Self-care

5

Outline

- Resilience
- Short-term self-care strategies
- Long-term self-care goals
- Building a self-care plan

In Chapter 4, we discussed the enormous challenges involved in having a loved one with both mental health and substance use problems. You and your family members should never underestimate the benefits of taking care of yourselves. Taking good care of yourself gives you more physical and emotional energy to deal with the challenges you face, and that will benefit your family member with the illness. Family members will each find their own way to care for themselves. Being able to soothe, relax and calm yourself involves:

- knowing what kinds of thoughts and behaviours make you feel better or worse
- coming up with a self-care plan that helps you to prevent or overcome the negative feelings.

This plan involves following a structured routine each day, engaging in a particular activity, spending time with a good friend, or focusing on a way of thinking—anything that may comfort you and give you a sense of well-being and stability. We will develop a self-care plan later in this chapter.

RESILIENCE

> *The strongest oak of the forest is not the one that is protected from the storm and hidden from the sun. It is the one that stands in the open, where it is compelled to struggle for its existence against the winds and rains and the scorching sun.*
>
> *—Napoleon Hill (1883–1970)*

What is resilience?

Resilience is frequently described as the capacity to thrive and fulfil one's potential despite (or perhaps because of) stressful circumstances. All of us are resilient in one way or another, but some people seem to be more so. They are inclined to see challenges as learning opportunities that can lead to healthy emotional growth and development.

Factors that are characteristic of resilient people include:

- a sense of closeness and connectedness to others
- strong, dependable support from at least one significant other in their lives
- attention to their own personal health and well-being
- high self-esteem
- a strong sense of personal identity
- a realistic and balanced awareness of their strengths and limitations
- the ability to be assertive and emotionally tough when necessary, but also sensitive and compassionate

- a playful, lighthearted approach to life
- a sense of direction and purpose in life
- the ability to turn difficult experiences into valuable learning opportunities
- the capacity to pick themselves up, shake themselves off and keep moving forward after traumatic and upsetting situations
- the ability to adapt to and live comfortably with uncertainty and unpredictability
- the ability to laugh at themselves. Resilient people do not "sweat the small stuff."

> *A sense of humor can help you overlook the unattractive, tolerate the unpleasant, cope with the unexpected and smile through the unbearable.*
>
> *—Moshe Waldoks*

Developing resilience

Ask yourself:
- How resilient am I?
- In what specific ways am I very resilient?
- In what ways am I less resilient and how can I change this?

Activity 5-1: Assessing resilience

Developed by Patricia Morgan

To help you answer these questions, try filling out a resiliency questionnaire or quiz. There are many tools designed to help you assess your personal level of resilience. We have included one of these quizzes in this chapter.

Resilience is the ability to recover or bounce back from and effectively adapt to life changes and challenges. Anyone can strengthen their resiliency. Celebrate the resilient aspects you have in place and take action to improve the rest.

Rate yourself in the following areas:

Never (0) Seldom (1) Sometimes (2) Frequently (3) Always (4)

Attend to Your Body

1. I recognize when my body is feeling distress _____
2. I deliberately relax my body when I realize it is strained _____

3. I eat a wholesome diet _____

4. I get adequate rest _____

5. I routinely exercise _____

Attend to Your Inner Self

6. I take charge of my thoughts in stressful situations _____

7. I recognize when I talk to myself in a criticizing or shaming manner _____

8. I minimize my critical self talk and increase my supportive self talk _____

9. I know what my main strengths or gifts are (example: assertive, disciplined, honest, organized) _____

10. I use and volunteer my strengths or gifts _____

Attend to Your Communication

11. I change negative comments into positive phrasing _____

12. I listen to others and communicate clearly my position _____

13. I work towards finding a mutual agreement in conflicts _____

14. I minimize my criticism of others while offering helpful feedback _____

15. I assert myself by saying "yes," "no" or "I will think it over" _____

Attend to Your Social Support

16. I feel close and connected to significant others _____

17. I give and receive help, support and listening time at home and at work _____

18. I express appreciation to others at home and work _____

19. I encourage and act as a team cheer leader at home and work _____

20. I say, "I am sorry" and make amends when I make mistakes _____

Attend to Giving Your Life Meaning

21. I learn and give meaning to mistakes, hurts and disappointments _____

22. I view work, relationships and life with realistic optimism _____

23. I set and meet realistic goals and expectations _____

24. I laugh at myself while taking my responsibilities seriously _____

25. I find health, optimism, pleasure, gratitude and meaning in my life _____

INTERPRETING YOUR SCORE

Bounce Back Champ (Score from 75 to 100) Congratulations! You have developed a strong resilience factor. You know that it takes daily effort to bounce back from big and little strains. You support yourself with affirming self talk, a healthy lifestyle and a supportive network. You have a sense of humor and an optimistic attitude. Accepting responsibility for your pain, laughter and purpose has strengthened who you are.

Bouncy Challenger (Score from 35 to 74) You have strength in some factors of resilience while other areas need attention. Celebrate what is working and take an inventory of the weaker aspects. Note the answers you scored 0 or 1. Then develop a plan that will address your resiliency needs. Consider reading articles, books, taking a course and finding reasons to smile more often.

Bouncing Low (Score from 0 to 34) Please get yourself some help before you become seriously ill, if you are not already. You are at risk for challenges ranging from depression to migraines to irritable bowel syndrome to heart disease. Make a drastic life change, seek help and put a plan in place. By working on your physical, mental and emotional well-being and resilience you will relieve your loved ones of much worry and create the life you deserve. Please see a doctor, confide in a friend or call your local distress centre if you believe you cannot cope. This will be your first step toward rebuilding your resilience.

Note: Although this tool is based on resilience research, neither it nor the scores have been formally validated. It is intended to provide basic information so you might strengthen your resilience.

For more information see Patricia Morgan's website:
www.lightheartedconcepts.com

Other resiliency assessment tools you may find interesting and helpful include:

- "How Resilient Are You?" by A. Siebert (www.resiliencycenter.com)
- "The Resiliency Quiz" by N. Henderson (www.resiliency.com/htm/resiliencyquiz.htm)

SHORT-TERM SELF-CARE STRATEGIES

Developing a plan of self-care involves thinking about ways to care for yourself on days when you might feel particularly stressed or worn down. Short-term goals focus on the fast and relatively easy ways that you can soothe yourself and replenish your energy. We call these strategies "the quick wins."

Putting the brakes on

Family members identified these short-term strategies that helped them ease their anxiety for a moment so they could face their situation with renewed energy:

- Have your morning coffee.
- Talk to someone you trust.
- Hug your pet.
- Take a deep breath.
- Take a timeout.
- Take a long, hot shower.
- Apply your favourite body lotion.
- Watch your favourite TV show.
- Sit in your backyard after dinner.
- Go for a long walk.
- Become more aware of nature.
- Go to a movie.
- Go shopping and treat yourself to something new.
- Give yourself permission to feel upset and frustrated, and permission to overcome these feelings.
- Structure your day to ensure it includes leisure time.
- Think about things that make you feel happy or soothed or comforted and make a note of them so you can remember to add those things to your list of self-care quick wins.

These short-term strategies will be unique to each family member. List the quick wins that might be most helpful for you, and add to your list when something comes up that you find pleasant or re-energizing, such as visiting a flower market.

Strength and forgiveness

Another self-care strategy involves recognizing and having appreciation for your own personal strengths. This can take a great deal of practice. We can be very hard on ourselves. We can also start to focus on what we think we are doing wrong, instead of right, particularly where it concerns family members who are ill. In fact, it can be much harder to suffer the illness of someone you love than to suffer the illness yourself.

It is essential to keep a sense of yourself as a person independent of your relationship to your relative with the illness. Acknowledging your strengths and giving yourself permission to be human may involve learning to think in new ways about your circumstances. For example, acknowledging positive aspects about yourself—such as intelligence, a good sense of humour, perseverance, motivation, physical abilities—is particularly important when you are stressed. You can practise this type of thinking every time you become overwhelmed with guilt or hopelessness.

Positive self-talk

One way to learn to think about your situation in new ways is by using self-talk. For example, tell yourself, "I am doing the very best I can. I'm only human. I am a caring and loving mother." Letting yourself experience all of your feelings is extremely important when you are coping with difficult circumstances.

Activity 5-2: Quick wins

Strengths

One quick win involves recognizing your strengths. Think about five of your greatest strengths (e.g., the considerate things that you do for yourself or for other people, your sense of humour, your skill in a particular sport).

List them below.

1. _____

2. _____

3. _____

4. _____

5. _____

Role models

Another quick win can involve identifying role models. These could be other people who have overcome adversity and whom you admire because of the way they can take care of themselves, both in calm periods and in crises. Think specifically about why you are choosing these particular people as role models, and identity the characteristics that you appreciate in them.

My role models are:

_____

_____

_____

_____

_____

Activity 5-3: Stop/start/continue

Think about ways of behaving, feeling or thinking that you would like to:
- stop
- start
- continue.

For example:
I would like to **stop** feeling guilty that I am not doing more for my ill family member.

I would like to **start** taking an afternoon time out just for myself, to go shopping or to do yoga or to visit with friends.

I would like to **continue** going to a family self-help group such as the Mood Disorders Association of Ontario when this support group ends.

Write down your wishes.

Stop: _____

Start: _____

Continue: _____

LONG-TERM SELF-CARE STRATEGIES

Recognizing and addressing challenges

There are many challenges in having a relative with concurrent disorders. Try to identify and prioritize these challenges. You may decide that some cannot be dealt with quickly or easily. Others can be addressed immediately and even resolved. It can be difficult for family members when a loved one:

- refuses to take psychiatric medication
- feels severely depressed and suicidal
- lacks motivation and will not get out of bed
- doesn't think it's necessary to go to appointments and groups to solve problems
- uses alcohol or other drugs in your home
- doesn't see the alcohol or other drug use as a problem and, in fact, may tell you that those substances improve the symptoms of the mental health problem
- will not respond to your suggestions or offers for help
- becomes angry, verbally abusive or aggressive toward you and other family members.

It can also be difficult when:

- you or another family member become physically ill and are unable to attend to your relative
- you feel overwhelmed, anxious or depressed yourself, and it begins to affect your ability to care for your loved one
- you are afraid to leave your loved one at home alone, and yet you need to go to work
- another family member develops a mental health or substance problem (or both).

Making a list of your options and possible solutions can help you develop an action plan. Some challenges may require help from other people, such as other family members, friends or health care professionals. You may decide to see a health professional who can help you with your own needs and concerns. You may join a family support group after this one, or even while this one is running. You can make a list of especially close and supportive relatives and friends for help in a crisis. Maybe you can hand over some responsibilities that can be carried out by others, so you can lighten your load in general (e.g., ask for help in car pools, have another family member shop for groceries, simplify the home cleaning schedule, teach everyone the miracle of the microwave!).

Sometimes you need to change the way you think about the problem. Perhaps you need to deal with it differently. For example, you might decide to set limits and clear boundaries with your loved one, so that you do not feel helpless, angry and manipulated. Setting limits also helps your relative because your expectations for his or her behaviour are clearly stated (see Chapter 10: Limit-setting, p.163). Then you must always follow through with the consequences, whatever you decide they will be. Feeling in control is an important part of a long-term self-care strategy.

Understanding problematic thought patterns

Trying to cope with emotions is challenging for many people at the best of times. When faced with severe and persistent stress, you can find it even harder to deal with anger, grief, loneliness, sadness, shame and guilt.

Remember that feelings are intertwined with thoughts, beliefs and behaviours. For example, if caregivers believe that they caused a family member's co-occurring mental health and substance use problems, then they are more likely to feel responsible for their family member's relapses. Such beliefs may then lead to feelings of sadness, guilt and remorse. If caregivers are not able to cope with these emotions constructively, they could avoid seeking help for their family members or for themselves. This may have serious repercussions for their family members and for their own health and well-being. All the self-care morning coffees in the world will not help if you let problematic thinking rule your thoughts.

In *Feeling Good*, David Burns discusses how errors in thoughts and beliefs may lead to negative emotions. Awareness of the types of problematic thinking often helps caregivers to recognize these types of thinking in themselves. They are then in a better position to work on strategies for changing problematic thoughts and beliefs.

OVERGENERALIZATION

This is a common distortion in thinking that leads people to conclude that things are worse than they really are. It occurs when a person exaggerates and therefore inaccurately appraises an event or situation. For example, a family member may think, "I failed to convince my daughter that she needs to take her medication, and she ended up being taken to emergency by the police. Since I failed to help her, that must mean I'm a failure as a person." Mental filter bias is a type of overgeneralization in which a person focuses only on the negative aspects of an experience and downplays or ignores the positive aspects.

MAGNIFICATION

Magnification, or catastrophizing, occurs when a negative event is blown out of proportion. For example, the father of a teenage son with concurrent depression and alcohol abuse thinks "Our neighbours looked at my wife and me in a funny way this morning and didn't even say hello. That must mean they think we're to blame for our son's illness and they want nothing to do with us because they think we're bad parents." This brief encounter is interpreted as something catastrophic.

MINIMIZATION

Minimization occurs when people downplay the meaning and importance of a positive event. "It's great that I was hired for this job after almost 25 people applied for it. It pays more than any job I've ever had before and my new boss said he is looking forward to hearing more about my ideas. I'll get to talk about these ideas in the executive board room meetings . . . but all I can think about now is the increase in taxes I'll have to pay with the higher salary and all the extra meetings I'll have to go to. Besides, I probably won't last long anyway. Once my boss sees that I'm actually underqualified, I'll be fired and then I won't be able to pay any of my bills. And I really only got the job because my cousin worked here for years and put in a good word for me."

DISQUALIFYING THE POSITIVE

Disqualifying the positive occurs when people do pay attention to positive information but then later find a reason to discount it. "It's great to have a friend like Barb call me all the time to talk, but she only calls me because her best friend got a new job now and is busy during the day. She really doesn't even like me."

ALL-OR-NOTHING THINKING

All-or-nothing, or black-and-white, thinking occurs when a person's evaluation of an experience lies at one extreme or the other. For example, a person does not get a job that he or she really wanted. Instead of thinking, "Up until now, I've been hired for most of the jobs that I've ever applied for, so if I keep looking, a great job is bound to turn up," the person thinks, "I was just turned down for the best job I've ever applied for. I'll never have an opportunity like that again—I'm a total failure."

JUMPING TO CONCLUSIONS

This occurs when people jump to (usually negative) conclusions that are not justified by the facts that they have about the situation. "It looks like this is going to be a good day to relax and watch television, but I just know that the minute I sit down, another family crisis will start up."

MIND READING

Mind reading occurs when people assume, without any evidence, that someone is thinking something negative about them. They react based on this conclusion, which is often false. “Why should I bother trying to talk to my co-workers down the hall? They all hate me and think that I should be replaced by somebody who actually knows what they’re doing.”

SHOULD, MUST AND OUGHT BELIEFS

These thoughts and beliefs are often found in people who set unrealistic, often impossible demands on themselves. When they fail to meet these demands, they either punish themselves for their perceived failures or sink into low self-esteem and depression. “I should be a better father”; “I ought to try harder to stop my husband from drinking”; “I should be better looking. I’ll never get ahead in this life being this ugly!”

Some people with perfectionistic tendencies may also hold others to unrealistically high standards. “My mother should learn a lot more about how to deal with my brother. She should kick him out of the house if he refuses to take his medication and clean himself up. And I can’t understand why she doesn’t *demand* that he go to a drug treatment centre. She lets him just sit around the house thinking about whether or not he’s ready to get help. If he were my son instead of my brother, I’d have him whipped into shape in no time. Nobody in this family can do anything right.”

PERSONALIZING AND BLAMING

This happens when a person takes responsibility for something that in reality they had very little control over. “I wasn’t paying enough attention to my son. If I hadn’t been so busy working and doing other things, I would have known that he was planning to hurt himself and I could have stopped him. It’s because of my negligence that he’s back in the hospital.”

Similarly, a person might unfairly assign responsibility to someone else. “You would think my adult children would have noticed how stressed out I’ve been trying to take care of their father and work and manage the whole household at the same time. They can be so selfish and self-centred. If they had been more helpful, I could have paid more attention to my husband and he’d be off the drugs by now. It's really their fault that the whole situation is so out of control.”

Dealing with difficult emotions

Strategies that may help you to deal more effectively with difficult feelings include:
- repeating positive affirmations over and over to yourself such as, "I am doing the best that I can and I am a good and decent person."
- being aware of yourself and any problematic thoughts you might be having about situations, events and other people that might be resulting in negative feelings
- being aware of how you handle stress and what kinds of stressful situations leave you feeling most vulnerable
- developing effective ways of coping with a family member who has concurrent disorders (e.g., finding out how to navigate the treatment system and get help (see Chapter 7, p. 107)
- setting limits and clear boundaries (see Chapter 10, p. 163)
- talking openly and honestly about how you feel, and examining those feelings, either with someone you trust or within a peer or professionally led support group
- talking to other families about effective ways to deal with stress and difficult emotions
- developing and following your own personalized self-care plan.

If you practise these strategies on a regular basis, you can cut down the frequency and intensity of distressing thoughts. They can help prevent negative moods from occurring in the first place, and also help prevent them from getting a lot worse.

In order for many of these strategies to work, it is better if you are calm and thinking logically and rationally. **In a stressful situation, if you find that you are *already* experiencing intensely negative feelings, it might be better to first try calming and soothing yourself before you try to work on any problematic thoughts and beliefs.**

Building social support

Family members often give up their own activities, and can become isolated from their friends and colleagues when caring for a family member with concurrent disorders. Social support is crucial to help you achieve and maintain emotional and even physical health.

FRIENDS AND COLLEAGUES

Some people find it helpful to have a large social network to draw on. Others prefer to have only a few supportive and understanding friends. Participating in a group activity you enjoy, such as a walking club, a sports team, a reading club or church group can help you retain your social network. Old friends and colleagues you've grown apart from may appreciate hearing from you. Being open about your situation will often bring support from the least likely places and people.

SELF-HELP ORGANIZATIONS

Many family members join family self-help / mutual aid support organizations such as the Schizophrenia Society of Ontario (SSO), the Mood Disorders Association of Ontario (MDAO) or the Family Association for Mental Health Everywhere (FAME). While these groups provide support, education and advocacy for family members of people with a mental illness, many of the participants have loved ones with both a mental health problem *and* a substance use problem.

Some of the groups are structured with educational programs or guest speakers from the mental health care system. Other groups are more informal and may involve small group discussions and peer support from other family members struggling with similar issues. Some families also choose to attend self-help groups for family members of people with alcohol or other drug problems. These groups include Al-Anon (for family members of people with alcohol problems), Alateen (for young adults who have siblings with substance use problems) and Nar-Anon (for families of people with substance use problems). (See Tips for Evaluating Self-Help Groups, p. 132.)

Becoming informed

Information is power. Many family members seek both formal and informal opportunities to learn about concurrent mental health and substance use problems. They find it helpful to learn as much as they can about their loved one's particular mental health and substance use problems, including the causes, signs, symptoms and possible treatments.

Believing in yourself and your rights

You have a right to ask questions and to receive attention and respect from health care professionals. Some people with concurrent disorders want their family members to be very involved in their treatment plan, even if they're in hospital. Others may prefer not to involve their families and may want to keep their personal information confidential. Whether or not you are actively involved in the professional care of your family member, you have a right to:

- your own support from health care professionals
- education about mental health and substance use problems
- information about the latest research and most effective treatment options
- respect and validation.

(See Family involvement in Chapter 7, p. 115, and The role of family in chapter 11, p. 190.)

BUILDING A SELF-CARE PLAN

Developing a self-care plan will help you think about the small steps you can take in your own life to build your resilience and reduce your vulnerability to compassion fatigue.

Imagine what your self-care plan might look like. This plan should address all your needs:
- biological self-care (caring for your own physical health)
- psychological self-care (taking care of your emotional health)
- social self-care (taking care of your social needs and networks)
- spiritual self-care (drawing on sources of spiritual help that might comfort and guide you)
- financial self-care.

This plan is called the biopsychosocial-spiritual self-care plan. Just remember to be very specific in your self-care plan. For example, a family member may choose to include something like the following in his or her plan:
- I will work out at the local gym three times a week for 30 minutes each time.
- I will walk reasonable distances instead of taking my car.
- I will go to Pilates classes with my friend Sheila once every week.
- I will eat three fruits a day, and take a B6 multivitamin.
- I will prepare two meatless dinners a week.

Activity 5-4: Self-care plan

Think about how you can take care of your needs. See the following example of a self-care plan:

BIOPSYCHOSOCIAL-SPIRITUAL SELF-CARE PLAN	
Physical health	**Emotional health**
• start daily walks again • return to exercise classes (30 minutes low impact at first; when ready, 45 minutes of high impact & weights) • park my car further away from entrances and walk the remaining distance • use stairs instead of escalators • start shopping for healthy foods that I enjoy and return to healthy eating habits.	• attend family support groups with my husband to help us cope with Kevin's illness • resume my gardening • set limits with Kevin (e.g., practise saying no, allow him to make mistakes) • talk to my husband about stresses instead of having a drink after work • continue attending Al-Anon and MDAO family meetings • set aside daily quiet time to read, garden or write in my journal.
Social life	**Spiritual life**
• go out for dinner with husband at least once per week • resume Friday "euchre nights" with our closest friends, Martha & Harry • go out with my best friend, Sue, at least once per week (shopping/lunch) • resume "family weekend outings" on Sundays.	• take classes on how to meditate • increase awareness of nature (e.g., birds & flowers during day, stars & solitude at night) • return to my readings on Buddhism & serenity • do my yoga sessions every morning when things are quieter around the house • return to my daily meditation readings.

Now write down your ideas so you can take care of your needs.

BIOPSYCHOSOCIAL-SPIRITUAL SELF-CARE PLAN	
Physical health	**Emotional health**
Social life	**Spiritual life**

If one of the areas in your self-care plan looks sparse or empty, you may want to think about whether this is a component of your life that you should work toward expanding. For example, if you have always been an energetic and active person, and in your personal impact log from Chapter 4 you wrote down that you are too busy to exercise and that you feel down and tired all the time, this is an excellent area to begin working on your own health and well-being.

REFERENCES

Burns, D.D. (1999). *Feeling Good: The New Mood Therapy, Revised and Updated*. New York: Avon.