



# *Department of Psychology*

## Coping for PSCers: Making your life more than PSC

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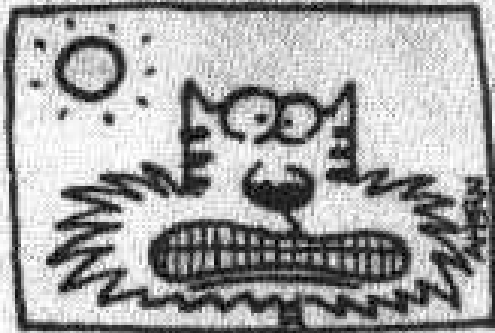
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# Why learn about coping?

THERE ARE ONLY  
TWO TIMES  
I FEEL STRESS:



DAY AND NIGHT.



# Ways your PSC (or IBD) becomes central to your life

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Symptoms or fears of the unknown loom...

- “PSC has become my whole life” – “I am my PSC”
- “PSC causes *problems* in my life, but it is not *me*.”
- “Because of PSC, I appreciate life more and no longer take things for granted.”
- “PSC helps me put things in perspective.”
- “It could be so much worse...”
- “PSC is my life and I turn it into something more...”

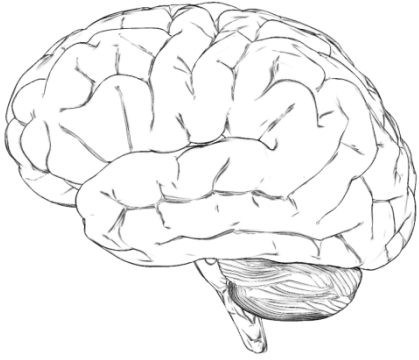
# Why is coping important?

Our bodies are built to respond to physical and psychological demands...

...at least in the short term.

- Demands place *stress* on body & mind.
- When stress is temporary, our physical and psychological response helps us meet those demands.

# Effects of *Acute* Stress on the Brain



Facilitates  
rapid decisions  
to look for,  
prepare for,  
and act on  
threats

- Narrows our thinking
  - Focuses our attention
  - Reduces rational thought
  - Promotes emotional thought
- Restricts range of emotions (fear, anger, & related)
- Reduces creativity
- Reduces social judgment



# Stress response doesn't fit PSC

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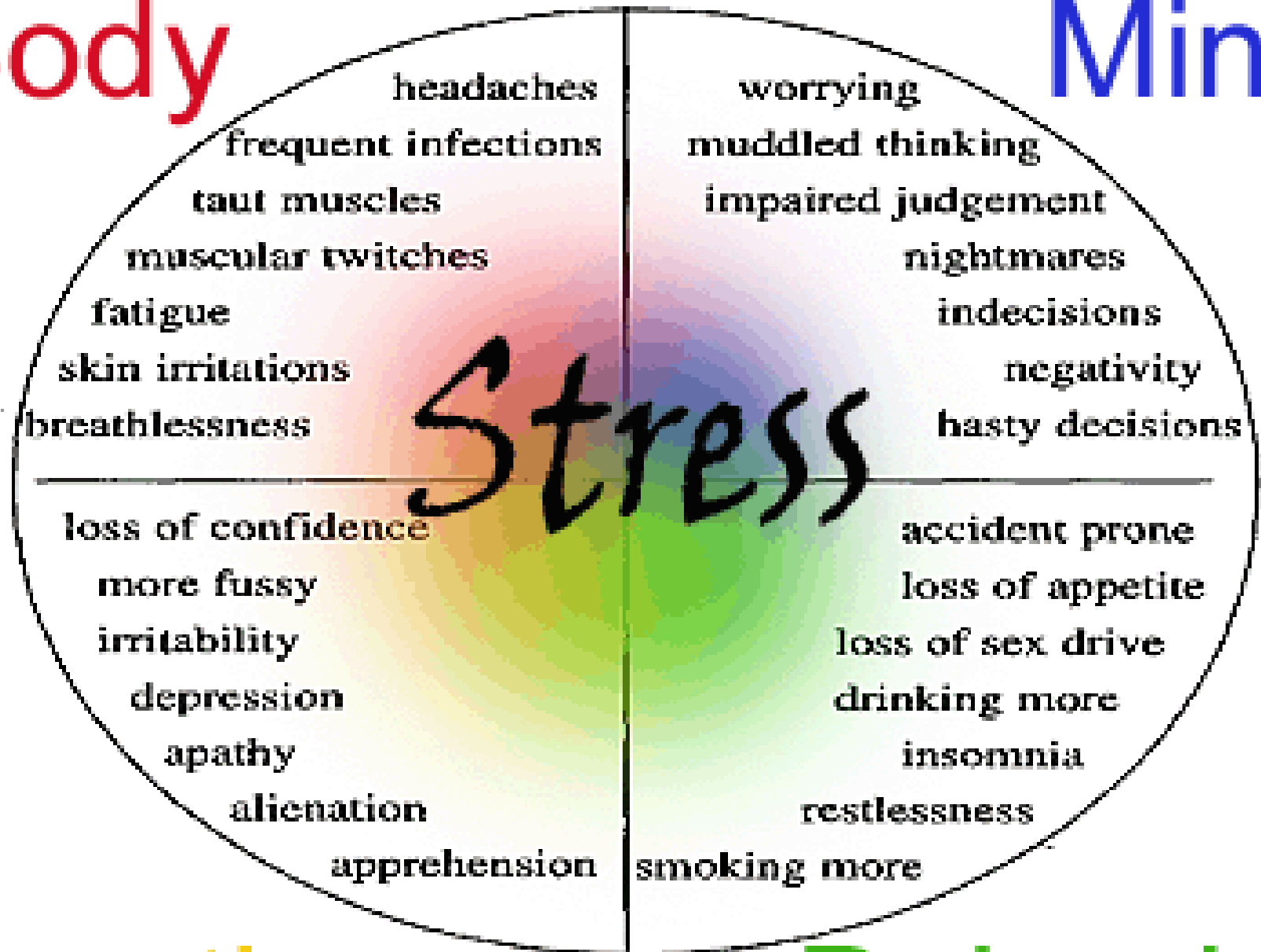
Demands of PSC are usually ongoing rather than acute

- Physiological Changes
- Unpredictability and uncertainty
- Hard to find ways to focus on action

Result? – Chronic and recurrent stress

**Body**

**Mind**



**Emotions**

**Behavior**

# Styles of Coping

## **Engagement**

- Problem-focused
- Fighting spirit
- Positive reinterpretation
- Meaning making & benefit finding
- Social support
- Seeking alternatives
- Socially-oriented, emotion-focused coping

## **Disengagement**

- Avoidance
- Wishful thinking
- Self-blame
- Resignation
- Substance abuse
- Blaming others (e.g., healthcare providers)
- Isolating, emotion-focused coping



# Myth-busting

- Myth 1: Avoidance/denial is always unhealthy.
  - Can be adaptive in short-term, just like other aspects of stress-response system
  - Engaged styles can be overwhelming early on
- Myth 2: Problem-oriented coping always best.
  - Best for controllable, solvable problems
  - Accepting what can't be changed very important

# Myth-busting

- Myth 3: Working through your emotions is always valuable.
  - Inward focused emotion processing can sometimes lead to disengagement.
- Myth 4: Feeling sorry for yourself is always harmful.
  - Occasional “pity parties” can simply be a sign of honesty to oneself.

Problem: Many PSCers find reasons to blame and maintain anger towards healthcare providers.

Why does this Happen?

**REDUCING BLAME AND FORMING  
COLLABORATIVE RELATIONSHIPS**



# Approaching Healthcare Providers

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*Those coping well tend to...*

View healthcare providers as flawed humans who wish to help, while recognizing that some are more flawed than others and not all *can* help.



# Collaborating with your healthcare providers

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- Proactive, assertive collaboration.
  - Come prepared with questions and ideas.
  - Have an advocate and take notes.
  - Seek to be “pleasantly persistent” but be willing to be more forceful when needed.
- Seek second opinions and be open to alternative perspectives.
- Build assertiveness and communication skills.

Fatigue, Sleep Problems,  
Depression, Relationships, Sex

**COPING WITH A FEW COMMON  
PSC CHALLENGES**

# Fatigue

- Very common and real struggle
  - Although can interact with psychological factors, it is not “all in your head”
- Inflammatory process: likely changes in cortisol, melatonin, etc. that influence mood, sleep-wake cycle, and more.
- General influences: sleep problems, dehydration, nutritional deficiencies, too much or too little exercise, too much work...

*Sleep problems often have similar causes*

# Fatigue and Sleep

- Practice acceptance
- Treat illness
- Physical activity
- Balanced Nutrition
- Hydration
- Avoid alcohol and unnecessary drugs
- Seek balance
- Brief naps and siestas

## Good sleep hygiene

- Caffeine moderation
- Minimize light & sound
- Avoid exercise or large meals before bed
- Cool temperature
- Reserve bed for sleep
- Set worries aside



# Depression

- Depression is NOT a sign of weakness.
- You do not have to be sad to be depressed.
- Many of the symptoms of PSC, IBD, and depression look the same.
- Help is available.

# Coping with Depression

- Staying proactive and *active*
- Address what you think-feel-do
- Reduce isolation and seek support
  - Emotional and **Practical** support
- Build Mastery
- Talk with your healthcare provider
- Consider other professional help (*as long as you remember they are human, too*)

# Relationships

- Practical barriers when symptomatic
- Not wanting to be a burden
- Challenge accepting help
- Irritability
- Physiological effects on social judgment and emotion regulation
- Challenge of invisibility of illness

# Sexual Well-being

- PSC *may* impact sexual desire, arousal, and performance
  - Normal stress response
  - Sleep disturbances
  - Medications
  - Hormonal changes
  - Depression
  - Feeling sick
- Pressure to perform (from society, partner, or *self*) or sexual problems may lead to...
  - Withdrawal from partner
  - Disappointment in self and depression
  - More sleep problems
  - Performance problems

As before, accept what can't be changed and address what can be...

- Work towards an open dialogue with your partner.
- If medications or depression may contribute, discuss with your physician.
- Re-assess what is important to you versus what society seems to expect.



# Dial 211 in most states for support

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## **Types of Referrals Offered by 211**

- **Basic Human Needs Resources**
- **Physical and Mental Health Resources**
- **Work Support**
- **Support for Older Americans and Persons with Disabilities**
- **Children, Youth, and Family Support**
- **Emergency Suicide Prevention**

Other National Suicide Prevention Hotline numbers:

- 1-800-SUICIDE 1-800-SUICIDE (1-800-784-2433)
- 1-888-SUICIDE 1-888-SUICIDE (1-888-784-2433)
- 1-877-SUICIDA 1-877-SUICIDA (1-877-784-2432) (Spanish)