example, if your health problem causes you to tire out quickly, it wouldn't be realistic to take on a demanding exercise program. But even at a lower level of physical demand, there are many forms of activity that are interesting, rewarding and good for your health. There are three main areas in which you might find new kinds of activity: *enjoyable activities*, *involvement with other people* and *self-care*.

Enjoyable Activities

Examples: Going for a walk. Reading an interesting magazine or book. Watching a movie. Going to a hockey game or a play.

Increasing activities in this area will make a difference by:

- Reminding you of activities that have been important to you
- Rewarding you for making the effort to manage your health

Involvement with Other People

Examples: Going out for dinner with a friend. Getting out to a social group or class. Planning a family outing on the weekend. Attending your child's soccer game. Increasing social involvement is helpful because:

- It is encouraging to feel connected to others
- It gives others the chance to provide emotional or practical support
- It distracts you from worrying about your health condition

It's more difficult to deal with a health condition when you're cut off from other people. This can happen because you had few relationships at the time you developed the health condition, or because the stress of being ill caused you to withdraw from others. In either case, tension, irritability or low mood make it more difficult to make connections or maintain your existing connections to other people.



Enjoyable Activities – write your ideas:

One way to increase social contact is to re-engage with social activities you used to enjoy but have stopped doing. This might include attending family events you've been avoiding or calling up friends and acquaintances you've lost touch with. Another way is to sign up for continuing education classes or volunteer organizations. Yet another way is to participate in disease management support groups, which may be provided through local health agencies. Nonprofit societies focused on chronic illnesses such as diabetes, arthritis, COPD or coronary heart disease often sponsor this kind of support group and they are available in many communities. Check with your family physician or other healthcare provider about the availability of disease management groups in your community.



Self-Care

Examples: Taking time to shower and get cleaned up. Going for a walk. Doing gentle stretching. Eating a healthy breakfast. Doing some medical self-care activity, like testing your blood sugar.

Increasing activities in this area will make a difference by:

- Directly enhancing your sense of physical well-being
- Helping your mood to stay level
- Reminding you of your strengths and abilities



Involvement with Other People – write your ideas:

Activities	
<input type="checkbox"/> Attending a concert, opera or ballet	<input type="checkbox"/> Having tea or coffee with friends
<input type="checkbox"/> Being at a family gathering	<input type="checkbox"/> Laughing
<input type="checkbox"/> Being relaxed	<input type="checkbox"/> Learning and speaking a foreign language
<input type="checkbox"/> Being with animals	<input type="checkbox"/> Learning to do something new
<input type="checkbox"/> Being with friends	<input type="checkbox"/> Listening to music
<input type="checkbox"/> Being with my parents	<input type="checkbox"/> Listening to the radio
<input type="checkbox"/> Bicycling	<input type="checkbox"/> Meditating or doing yoga
<input type="checkbox"/> Boating	<input type="checkbox"/> Planning trips or vacations
<input type="checkbox"/> Caring for houseplants	<input type="checkbox"/> Playing chess or checkers
<input type="checkbox"/> Cooking meals	<input type="checkbox"/> Playing golf
<input type="checkbox"/> Dancing	<input type="checkbox"/> Playing tennis
<input type="checkbox"/> Doing craft work or artwork	<input type="checkbox"/> Protesting social, political or environmental conditions
<input type="checkbox"/> Doing housework, laundry, cleaning	<input type="checkbox"/> Reading professional literature
<input type="checkbox"/> Doing "odd jobs" around the house	<input type="checkbox"/> Reading sacred works
<input type="checkbox"/> Doing things with children	<input type="checkbox"/> Reading stories or novels
<input type="checkbox"/> Driving long distances	<input type="checkbox"/> Repairing things
<input type="checkbox"/> Exploring (hiking, etc.)	<input type="checkbox"/> Running, jogging or other exercise
<input type="checkbox"/> Fishing	<input type="checkbox"/> Saying prayers
<input type="checkbox"/> Gardening or doing yard work	<input type="checkbox"/> Seeing beautiful scenery
<input type="checkbox"/> Getting massages or backrubs	<input type="checkbox"/> Seeing old friends
<input type="checkbox"/> Giving a party or get-together	<input type="checkbox"/> Shopping
<input type="checkbox"/> Going on nature walks	<input type="checkbox"/> Sitting in the sun
<input type="checkbox"/> Going on outings (park, picnic)	<input type="checkbox"/> Solving a puzzle, crossword, etc.
<input type="checkbox"/> Going to a barber or beautician	<input type="checkbox"/> Swimming
<input type="checkbox"/> Going to a museum or exhibit	<input type="checkbox"/> Taking a walk
<input type="checkbox"/> Going to a play	<input type="checkbox"/> Talking about philosophy or religion
<input type="checkbox"/> Going to a restaurant	<input type="checkbox"/> Talking about sports
<input type="checkbox"/> Going to a rock concert	<input type="checkbox"/> Teaching someone
<input type="checkbox"/> Going to a sports event	<input type="checkbox"/> Traveling
<input type="checkbox"/> Going to auctions, garage sales, etc.	<input type="checkbox"/> Traveling with a group
<input type="checkbox"/> Going to church functions	<input type="checkbox"/> Visiting friends
<input type="checkbox"/> Going to lectures	<input type="checkbox"/> Woodworking, carpentry
<input type="checkbox"/> Going to the library	<input type="checkbox"/> Working in politics
<input type="checkbox"/> Going to the movies	<input type="checkbox"/> Writing in a diary

Source: MacPhillamy, D.J. and Lewinsohn, P.M. (1982) "The Pleasant Events Schedule: Studies on Reliability, Validity and Scale Intercorrelation," *Journal of Consulting and Clinical Psychology* 50: 363-75



Activity 1:



Activity 2:

4

Set Realistic Goals

For each of the activities you have chosen, set a manageable goal for the coming week. Keep in mind that health conditions or low mood make it difficult to get moving – you’ll need to set your Activity Goals, especially your starting goals, *lower* than you ordinarily would. For example, if you would like to start attending swim fitness classes at a local health centre, your first goal might be to contact the centre to find out the class schedule. If you have lost touch with others, your first goal might be to talk to a friend on the telephone for ten minutes.

To succeed, your Activity Goals must be:

Specific

You need to have a clear idea of your goal so that you’ll *know* you’ve succeeded (for example, “go for dinner with a friend sometime in the next week” rather than “become social again”).

Realistic

You may find it tempting to set your goals based on how much you think you *should* be able to accomplish. Don’t. Keep in mind that health conditions or low mood slow you down and make things more difficult. Your goals should be easy enough to be achievable even if you feel low in mood and energy. Sometimes the thought of starting a new activity can seem overwhelming. In that case, try setting the goal of gathering information related to the activity (for example, “find out what exercise activities are available at the community centre” rather than “start working out every day”).

On a scale of 1 to 10 (with 1 being *Not confident at all* and 10 being *As confident as possible*), how confident are you that you will be able to accomplish your goal?



- If you rate your confidence below Level 7, you might want to review the goal. What are the barriers to doing the goal and how could they be overcome? Think of ways to increase your confidence. For example, if you’re not confident you can do a 20-minute walk twice a week, maybe asking a friend to join you would increase your confidence.
- If you feel only Level 5 confidence that you can do the goal, you likely need to change it. Maybe *arranging dinner with a friend* isn’t realistic at this time, but *talking to a friend on the phone* is more “do-able.” Once you get to a goal that you rate at Level 7 or higher, then give it a try. By starting with a modest goal, you can experience what it feels like to succeed – and build on this success.

Scheduled

You should have a clear idea when and how you are going to carry out your Activity Goal (for example, "Take a walk Thursday evening, right after dinner, for 15 minutes" is much better than "Walk more"). Set goals that would be realistic to do this week. Decide how often and for how long you'll do the activity, and when you'll do it.

Here's an example of goal setting. Frank started with two goals: increasing his level of physical activity slightly (from no walking to one short walk each week) and increasing his level of social activity (from no social outings to going out with his wife and daughter every two weeks). His goals looked like this:

Activity Goals	How Often?	When Exactly?
Walk, 15 minutes	Once a week to start	Thursday evening
Going out with my wife and daughter	Once every 2 weeks	Saturday or Sunday evenings

 **Now it's your turn to write your Activity Goals:**

Activity Goal	How Often?	When Exactly?
1.		
2.		

5 Carry Out Your Goals

You often won't feel like doing your activity goals. Having a health condition, especially if your mood is low, can reduce your motivation. But if you wait until you "feel like it," it's likely that nothing will happen. Do the activity *because you set a goal for yourself* and *because it will help you get better*. After you've checked off each goal, you'll see what you've accomplished.

In the early stages of Activating Your Life, you might not get much enjoyment from activities – but as you continue to increase your activity level and focus on recovery, you'll regain the ability to enjoy activities. You'll even regain the ability to motivate yourself!

If you completed a goal, did you congratulate yourself? If not, do so now. Feeling low can make you focus on the things you *haven't* done, and ignore or downplay your accomplishments. This can worsen your mood, because you will constantly feel like a failure. Deliberately remind yourself of achievements, no matter how small they may seem. *"Alright, I planned to walk around the block and I did it. Good job!"* If you find yourself minimizing your own achievement (*"But that was such a small thing to do"*), remember that completing small goals while dealing with a health condition is like walking a short distance with a very heavy pack. Meeting goals is challenging and deserves to be recognized. Don't ignore small victories.

If you didn't succeed, what got in the way? What can you do to make sure you succeed next time? Your goal may have been too ambitious. Try making it smaller for next week, or substitute

a different goal. When people are feeling down or anxious, they often set their goals *too high*, fail to reach them, and become discouraged. The problem is not that they're lazy, but that they are too eager to get well! Find an activity you can do *even if you feel no better this week than you did last week*. The trick is to scale back to something you are sure you can do.

Making one phone call, walking around one block, doing one medical self-care activity or spending five minutes at a hobby – these are all perfectly reasonable goals. As your mood improves, you'll be able to do more. But for now, **allow yourself to start slowly**.



6 Review Your Goals

After two weeks of working on your goals, review the situation.

Do you want to increase the goals slightly or keep them at the same level until doing them feels comfortable? It's your choice.

This is a good time to add another goal. Pick one from another area. For example, if you had *Self-Care* and *Enjoyable Activities* goals before, choose one from *Involvement with Other People*.



New Activity Goal:

Activity Goal	How Often?	When Exactly?

Write the new goal into your schedule along with the two continuing goals. Remember, check off the Activity Goal after you do it, and praise yourself for completing it. You deserve it!

After two weeks of doing these goals, review the situation again. Are there any goals that were not getting done? What got in the way? Do you need to reduce or change the goal?

Keep going! Continue to set your ongoing goals, and consider adding additional goals as your energy permits. If you complete a task (for example, if you have now finished gathering information about recreational activities), then move on to a new goal.

Keep using the procedure:

- Set your three goals.
- Write them in your schedule.
- Check off each goal as you do it.
- Praise yourself each time.
- Review the goals every two weeks to decide if they need modification and whether you're ready to add a new goal.

Eventually, you'll be working on three to four goals at a time. Don't go much over this; having too many goals can feel overwhelming.

Tip: If you live with another person, maybe ask this person to help you succeed at your goals. Support and encouragement from another person can be very helpful.

Activating Your Life:

Jean's Story



Jean, a married homemaker, was 62 when she was diagnosed with congestive heart failure (CHF). She had been feeling very tired and became fatigued just walking up a flight of stairs. She went to see her family physician, who suspected CHF. He referred her to a cardiologist to confirm the diagnosis. At first, Jean was calm, certain that treatment would take care of any symptoms and she'd be back to her old self soon. But after a few months, she realized that she wasn't able to keep up her activity and had to cut back her social life and exercise. She found this discouraging – she had always been an active and lively person.

By the second year after diagnosis, Jean had withdrawn from her social and physical activities. She stayed at home most of the time. When she did physical activity, she worried it would trigger heart problems. If she noticed her heart rate increase, she became frightened and feared she would have a heart attack.

During a checkup, Jean's physician asked about her recent mood and activity, then suggested that she might be depressed. He gave her a copy of this workbook and told her to start reading the sections on Managing Depressive Thinking and Managing Worry. Although she found it hard to concentrate, Jean read through those sections. Reading them made her reflect on how she was dealing with illness and how she had been feeling. She also finished the section on Activating Your Life.

On her next visit, Jean's physician praised her for what she had done and they made a plan. She joined a self-management group offered by the local Heart Society. She slowly increased her level of physical activity. She came to accept that a safe level of activity was *necessary* for dealing with her health problem. She also accepted that moderately increased heart rate during physical activity is OK – it doesn't mean an impending heart attack. She learned the real warning signs of a heart problem so that she would feel safe.

Jean began to do 15-minute walks after dinner, three times per week, usually with her neighbour. Over the next year, she gradually increased this to 30 minutes of walking almost every day, and she started a program of gentle weight lifting at her local community centre. Jean found that it was easier to keep up her physical activity when she did it with another person. She also set goals for increasing her level of social activity.

As Jean increased her activity, she noticed that she was feeling better and her energy level was increasing. She had fewer health worries, and the physician was pleased with her progress. Over time, she felt less isolated and thought of herself as an active person with an interesting life. Her life wasn't exactly the same as before the heart condition – it was a different life and in many ways more difficult – but it was definitely a life worth living.

Solving Problems

*“I copy out all my medications and hand it to every doctor I see. I got my pharmacist to do a printout of all my medications; it fits in my purse.” **

Why Is this Important?

Health conditions create a number of problems. These include managing symptoms, getting to medical appointments, keeping track of medications and handling job difficulties resulting from the health condition. Sometimes, your usual way of handling things isn't enough. In that case, you might feel overly stressed and begin to experience low mood, anxiety or irritability.

Stress symptoms make it harder to solve problems. Someone who feels depressed might have trouble concentrating or thinking of solutions; someone who is worrying in circles might have trouble weighing the alternatives and making a choice; and someone who is angry might have difficulty thinking calmly about the situation.

How Can I Become Better at Solving Problems?

When you're dealing with the problems created by a health condition, use the step-by-step problem-solving method we're going to

describe. The steps look simple, but research has shown that this method is very helpful for people dealing with stress.

The steps toward Solving Problems are:

1. Choose a problem
2. Think of actions to help solve the problem
3. Compare these actions
4. Pick the best one
5. Make an action plan
6. Evaluate
7. Move on

1 Choose a Problem

The first step is to choose a problem. It may be difficult to identify the problem you want to start with. Sometimes it feels like your life has become one huge problem. Or the health condition itself may seem like the only problem – but curing the health condition probably isn't within your power. Here are some examples of problems you might start with:

- Handling symptoms of the health condition
- Keeping track of medication
- Remembering self-care activities
- Getting information about your health condition

* Quote from a person in a chronic illness support group.

It's best to begin by choosing one of the smaller problems that is happening now. You can move up to larger problems later. Try to be **specific**. For example, "I feel I'm falling apart physically" isn't specific; it's not clear what the problem is. It would be more specific to say, "I become breathless doing everyday activities" – this makes it clear what's going wrong and what you want to change.



The problem you choose is:

2 Think of Actions to Help Solve the Problem

Write down **three** actions you could take to help solve the problem. Don't try to decide yet which one is best; just come up with different actions you might carry out. Don't worry if you tried something before and it didn't work – situations change. And don't worry whether the actions will solve the problem completely – your aim now is to be doing something useful, not to fix the whole problem. There aren't many problems you can solve completely with one action. But there are many actions that will take you a few steps closer to a solution. If you have a financial problem, for example, then your first action could be to gather the paperwork. Just gathering the papers won't solve the problem, but it will take you closer to a solution. The important thing is to get started.

Below is an example. It was done by Kathy, a teacher who was diagnosed recently with kidney disease.

The Problem	Possible Actions
<p>I don't really understand what this condition involves. I was so anxious when my doctor gave me the diagnosis that I couldn't take in much of what she said – I'm not sure what exactly these different medications are for. When I visit my doctor, I feel so nervous that it's hard to remember what she tells me.</p>	<ol style="list-style-type: none"> 1 Ask my sister to come along to my next appointment so she can help me remember. 2 Look up information on the Web. 3 On my next visit, use a Medication Information Sheet to keep track of what my physician tells me about medication.

The Positive Coping Skills

Now write out three actions you might take to deal with the problem that *you* identified.



Your Problem:



Possible Actions:

1.

2.

3.

3 Compare These Actions

Consider which of these actions is most likely to help with the problem. Look at the advantages and disadvantages of each one.

This is what Kathy wrote:

Possible Actions	Advantages	Disadvantages
Ask my sister to come to my next appointment so she can help me remember.	<ul style="list-style-type: none"> • It would be helpful to have another person to hear the information and ask good questions. • My sister told me that she wants to be helpful. 	<ul style="list-style-type: none"> • I don't want to rely on others to gather information for me. • I want to learn how to manage my own healthcare.
Look up information on the Web.	<ul style="list-style-type: none"> • There are lots of health Web sites that give information about my illness and its treatments. • I don't have to leave the house to learn about these things. 	<ul style="list-style-type: none"> • I've been told that not all Web sites have reliable information, and I can't really tell the difference. • Some of the Web sites I've found are from other countries and the medication names are different.
Use a Medication Information Sheet to keep track of what my physician tells me about medication.	<ul style="list-style-type: none"> • Filling in the information sheet would help make sure that I ask the important questions. • I would have the information written down for reference. 	<ul style="list-style-type: none"> • Maybe my doctor will be impatient with me for taking time to ask questions.

The Positive Coping Skills



Now it's your turn to look at the advantages and disadvantages of the actions you identified:

My Possible Actions	Advantages	Disadvantages
1.		
2.		
3.		

4 Pick the Best One

Look over the advantages and disadvantages of each action and decide which one is best (or perhaps least bad). There are no fixed rules for making this choice – the only rule is that you must choose one of the actions so that you can begin. Look over the possibilities, think about the good and bad points of each, and then just pick one. It should be an action that takes you partway towards a solution. Give yourself a limited period of time to make this decision so it doesn't drag on. Remember, if you start to move in one direction and discover that it really doesn't work, you can always try another action.

Kathy, the teacher with kidney disease, decided to go with her third action: *Use a Medication Information Sheet to keep track of what my physician tells me about medication.* (A Medication Information Sheet appears at the end of this workbook.) All of her possible actions had some advantages but this one seemed best. She was nervous about how her physician would react to helping her fill in the form, but she decided it was worth the risk.

Which of your three possible actions do **YOU** choose?



My Chosen Action:

5 Make an Action Plan

Now that you've chosen an action, you can make a plan to start doing it. Your action plan says exactly what you're going to do in the next week or two. It gets you started on your chosen action.

Your action plan should be:

Specific

What you need to do should be very clear. **Bad example:** "Get in shape." **Better example:** "Phone the community centre to find out whether they teach yoga."

Realistic

Even if you don't feel any better in the coming week than you did last week (even if you feel a little worse), you could do it anyway. It's better to succeed at a small action plan than to fail at an overly ambitious one. **Bad example:** "For my first time out, run a marathon." **Better example:** "Walk one block, three times a week." Keep in mind that health conditions and low mood slow you down and make things more difficult. Your plan should be easy enough to be achievable even if you feel low in energy and mood. Sometimes the thought of starting a new activity can seem overwhelming. In that case, try setting the goal of gathering information related to the activity (for example, "Find out what exercise activities are available at the community centre" rather than "Start working out every day").

Scheduled

You should have a clear idea when and how you are going to carry out your action plan (for example, "Take a walk Thursday evening for 15 minutes" is better than "Walk more"). Try setting

If you are feeling discouraged, you'll be tempted to focus on failures and things you haven't done, instead of congratulating yourself on your progress. If you succeeded at your action plan, stop and make yourself think about that success. Focus on the fact that you took action, even if the problem isn't completely solved. Give yourself credit. You deserve it! Praising your own accomplishments makes it more likely that you'll continue to work on solving problems. Praising what you've done is *good for you* and helps you to keep dealing with challenges.

7 Move On

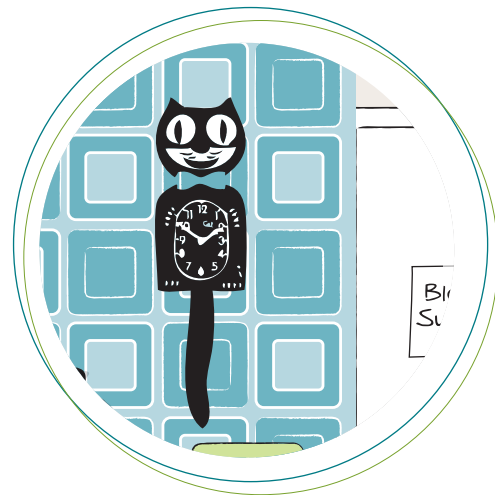
Use the experience you've gained to plan your next step. You have three options:

1. **Keep going.** You might keep on with what you've been doing (if it's working) or make it a bit more challenging. **Example:** Kathy continued updating her Medication Information Sheet whenever changes were made by her treatment team. Many action plans for health conditions continue over the long term.
2. **Revise your plan and try again.** If the plan didn't work out as you expected, you might try to modify it. **Example:** You set the plan of walking ten blocks every day, but find this exhausting, so you revise the plan to "five blocks every second day."
3. **Take a new approach.** Perhaps you learned something useful from your first effort that suggests another way of handling the problem. **Example:** Let's say Kathy found it difficult to fill in the medication form because appointments with the specialist were short – so she asked her sister to join her at those appointments and help to fill in the form.



Based on your experience so far, what is your next step?

Keep working on this problem in a step-by-step manner. Keep track of your efforts. And keep reminding yourself about the progress you make.



Solving Problems – Remembering Self-Care Activities

If you're having difficulty following your medication or self-care schedules, maybe forgetting doses or missing self-care activities, here's a way to get on track.

- Ask yourself – *When will I be taking the medication or doing the self-care?* This might be at a particular time of day or when you are already planning to do another activity. For example, one patient arranged to take her medication just before she took her dog out for a walk every day.
- Take a few moments to close your eyes and picture yourself taking the medication or doing the self-care activity at the scheduled time. Imagine what you are doing *just before taking the medication* and where you are doing it: What do you see around you? What other things are happening? Who is nearby? In your mind, put yourself into each of the situations where you're going to be taking

Solving Problems:

Helene's Story



medication or doing self-care. Imagine the situation, the sights and sounds, as clearly as possible. Imagine yourself taking the medication in the correct amounts or doing the activity as directed.

- Write down what you pictured. Write a description of the situation around you as you imagine taking your medication or doing self-care.
- Write down a rule saying when and where you are going to take the medication or do the self-care activity.

Examples:

- When I am about to walk the dog in the evening, I will take my medication.
- At noon, I will go into the kitchen where I keep my digipen and test my blood.
- Post this rule someplace where you will see it often and be reminded – maybe place sticky-notes where you will be sure to notice them.

Helene was diagnosed with diabetes when she was 65. She hadn't thought much about diet or exercise before, although she realized her weight had been increasing. It was a shock when Helene's physician gave her the diagnosis of diabetes. The educational material told her that she would have to test her blood sugar twice a day so that she could modify her eating and keep her blood sugar at a safe level.

At first Helene was careful with self-care, testing her blood sugar twice a day and then adjusting her food intake. After a few months, the illness seemed to be under control – her blood sugar was within the safe range. She began to skip some of the blood tests. Over the next year, she gradually became less likely to do the tests, until she was hardly checking her blood sugar at all. A few times she tested her blood sugar level and it came back as too high. She promised herself that she would deal with it, but somehow this never happened. There were lots of other things to keep her busy and she didn't feel terrible (though she had low energy). Mostly, she really disliked the blood testing. It felt unpleasant and it reminded her of the diabetes, which she didn't like to think about.

One day, while preparing lunch, Helene passed out. She was rushed to the emergency room and told that her blood sugar was far too high – she was sent home with strict instructions to get her diabetes under control. She visited her family doctor, who was concerned and frustrated that she hadn't been doing self-care. The doctor referred her to a support group run by the local Diabetes Society. Also, seeing how tense she was and realizing that anxiety was getting in the way of self-care, the physician gave her a copy of this workbook.

> *continued*

> Solving Problems: Helene's Story

Helene was frightened by the emergency visit and the warning from her physician. She attended the diabetes support group and found it helpful to hear from others dealing with the same problem. She got suggestions for building self-care into her daily life. For example, one of the group members suggested that she place a sticky-note by her bed reminding her to do her morning blood test and another next to the front door reminding her to do her afternoon test.

Helene imagined herself in the situation where she would do her morning test, then imagined herself in the situation where she do her afternoon test. By mentally rehearsing this self-care behaviour, she made it more likely that she would remember it.

With these strategies and the support of her diabetes group, Helene was able to build blood testing and dietary changes into her life. This made a big difference in her control of the diabetes and she felt less worried.

Solving Problems: Vikram's Story



Vikram developed breathing problems when he was 25. He had noticed earlier that he would be out of breath when playing sports, but the problem became a lot worse in his 20s. He visited his family physician, who diagnosed asthma. Two medications were prescribed: a *corticosteroid inhaler* to reduce lung inflammation and a *bronchodilator* to open up passages in his lungs so that more oxygen could be absorbed. The doctor spent half an hour explaining asthma and how to use these medications. But hearing about his illness made Vikram very nervous. While the doctor was explaining, Vikram couldn't concentrate and he missed a lot of information. He left the office with his prescriptions, filled them at the pharmacy and felt reassured. At the same time, he wasn't entirely sure why there were two types of medication.

Vikram decided to carry the corticosteroid inhaler with him in case he started wheezing. But when he did have an asthma attack, this inhaler wasn't effective. He then tried the bronchodilator and it worked better – it stopped the wheezing quickly. So he relied mainly on the bronchodilator.

Vikram's symptoms got worse over the next six months. He was wheezing and panting frequently – every week or two he would have an asthma attack, which frightened him. Even though he increased his use of the bronchodilator, he was feeling increasing impact from his health condition. He was more anxious and felt less able to do physical activity.

Finally, he went back to his family doctor. The doctor realized that Vikram was using the medication incorrectly. He gave Vikram a copy of this workbook, suggesting that Vikram use the Medication Information Sheet (at the back of the book) to make notes. The physician gave him this information:

Medication	Corticosteroid type	Bronchodilator type
Why do I need it?	It helps to prevent asthma symptoms – it's called a Controller	It helps to relieve symptoms – it's called a Quick Reliever
When should I take it?	Every day	When you have asthma symptoms like wheezing

The doctor also recommended that Vikram read the section on Remembering Self-Care on page 50 in this workbook.

Eventually, Vikram got into the habit of using the medications correctly and according to schedule. His asthma symptoms caused him much less trouble. He was less anxious about the possibility of an asthma attack and became more physically active. His life was better. Of course, he had to keep up the self-care program, but this seemed a small price for avoiding asthma attacks.

Managing Depressive Thinking

*“Self-blaming was a problem – I used to say to myself I should have done something different, then I wouldn’t have this illness.”**

Why Is this Important?

Having a health condition can be discouraging, so falling into low or depressed mood is a risk. And low or depressed mood often goes along with a negative way of thinking. We call this **depressive thinking**. Depressive thinking involves:

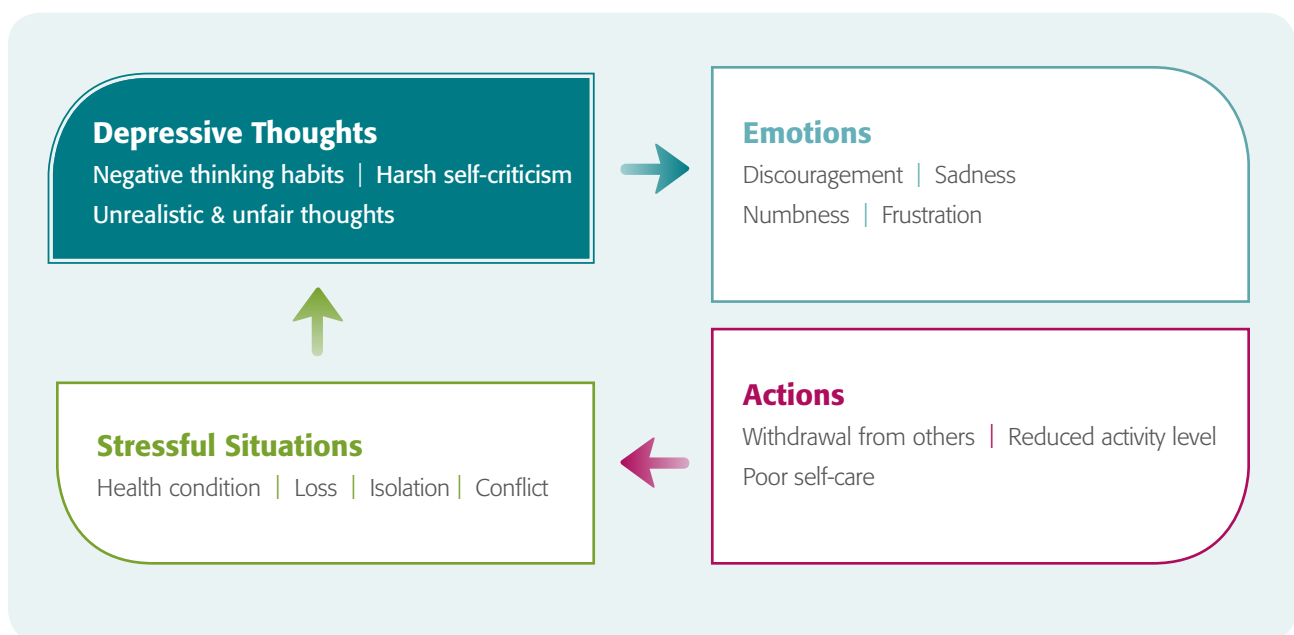
- Unrealistic negative thoughts about your situation

- Unrealistic and unfair negative thoughts about yourself
- Unrealistic negative thoughts about your future

Depressive thinking affects how you handle your health condition.

- It makes you see your health situation in an overly negative way – underestimating your own abilities and exaggerating the risk of bad outcomes.
- It feeds into negative emotions – sadness, fear and discouragement.
- It reduces your motivation to do self-care.
- It causes you to withdraw from people who care for you.

Here is a diagram that shows how depressive thinking can affect your emotions and actions, leading to a cycle of worsening mood:



* Quote from a person in a chronic illness support group.

How Can I Change Depressive Thinking?

The aim is to challenge depressive thinking and replace it with realistic thinking.

Realistic thinking is:

- Accurate about your current situation (seeing things as they are)
- Fair about yourself (balancing your view of the positives and negatives in your life)
- Accurate about your future (not exaggerating the chance of bad outcomes)

You can learn to evaluate your life situation and yourself in a realistic manner. You can learn to think in a fair and realistic way.

That means being fair and realistic about *yourself* (paying attention to strengths as well as weaknesses), about *your current situation* (weighing the positive and negative accurately) and about *your future* (not exaggerating the chance of negative outcomes). On the next few pages, we'll explain how to change depressive thinking into realistic thinking.

The steps toward Managing Depressive Thinking are:

1. Identify Depressive Thoughts
2. Recognize how your Depressive Thoughts trigger low mood
3. Challenge Depressive Thoughts and replace them with realistic ones
4. Practice realistic thinking

1 Identify Depressive Thoughts

When you have long-standing health problems, it affects how you think about yourself and your future. Many of your thoughts will be understandable and realistic, but others may reflect depressive thinking. Knowing the difference between these kinds of thoughts is important.

Depressive Thoughts are unfair and unrealistic. They are distorted – inaccurate reflections of yourself and the world around you. The following types of distorted thoughts are common in people with depressed mood.

Types of Depressive Thoughts

Filtering

This means focusing on the negative and ignoring the positive. Focusing on the negative side of experiences can make your whole life seem negative. For example, you receive the results of a health checkup: even though most of it is positive, you only remember the part where “slightly overweight” was mentioned, so you experience the checkup as mainly negative.

Realistic thinking balances both positive and negative aspects of a situation.

Overgeneralizing

One negative event is seen to be the start of a never-ending pattern. You may think that if you fail the first time, you'll fail every time. For example, your appointment for a specialist treatment is canceled and you start to think that it will never happen and that you'll never get the treatment you require. **Realistic thinking recognizes that one disappointing outcome does not mean everything will be disappointing.**



All-or-Nothing Thinking

You see the world in extremes. You are either smart or stupid, tidy or a slob, entirely healthy or totally ill. Situations are either wonderful or terrible, successes or failures. There is no in-between and gradual improvement is not enough. For example, you start a new medication and you feel better, but not like you felt before getting sick, so you tell yourself that the treatment has failed. Or you see your life now as totally limited – you tell yourself that you really can't do *anything* enjoyable anymore. (And maybe you imagine that your life before illness was *perfect*). **Realistic thinking involves seeing situations and people as falling somewhere between the extremes – toward the middle, where most things are found. Even if your life is more limited with a health condition, there are usually interesting activities you can still do or new activities you can start. And, your life before the health condition probably wasn't perfect.**

Catastrophizing

You view a difficult situation as a future disaster. For example, you have back pain you rate as *medium*, and you think, "*In ten years it will become unbearable.*" You react to the imagined

catastrophe (unbearable suffering) rather than to the smaller event (medium-level pain). Or, you might think, "*If I feel any pain with activity, that means I've injured myself and I'd better stay inactive.*" **Realistic thinking involves expecting events according to their true likelihood, not imagining the worst outcome.**

Labeling

Labeling involves talking to yourself harshly and calling yourself insulting names. You talk to yourself in a way you would never talk to anyone else. For example, you forget to take one of your medications and blame yourself harshly, calling yourself "*idiot*" and "*useless*." **Realistic thinking avoids the use of insulting labels because they are not fair. You wouldn't talk to anyone else that way, and it's discouraging to do it to yourself.**

Mind-Reading

You feel as though you know what others are thinking about you, and it's always negative. As a result, you react to what you *imagine* they think, without checking. For example, you have to use a cane to get around and you imagine that everyone looks down on you. **Realistic thinking recognizes that guessing what others think about you is likely to be inaccurate, especially when your mood is down.**

Fortune-Telling

You feel as though you know what the future will bring, and it's negative. Nothing will work out, so why bother trying? For example, you don't take your medication regularly because you tell yourself that it probably won't help anyway. **Realistic thinking recognizes that you don't know how things will turn out. By staying open to the possibility of positive results,**

you'll be more hopeful and more likely to achieve a positive outcome.

Perfectionism

It's only good enough if it's perfect – and since you can't make most things perfect, you're rarely satisfied or proud. For example, because you can't reach the same fitness goal as before your health condition, you think it's not worth practicing rehabilitation exercises. **Realistic thinking gives credit for accomplishments, even if the result is less than perfect. Few of us reach perfection, but our achievements are important.**

Shoulds

You think that you know how the world *should* be, and it isn't like that. You know what you *should* be like, and you aren't. You know how other people *should* behave, and they don't. As a result, you're constantly disappointed and

angry. For example, you tell yourself that your specialist *should* set aside half an hour for each visit, but you actually get only 10 minutes – so you feel bitter and discouraged. Realistic thinking understands the limitations of the world and of yourself – trying for improvement but also accepting how things are. The world isn't always going to be fair and just.

There are other types of depressive thinking, but these are the most common ones. When you catch yourself thinking depressively, it can be useful to look at this list to see if you are using one of these styles of thinking. Most thinking is so quick and automatic that we don't even realize we're doing it. We must learn to become aware of depressive thinking as it occurs. An excellent strategy is to notice thoughts you are having when you experience a drop in your mood – it can be very helpful to write these thoughts down.



Write down your Depressive Thoughts:

2 Recognize How Your Depressive Thoughts Trigger Low Mood

Although low mood may seem like a dark cloud hovering around you constantly, mood actually shifts throughout the day. Every time your mood sinks, ask yourself this important question: “What was going through my mind just then?” Pay attention to what you were thinking and what you were reacting to. Write this down. Perhaps you were leaving a medical clinic and suddenly felt a deepening of your gloom. What was going through your mind? Maybe your doctor reminded you to do a self-care activity and you thought, “Who am I kidding? I’ll never be able to do that.”

If you record your thoughts for a period of time, you will likely notice the same kinds of depressive thinking, again and again. You might find yourself placing a checkmark beside certain thoughts you wrote down previously (“Oh, that one again!”). When this happens, you have identified a depressive thinking pattern. It’s helpful to write down Depressive Thoughts and also exactly what type of thoughts they are, using the **Types of Depressive Thoughts** list above.



Example: Jack had been an enthusiastic athlete since his teenage years. At the age of 56, he began to experience pain in his joints and loss of flexibility. He was eventually diagnosed with arthritis. Despite medication, he was forced to limit his physical activity. But much of Jack’s social contact and enjoyment came from playing tennis and golf with his friends. It was a crushing blow for him to have to give up these sports. He began to brood on Depressive Thoughts like “I can’t do anything now, I’m just a cripple, there’s really no point.” This kind of thinking left him feeling very discouraged – his mood became depressed.

He wrote down these Depressive Thoughts:

Depressive Thought	What Type of Depressive Thought is this?
I can’t do anything now.	All-or-Nothing
I’m just a cripple.	Labeling
There’s really no point, nothing I do seems worthwhile.	Overgeneralizing

3 Challenge Depressive Thoughts and Replace Them with Realistic Ones

Now, it's time to take a good look at each of these Depressive Thoughts and challenge them. Challenging depressive thinking means that you figure out how these thoughts are unfair or unrealistic and then find more fair and realistic ways of thinking. In order to come up with fair and realistic thoughts, it's helpful to work through the Reality Questions.

Depressive Thought:
I can't do anything now.

? Reality Questions

CAN I GET MORE EVIDENCE, MAYBE BY ASKING SOMEONE ABOUT THE SITUATION?

It's often helpful to get another person's opinion about the situation where you've been experiencing low mood. For example, you tell a clinic nurse that you've been feeling like you'll get worse and worse until you're helpless. The nurse reassures you that most people with your health condition are able to stabilize their symptoms and become increasingly active.

WOULD MOST PEOPLE AGREE WITH THIS THOUGHT? IF NOT, WHAT WOULD MOST PEOPLE THINK?

Just by imagining how most people would react to a Depressive Thought, you might find a more fair and realistic way of thinking. When you step outside yourself and examine your thinking

from another viewpoint, it's easier to see how your thoughts might be too negative.

WHAT WOULD I SAY TO A FRIEND, IF MY FRIEND WERE IN A SIMILAR SITUATION?

If a friend talked about feeling depressed in the same situation, what would you say? You might be able to help your friend think more fairly, to look at the situation in a balanced way. You might remind your friend of tough situations he has handled successfully in the past. You might find it easier to think fairly and realistically for a friend than for yourself!

WHAT WILL HAPPEN IF I CONTINUE TO THINK THIS WAY?

It's important to consider what will happen if you continue thinking in a depressive way. For example, what is the effect of depressive thinking on your willingness to try new activities? What will be the results for you and others if you continue to think depressively?

WHAT IS A MORE ENCOURAGING OR USEFUL WAY OF THINKING?

Can you come up with another thought that would have better results for you and others? Is there a way of thinking that would be more encouraging and helpful in improving the situation?



Example:

This is how Jack answered the Reality Questions:

CAN I GET MORE EVIDENCE, MAYBE BY ASKING SOMEONE ABOUT THE SITUATION?

I've been so down that I haven't really asked about things I can do safely. I guess I could find out what is possible from my physician or the rehabilitation nurse.

WOULD MOST PEOPLE AGREE WITH THIS THOUGHT? IF NOT, WHAT WOULD MOST PEOPLE THINK?

My wife tells me that I'm over-reacting. She thinks I can find other physical activities, even if they're not quite as rewarding.

WHAT WOULD I SAY TO A FRIEND, IF MY FRIEND WERE IN A SIMILAR SITUATION?

I guess I wouldn't be so hard on a friend. I would be more hopeful.

WHAT WILL HAPPEN IF I CONTINUE TO THINK THIS WAY?

My mood has been dropping more and more, and I've been less and less active. If I keep going this way I won't be able to do much at all.

WHAT IS A MORE ENCOURAGING OR USEFUL WAY OF THINKING?

It would be helpful to focus on things I can still do instead of things I can't do. My golf and tennis buddies are also getting older and they might have to reduce their involvement in these sports. Maybe they'd like to try some new kinds of fitness activity.

Use this worksheet to come up with fair and realistic thoughts to replace at least one of your Depressive Thoughts:



Depressive Thought:

••> **Can I get more evidence, maybe by asking someone about the situation?**

> *continued*

The Positive Coping Skills

> *Depressive Thought Worksheet*

•> **Would most people agree with this thought? If not, what would most people think?**

•> **What would I say to a friend, if my friend were in a similar situation?**

•> **What will happen if I continue to think this way?**

•> **What is a more encouraging or useful way of thinking?**

4 Practice Realistic Thinking

It's not enough to come up with a fair and realistic thought just once. Depressive thinking gets repeated over and over, sometimes for years, until it becomes automatic. More balanced thinking will help you to feel better, but it won't be automatic – at least not for a while. The good news is that changing depressive thinking doesn't take years. In fact, people with low mood often notice a difference after a few weeks of practicing realistic thinking.

Stressful situations can trigger depressive thinking:

- Increase in physical symptoms or pain
- Forgetting to take your medication a few times
- Visiting a new specialist for an opinion about your care

In order to get the most benefit from practicing realistic thinking, you must pay attention to your thinking in stressful situations.

Write down a few situations where you often have Depressive Thoughts.



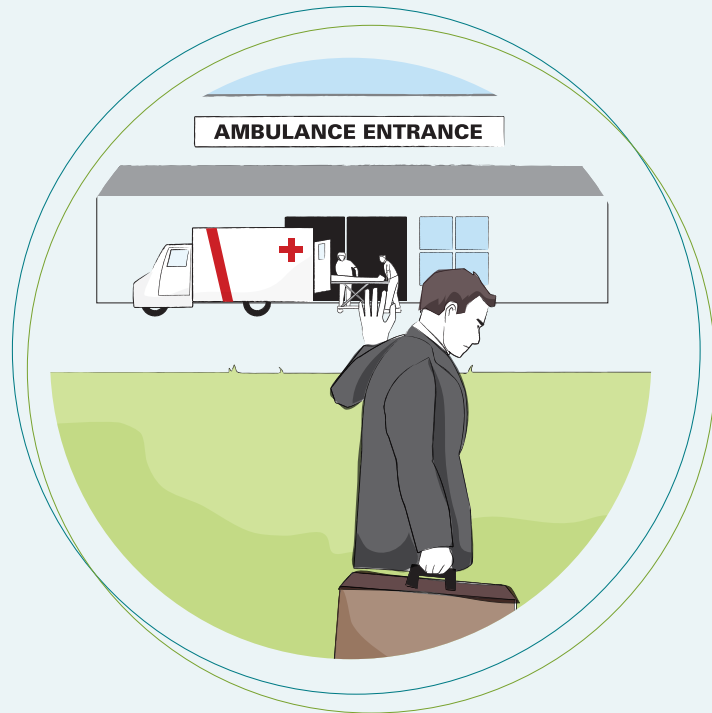
Situations:

When you find yourself in a stressful situation, deliberately practice fair and realistic thinking. Don't assume it will happen on its own. You have to tell yourself how to look at the situation, just as you might give advice to a friend. Talk back to the depressive thinking. Don't allow depressive thinking to happen without replying to it. Every time you talk back, you make the depressive thinking weaker and the realistic thinking stronger. It takes time before realistic thoughts have more influence over you than depressive ones, but it's well worth the effort.

At first, realistic thinking might seem false to you. If your thinking has been distorted for some time, it can be difficult to see the truth. Imagine that you've been thinking in an unrealistic way about your health condition, telling yourself *"I have to go back to how I was before this all started, or my life isn't worthwhile."* Having this thought regularly may cause you to feel hopeless. You realize that this is unrealistic thinking and come up with the realistic thought *"It is worthwhile to make my life now as good as possible."* At first, this realistic thought will seem false, as though you're just fooling yourself. Only with time and repetition does realistic thinking – **the truth** – begin to feel true to you. Eventually, you'll come to accept realistic thoughts more naturally.

Managing Depressive Thinking:

Alex's Story



Alex was a married man in his mid-30s with two children, 10 and 14. He was employed as an assistant bank manager. He had ulcerative colitis, diagnosed when he was 18 years old. This health condition caused him to experience frequent nausea and gut pain. He managed the condition well until his late 20s, but one day, he suddenly became ill and was rushed to the emergency room. He needed surgery, followed by a two-week hospital stay. When Alex left hospital, he blanked the whole experience from his mind and went back to his life. But the illness was going to be more difficult to handle.

Over the next ten years, Alex had three more of these crisis situations, and each time was rushed to hospital for emergency surgery. He found these hospitalizations frightening and depressing. After each one, he put the experience out of his mind so he could focus on his job and family. Between episodes, he would ignore symptoms, telling himself that it would be “weak” to let symptoms limit his activities.

After his fourth hospitalization, Alex’s physician referred him to a self-management group and gave him a copy of this workbook. As he read through the book, he realized two things. First, when he was very stressed at work, the health condition worsened. Second, he was ignoring the *early warning signs* that the illness was becoming worse. When symptoms intensified, he would plunge into his job, telling himself that it would be weak and cowardly to let the health condition run his life. But as a result, he wasn’t taking early action to manage the illness before it worsened. Other

> *continued*

> *Managing Depressive Thinking: Alex's Story*

people in the self-management group showed him that if he recognized early warning signs, he could temporarily increase the medication or reduce stress and maybe prevent hospitalization.

He identified one particular Depressive Thought that often repeated and made it difficult to deal with the symptoms: *"You just can't handle the pressure, you want people to take care of you."* This thought made him feel guilty whenever he had to take a rest from his job because of symptoms – he would force himself to get right back to work.

Alex used Managing Depressive Thinking to change the way he was thinking about his health condition.

Situation: I have a flare-up of my colitis symptoms, pain and nausea. I have to take a break.

<i>Depressive Thoughts</i>	Fair & Realistic Thoughts
<p><i>You just can't handle the pressure.</i></p> <p><i>You want people to take care of you.</i></p> <p><i>(Perfectionism; Labeling)</i></p>	<ul style="list-style-type: none"> • I've never expected others to take care of me, but sometimes I need support and that's fair. • Speaking to myself in this harsh way leaves me feeling more tense and discouraged; it doesn't help me deal with the illness. • If I keep ignoring my symptoms, the illness will get worse until I have to go back into hospital – that will really affect my work and family. • I have the right to take care of my health – if I notice early warning signs and take action, it's more likely that I can stay out of hospital, which is good for my job and family.

Then, Alex set up a prevention plan. This involved writing down:

1. Early warning signs

2. Steps to take when I notice these signs

- His doctor helped him to work out a medication plan
- He practiced the Relaxation skill to better handle job stress

3. Who to call for help

- His wife, parents, physician and in certain situations his boss.

As he applied this prevention plan, Alex was happy to find that it gave him a greater sense of control. He still had to manage the pain and symptoms, but it was years before he saw the inside of a hospital again.

Managing Anger

*“When I snap, I turn around immediately and apologize. I have sometimes warned someone by e-mail that I can be irritable from the pain.”**

Why Is this Important?

The stress of having a health condition can make you more irritable and impatient. Symptoms, pain and limitations can make you edgy and less able to deal with frustration. Of course, sometimes it's appropriate to be angry, because it helps you deal with an unfair situation. Anger can motivate you to take action. For example, if you feel pressured to carry out household duties that are not recommended for your health condition, you might feel angry and tell your family members the limits of what you can safely do.

But if you are experiencing *too much anger*, then anger may stop being helpful and instead, cause harm. You may then be experiencing what we call Anger Thoughts. Your anger is too much, if:

- Your anger is harming relationships
- You are becoming verbally or physically aggressive
- You always feel like you're ready to snap if someone says the wrong thing.

Excessive anger, anger that is too intense or too frequent, can have negative effects on your life. These effects include:

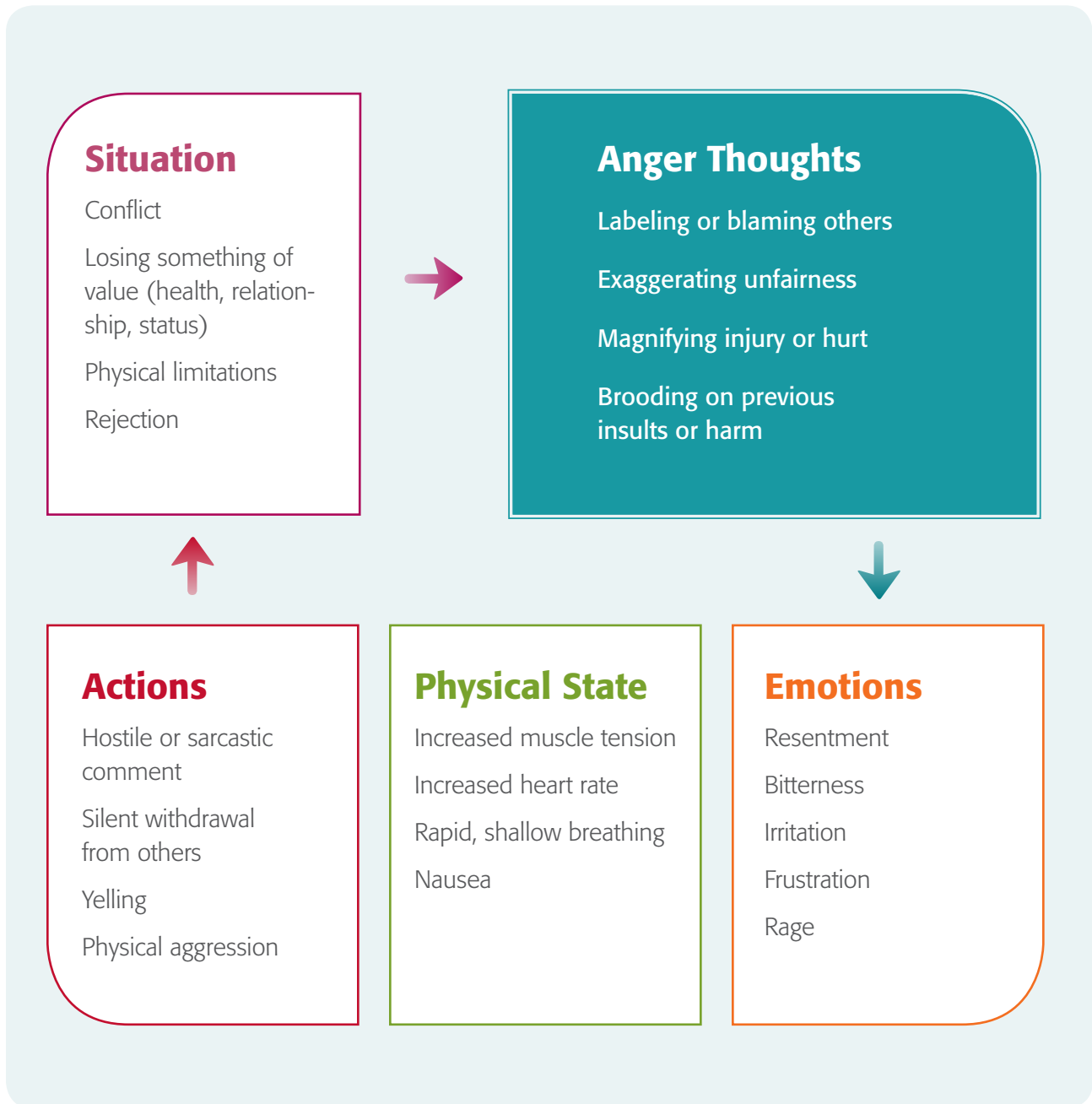
- **Offending or upsetting friends, family members or treatment providers** whose emotional and practical support you need.
- **Triggering or intensifying symptoms** of your health condition. Anger is associated with increased muscle tension, accelerated heart rate, increased blood pressure, reduced function of your digestive system, rapid breathing, and other changes. These effects might worsen your symptoms. *Even when your anger seems justified*, it may still trigger physical symptoms. Research has shown that being easily angered or feeling angry much of the time is generally bad for your physical health and, in particular, bad for your heart health.
- **Feeling emotionally worse.** For most people, excessive anger feels miserable. Having a health condition feels bad enough, without adding another source of emotional suffering.

You should be aware that certain health conditions can directly (physically) cause increased irritability. For example, if your blood sugar drops to a low level, you might experience an episode of sudden rage, because your brain has been temporarily affected by your physical state. Sometimes the medications used to treat health conditions make you irritable. If you're noticing unusual emotional reactions possibly related to your health condition or its treatment, please check with your physician.

* Quote from a member of a chronic illness support group.

The Positive Coping Skills

Here is a diagram that shows how what we call Anger Thoughts affect your emotions, physical state and actions. Anger Thoughts are ways of thinking about your situation that increase feelings of anger.



How Can I Become Less Angry?

We're going to discuss Anger Thoughts and learn to replace them with calming and helpful thoughts.

The steps toward Managing Anger are:

1. Select an anger situation
2. Identify Anger Thoughts
3. Recognize how your Anger Thoughts trigger angry mood
4. Challenge these Anger Thoughts
5. Replace Anger Thoughts with calming and helpful ones
6. Practice calming and helpful thinking

1 Select an Anger Situation

Think of a situation where you felt too angry – either it's your opinion that you were too angry or a person you respect told you that you were too angry. Maybe someone made a comment you saw as hurtful or did something you believed was thoughtless. Maybe an event happened that seemed unfair or someone didn't support you the way you believed they should have.

Example: *Geneviève always had a bit of an anger problem, becoming irritable and moody when she was under stress. But this anger*



problem became much worse after she was diagnosed with coronary heart disease at the age of 65, shortly following retirement. She brooded on the unfairness of developing a serious health condition just when she was finally able to retire. She became more irritable with her family. Her husband often found her to be withdrawn but obviously angry. He started to avoid spending time with her, finding activities that took him out of the house. Geneviève's children also began to visit less often. Geneviève felt increasingly cut off and lonely and this made her more resentful – she couldn't get over how unfair it all was. At her next appointment with the heart specialist, Geneviève talked about her situation and how upset she was. The physician gave her a copy of this workbook. Geneviève recognized herself in the description of irritability as a stress symptom.

Here is the anger situation she chose:

Driving home from the hardware store, the traffic was heavy and there was a lot of bad driving. That made me angry. When I got home my husband was cleaning up a mess; he'd broken a dish. I felt really irritated with him. I didn't say anything but he knew that I was mad.

Now write down an anger situation **you** have experienced.



Anger Situation:

2 Identify Anger Thoughts

Anger Thoughts are thoughts that are unrealistic or unfair about your situation – they cause you to be angrier than is necessary or helpful.

Types of Anger Thoughts

Filtering

In this kind of angry thinking, you only look at the bad side of the situation, never the good. Since all you see is the negative side of other people's comments or actions, these people seem totally inconsiderate or against you. **Realistic thinking considers positive and negative aspects of other people's actions equally.**

Labeling

You think about other people in a harsh way, calling them names like "idiot," "selfish," or whatever the worst insults are for you. Often

these kinds of labels go along with blaming the other person for a stressful situation. These kinds of blaming labels have been described as "hot thoughts" because they trigger strong reactions. **Realistic thinking rarely uses blaming labels – these labels are usually not realistic or fair, and they can be so infuriating that it becomes difficult to think about the situation in a calm way.**

Magnifying

You magnify the amount of harm done to you by an event or person. You see a small disappointment as though it were a disaster, a single thoughtless comment as though it were a total rejection, etc. You might say things to yourself like *"I can't stand this"* or *"this is too much."* For example, a family member is late to pick you up at the clinic, making you wait for twenty minutes. You tell yourself, *"Now I can't do anything I planned, the afternoon is ruined,*

I'm always waiting for her to come, I can't stand this." Instead of feeling mildly frustrated and asking if she could be a bit more punctual in the future, you feel outraged and tell her off for being so inconsiderate. But the next time you need a lift, maybe she'll be busy – which would only reinforce your belief that she doesn't care and make you feel angrier. **Realistic thinking tries to keep events in perspective, not exaggerating the importance of an event or magnifying the "badness" of other people.**

Perfectionism

You set very high standards for other people and then you're indignant when they don't meet these standards. For example, you expect to be given treatment that will take away all symptoms and bring you back to exactly how you were before the health condition. When you realize that you still have symptoms after treatment, you feel betrayed, like the health system failed you. **Realistic thinking gives credit for what has been accomplished, even if the result is less than perfect. Few of us achieve perfect outcomes, but our achievements are meaningful.**

Mind-Reading

You feel as though you know what others are thinking about you, and it's always negative. As a result, you react angrily to what you imagine they think, without checking. For example, you tell yourself that family members think of you as "a burden," and you resent their attitude – but you don't ask them what they really think. **Realistic thinking recognizes that guessing what others think is likely to be inaccurate, especially when your mood is down or you are already feeling irritable.**

Shoulds

You think that you know how the world *should* be, and it isn't like what you expect. You know how other people *should* behave, and they don't. As a result, you're frequently angry. For example, you tell yourself that your specialist *should* set aside at least half an hour for each visit, but you actually get only ten minutes – so you feel infuriated. **Realistic thinking understands the limitations of the world – trying for improvement but also accepting how things are. The world isn't always going to be fair and just.**

There are other types of Anger Thoughts, but these are common ones. When you catch yourself thinking in an angry way, it can be useful to look at this list to see if you are using one of them. Most thinking is so quick and automatic that we don't even realize we're doing it. We must learn to become aware of anger thinking as it occurs. An excellent strategy is to notice thoughts you are having when you experience increased anger – it can be very helpful to write these thoughts down.



3 Recognize How Your Anger Thoughts Trigger Angry Mood

Most thinking is so quick and automatic that we don't even realize we're doing it. We must learn to become aware of anger thinking as it occurs. An excellent strategy is to carry around a pencil and paper for a week. Every time you feel irritated, ask yourself this important question:

"What was going through my mind just then?"

What were you thinking about? What were you reacting to?

Keep recording your thoughts until you notice that the same kinds of Anger Thoughts come up again and again. You might find yourself placing a checkmark beside some of the thoughts you wrote down previously. *"Oh, that one again."* When this happens, you have probably identified your most common kinds of anger thinking. Then what? Some of your Anger Thoughts may seem obviously distorted. *"Nobody promised that treatment would take away all my symptoms, so why did I expect that?"* It can sometimes be enough just to know that your mind generates anger thinking in certain kinds of situations.

Try to become aware of the anger thinking as it happens and remind yourself where it comes from. *"I think this way because I feel stressed and frustrated."* You may find that you take the Anger Thoughts less seriously once you know where they come from.

4 Challenge These Anger Thoughts

Challenging angry thoughts involves deliberately rethinking the situations or events that contribute to angry mood. You can use a strategy called **Challenging Anger Thoughts**.

Think of a situation where you were feeling really angry. First, make a brief note about the situation. Next, write down any thoughts that made you feel angry. You might try to describe the type of Anger Thoughts you were having, by using the *Types of Anger Thoughts* list above. Finally, take a good look at each of these Anger Thoughts and challenge it. Challenging Anger Thoughts means that you figure out how these thoughts are unfair or unhelpful and then come up with more calming and helpful ways of thinking. In order to help you come up with calm and helpful thoughts, work through these Reality Questions:

? Reality Questions

CAN I GET MORE EVIDENCE, MAYBE BY ASKING SOMEONE ABOUT THE SITUATION?

It's often helpful to get another person's opinion about a situation where you've been feeling angry. For example, you tell a friend that you've been really angry at a family member who treats you like you can't do anything for yourself. Your friend helps you see that the family member is well-intentioned but needs information about how she can be most helpful.

WOULD MOST PEOPLE AGREE WITH THIS THOUGHT? IF NOT, WHAT WOULD MOST PEOPLE THINK?

Just by imagining how most people would react to a certain Anger Thought, you might be able to come up with a more reasonable and calm way of thinking. When you step outside yourself and examine your thinking from another viewpoint, it's easier to see how your thoughts may be distorted.

WHAT WOULD I SAY TO A FRIEND, IF MY FRIEND WERE IN A SIMILAR SITUATION?

If a good friend talked about feeling very angry in a situation like yours, what would you say? You might be able to help your friend think more fairly, to look at the situation in a balanced way. You might find it easier to think fairly and realistically for a friend than for yourself!

WHAT WILL HAPPEN IF I CONTINUE TO THINK THIS WAY?

It's important to consider what will happen if you continue thinking in an angry way. What will be the results for you and others if you continue to feel and act in an angry way?

WHAT IS A MORE CALMING OR HELPFUL WAY OF THINKING?

Can you come up with another thought that would have better results for you and others? Is there a way of thinking that would be more encouraging and helpful in improving the situation?

Example

This is how Geneviève, from our example, answered the Reality Questions:

CAN I GET MORE EVIDENCE, MAYBE BY ASKING SOMEONE ABOUT THE SITUATION?

My oldest daughter was visiting and told me I was being too hard on my husband. She reminded me that he has been taking medication that makes him drowsy, and he might drop things because of that, so it's not his fault. And my son told me I often seem to be angry.

WOULD MOST PEOPLE AGREE WITH THIS THOUGHT? IF NOT, WHAT WOULD MOST PEOPLE THINK?

I guess that most people would think I should take it easy on him.

WHAT WOULD I SAY TO A FRIEND, IF MY FRIEND WERE IN A SIMILAR SITUATION?

When my best friend is having a disagreement with her husband, I usually stay out of it. But I might remind her that she always says how bad she feels when they're arguing – so maybe she should take a breath and give him the benefit of the doubt.

WHAT WILL HAPPEN IF I CONTINUE TO THINK THIS WAY?

If I keep on being so mad at my husband, I'm worried that he'll avoid me more. I miss spending time with him – he's my best friend.

WHAT IS A MORE CALMING OR HELPFUL WAY OF THINKING?

I can remind myself that he does his best, the same as me, and I'm certainly not perfect. When I get irritated with him, I should take some time by myself to calm down, then come back. I can also remind myself that he is a kind person who deserves to be treated with kindness. Anyway, it's not true that he always breaks things.

Now do this worksheet for one of the Anger Thoughts that have been affecting you.



Anger Thought:

•> **Can I get more evidence, maybe by asking someone about the situation?**

•> **Would most people agree with this thought? If not, what would most people think?**

•> **What would I say to a friend, if my friend were in a similar situation?**

•> **What will happen if I continue to think this way?**

•> **What is a more calming or helpful way of thinking?**

5 Replace Anger Thoughts with Calming and Helpful Ones

Pick a situation in which you were feeling too angry. *First*, make a brief note about the situation. *Next*, write down any Anger Thoughts that seem related to how you felt. *Finally*, use the Reality Questions to come up with more calming and helpful thoughts.

Here's what Geneviève did with this worksheet:

Situation: Driving home from the hardware store, the traffic was heavy and there was a lot of bad driving. It made me angry. When I got home my husband was cleaning up a mess; he'd dropped a plate. I felt really irritated by his carelessness.

Anger Thought	Calming and Helpful Thought
<p>So many stupid incompetent drivers, getting in my way. They should be taken off the road.</p> <p>(Labeling; Magnifying)</p>	<ul style="list-style-type: none"> • <i>Some of these drivers are going slowly because they're elderly and it wouldn't be safe to drive faster – if they are all taken off the road, that will happen to me too when I reach that age, and it's not so far away!</i> • <i>When I get so mad I start driving in a riskier way, cutting off other drivers. Maybe I become a bad driver too, and I could cause a serious accident – I don't want to die to prove a point. So breathe slowly and remind myself that a few minutes delay won't do any harm.</i> • <i>I bring my road rage home with me, and it's not fair to my husband.</i>
<p>Why can't he pay attention? He's always breaking things. He better face up to what it's like on a fixed income with big medicine costs.</p> <p>(Filtering; Magnifying).</p>	<ul style="list-style-type: none"> • <i>That's not fair; he's careful with money and really doesn't spend much.</i> • <i>I'm exaggerating the importance of such a small event.</i> • <i>He's under a lot of stress.</i> • <i>I know that his medication makes him tired and shaky.</i> • <i>I don't want to take my anger out on him.</i>

When you find yourself in these stressful situations, deliberately practice calming and helpful thinking. Don't assume that it will happen on its own. You have to tell yourself how to look at the situation, just as you might give advice or encouragement to a friend. Talk back to the anger thinking. Don't allow anger thinking to happen without replying to it. Every time you talk back, you make the anger thinking weaker and the calming thinking stronger – it takes time, but calming and helpful thoughts will eventually have more influence over you than angry ones.

You will probably find that in the beginning the calming thinking seems false to you. If your thinking has been distorted for some time, it can be difficult to see the truth. Imagine that you've been thinking in an angry way about your health condition, telling yourself, *"If I don't get back to exactly the way I was before this health condition, then these stupid doctors don't know what they're talking about."* Having this thought regularly may cause you to feel bitter and angry. You realize that this is unfair thinking and come up with a calming and helpful thought like *"It's not realistic to expect total recovery – significant improvement is pretty good."* At first, this realistic thought may seem false, as though you're just fooling yourself. Only with time and repetition does calming thinking begin to feel true to you. Eventually, you'll be able to accept calming and helpful thoughts.

THESE SKILLS ARE ALSO HELPFUL FOR MANAGING ANGER:

Solving Problems

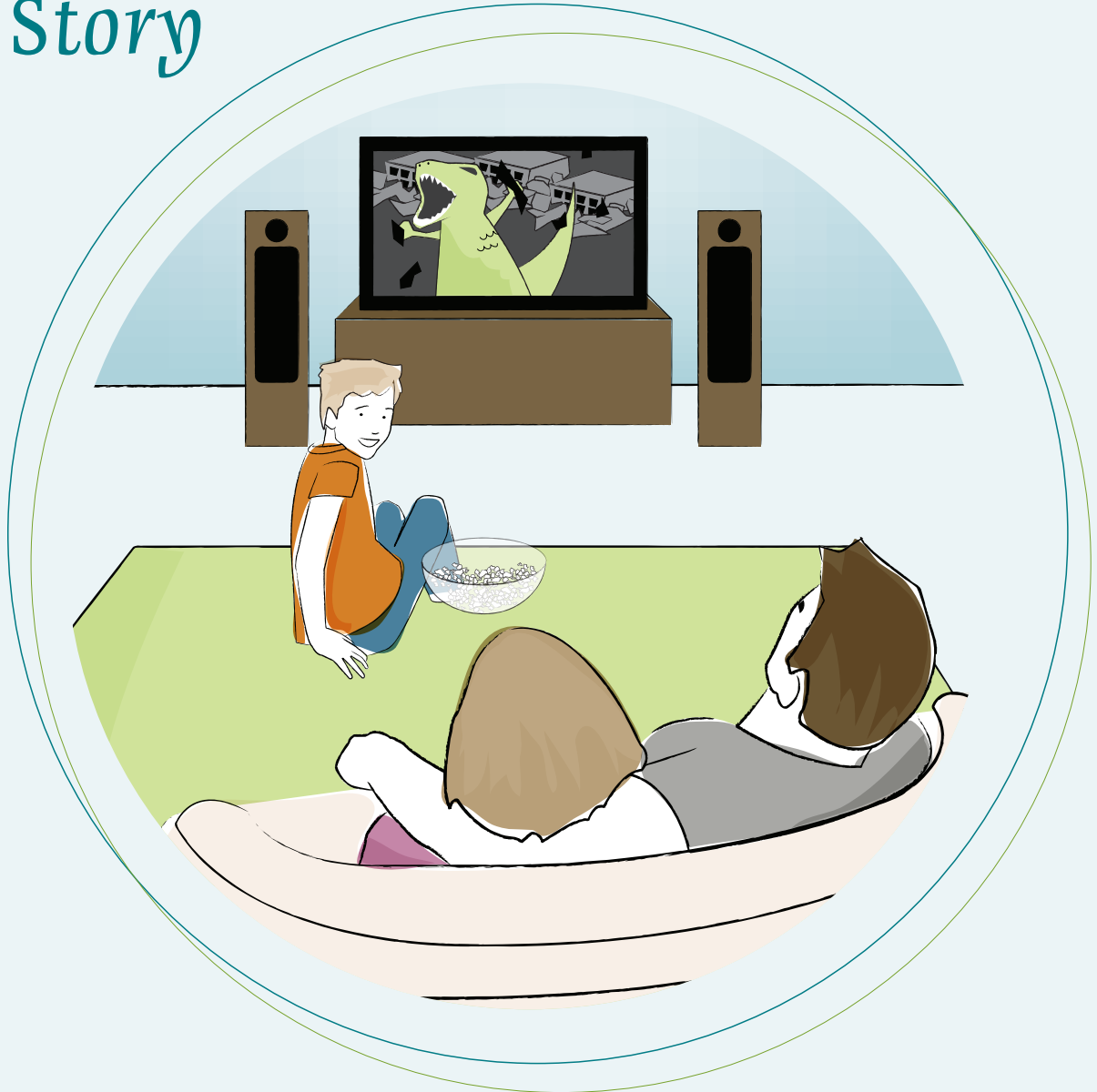
Often there's a real problem that is causing conflict or frustration. Becoming angry may alert you to the problem, but it won't solve it. To solve the problem, it's helpful to use the Solving Problems skill in this workbook. This skill can help you figure out a solution, or at least part of a solution. When you've been in a situation where you became angry, ask yourself, *"What exactly was the problem?"* Then use Solving Problems to find a more useful way of dealing with the problem. After all, you don't become angry because you enjoy being angry (most people find it pretty unpleasant), but because there's some kind of problem. Beginning to solve the problem could reduce your anger.

Relaxation

When you're angry, your body becomes agitated and you will likely experience tense muscles, rapid breathing or flushed face. But being agitated or tense can make it difficult to think clearly or act in a way that will improve the situation. You can use the Relaxation skill in this workbook, along with the Relaxation CD. This skill will help you to settle down your body when you're physically angry. Practice with the Relaxation CD, especially the Slow Breathing method, until it feels pretty natural. Then you'll be able to use this method to help calm yourself in an angry situation. Sometimes it's a good idea to leave the anger situation for a little while ("time out") so you can calm yourself before returning to the situation. Using a relaxation method will help you think more clearly and act more effectively.

Managing Anger:

John's Story



John, 43 years old, worked his way up in the construction industry until he was an assistant project manager. He liked his work. But over the years, he had more and more trouble with his back – all those years of shifting heavy loads seemed to have caught up with him. One day, while helping to unload some machinery, he felt excruciating pain in his back. He had to go home that day, and when he woke in the morning the pain was still there. There was no way he could concentrate. His family physician sent him for x-rays – although these were inconclusive, his physician recommended several months off work in order to recover. John was given some pain medication.

However, the pain did not improve over a three-month work absence. In fact, John became more disabled by pain over the next two years, despite using prescribed medication and visiting a physiotherapist. He ended up on long-term disability with Chronic Pain Syndrome as his diagnosis. He experienced constant pain, which worsened when he carried out physical activity.

At the end of his second year off work, John was referred to a pain specialist, who spotted a problem. John was trying to avoid using the medication as long as possible, only taking it when he found the pain unbearable and then using the entire daily amount, even some meant for the next day. He would then again resist taking medication, until he had to take a large amount – and the cycle repeated itself. The specialist recommended that John take pain medication at regular intervals throughout the day in order to *prevent* pain from building up.

The specialist gave John a copy of this workbook, encouraging him to decide which parts were most relevant. John took the *Stress Symptoms Test* and decided that he was having problems with irritability. His wife had told him that he was angrily raising his voice more frequently – his children were staying away from him. He loved his family and felt hurt that they were avoiding him. John decided to use the Managing Anger skill to get on top of this problem – it was hard enough dealing with pain without also having to deal with loneliness.

He identified a recent situation at home where he became quite angry with his 13-year-old son. His son had been playing video games with a friend and making a lot of noise, and John had yelled at his son to keep the noise down or else he would take away the game. As he went through the workbook exercise and thought about the situation, John identified his Anger Thoughts. *"He's old enough to know that I can't take noise. What's wrong with him? Doesn't anyone here care about what I'm going through?"* John examined these thoughts using the Reality Questions.

> *continued*

> *Managing Anger: John's Story*

Anger Thought: He's old enough to know that I can't take noise.
What's wrong with him? Doesn't anyone here care about what I'm going through?

CAN I GET MORE EVIDENCE, MAYBE BY ASKING SOMEONE ABOUT THE SITUATION?

Actually, my wife has been telling me that I'm getting too angry with the kids, and I think she's right.

WOULD MOST PEOPLE AGREE WITH THIS THOUGHT? IF NOT, WHAT WOULD MOST PEOPLE THINK?

When I hear other people talk about their teenagers, I realize that this is a pretty common problem. I think other people might think I'm being a bit too hard on him.

WHAT WOULD I SAY TO A FRIEND, IF MY FRIEND WERE IN A SIMILAR SITUATION?

I'd tell a friend to sit down with his son and let him know how he can be helpful – for example, keeping the video game volume lower.

WHAT WILL HAPPEN IF I CONTINUE TO THINK THIS WAY?

If I keep snapping at my son and others in my family, they'll keep avoiding me and it could hurt our relationship. I never want that to happen.

WHAT IS A MORE CALMING OR HELPFUL WAY OF THINKING?

*When I'm feeling angry about a situation, before speaking to my son or other family members, I should take a walk and remind myself that I'm really angry because of the pain; they probably don't mean any harm; I really want them to feel comfortable with me; and I don't want to hurt them. Then it will be easier to speak to them in a calm way. I can also use Slow Breathing (**Relaxation** skill) to calm myself before I deal with the problem.*

John practiced these ways of changing his anger. When he noticed himself becoming angry, he would take a short break from the situation, returning when he felt calmer. He used the Slow Breathing method and practiced calming thoughts like "I want my family to like being with me, they don't mean harm, they don't know how my pain feels." With determined practice, John was able to change his way of handling anger. He still had to deal with pain, but he felt more supported by his family and that was a big improvement.

Relationship Building

“I don’t talk about the illness too much with my family. They’re helpful but I don’t want them to feel bad by looking at me.”

*“I want to talk to people who’ve got the same thing I do. I can find out what they are doing and what they’ve been able to do.”**

When you’re dealing with a health condition, relationships with family, friends and healthcare providers take on extra importance. The practical and emotional support you get is extremely valuable.

Some people have few connections to other people or maybe have relationships that are not very close. For them, relationship-building skills may help to form new connections or repair strained relationships. Others have close connections to family and friends, but find that their health condition places extra pressure on these relationships. For example, you may require assistance from family or friends with medical appointments, self-care activities or household chores. You may need more emotional support as you deal with the stress of your condition. We will show you

two ways to build your connections to others: *Increasing Social Contact and Improving Your Relationships.*

Increasing Social Contact

Why Is this Important?

It’s more difficult to deal with a health condition when you’re cut off from other people. This can happen because you had few relationships at the time you developed the health condition, or because the stress of being ill caused you to withdraw from others. In either case, tension, irritability or low mood make it more difficult to make connections or maintain your existing connections to other people.

Increasing social involvement is helpful because:

- It is encouraging to feel connected to others
- It gives others the chance to provide emotional or practical support
- It distracts you from worrying about your health condition

How Can I Increase Social Contact?

The most effective approach to increasing social contact is to use the skill we’ve called Activating Your Life, with a focus on social activities. Here’s how to use this skill to increase social contact:

The steps toward Increasing Social Contact are:

1. Identify social activities to increase
2. Set realistic social goals
3. Carry out your goals
4. Review your goals

* Quotes from members of a chronic illness support group.



Think of one or two social activities that you might try to increase. Write them here.



Social Activities:

1 Identify Social Activities to Increase

One way to increase social contact is to re-engage with social activities you used to enjoy but have stopped doing. This might include attending family events you've been avoiding or calling up friends and acquaintances you've lost touch with. Another way is to sign up for continuing education classes or volunteer organizations. Yet another way is to participate in disease management support groups, which may be provided through local health agencies. Nonprofit societies focused on chronic illnesses such as diabetes, arthritis, COPD or coronary heart disease often sponsor this kind of support group and they are available in many communities. Check with your family physician or other healthcare provider regarding availability of disease management groups in your community.

2 Set Realistic Social Goals

For each of the social activities you have chosen, set a manageable goal for the coming week. Keep in mind that health conditions or mood problems make it difficult to get moving. As a result, you may need to set your goals *lower* than you ordinarily would. For example, if you want to contact friends you've lost touch with, your first goal might be to talk to one friend on the telephone for five minutes.

Try setting a social activity goal that would be *realistic* to do this week. Decide how often and for how long you will do the activity, and when exactly you'll do it. Make sure the goal is scheduled: write it into your calendar or diary and then check it off once you've done it. It can be helpful to think of things you used to enjoy doing, before you developed your health condition. You might also look again at the list of activities on page 35.



Social Activity Goals:

Activity	How Often?	When Exactly?

3 Carry Out Your Goals

It's important to realize that you often won't "feel like" doing your social activity goals. Dealing with symptoms or fatigue, especially if you're feeling discouraged, can reduce your motivation. But if you wait until you feel like it, most likely nothing will happen. Do the activity because *you set a goal for yourself* and because *it will help you get better*. After you've done and checked off each goal, you'll see what you've accomplished.

If you've been avoiding people because of low mood, you might not get much enjoyment from social contact, at first. But as you continue to work on increasing social involvement, you'll find yourself learning to enjoy other people again. Be patient – it may take weeks or months before you start feeling like yourself socially again.

When you complete a social activity goal, be sure to congratulate yourself. Every small victory is important and worth recognizing, especially when you're dealing with the stress of a health condition.

If you didn't succeed at your social activity goal, what got in the way? What can you do to make the goal easier? Perhaps your goal was too ambitious and you should try a smaller one over the next week or two. Scale back to something you're sure you can do, even if you feel no better this week than you did last week. Allow yourself to get started slowly, gradually building more social contact into your life.

4 Review Your Goals

After a few weeks of doing your social activity goals, review the situation. Are there any goals that were not getting done? What got in the way? Do you need to reduce or change the goal?

If your goals were accomplished, do you want to increase them slightly or keep them at the same level until it feels natural? It's your choice. You might want to add another goal.

Continue to set your ongoing goals, and consider adding additional goals as your energy permits. If you complete a task (for example, if you have now finished gathering information about recreational activities in your community), then move on to a new goal. Keep using the procedure:

- Set your 1-2 goals.
- Write them in your schedule.
- Check off each goal as you do it.
- Praise yourself each time.

Improving Your Relationships

Why Is this Important?

Dealing with a health condition can place a strain on relationships. Pain and other physical symptoms can make it hard to be with others. You might withdraw into yourself. Dealing with a

health condition can negatively affect the quality of your relationships. But having rewarding and positive relationships makes it easier to live with a health condition. So it makes sense to improve your relationships, to make them as positive and supportive as possible.

How Can I Improve My Relationships?

We're going to show you an effective way to help improve your relationships. It uses a method developed by a researcher who has studied this area for the last couple of decades, Dr. John Gottman.* Dr. Gottman has discovered that relationships are built up from:

Connection bids

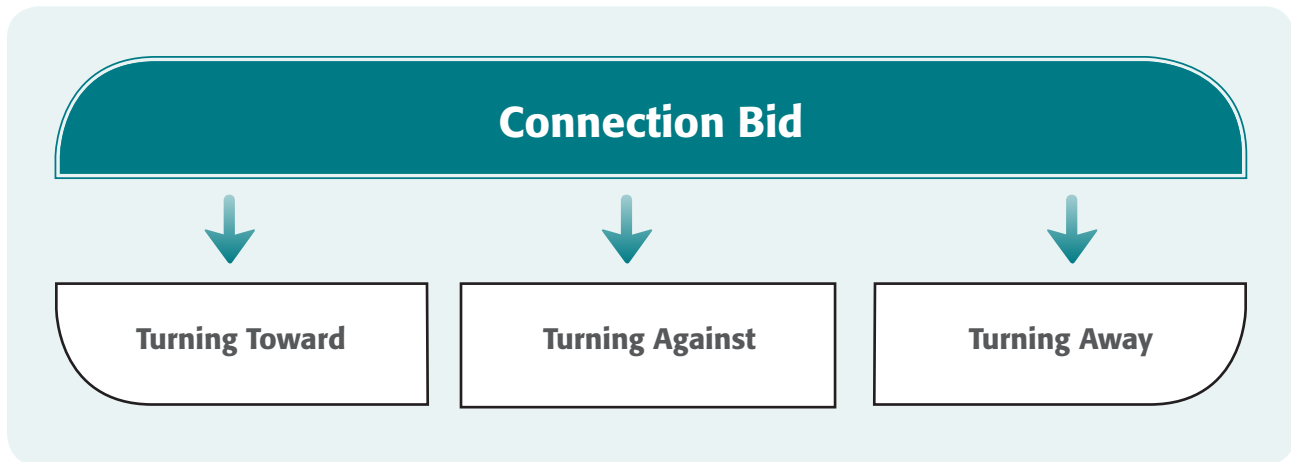
A connection bid happens when one person reaches out to another for contact. A bid could involve an expression of interest or affection, a request for information, a humorous comment or offer of assistance – all the ways people reach out to each other. For example, *"Would you like to see a movie with me?"* is a connection bid.

Responses to these connection bids

When someone reaches out to you, you can respond in three different ways:

- 1. Turning Toward:** You respond to the bid in an accepting, warm, encouraging or interested manner. *"Yes, I'd like to see a movie with you. Do you know any good ones playing now?"* OR *"I won't have any free time in the next couple of weeks, but I'd like to see a movie with you sometime after that. Could I call you then?"*

* John Gottman (2002), *The Relationship Cure*. (New York: Three Rivers Press)



2. Turning Against: You respond to the bid in a rejecting, hostile, irritable or dismissive way. *"You know perfectly well I can't go out to a movie. I'm exhausted."* OR *"How come you never want to see a movie when I suggest it?"*

3. Turning Away: You respond to the bid in an uninterested, ignoring way – maybe you don't even notice the bid. *"I haven't felt much like seeing movies lately."* OR *"I should go check my blood sugar now."*

Dr. Gottman's studies show that people who respond more often to connection bids with a Turning Toward style tend to have stronger relationships.

Here's what Dr. Gottman wrote about Turning Toward responses:

"If you want to build a deeper emotional connection with somebody, turn toward that person as often as you can...in general, if you can turn toward any significant person in

*your life – even when you're angry, frustrated, complaining, or sad – your relationship will grow stronger. Then, if you face a time when turning toward one another is impossible, the goodwill you've accumulated will be enough to see you through to better times." **

Now that you're familiar with these basic ideas, you can use them to improve the quality of your relationships.

- The steps toward Improving Your Relationships are:**
1. Recognize connection bids
 2. Notice how you respond to connection bids
 3. Make more connection bids
 4. Keep practicing connection bids
 5. Make more Turning Toward responses

* John Gottman, *The Relationship Cure*. (New York: Three Rivers Press, 2002), 43.

1 Recognize Connection Bids

A connection bid may involve:

- Asking for information
- Expressing caring or support
- Offering assistance
- Making a humorous comment
- Showing interest in a person’s opinion or preferences

There are other ways of seeking contact, but these are the ones we’ll focus upon.

So the first step is to identify bids for connection. We’ll start with your own connection bids. By learning more about your own bids, you will also get better at recognizing bids by others. It’s

easier to identify your own bids – after all, you know what you’re trying to communicate.

As you go through your day, make a mental note each time you make one of the types of bids described in the list above. Then, when you get the chance, write a few notes about your bids. Of course, you’ll only be able to recall some of the bids you make, but it should give you a sense of your own way of connecting to other people. For each of the bids you notice, write down what you said or did and what kind of response the other person made – was it Turning Toward, Turning Against or Turning Away?

Here’s an example of writing down connection bids. Patricia is a woman of 63 who was diagnosed with coronary heart disease five years ago. This is what she wrote:

My Connection Bid	How the other person responded (check the one that applies) ✓			Comment
	Turning Toward	Turning Against	Turning Away	
Asked my nephew Tom about his recent holiday.	✓			
Complimented my next-door neighbour on her garden.	✓			
Asked my sister whether she had decided about selling her house.			✓	She ignored my question. It must be a touchy subject.



Now it's your turn:

My Connection Bid	How the other person responded (check the one that applies) ✓			Comment
	Turning Toward	Turning Against	Turning Away	

2 Notice How You Respond to Connection Bids

Over the next week, notice when somebody makes a connection bid to you and **how you respond**: was your response Turning Toward, Turning Against or Turning Away? Make a mental note when you experience one of these bids, and later, when you get a chance, write down what happened. Use the form on next page.

The Positive Coping Skills

Here's an example of writing down responses to connection bids. This is what Patricia, from our example, wrote:

Other Person's Connection Bid	How I responded (check the one that applies) ✓			Comment
	Turning Toward	Turning Against	Turning Away	
My friend June asked how things are going with my new medication.	✓			
My husband said he doesn't think I should do housework anymore because of my health condition.		✓		He makes me mad when he treats me like I can't do anything.
Several people in my self-management group said supportive things when I talked about fear of having another heart attack.	✓			
A newly-hired staff person asked my advice about how to solve a work problem.	✓			



Now it's your turn:

Other Person's Connection Bid	How I responded (check the one that applies) ✓			Comment
	Turning Toward	Turning Against	Turning Away	

3 Make More Connection Bids

Since connection bids are so important for relationships, it makes sense to make these bids often. Perhaps you already make a lot of connection bids, but many people find that they don't make as many bids as they would like. Furthermore, having a health condition may cause a person to be so preoccupied with pain and symptoms that they make few connection bids.

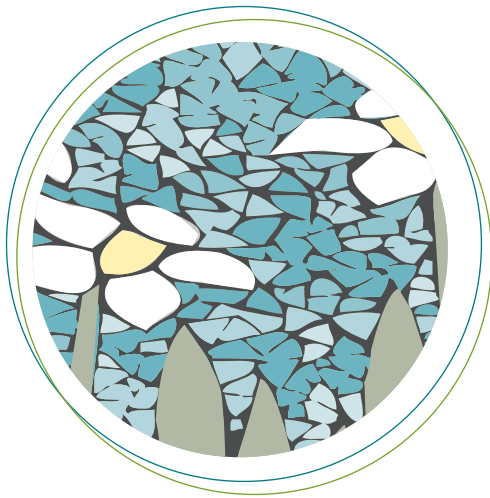
We'd like you to deliberately make two or three connection bids during the next week. You might

ask someone a question about a hobby or their job, make a caring or supportive comment, offer some kind of assistance or make a gently humorous comment, etc. We're not talking about connection bids that are profound or risky – just the kind of connection bids that happen in everyday conversation about small things. Then, when you get a chance, write down what you said or did, and how the other person responded.

Try to identify at least three of your bids and write down the results.

You can use the form below:

My Connection Bid	How the other person responded (check the one that applies) ✓			Comment
	Turning Toward	Turning Against	Turning Away	



Practicing this exercise will give you a better understanding of bids and the kind of responses they get. As you do the exercise, notice how it feels when somebody responds to your bid by **Turning Toward**, **Turning Against** or **Turning Away**.

4 Keep Practicing Connection Bids

If you want to achieve a lasting improvement in your connecting behaviour, set yourself the ongoing goal of making several connection bids each week and writing down what happens. Over time, you will become more skilled at making connection bids and this will help build your relationships, especially when you combine it with the next step.

5 Make More Turning Toward Responses

Since **Turning Toward** responses have a positive effect on relationships, it makes sense to respond this way often. Of course, there are situations where Turning Toward responses don't make sense – we'll leave that up to you to decide. Also, we can't tell you how many Turning Toward responses to make in the next week – that depends on how many bids other people make to you.

When someone makes a connection bid during the next week, *try* to make a Turning Toward response. Remember, a Turning Toward response is one where you respond positively to that person's bid, indicating that you are pleased by it and interested in further contact with that person. Even when you don't agree with that person's opinion or don't want to do something they suggest, still try to respond in a way that shows interest in connecting.

It's not always easy to express a Turning Toward response. Sometimes you're feeling resentful of the other person or preoccupied by pain or too low to care much about contact. But it's worth the effort to try this kind of responding to another person's bid for connection. The stronger your connections are to other people, the more you'll be able to get support with the burden of your health condition. It's a long journey – sharing the journey with others makes it a lot easier.

Relationship Building:

Mei-Yin's Story



Mei-Yin, age 65, had retired from her career as a librarian. She had been married for 30 years, but she and her husband Peter had grown less close over time – they didn't talk much and Mei-Yin didn't feel as connected to him. And without social contact at the workplace, she felt lonelier. This feeling of loneliness made it more difficult to deal with the stress of her diabetes. During a checkup visit, Mei-Yin's family doctor asked how she was coping with retirement and she opened up about her sense of isolation and stress. Her family doctor recommended she get a copy of this workbook and pay special attention to the section on Relationship Building.

Mei-Yin downloaded a copy and read through the introduction, then focused on the Relationship Building skill. Reading it helped her to realize that she missed her co-workers – and missed feeling close to her husband. She missed the way they used to talk about books or go out to different restaurants or movies. They'd gotten out of the habit of doing things together. She decided this had to change.

> *continued*

The Positive Coping Skills

> Building Relationships: Mei-Yin's Story

She showed the workbook to Peter and asked if he'd be willing to use the Positive Coping ideas. He agreed, although a bit doubtfully. He read through the sections she suggested, and promised he would give it a try.

Mei-Yin and Peter set a specific goal together, focusing on increasing their shared activity:

Activity	How often?	When exactly?
We will see a film or go out to dinner.	Once per week	Thursday night

After a month of doing this goal, which went pretty well, Mei-Yin began to pay close attention to how she responded to Connection bids, especially Peter's. For example:

Other's Person Connection Bid	How I responded (check the one that applies) ✓			Comment
	Turning Toward	Turning Against	Turning Away	
Peter said, "You should read this newspaper article about the sub-prime mortgage scandal."			✓	I didn't feel very interested so I didn't bother looking at the article.
Peter was going out for a walk, and he asked me to come along.			✓	I just said, "I'm too tired, I'm going to curl up with a book." I didn't show I was pleased that he'd asked me or suggest going for a walk another day.

Mei-Yin noticed that she and Peter both used a lot of Turning Away responses. This was a bad habit. She also noticed that she wasn't making many Connection bids – asking about his day, expressing interest in what he said, making suggestions to do something together, etc.

She decided to set two new goals: *I will make a Connection bid almost every day, no matter how Peter responds;* and *If Peter makes a Connection bid, I will try to respond with Turning Toward.* She asked Peter to work on this as well. So they were both deliberately making more Connection bids and Turning Toward responses. It felt a bit unnatural at first, but they kept on with it, reminding themselves that improving their relationship would be a huge accomplishment.

Over the next few months, they began to see changes in the relationship. They were doing more things together and talking more. Sometimes they laughed about their whole Connection bid project, but it actually helped. For Mei-Yin, feeling more supported in her relationship made it easier to handle her diabetes. They planned meals together, and it worked out great, because the foods she needed to eat for diabetes control were also good for Peter's health. Overall, they felt emotionally closer. They continued to make an effort to notice Connection bids and Turning Toward responses, so they wouldn't fall back into old habits.

“That’s the beauty of feeling emotionally connected to others. Whatever you’re facing – serious illness, divorce, job loss, grief over the death of a loved one – you don’t have to face it alone. Sharing your experience with other people who express understanding and sympathy may be helpful in ways we’re only beginning to understand.”

John Gottman, *The Relationship Cure*



Applying The Positive Coping Skills

In this section, we give ideas for applying the Positive Coping Skills to some key challenges that arise for people with health conditions. The challenges we will discuss are:

Life Changes | Pain | Sleep | Physical Activity | Nutrition

For each challenge, we'll show how Positive Coping Skills might be applied, and we'll give tips for handling the challenge more effectively.

Life Changes

Having a health condition means adjusting to important changes in your life:

- Changes in physical activities
- Changes in symptoms or pain
- Changes in how you depend on other people

These changes can be challenging and very stressful. The way you handle these changes will make a big difference in how you feel. If you view life changes in a discouraging way, stop doing activities without finding new ones, or become overwhelmed by anger, then you're likely to suffer more and miss opportunities for new experiences.

Positive Coping Skills help you deal with change in a more effective way. Using these skills can reduce the negative impact of health conditions and help you find new ways of dealing with change that improve your life. Below, we describe ways you can use Positive Coping Skills to handle change caused by your health condition.

Managing Depressive Thinking

The way you think about change has a big impact on how you feel. Here are some of the common forms of distorted thinking about life changes:

- *Catastrophizing.* You magnify the risk or suffering associated with the health condition. You tell yourself that your condition will result

in the *worst possible* outcome. This makes the change extremely discouraging and leaves you feeling helpless or overwhelmed. But when you think *realistically* about the changes instead, you look at them in a balanced way, using the best information to decide how difficult your situation will be and to spot opportunities for positive changes. This is more encouraging – it leaves you feeling more hopeful and ready to take positive action.

- *Shoulds.* You focus on the unfairness of the change: *"I shouldn't have to deal with this, I shouldn't have to change my life."* If you think this way, you might refuse to make adjustments in your activities and then suffer serious consequences (increased symptoms, more pain, etc.). But if you think about change *realistically*, accepting the reality of the situation, you can make adjustments that reduce the impact of your health condition and open up new possibilities.
- *Labeling.* You label yourself in unfair ways, maybe telling yourself *"Having this health condition means I'm just disabled, I can't do anything"* or *"I brought this on myself, so I should just take my punishment."* Thinking in these unfairly self-critical ways can leave you feeling so discouraged that you don't do self-care or follow treatment recommendations. But if you think fairly about yourself, you'll feel encouraged to take care of your own health and participate actively in treatment or recovery.

The section on [Managing Depressive Thinking](#) takes you through the steps of applying this skill.

Activating Your Life

This Positive Coping Skill helps you to reduce your activities as needed while finding rewarding new activities that are OK with your health condition. The Activating Your Life section takes you through the steps of choosing activities that are as rewarding as possible, while making adjustments for your health condition. The aim is to find new kinds of physical or social activities to replace ones that are no longer possible.

Relaxation and Managing Worry

The changes caused by a health condition can make you feel anxious and tense. Your body might be tensing up against pain or you might be extremely worried. Relaxation and Managing Worry are two skills that help you to *stay calm and relaxed while things are changing*. Staying calm and relaxed will make it easier to take in information from your healthcare providers, to manage pain or symptoms, to make plans



for dealing with your health and to sleep well through the changes. The Relaxation and Managing Worry sections take you through the steps of learning and trying these skills.

Pain

Health conditions are often accompanied by physical pain. This can take the form of acute pain (directly tied to physical injury and lasting minutes to a few days) or chronic pain (persisting in the absence of immediate injury, and lasting for months or years). When we speak about applying Positive Coping Skills to pain, we are thinking mainly of skills for dealing with chronic pain.

The Positive Coping Skills can help you better manage the experience of pain so that it interferes less with your life and causes you less suffering.

Activating Your Life

This skill provides a step-by-step guide to becoming active. This means increasing your involvement in rewarding activities in a gradual and realistic way. It is particularly relevant to pain management, because individuals suffering from chronic pain often reduce their level of activity. Individuals with chronic pain reduce activity because they:

- Feel they do not have enough energy to be active,
- Feel that others would not want to be around them while they're suffering,

- Fear that physical or social activities might increase pain,
- Believe that staying inactive prevents further injury or aggravation of their health condition.

However, decades of experience with pain patients has made it clear that staying active, within appropriate limits, is a very important part of dealing with pain.

Physical inactivity reduces overall fitness, leads to muscle weakening, causes increased physical tension, and contributes to increased pain.

Social inactivity lowers mood and increases your attention to the pain, both of which tend to worsen pain experience. Although people who become inactive feel like they're protecting themselves, they are actually reducing the chance of improvement.

But before you begin to work on re-activating your life, here are some important tips about increasing your activity level when you're suffering from chronic pain.

Know Your Limits

Speak to your doctor to figure out which activities are **medically contraindicated** – meaning *activities that would result in tissue injury or damage*. Remember, that's not the same thing as *activities that might cause pain*. Some activities might be high risk in terms of worsening your health condition, but not cause significant pain; while other activities might cause pain but actually represent a very low risk of worsening the health condition. In fact, some activities that help to *improve* your health condition, like a program of gentle exercise, also might cause some pain, especially when you



first begin. We call this the difference between *Activities that Hurt* and *Activities that Harm*. It's important to know the difference so you can avoid activities that would actually harm you. On the next page is a form you might want to complete with your healthcare provider. Completing this form can help you identify activities that are safe for you to do, as well as help guide the pacing of activity.

In the first column, list activities you do that cause increased pain. In the second column, check off activities that might harm you. In the third column, check off activities that might hurt but aren't likely to be harmful. For almost all people, walking four blocks is very unlikely to cause physical harm, even if it causes some pain (*Hurt yes, Harm no*). But for many individuals with health conditions, lifting heavy weights would carry a significant risk of physical harm as well as pain (*Hurt yes, Harm yes*).

Solving Problems

An important problem is how to consistently follow recommended schedules of medication and self-care activities. Consistency in following recommendations is known as *adherence*. The way you adhere to medical recommendations will help determine whether your health condition improves or worsens.

Medications for the relief of chronic pain help to reduce suffering. However, there are risks to the use of pain medications: side effects like nausea or constipation; fear of becoming addicted; and possible reduced medication effect. So, decisions about medication use can get pretty complicated.

For example, you might use the medication whenever you notice pain and take enough so that you don't feel any discomfort – even if you exceed your dosage. But, this may cause you to run out of medication early and have to return to your physician; it increases the risk of addiction; and it's not very effective for reducing overall pain levels. Or, you might avoid using the pain medication as long as possible. Individuals taking this approach hold off on taking medication, choosing instead to live with the pain until it feels *unbearable*, and then use medication. These people may feel like they are avoiding the risk of becoming dependent

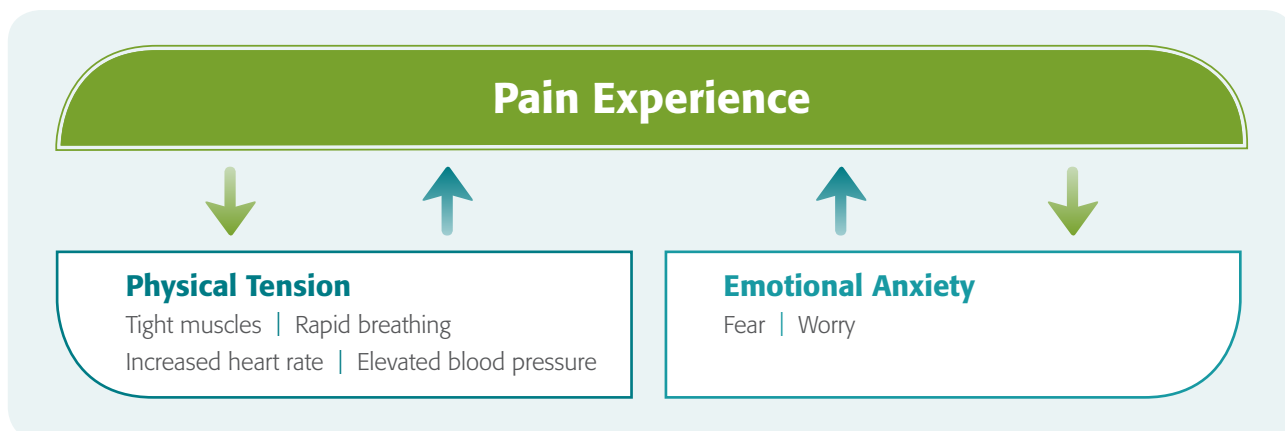
on the medication. But this way of using pain medication has been found to gradually increase pain experience and medication dependence.

Which brings us to the way that works best: take pain medication according to a *fixed schedule* that spreads the pain relief throughout your day. This way, you apply the medication most effectively, before the pain has intensified, so you can often prevent intense pain from developing in the first place. Also, this way of handling pain medication is *least likely* to cause addiction!

Scheduling your pain medication means that you will talk to your healthcare provider about taking your medication at regular times spaced throughout the day. Then you can use medication pillboxes that show which medications have been taken, reminder devices that signal that it's time for medication, or the Remembering Self-Care method on page 50 in this workbook.

Relaxation

Another skill important for pain control is that of Relaxation. Pain researchers have shown that there is a two-way connection between pain and tension: pain increases physical tension and emotional anxiety – while tension and anxiety worsen the pain. It's a vicious cycle of suffering.



Learning to reduce physical tension and emotional anxiety using Relaxation will help you get better control over your pain. Of course, it won't be easy to focus on learning relaxation while you're experiencing pain – but keep slowly working at it. Many individuals with pain problems have used relaxation methods to help control their pain experience and reduce suffering.

Sleep

Health conditions can have a number of negative impacts on sleep. Sleep can be disrupted by physical symptoms and pain. Worrying about your condition can cause difficulty falling asleep or can wake you up in the middle of the night. Depressed mood can make it more difficult to fall asleep or get enough sleep. Depression can also make your sleep less restorative, so you wake up feeling fatigued. Excessive anger can make it difficult to relax enough for proper sleep.

Sleep disruptions can have a negative impact on your health condition. Fatigue due to inadequate sleep can worsen symptoms. When you are feeling exhausted, it can be more difficult to motivate yourself to do self-care. Improved sleep can help our bodies recover from physical health conditions. So, learning to manage your sleep well is an important part of coping with your health condition.

Solving Problems

Identifying the contributors to poor sleep – that is, describing the problem in detail – helps

solutions begin to emerge. Here are some problem-solving actions that have been effective for many people with sleep problems.

Set a Regular Sleep/Wake Schedule

Having regular hours for getting up and going to bed can help set your “internal clock.” Most people are unaware of the importance of having a fixed wake-up time, to “jump-start” their internal clock. It is more important to establish a fixed wake-up time than bedtime: we can control what time we wake up, but we can't make ourselves fall asleep! If you're having problems falling asleep, don't go to bed too early – you shouldn't get into bed until you're sleepy. Also, it's a good idea to eliminate daytime naps. Short daytime naps – although of benefit for individuals who don't have sleeping problems – can make sleep problems worse. Napping during the day decreases the restorative value – or quality – of your sleep at night. Your goal is to increase the quality of sleep you receive at night, and one main way to do this is to condense all sleep to nighttime hours.

Reduce Sleep-Interfering Activities

There are some common activities that disrupt sleep. Things to reduce are:

Caffeine, alcohol and tobacco. It's particularly important to avoid these in the few hours before sleep, or if you wake during the night.

Exercise before sleep. Regular exercise can help your body get ready for sleep at night. However, strenuous exercise in the few hours before sleep may have the opposite effect.

Watching TV or reading in bed. If you read, keep the lights dim.

Make Your Bedroom Sleep-Inducing

It can be helpful to create a pleasant environment for sleep. Use blinds or heavy curtains to create a dark room. Turn off phone ringers.

Make “Going to Bed” a Soothing Experience

Do not get into bed unless you are sleepy. If you are having trouble sleeping – or wake up and cannot go back to sleep – stay out of bed until you feel sleepy.

Create a pre-sleep routine that you follow each night, which helps you get ready for bed. A routine signals to your brain and body that it’s time to quiet down. This may include some form of meditation or relaxation, a warm bath or herbal teas. Get yourself ready for the next day, dim the lights and then mentally “put away” any ongoing problems or upcoming tasks.

Practicing Relaxation may help soothe you when going to bed. Try listening to the Relaxation CD that comes with this workbook.

Get Out of Bed if You Can’t Sleep.

Remember: do not do anything stimulating while awake. Do not eat, drink alcohol, or use tobacco. Try not to watch TV.

Managing Worry

If you find that worry makes it hard to fall asleep or wakes you up during the night, you might find it useful to apply the Managing Worry skill in this workbook. The last page in that section talks about protecting your sleep from excessive worry.

Physical Activity

Increasing physical activity is good for most people’s health. Being physically active can improve your health in a number of ways – giving you more energy, relieving stress, maintaining a healthy body weight and even preventing common health conditions (diabetes, heart disease, arthritis, cancer and others). If you have a health condition, thinking about how you might increase your level of physical activity is especially important.

While physical activity is beneficial for all health conditions, there may be certain kinds of physical activity that should be avoided. If you follow a physical activity program that is carefully planned with your healthcare providers, one that is gentle and enjoyable, you are likely to gain health benefits and a sense of wellbeing. There’s a lot about health conditions that you can’t control, but increasing physical activity is one thing you *can* control.

“Regular exercise benefits everyone, especially people with chronic health problems. Regular exercise improves levels of strength, energy, and self-confidence, and lessens anxiety and depression. Exercise can help maintain a good weight, which takes stress off weight-bearing joints and improves blood pressure, blood sugar, and blood fat levels.”

Dr. Kate Lorig, *Living a Healthy Life with Chronic Conditions* (2006).

Activating Your Life

The Positive Coping Skill most helpful for increasing physical activity is Activating Your Life. That skill involves setting realistic goals and making a specific plan to reach these goals. Here are some things to keep in mind when you start a program to increase your physical activity:

Know Your Limits

As with any goal you set, it is important to be realistic when setting your physical activity goal. If you have a health condition, you should first check with your family physician or specialist to find out what kinds of activity goals are appropriate and safe given your situation. Your physician may ask you to do an exercise test to determine at what level you can safely be physically active. Use the Hurt-Harm Sheet (page 100). Find out from your physician the symptoms during physical activity that tell you that you are pushing too hard, or that you need to check with your physician. These kinds of symptoms are warning signs – by paying attention to them, you can be confident that you are not doing anything to negatively affect your health. Certain health conditions may require that you monitor signs and symptoms before, during or after physical activity (such as measuring blood sugar before and after, in those with diabetes). Make sure to ask your physician if this is needed for you. Remember to ask your healthcare provider to describe the warning signs and any additional monitoring you need to do, write them down and keep them in a notebook or folder where they won't be misplaced.

Set a Realistic Activity Goal

Experts who have studied the effects of physical activity on health tell us that we should aim for at least 30-60 minutes of moderate physical activity on most days of the week. But that doesn't mean that your first goal for the next two weeks should be 30-60 minutes of activity every day! Remember, the best way to make change in your physical activity is to *begin with small changes*. So, if you have been doing very little physical activity most days, then start with a modest change – for example, you might begin with the goal of doing a brisk 10-minute walk three times a week. If this physical activity goal becomes comfortable for you and you're able to maintain it for a month or two, then you might want to increase the goal – maybe you'll start walking for 10-15 minutes most days of the week. Eventually, by slowly increasing your goals, you will reach the recommended level. And remember to check with your physician to make sure that your activity goals are safe.

Something else to remember is that you don't have to do 30-60 minutes of activity in one burst – you can add up your minutes of activity over the course of a day, maybe achieving 30 minutes of activity by taking three 10-minute walks. Being able to add up your minutes of activity makes it easier to reach the goal.

Choose the Most Comfortable Kind of Physical Activity

There are three main kinds of physical activity to choose from: *Endurance*, *Flexibility* or *Strength and Balance*. According to a physical activity guide published by Health Canada, these types of activity each have certain benefits:

ENDURANCE

- Continuous activities that make you feel warm and breathe deeply
 - Increase your energy
 - Improve your heart, lungs and circulatory system

FLEXIBILITY

- Gentle reaching, bending and stretching
 - Keep your muscles relaxed and joints mobile
 - Move more easily and be more agile

STRENGTH AND BALANCE

- Lift weights, do resistance activities
 - Improve balance and posture
 - Keep muscles and bones strong
 - Prevent bone loss

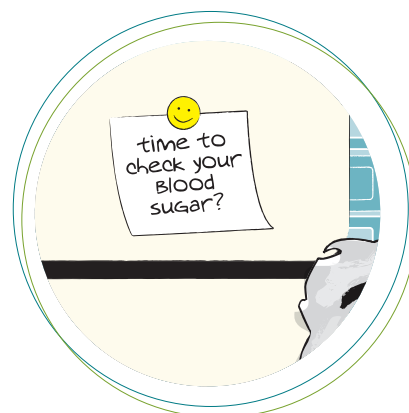
Adapted from Canada's Physical Activity Guide to Healthy Active Living (<http://www.paguide.com>)

Experts recommend that you try to include physical activities from each of these categories. But if you can't do that, do what you can – activate your life as much as you can, within realistic limits. Try to find activities that fit into your daily routine – maybe walking to a local store instead of driving, taking the stairs instead of the elevator, moving around more inside your own home, getting in the habit of doing a gentle exercise routine at a certain time each

day, or participating in exercise classes offered on television or on a DVD. Doing exercise with a friend or family member makes it easier to keep up your exercise habit – and helps you meet two goals at once: increasing physical fitness and social activity!

Nutrition

Many people facing health challenges have been given recommendations from their family physician, dietitian, or other healthcare providers about helpful changes in eating. For example, a person with diabetes may be advised to follow a specific diet, one that's low in sugar and fat. For many people, this kind of diet is a considerable change from their usual eating habits. After all, a high proportion of North Americans consume more calorie-rich foods than is recommended – and many people try to lose weight by following diets, often with considerable difficulty. We all know that diets are hard to follow, as they are often restrictive and quite different from our usual eating pattern. The Solving Problems Skill can help.



Solving Problems

Problem: My family doctor says I have to shift to a carbohydrate-reduced diet.

Action	Advantages	Disadvantages
Shift to a low-carb diet starting next week.	<ul style="list-style-type: none"> I'll be following my doctor's orders. It's good for my health condition. 	<ul style="list-style-type: none"> I tried to start this kind of diet twice before, and it didn't work out. It was really discouraging when I found myself back to my old diet after a few weeks. Not to eat my wife's cooking is like an insult to her.
Keep eating the same way I always have.	<ul style="list-style-type: none"> I really enjoy my wife's cooking, she makes food that's rich and delicious. Everyone in my family eats this way, why should I be different? 	<ul style="list-style-type: none"> The doctor says that the way I eat now is dangerous for my diabetes. I don't like to disappoint my doctor – she's pretty frustrated with me. I don't like to feel like I can't control my eating.
Make a small change to start with – maybe cut out dessert after dinner.	<ul style="list-style-type: none"> At least I'll be making a good change. My doctor says "every journey begins with a small step". If I keep it up, then I can try other small changes – maybe drink a bit less alcohol, begin taking a walk with my wife in the evening, etc. 	<ul style="list-style-type: none"> It's not going to fix the whole problem. I keep thinking that I should just be able to change my diet.

The key to success is making *gradual* changes to your diet, since changing eating habits can be difficult. This change needs to be done carefully and with some planning. The steps of Activating Your Life will help you make this change. It's important to set goals that are **Specific, Realistic** and **Scheduled**.

Being **Specific** means that you are clear about what you want to accomplish – just stating that you want to *eat healthier* is not specific enough. The more specific your goal is, the easier it is to determine your success. Remember – it's all about setting goals that you can accomplish and feel good about doing. Nobody likes setting a goal and not being able to follow through. We've all been there and done that. A more specific goal for eating healthier might be to *cut back on eating rich desserts every day*. Having a specific goal will make it easier to measure your progress. When you measure your progress, you stay on track, reach your target dates and experience the satisfaction that helps you to work towards your goal. To determine if your goal is specific, ask questions such as... *How much? How many? How will I know when it is accomplished?* So, if we continue with the example of cutting back on rich desserts, the question to ask is, *"How many times a week will I cut back on dessert?"* Let's try: *Monday to Saturday I will skip dessert but Sunday I can have a rich dessert.*

Being **Realistic** means that the goal is easy enough to be achievable even if you feel low in mood and energy. On a scale of 1 to 10 (with 1 being not confident at all and 10 being as confident as possible), how confident are you that you will be able to accomplish your goal?

1 2 3 4 5 6 7 8 9 10
▲ Not confident at all As confident as possible ▲

If you rate below 7, you need to review your goal and possibly modify it. This is where you can look at possible barriers and come up with some solutions to overcome them. Maybe allowing yourself to have dessert Saturday as well will seem more "do-able." Once you get to a goal that you think is at least at 7, then give it a try. By starting with a modest goal, you can experience what it feels like to succeed with a diet change and gradually build on this success.

Being **Scheduled** means that you have a clear plan to accomplish your goal, an action plan. This is the "How To" part. *How am I going to reach my goal? What supports do I need? When will I do it?* If you want to eat healthier, just cutting back on desserts "someday" won't work. But if you put it in a time frame, say *by May 1st* or *by the end of two weeks*, then you've set yourself in motion to reach the goal.

Example: *I will have a small bowl of fruit salad every night from Monday to Friday. On Saturday and Sunday, I can have one serving of a rich dessert. I will go to the local produce store on Sunday to buy enough fruit to make up a tasty fruit salad for the week. I will get the family to work together to make up the salad.*

You get the picture. The more detailed you can be about your action plan, the more likely you will be able to follow through. Write down your goal – make a contract with yourself. If possible, have someone you respect sign off on the contract as well. They can be a "cheerleader" for you.

At the end of the time frame that you've chosen, review your goal. How did it go? Did you succeed all of the time, most of the time or not much of the time?

If you didn't reach your goal, think about what got in the way and what you might do differently (for example, making sure that family members know what you're trying to change and *why it's important*). This is a very important step in achieving success with goal setting. When goals are difficult to achieve, you need to figure out what got in the way of your change – then make a plan for getting around these barriers.

If you succeeded at your goal, recognize your success and praise yourself generously for what you've accomplished. Try to reward yourself with non-food rewards. Plan to continue this goal and set another goal to further improve your diet. Maybe you can look at increasing the amount of fruits and vegetables you eat. By continuing in this gradual, self-encouraging and realistic way, you'll be surprised at how much you can change.

Health Conditions List

The Positive Coping Skills in this workbook are effective in addressing a long list of "health conditions." Various illnesses and health problems that people encounter present different challenges and require people to adapt

in unique ways. Some conditions might require a particular ability to manage pain or discomfort; some will require marked adaptations in mobility or physical activity; some will require the use of medications, physical or mechanical aids, or assistance from others in undertaking day-to-day activities.

Here is a list of some health conditions for which Positive Coping Skills can be developed using the skills taught in this workbook:

- Diabetes
- Heart problems
- Arthritis, and other problems of bones, muscles or joints
- Respiratory problems and illnesses, such as asthma, emphysema, COPD, cystic fibrosis
- Kidney problems
- Liver problems, including forms of hepatitis
- Neural diseases or damage, including multiple sclerosis, spinal cord injury
- Gastrointestinal problems such as colitis, Crohn's disease, irritable bowel syndrome
- HIV-related illnesses
- Cancer
- Lymphoma, leukemia and other illnesses related to blood and lymph tissues
- Immune system disorders, including lupus
- Sensory diseases or damage, including visual impairment, hearing loss
- Chronic fatigue syndrome
- Chronic pain disorders, including fibromyalgia

Medication Name		Medication Name	
Date prescribed		Date prescribed	
Prescribing doctor		Prescribing doctor	
Why do I need it?		Why do I need it?	
When should I take it?		When should I take it?	
How much should I take each time?		How much should I take each time?	
How long do I keep taking it?		How long do I keep taking it?	
What should I avoid while using it?		What should I avoid while using it?	
What side effects should I report if they happen?		What side effects should I report if they happen?	
What should I do if I miss a dose?		What should I do if I miss a dose?	
How will I know if the medication is helping?		How will I know if the medication is helping?	

