

EMOTIONS



If you have read and perhaps studied and performed what has been presented thus far, you are no doubt serious about yourself. This is good; but, unless you begin to be comfortable in this somewhat regimented routine, you may suffer from emotional strain. If emotional strain is too great, it may cause you to lose motivation. Unless you can maintain your desire to improve, you will fail.

You might be disturbed by the previous statement; but, it is a fact. So don't become a statistic.

By now you realize that dealing with the physical aspects of COPD is not enough. Emotions play an important role. Could any of the following situations described below happen to you?

Situation I

You do not feel your doctor is treating you properly. He does not seem to listen and rushes through your examination. What should you do?

Solution:

You have to be the one to speak up. Your doctor probably does not realize how abrupt he/she is or how you feel. Since you now have a good understanding of your lung disease, you can make many sound judgements about yourself. Let your doctor know your intentions and have that frank talk. Explain your position and what you expect from this newly formed team: you (the informed patient) and your doctor (practitioner, listener and advisor).

This relationship will not only help you; but, it will help your doctor's treatment of you. Once he/she knows you know what you are doing, a telephone call, in many instances, may be all that is necessary to treat an early relapse, understand a change in medication, and so forth. As a well-informed patient, let him/her know where you both stand. Tell your doctor that you respect his/her time and you would appreciate the same. Write all your questions in a notebook so you are not asking the same questions over and over. Don't become a nagging patient. Refer to your notebook often. Study this manual. Be an effective partner of your health team.

Situation II

Your friend comes to your home unexpectedly to invite you to lunch. You're delighted. Suddenly your breathing changes. You are short of breath even though you have not yet begun to get ready. At once you feel angry at your friend for arriving unannounced; or, are you really angry at yourself for not being in control of the situation? Your next thought could easily be, "I can't make it. I just won't go."

Solution:

Provide your friend with a cool beverage and a magazine and ask her/him if she/he would excuse you for a few moments. In the privacy of your bedroom take a few moments to sit quietly and imagine a tranquil scene: a mountain lake, the seashore, a snowy evening by the fire-side. Breathe in easily and exhale slowly. Don't rush or think about getting up until your breathing is under control. The first few attempts may take a few minutes; but, this technique will work. Once your breathing is under control, begin to dress slowly.

Should you be feeling guilty about chores which "can't wait?" Ask yourself if this is really true. They probably can wait. A pleasant visit with your friend may be better than medicine.

Later, tell your friend about your new technique. Anyone can use a good method for handling stressful situations and emotions.

Situation III

It seems to you that family or friends are always planning your life, from the simplest to the most complex activities. You feel you're an adult, not a child; yet, you strike out offensively. Your family reacts negatively. When the storm is over, you feel like you are in the eye of a hurricane: ready to begin again.

Solution:

Recognize that you may be acting unreasonably angry at times. Don't deny this anger, for suppressed anger may be the very thing that is causing you to lose control. You can learn to control the situation. Many would-be arguments have been avoided through compromise. Other people

have ideas which you must recognize as being as important as your own. When you find you can control the situation and guide it, this will give you a feeling of mastery knowing that your problems can be solved by maintaining objectivity.

Try the brainstorming method. Let each person write down as many ideas and solutions as possible, the “far out” as well as the “reasonable.” This is a technique used by businesses and governmental agencies! Consider each person’s ideas in some detail. It is likely that a workable solution that meets everyone’s needs will become apparent. Another method to use when uncomfortable situations arise is to describe, without anger, how you are feeling. You might say, “I know I have a problem because it disturbs me when. . . Won’t you help me solve it?” Practice this skill. It works! Rather than placing blame on the other person, you have confided in them and have expressed confidence in their ability to help you.

Situation IV

You’ve tried to settle certain difference with friends and family using Solution III. It hasn’t worked too well.

Solution :

If those around you say they sincerely want to help you, but none of them feel that they are an obstacle to you, the real obstacle may be yourself. Perhaps their ideas they suggest overwhelm you and make you fearful. You could be underestimating your capacity. Most of us do. Fear can lead to panic, depression, insecurity, sickness, loss of friends. . . It is possible to overcome fear; but, it takes aggressive action to do it. We all fear the unknown; you can make the unknown known by studying this manual, practicing what you know and trusting your family, friends, yourself and your doctor. It’s much harder on the people you live with if you are living in fear. When you conquer fear, you will be well on your way to a more normal and productive life.

Situation V

Your close friend has just been diagnosed as having a chronic obstructive lung disease. He is very depressed. You feel you understand what he is going through; but, what can you say or do?

Solution:

Although his illness is chronic and he has learned this, he may be afraid he will lose control of himself if he discusses it. When people first learn of an illness, they may deny it either by doing less and less, thinking they will not activate the problem or go to the other extreme, doing more and more, thinking to disprove the diagnosis. Many people feel rejected and useless and close to death but keep their thoughts and fantasies about illness and death to themselves. It is a heavy burden to carry these thoughts. You may have thoughts like this yourself. Such burdens need to be shared. You are in a unique position to reassure your friend and show him you understand.

Situation VI

You haven't been to church in five years. At times you feel angry at yourself or at God, resentful that you are ill, sad or guilty about not going. But, everytime you go to church you start coughing; people keep turning around to see where the noise is coming from. Then you feel guilty about disturbing the service.

Solution:

Call your church or synagogue. Perhaps someone would come to you and perhaps they will know persons who need your help. The Creator knows our hearts.

Situation VII

Some excitement has left you short of breath: your family is getting together for a reunion; your spouse has given you a present for no reason; your friend has just surprised you with a birthday party. . .

Solution:

When excited, the first change will be in your breathing. By now this is no surprise to you. Control it with slow breathing and always, always exhale slowly through pursed-lips. If necessary, change the scenery: smile, excuse yourself and go to another room. While breathing slowly, meditate on a still, peaceful scene and stay put until your breathing is under control.

Situation VIII

You are enjoying the company of others at a movie or a restaurant. You have chosen a place you know has set aside an area for non-smokers since smoke has an adverse effect on you. Suddenly you notice the ominous odor. You feel embarrassed about telling this to the offender.

Solution:

Don't be embarrassed. Smoke pollution affects everyone adversely. Chances are, if you approach the person saying, "The smoke really bothers me since I have a respiratory condition," he'll put out the cigarette while pouring out apologies. If he doesn't, stand your ground. You are in the right. If necessary, call the manager. In addition, states have new anti-smoking laws. Check to see if your state has a law governing smoking in public places. Also, get involved

with your local American Lung Association. Ask to help. They'll love you for it and appreciate your support.

Situation IX

It has gotten so that you can't take a shower anymore. The space seems so close. You feel you can't breathe. You say to yourself, "It's in my head," but this doesn't help.

Solution:

Showering is a problem for many people with lung diseases. The rising steam tends to be suffocating, leaving you breathless and weak. Overcome this by using cooler water and leaving the door or curtain open. When shortness of breath occurs, you may have a tendency to rush through your shower. Rushing takes additional energy, therefore, more oxygen. Sit on a stool to help conserve your energy and use cooler water to eliminate the steam. Although using the stool may be awkward at first, once you become used to sitting, you'll wonder how you got along without the stool. (See page 95. if you use home *oxygen*.)

Situation X

You feel breathless even at the thought of lovemaking yet you love your partner dearly. Even if you had the courage to say, "Let's try," you feel it's been too long and besides you tell yourself, sexual activity declines in later life.

Solution:

First, throw out any ideas you may have about sexual desire and activity declining merely because of advancing age. If you have lost your sexual desire, there are several reasons why this may be true. Eliminate the cause; and, sex

can again be very fulfilling.

One cause for decline of sexual desire is depression. Other reasons stem from weakness or anxiety about becoming short of breath. Another could be a result of medication, particularly if you are taking depressants.

Here are some suggestions. With an understanding partner, you can have another chance at sharing very special moments with the one you love.

- Be open and honest with your partner from the beginning. Both of you want to please each other.
 - Plan a time when you have the most energy. It really doesn't make much difference if it is early or mid-morning. But do rest afterward.
 - Since making love requires energy, postpone it for awhile after eating or drinking alcohol for both increase the breathing rate. Alcohol increases the heart rate as well.
 - If necessary, use your metered-dose inhaler either before, during or after lovemaking.
 - Times when you are upset or angry are not occasions for lovemaking.
 - The temperature of the room affects your breathing. Any type of exertion should be done under as ideal conditions as possible so as not to adversely affect your breathing. Temperature of approximately 72° and humidity between 40% to 60% is most comfortable.
 - Positions for intercourse are very important; but, this is a topic many find difficult to discuss. If you feel uncomfortable, recognize this and let your partner read this section. With love and understanding, a stronger bond will grow between the two of you.
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- Lie on your sides either facing each other or both facing the same direction with the female partner in the front. The partner without the lung condition should do most of the moving and do it in a slow, rhythmic way.
 - If the partner with the pulmonary condition is

female, then she can lie or kneel atop her partner. This position is more difficult for a male with the lung condition because he may be too heavy for his partner and not strong enough to hold some of his weight off her.

- When the male partner has the lung condition, he can sit in a chair while the female partner straddles his legs and holds the back of the chair. She should provide most of the rhythmic movement.

Situation XI

It's 2 a.m. and your breathing is getting worse. You've taken your medications, you've been trying to relax, but your airways are tight and they just won't open. You hate to call the doctor. Maybe you need to call an ambulance. You want to be rational about this.

Solution:

You don't want to over react but neither do you want to make a serious mistake. There are times when one needs to rely on the doctor to know what must be done. If nothing you know to do has helped, it may be important to check out the problem even if it is 2 a.m. A treatment at the emergency room may avert a real emergency later. Sometimes a short hospital stay may be necessary.

Situation XII

You and your wife have emphysema and chronic bronchitis. You have always enjoyed traveling; however, your lung condition is severe. You sleep with *oxygen* and often take aerosol treatments when congested. Your wife only takes medication; however, you worry about her too. You feel you would both enjoy travel but need some advice.

Solution:

Traveling is a very important part of some people's lives. You may travel for either business or pleasure. If travel is for fun, and the experience is pleasurable, you will find it extremely rewarding, physically and mentally. Mild to moderate lung disease usually does not complicate travel. However, if you must take an active role in the treatment of your lung disease; e.g., *oxygen*, home treatments, etc., you may find the following check list beneficial for coordinating a safe, comfortable trip:

- Check with your physician. Your physician may want you to contact a doctor in the area you will be visiting and may even wish to send a copy of your medical records. In addition, if your physician feels this is necessary, it should be taken care of well in advance of your trip. Your physician may also approve of traveling only after you have had a reasonable period of stability with your disease.
- Make a checklist of your medications. Use your Record of Medications calendar daily. Travel is exciting; it is easy to forget medications. See Chapter 2 for Record of Medications.
- Carry an ample supply of inhaled and oral bronchodilators, antibiotics, and steroids, if your physician has prescribed them. Antibiotics may help to ward off serious infection and should be taken if your sputum becomes increased and/or colored yellow or green, if you experience tightness in the chest or if you regularly take antibiotics as prevention especially when flu is in the area.
- Pack the majority of medications in your luggage. Carry some with you in case your luggage is lost.
- Carry extra written prescriptions of all your medications in case you should stay longer than planned or if your medications are lost during travel.
- Check with the airlines at least 2 days in advance of your trip if you use *oxygen* or your physician feels you need supplemental *oxygen* while flying. Passenger cabins are

pressurized to an atmosphere equal to that at 1 mile high. Air is less dense; therefore, less oxygen is available. Airlines will not allow your equipment on board; however, they will supply *oxygen* for a fee. A prescription from your physician is always necessary. Smaller airlines usually do not accommodate people who require *oxygen* and smaller planes are usually not pressurized.

Check with your home equipment company well in advance. They can arrange with a company at your destination for whatever equipment and oxygen supplies you may need. A tank at the end of the flight should also be arranged since you would not be allowed to take the airlines tank.

Decide whether a wheelchair might be needed upon changing planes or at your final destination.

Adapt your car's lighter if you need the use of your equipment while traveling by car.

Write out a schedule if you take regular treatments and exercise. Be sure to disinfect your equipment daily.

Plan for frequent rest periods especially if you are traveling with tour groups. It may be difficult to keep pace with tour groups. You may find it necessary to see a little less at a more leisurely pace.

Take an adapter for electrical outlets if you are traveling to foreign countries. Note: It may be necessary to buy a compressor for aerosol treatments especially suited for the country you'll be visiting.

Avoid unknown medications in foreign countries. Many of our prescribed drugs are over-the-counter medications in other countries and may be harmful to you.

Pack sensible clothing and prepare for weather changes.

Avoid pollution of any kind as much as possible; e.g., smoke on airline and trains, polluted cities, etc.

Situation XIII

You are extremely short of breath and on the verge of panic. You just can't catch your breath. No breath is satisfying. You are really frightened.

Solution:

In this situation, you may need medical help. Until you can get it, you must rely on yourself or someone close to you. The techniques are called Panic Control, Part I and Part II; and, you must practice it before you need to use them in order to understand them thoroughly. Your spouse should practice Panic Control, Part II with you or, if you are alone, you may wish to record your own voice or to purchase a prerecorded cassette for Panic Control . Knowing where you can turn for help is a great relief. See Appendix C, Panic Control.

Treating the physical aspect of COPD is not enough. Handling the emotional component is just as important for, in the absence of a calm, relaxed, mental attitude, you and your family and friends may suffer a great deal. Be aware. Learn to recognize problems and deal with them logically. Worry is not only futile but counter productive.

“I have known a great many troubles, but most of them never happened.”

Mark Twain