

House CALLS

Life changes require strong will, motivation



Dr. Jeanette Godfrey

Finding the courage and stamina to change—whether the change is recommended by a professional or results from some pivotal experience—involves complex psychological and behavioral processes that the individual alone controls.

If you want to make change in your life, you have to change, even if others play a role in sustaining the unhealthy or dysfunctional situation. This is not always easy.

Giving up an unhealthy habit or behavior sometimes can be achieved by "going old turkey," which is least likely to last. What is difficult and challenging for most people is to sustain long-term change and behavior modification.

Ask yourself: What is the behavior or attitude you want to change? How has it affected your life? What other behaviors or attitudes could be substituted? How will you know when change has occurred?

Self-awareness

One of the first steps, perhaps the most important, is to achieve a level of self-awareness into the problem. Insight and knowledge facilitate motivation for change and the equally important goal of asserting control over the factors that maintain the problem. You must want to change, even if initially the pressure to change is externally imposed. We are rarely able to effect deep, long-lasting change for the benefit of pleasing someone else. Tackling any type of change—be it lifestyle, relationship, health, or work-related—requires a fundamental adjustment in thinking and, ultimately, in the behaviors and attitudes that derive from faulty, negative beliefs.

Fear of failure and learned helplessness are two examples that originate in faulty thinking. Past failures come back to haunt us, even though the context may have been entirely different. The belief that no matter how hard we try we will fail is quite powerful but challengeable. Examining failures to learn from them is a far more constructive use of what happened in the past and can highlight areas of vulnerability and self-defeating patterns that can be better controlled in the present.

Take control

You must tell yourself that you can control the problem. Learn to believe in your ability to master or relinquish the problem. It is also important to explore a variety of coping skills and to approach the situation in a planned and structured way. Some examples are a combination of diet, exercise, and support group meetings for weight loss; or abstinence plus AA/NA group attendance several times a week for an addict or drug-abuser. Similarly, there are numerous medical risk factors that might require dramatic lifestyle changes for improved quality of life as well as longevity.

Stay motivated

Some suggestions for remaining motivated and committed during the process of change:

- Make a list of your terminal goals, then break down the list into incremental steps. Give yourself plenty of time.
- Begin by taking small steps, bearing in mind that your initial efforts may not succeed at first. Be patient.
- Allow your confidence to grow with each small success. You will feel more confident and in control of the change process.
- Celebrate, and share your joy with others. You could be an inspiration to someone else.

Dr. Jeanette Godfrey, a clinical psychologist and clinical manager of Henry Ford Hospital's Behavioral Health Clinic, can be reached at (313) 874-6677.

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Then ...



and now

Readers share stories of triumph over obesity

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Pricilla Shay is less than half the woman she used to be...a lot less. Six years ago the slim, trim Garden City resident, who can slip into a pair of size 6 jeans, weighed 380 pounds. Today, she barely tips the scales at 138 pounds.

"It's hard to realize I am small. Every once in a while I look into a mirror and say, 'Wow, that's me!'" Shay's accomplishment is all the more amazing considering she works as a full-time cook at the Derby Bar in Livonia. She tastes but never eats what she cooks. She loves the way she looks and feels and doesn't want to backtrack.

Shay, 38, was obese all of her life. Most people in her family had weight problems. "I've had a cousin die of obesity. He was over 500 pounds," she said. A doctor once told her she would die if she didn't lose



Starting to lose: Shay's weight loss is evident mid-way through her goal. Daughter Rita, left, is proud of her mom.

weight. Shay ignored the warning and even gained more weight.

"No matter what anyone says to you—'You're going to die'—it doesn't make a difference," she said.

However, five years ago on New Year's Eve, Shay reached a pivotal point in her life. She was going to lose 250 pounds. "I said, you know, by the time I'm 40 I want this weight off. I said I was going to take it off 10 pounds at a time."

Shay joined Weight Watchers because she believed weighing herself in front of someone was important. She cut out all red meat, cheese, fried food and fast food. She began exercising. Her weight loss over the next four years came in spurts, but by last March, she had reached her goal.

"When I got to 140, it was a big celebration." But losing weight was not always a downhill effort for Shay. There was one year I lost only 17 pounds, but I lost 56 inches. That scale can really play tricks on your mind."

Shay now exercises morning and night, lifts five-pound weights and walks eight miles a day. Saturday morning is the only time she takes a break in her regimen. She eats Kashi's "Two Good Friends" cereal with sliced bananas every morning for breakfast, fruit and maybe some plain popcorn for lunch, and a well-balanced dinner. She never eats after 6 p.m.

"That way you can wear your dinner off," she said.

Complex problem

Obesity is a complex condition that results from

the interaction of genetic, behavioral and environmental factors. Maintaining weight loss requires a deep change of attitude. It also requires the ability to stand firm against others' attempts to sabotage weight loss efforts.

Some families relate to each other through food rather than words, and a member's decision to lose weight may be viewed as alienation, said Gail Cox, program coordinator for Belsford Center for Health Improvement and an instructor in the center's The Solution weight loss program.

■ 'There's nobody made to be 300 pounds. My whole life I thought I was a big boned guy. I was just a fat guy.'

Frank Grisa
Lost 100 pounds

"For obese families, food is soothing, comforting. If a member decides to lose weight, the family doesn't have something in common. They think, 'I'm afraid you'll leave me.' It's threatening," she said.

Beware, said Cox, of friends who bring you chocolate shakes. "People can feel jealous as someone gets smaller. They feel left out."

Shay said her weight loss was difficult for her mother. "My mother always said, 'You're too thin, too thin.' If the family couldn't accept the way I ate, I had to almost cut off communication."

However, Shay does socialize. "If you think about it, everything is food... parties, gatherings, but you have to learn to be sociable with the food because you can't just go hide away."

Grandchildren

Two years ago, Kevin Henderson, 30, a Canton firefighter and paramedic, weighed 260 pounds. Even on a 6-foot-11-inch frame, that was a lot of pounds. He decided to lose weight for two reasons, his job and his future grandchildren. Henderson's father died in January 1997 at age 55 of a heart attack. He never saw his son's two children.

"I was getting to the point where youth alone wasn't getting me through the job. When you're 21 and big, it's not so bad. But when you're 28 and big...



Before: At 260 pounds, Kevin Henderson was a "big daddy" to his newborn son, Benjamin, now 3 years old.



Looking good: It took Priscilla Shay four years to lose 250 pounds. She's now a fit and trim 138 pounds and can't believe she's "small." Picture at left shows Shay at 380 pounds, her top weight.

heck, we fight fires. I also wanted to see my grandchildren. With a family history of cardiac problems, I didn't think I could make it," said Henderson.

He cut out beer and junk food, increased his intake of fruits and vegetables, and started running and weight training. In addition, he began eating six or seven smaller meals

rather than concentrating his caloric intake on a big lunch and dinner. He lost 70 pounds over a year, with the first 50 pounds coming off within six months.

Today, Henderson is a buff 180 pounds. His blood pressure is 100/60, his cholesterol 106, and his resting pulse 52. He feels great.

"You have to get in your head that losing weight is something you want to do, and then you must be consistent. Any fat diet can't be sustained," he said. "You need to change your lifestyle. I did."

During a recent ambulance call, Henderson heard the words everyone who has lost weight wants to hear. As he and another paramedic were maneuvering a patient through a tight space, an onlooker glanced at Henderson. Don't worry, she said, he's thin.

Liquid diet

Frank Grisa, 42, a former Livonia resident who recently moved to Montpelier, Ohio, to open a car dealership, still remembers "the long struggle to the husky department" after his mother bought school clothes for his two slim brothers.

Last November, during one of his frequent trips home to visit his mother, Rose, Grisa made an appointment at Beaumont Hospital's Weight Control Center in Birmingham. He had reached 300 pounds. Playing with his three sons, a 5-year-old and 2-year-old twins, was difficult.

"They were active, and I was not. They were starting to win a family wrestling matches," he said.

Doctors at the center put Grisa on a carefully monitored liquid diet and prescription vitamins. So far, Grisa has lost almost 100 pounds. "At first going without solids was difficult," he said. "Just the act of putting something in your mouth and chewing... But you start dropping weight and you become inspired. Not eating almost becomes your hobby."

After his weight loss, Grisa discovered what was for him an outstanding fact: "There's nobody made to be 300 pounds. My whole life I thought I was a big boned guy. I was just a fat guy."

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