

KEEPING BALANCE

A psychologist's experience of chronic illness and disability

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Chapter Six

Exercise is Good Medicine

Staying Active...

From the start of getting MS I was determined to stay as active as I possibly could. Exercise is important for anybody but I felt that it was particularly so for me, partly because I was used to taking and enjoying exercise. I didn't want to lose that if I could help it. Secondly, I knew that if I didn't take much exercise I would rapidly lose fitness and muscle tone. Then if things did improve in terms of my MS it might be difficult to fully realise and take advantage of that improvement. One particular statement from Judy Grayham's self help guide to coping with MS epitomises that judgement. This reads 'Regular exercise can make the difference between being able to stand and walk – or becoming wheelchair bound'.

The initial period when I had to adapt to physical incapacity was immediately after the initial relapse in the summer of 1993. Looking back, that period of restriction was over relatively quickly. Nevertheless, the exercise approaches I adopted and developed during that time have proved their worth in my later coping.

My first strategy, as soon as I started the subsequent period of sick leave, was to make sure that I had a short daily walk around the estate where we lived. Initially, of course, I couldn't walk very well or very

far. I needed to use my stick for support, and to ensure that I was secure against a sudden loss of balance, at any time. However, I soon tried to walk a few steps holding the stick off the ground. Then I tried to extend this so that I was just using the stick as I got tired, or when I came to a kerb or any other kind of unevenness. However, by October 14th, around two and a half months after it had all started, I recorded that I took my stick on my daily walk, but didn't use it at all. I felt that this was an important achievement and, most especially, an indicator that things really were improving.

Of course, I was walking far more slowly than I would have done previously and that was frustrating. I didn't walk very far either – my usual walk through October and into November was about half a mile. Then I began to gradually extend the distances. I had to be careful not to exhaust myself before I got home, but I began to seek out places where I could sit and have a rest – usually on somebody's garden wall. So, as we got through November I was walking a mile and slightly more.

Another area of physical activity where I had already made progress was in swimming. Having previously been quite a good swimmer I hadn't felt there was any great risk attached to this – although I felt newly vulnerable to those kinds of swimmers who thrash up and down the baths without taking a great deal of care over who they might meet on the way. I was pleased to find that there were special recuperative swimming sessions provided at the local baths. These were intended for people suffering some degree of physical infirmity, or convalescing after illness. So I joined a group of enthusiastic but civilised swimmers who took care not to meet too abruptly in the middle of the pool. I am surprised, checking back, that as early as October 11th in 1993 I noted in my diary that I had done 18 lengths.

A new activity which we took up at this time was Yoga. Pete came with me to evening sessions at the local comprehensive. I had, in the past,

thought that the practice of yoga would be worth trying, but had never quite got round to it. Now I had read that yoga had positive benefit in relation to MS. It is a gentle, rather than aggressive form of exercise. But it does involve some positions which require a certain degree of balancing, and balance is a problem for many people with MS.

I did feel a little uncertain and vulnerable to begin with. However, one of the advantages of yoga is that it is not competitive in any way. I could position myself next to a wall so that there was support available as necessary. If a position was clearly going to be impossible for me, I could just sit it out. As with the other forms of exercise I was taking, things did improve. We started to do half an hour's yoga most evenings before our evening meal, something that I have kept up reasonably regularly since.

So things did improve quite quickly. I was lucky that there were activities that I could go back to and get involved in. The number of lengths swum and the distance walked provided clear indicators of progress. These markers showing real improvement were hugely encouraging. Although I still didn't feel that I could walk easily or comfortably at least it did seem that some improvement was taking place.

It might appear from some of these comments that progress in regaining mobility was checked off and measured in a primarily objective way, but it was also a matter of pleasure and enjoyment – of taking great satisfaction in doing again those things I had once taken for granted, and for a while, feared I might never be able to do again.

I walked other places besides around the block – mostly at the weekend with Pete. We discovered or rediscovered some local possibilities that formerly would have been dismissed as being rather flat and boring. We enjoyed gentle ambles along a nearby canal. We got to know a couple of local country parks, one of which was well wooded and very spectacular on a sunny autumn day. And it wasn't

really flat at all. There was a small lake with views towards the Peak District hills and a substantial stream with waterfalls and quite precipitous banks in places but, most importantly, a good, accessible path.

So, by the time December came my ability to get around was a great deal improved. It was by no means back to normal, but I could walk much more easily and for increasing distances. Over the remainder of 1994 we tried to keep up the walking as much as we could. I think that over this period, and into 1995 we were in many ways more active than we had been in pre-MS days, although a somewhat different pattern of activity. In terms of walking in particular, we would previously have had a day out in the Peak District once every three or four weeks, when we would have done a walk of around eight, ten or eleven miles. Now, we usually walked locally – along the canal, or at one of the nearby country parks, but we did this a lot more often than we had taken our longer walks previously. If the weather was at all reasonable we would try to get out most weekends – we felt we had to make the most of this walking ability.

We did so – not only in our local area but also in the holidays we took during this period. As I've mentioned, we had a wonderfully enjoyable holiday in Switzerland in the late Spring of 1994, and a real walking holiday in the Lake District in Easter 1995.

Curtailment...

But, as I've also reported, this was only a short term return to my pre MS level of activity. From the Autumn of 1995 and onwards there was a slow and insidious decline in my ability to walk. I was soon back to using a stick most of the time. After quite short distances my left leg seemed to lose appreciation of how it was meant to act in this walking business. I had always to be thinking about where I could take a rest. Since there aren't always convenient rest stations available, we took to carrying a folding stool with us.

Determined to keep going, I didn't stop going for walks altogether, but by the middle of 1996 I was down to about a quarter of a mile – and then I required a rest. The other feature of my walking at that time was that I was doing it more and more slowly. My diary records the frustration I was feeling. There was just nothing I could do to speed up. It was completely beyond my power to move any faster.

I was still able to keep swimming, but was very conscious that I was doing it less well. I had particular difficulty doing the leg movement of breast stroke. I could keep up the leg movement of crawl since it is a very simple up and down kick. But crawl is a more energetic stroke so even though I tried to take it easy it made me very tired. Then I would have some difficulty in hauling myself out of the pool at the end of my swim. After that there was the business of getting dressed again! I have never seen this as a favourite part of the process of going swimming. It is worse when you have to take the greatest of care not to slip as you move around, and actions feel clumsy and convoluted.

By this time I was either having to drive into the university, or get a lift from Pete or somebody else. Although the swimming pool was only across the road from my work place, I was increasingly unable to walk back after my swim. At the same time it just reinforced feelings of incapability to have to take the car that short distance. Anyway, I didn't always have the car. We only had the one and sometimes Pete needed it. There wasn't any particular crisis which stopped me from swimming, and I kept it up through most of 1996. However, I wasn't getting quite the same level of enjoyment as previously and my enthusiasm and motivation dwindled away – as did my commitment.

So, keeping active and maintaining the exercise was clearly becoming more difficult. Fortunately, during this difficult period, there was the ongoing distraction of our new house, which was gradually taking shape. Alongside this I was still walking and doing yoga, but clearly some re-assessment was becoming necessary if I was to maintain mobility.

Adjustments Required...

So what could be done? There were clearly limitations. To some extent I just had to be more patient – get used to going slowly – take positive pleasure in the fact that I could still walk, though it was easier to do this out in the country at the weekend, rather than battling to get around the university during the week.

The other strategy was to experiment more with walking aids. I bought myself a pair of yellow crutches with the hope that they might enable me to walk a little faster. I practised with them at weekends. I did use them for a while but in the end they were discarded and have stayed in the walking stick container for a long time now. They seemed clumsy to use, made holding things more difficult and didn't really help with speeding up to any substantial degree. Impatience and exasperation ruled!

What I did, in the end, find much more useful was a stick with a Fischer handle. These have handles which are shaped to receive the palm of your hand – they come in left and right handed versions. With a good, sturdy ferrule I found this much more secure than the stick I had used previously – there was a good solid base on which to lean.

But one has to be careful not to lean too much and get out of balance. It took me a while to be convinced that I needed two sticks – couldn't I walk quite well with just the one? It was my mother's suggestion that I try a second, and I resisted it for a while. But she was right. You are more secure with two, especially on rough ground, and I think it is possible to walk a little faster. You are also better balanced with two sticks. With just one it is easy to find yourself, without at all meaning to, leaning too much on that one. With the two you can more easily take up a better balanced position and a more natural gait. I don't use the two sticks all the time – only when I am going for a proper walk, but I have no doubt of their value in those circumstances. And they are

invaluable in those fortunately rare occasions when a large dog decides to be over-friendly!

I could, and did, still walk – but it was a frustrating business. I wanted to get out and not feel totally exhausted after a short distance. I especially wanted to be able to get out to beautiful places and not just be viewing them from a seat in a car. So, the time came, in the summer of 1996, when I began to feel that I would need to acquire a wheelchair.

Not an easy decision to make – it involved personal admission that the MS was seriously restricting my mobility. It also required an acceptance that there was no sign of it getting better, and that the limitations were likely to be here to stay. At the same time there were positive aspects. I was going to be using the wheelchair on my own terms. It would enable me to go to places and do things that wouldn't otherwise be possible. I certainly wouldn't (at least for the present) be giving up walking. I would be a part-time wheelchair user.

So, I became a wheelchair owner. It was a lightweight, folding model, but one I hoped would be reasonably strong and resistant to the rough treatment I expected to give it. It was probably the brochure picture of an attractive young lady wheeling down a wooded lane and the name 'Actif' which sold me this particular model! My choice of a chair on which the enamelled parts were in bright yellow was also intended as some sort of statement.

I was pleased with my acquisition. It did, as I had hoped, improve my countryside mobility – at least to a degree. It enabled us to get back to visiting local countryside parks, where paths were generally quite well surfaced. I soon adopted a strategy of walking a bit while pushing the chair, and then riding when I got tired. I didn't really like to be pushed – not even by Pete. But, of course, there were times when this was the best policy. Wheeling by pushing the wheel hand rims is hard work.

Despite some mixed feelings, the wheelchair had been a good

purchase. But it still wasn't allowing me to get into the countryside to the extent that I wished. Unless you get into serious training there is a limit to how far you can go – and it's hard work for the pusher too, especially if you want to go uphill. It is also difficult, pretty well impossible really, to use a conventional wheelchair over rough or uneven ground.

So, were there any other possibilities? While researching the wheelchair options I had come across a commentary on the use of electric battery powered scooters or buggies as a means of more serious cross country transport. The writer commented on using his buggy to explore both the Hebridean Islands and the Black Forest in Germany doing 20 mile off road 'rambles'. This sounded more like what I was after. Some further research into available models led to the purchase, later in August 1997, of a Lark 6 buggy which could supposedly manage 8 mph.

Initially, I used the buggy a fair bit. We had some good rides on Forestry Commission routes in particular, which are now being opened up for recreational use. They have the advantage over the usual countryside paths of being well surfaced, and not degenerating into narrow trails which would now be impassable. The other major advantage is they don't have stiles. Getting over the stiles used to be just an accepted part of a country walk. Using a buggy means that they are totally impossible – one just has to turn back. Forestry Commission trails mean that free buggy passage is pretty well guaranteed.

Forestry routes sometimes have the disadvantage that they can be dark passageways through the uniform, serried ranks of towering conifers. However, there are better possibilities – and inspiring views to be had. One of our best expeditions with the buggy came on a sunny October weekend visit to Llandudno in 1997.

We drove up the Conwy valley and took one of the single track roads into the Gwydyr forestry area. There are some splendid views from the

road as one can see the mountains of Snowdonia on the skyline to the west. We parked just above a small reed-fringed boggy pool.

We set off with me riding the buggy and Pete walking. Our objective was another larger lake probably not much more than a mile distant as the crow flies but a fair bit further on the winding forestry tracks. Route finding is not that easy since there is no way marking or sign posting and it is not always easy to get correspondence between the tracks and the ordnance survey map. But it was a beautiful day, and we weren't in a hurry. We got to the lake in time for a picnic lunch down on its pebbly beach, and enjoyed its quiet, isolated situation and the view along its length. The lake (Llyn y Parc) cannot be reached by road and so getting there felt like a considerable achievement.

Llandudno itself is quite good for wheelchair wheeling. The main promenade is wide and smooth, somewhere where hand propelled progress is easy and enjoyable. The western promenade is not quite so smooth, but it does have the most splendid views towards the mountains.

Locally, in rides from our house, the buggy also had advantages. I could vary my walking route a little by riding the buggy so far, and then abandoning it and walking further on foot. It also allowed me to get into town without using the car. It meant that I could ride around town to do various bits of shopping, rather than having to park the car and walk, and get tired walking around. I soon realised though that one has to be careful about one's route - 'bumping down' over the kerb is not a good idea.

However, I soon found that the buggy had a few problems and limitations. It wasn't as efficient as I had expected in getting up hills. The supposed 8 mph capability soon declined on an uphill gradient. If the battery was low there was a real risk of the machine failing altogether. It wasn't that reliable. On one occasion, coming home from town the buggy just stopped, and there was nothing I could do to get it moving again. I was stuck! Marooned!

So what to do? I couldn't just sit and wait. Nobody would be able to help because the machine is too heavy too push. The only possibility seemed to be to abandon the vehicle and walk! Fortunately I wasn't that far from home – somewhere in the region of half a mile. I just about managed to get back without collapsing on the pavement. When I had reached home and recovered I actually felt quite pleased with myself because I had walked further than I had for a while. I phoned the local police to inform them about the abandoned buggy but they didn't seem that bothered.

That sort of experience didn't give me a great deal of confidence, so the buggy was completely abandoned when I discovered better alternatives. But, looking back I can more fully appreciate the value of electric buggies to many disabled people. They have become more commonly used since I had mine in 1997. The range of different kinds of models is much wider, and I hope the reliability of the batteries has improved – it certainly shouldn't be beyond the bounds of current technology!

A rather different practice, which I began to take up at this time, was not to do with mobility, and although it required to be practised it did not involve exercise either. This was meditation. I bought an introductory guide to meditation and decided to have a try. I used the approach of meditating 'on the breath' which we had tried a little at the end of our yoga classes. For me, as I think for many others, the experience of 'pulling back' attention and concentration to the breath, after it has become diverted, is as important as the experience of concentration and focus itself.

I haven't kept up my practice of meditation quite as effectively as my practice of actual exercise. There have been periods when it has lapsed completely. Nevertheless I have come back to it. It is difficult to identify clear beneficial outcomes, but it does give me a sense of satisfaction and I think that there are subtle but still important benefits.

Taking a Walk...

This discussion of wheelchairs and electric buggies might be giving the impression that I am no longer walking anywhere. I am glad to say that this is not true. My walking ability is still severely limited – a mile is about my absolute maximum in the best of conditions. 1996 to 1997 was the worst period, but I still kept walking a little. This was either with the wheelchair (part walking and pushing, and part riding), as described previously, or very short walks from our house using crutches or sticks. Fortunately, things have improved somewhat since then.

As I have already written, in November 1996 we moved house. Our new home has a whole host of positive qualities. One of these is not to do with the house itself, but with its position. Not much further than just across the road, our road actually becomes a single track lane. The houses are left behind and there are fields on either side. I soon feel that I am really in the country. Having this kind of opportunity so near at hand really helped me to keep walking.

The lane is a popular walk for many neighbours. I often meet other people during the completion of my own walk. There are particular people whom I know I am likely to meet at certain times. We can stop and catch up with news, so my walk is partly a social experience. I don't manage a walk every day, but I do try to get out as much as possible when the weather is at all reasonable.

What is it about the lane itself that appeals to me? A crucial characteristic is that, although a little rough and potholed in places, it does have a hard, bitumised surface. Soft, uneven ground demands much greater walking effort and is more difficult for me to deal with. As a single track road, with a relatively poor surface, which doesn't go anywhere in particular there is also limited traffic. It is usually fairly quiet and peaceful and I can enjoy the lane and the countryside views in a leisurely kind of way.

There are of course some cars, and inevitably some which go much too fast. There are also, at some periods, huge tractors almost filling the whole width of the lane. They have trailers of muck, grass for silage or crushed maize, depending on the season. I need to keep alert and have a plan for getting out of the way fairly smartly. For part of the lane there are reasonable verges so it is easy to get on to these quite quickly. On the narrower parts where the banks and hedges go straight up one has to get in tight and sideways on.

But, to get back to the lane itself – for me this lane is not just any lane. It has, to my mind, the varied qualities of an ideal lane. It is not flat and arrow straight as some lanes in Cheshire are. It meanders gently around a number of curves, so that at no point can you see along it very far. The first section is fairly flat, bounded on either side by hawthorn hedges. But then there are two gates on either side. On one side there is a view downhill and across the fields. On the other you can see to the very beginning of the Peak District hills.

The lane then begins to slope gradually downhill where the road bridges a small stream. For quite a long time this was as far as I could manage and I would sit and rest on the stonework of the bridge. Now, I can climb back up the bank on the other side and then around the gentle curve to the T junction. There is a huge beech tree just to the side and, since this is something of a high spot, views around. On summer evenings, if I get there at the appropriate time, and weather conditions are right, I often have a splendid view of the sunset. At other times, and on any part of the walk, I can enjoy the varied cloudscapes. These days I notice and appreciate the skies more than I used to.

Up to this point I will usually feel I have been walking pretty well. I might think I've been walking quite fast. I won't have been leaning too much on the sticks – just trying to touch them lightly to the ground. On the return journey this gradually gets more difficult and I find myself leaning more heavily – even if I'm consciously trying not to. Gradually

too my speed and pace fall off. I have to be on guard against my left leg dragging. The smoothness of my walking declines and is more out of control. My left leg especially gets tired and heavy so that, on some days, it can be difficult to force one foot in front of the other.

Other days are better – or the sun is shining and I just feel like going further. Then I can decide to go beyond the T-junction. In one direction I then pass an attractive old farmhouse with cobbled yard and interesting looking but somewhat tumble-down barns. The house is a grade II listed building with partly Tudor origins which has recently been sympathetically restored. Beyond is an overgrown pond – it has really pretty well disappeared in the time I've been walking here. Then there is a set of four attractive Victorian terraced cottages – hardly long enough to be called a row, really. Beyond, you get back to the main road. I do, on occasion get this far. It is just over half a mile. The lane continues across the main road, but I know that if I attempted to go further I would not be able to get back home.

The other arm of the 'T' leads down an avenue of mature, well-grown trees. The horse chestnuts are particularly attractive and in the early autumn I enjoy searching for conkers in among the leaves. Unfortunately the trees are gradually being lost – two have come down in storms since we moved here. This arm provides the drive to Tall Chimneys – a large, rambling Victorian vicarage that does indeed have tall and dramatic chimneys. From the final part of the public right of way there are extensive, sweeping views. On a very good day it is possible to see over to the Bickerton hills, almost across the other side of the Cheshire plain. The right of way path turns off the drive to cross fields behind Tall Chimneys and down into the valley beyond. Here there is an attractive, but often very muddy riverside walk. I have been there, but even with present improvements I cannot do so on my own.

If I have had an extended walk down one of the arms of the T, then I will be pretty tired, even exhausted, when I get home and be fit for nothing until I have had a rest. Sometimes, I feel thoroughly

exasperated at being so exhausted after having walked such a short distance. I bemoan the fact that without my MS I would be able to extend my walk into a number of longer and attractive routes. But mostly, I celebrate the pleasure of the walk, feel pleased that I am able to take a walk when I choose to, and when the weather is right. I think about how hugely lucky I am to have such a splendid lane to walk down immediately at my front door.

Moving to the Music...

In June 1997 we went to a friend's 50th birthday party. Since this was the celebration of an old school friend of mine, and away from our home base, we didn't actually know that many people – but it was a very friendly and enjoyable occasion. Then the music began. A local folk band was playing and calling the directions. I would have loved to have been able to join in. It was hard to sit on the sidelines – but risking taking a fall in such a situation was not sensible.

After the band had finished we had pop music from the sixties and seventies instead. Since in this situation one can dance vigorously – or very gently and sedately – I began to think that maybe I could join in and have a go.

The feeling of wanting to try was very strong. I persuaded Pete that if we held hands to help my balance, and did some very gentle moving around to the music, then it was probably safe. It was, and with good rests in between we had a few 'dances'. I was really pleased. It was not that I had particularly missed dancing. In our middle age there hadn't been that many opportunities for taking part, and certainly since the start of my MS there hadn't previously been the sort of occasion when I felt I had the opportunity. Now there had been, and even if rather tentatively, I'd had a go!

But, how often would there be other such opportunities? There wouldn't be many unless I did something to organise them for myself.

I decided to have a go at putting on appropriate CDs at home. Initially I was rather tentative about it. It did mean dancing without a supporting handhold from Pete. I didn't feel that secure, and I was quite careful and restrained in the movements I made. However, very gradually my dancing capabilities improved. As 1998 moved into 1999, I could feel myself becoming more confident about the movements I was making, and more ready to test out my balance. I haven't fallen at all while I've been 'moving to the music'. It has been one indicator that my ability to move around has improved at least a little.

Now, in 2008, I 'have a hop' probably two or three times a week – around 10 minutes, or two or three tracks at a time. I have a stack of CDs on the player so that I can vary the music easily – it is mostly music from the sixties and seventies. Lone dancing might seem a bit of an odd thing to do, but I enjoy it as a small contribution to the variety of my day. As you listen to the lyrics and move around to the beat it is difficult to be sad and miserable.

So, these private 'hops' have a number of advantages and benefits. They can help maintain or increase positive mood. They provide convenient home based exercise whatever the weather. Even short dancing 'spots' can get the heart rate up and so provide some degree of cardiac work-out. And dancing is weight bearing exercise with benefits in relation to osteoporosis prevention.

The other possible benefit is that of helping to improve my balance. Practice is one way of improving balance for anyone. The balance problems experienced by many people with MS are more extreme but there are expert suggestions that practice can be beneficial here too. I'm not sure that dancing to pop music would be on conventional lists of ways of improving balance, but I certainly feel that it helps me. Overall then, I think that having one's own private dance is an enjoyable, and easily controllable way of getting some useful exercise. Although it is unlikely to suit everybody, I think that it could well benefit people with chronic illnesses and disabilities other than MS.

Exercise, the Brain and Well-Being...

When we think about the benefits of exercise we are usually considering direct physical benefits. However, exercise, or lack of exercise, also impact upon the brain. This is a fundamental assumption in physiotherapy. The intention is to exercise and rehabilitate the body, but just as important is to rehabilitate the brain after injury or disuse.

Although there are many remaining limitations and mysteries, our understanding of brain processes and functioning has developed rapidly over recent years. This increased understanding has been supported by better ways of investigating what is going on in the working brain.

I am not the kind of psychologist who has a particular expertise in this area. However, I have been fascinated to read about some of these developments in a very interesting book written for the general reader. This is *Mind Sculpture* by Ian Robertson,¹ who is a psychologist, but also 'one of the world's leading researchers on brain rehabilitation'. Although MS is barely mentioned in the book I would still recommend it as an interesting and encouraging read for anybody who has MS – and for anybody else for that matter.

It is clearly quite impossible to give any kind of overview of the book in the space available, but a couple of points and examples related to use/disuse and damage could be of interest. The first example relates to what happens to the brain when an ankle joint is immobilised through injury. It was found that the area of brain tissue that is devoted to the function of moving this joint actually decreases, and the more so when the ankle is in plaster. These changes would be reversed on recovery, and in the research were reversed earlier by asking patients to practice tensing of the relevant muscles.

Another investigation along similar lines involved anaesthetising

some of the fingers of one hand. Prior to this the 'brain map' for the control of the whole hand had been plotted. After anaesthetisation the brain control areas were re-plotted. It was found that the brain areas controlling the non anaesthetised fingers expanded into the control areas for the anaesthetised fingers.

It seems that 'use it or loose it' operates at brain level, as well as in terms of muscle tone and joint flexibility. Long term disuse would seem likely to exacerbate any damage already caused by the MS. These investigations, and many others described by Ian Robertson, certainly reinforced my motivation to keep moving and keep active as far as that is possible.

Why is exercise so important to me? There are quite a number of reasons. Firstly, there is abundant evidence that exercise is good for me (and everybody else). Exercise is likely to contribute substantially to the prevention of cardio-vascular problems – it is good for your heart. There is also some evidence that it has a preventative effect in relation to some cancers and for diabetes.

These preventative effects are of course well known. But it is getting people to actually do the exercise which is the major health education problem. Many people just don't get up and get active. As a disabled person who *is* exercising I can feel pleased that I am giving myself the various health benefits. I can also feel a little superior that I am doing better than all those able bodied people who are not bothering.

To a degree, I perhaps have stronger incentives than the able-bodied to keep exercising. I know that it is particularly important for me, as a disabled person, to maintain muscular strength and tone as far as I can. It is likely that it would be a harder task for me to regain these if they were lost. Also, as a person with MS, in particular, I know that exercise, especially muscle stretching, is likely to be helpful in preventing contractures. Contractures involve the 'freezing' of a joint in a particular position – the normal facility of the joint to bend through

its full range of movement is lost. Lack of use is likely to contribute to the development of contractures, but as they develop they will make further movement and exercise more difficult.

Another important feature of the exercise process is that there is increasing evidence that it is linked with psychological as well as physical well-being.² There appears to be a positive effect on mood, and links with positive self-esteem. There are also indications that physical activity and exercise are associated with an anti-depressant effect. This linkage is perhaps of particular relevance for people with MS, who are more prone than members of the general population to becoming depressed.

Certainly, for me personally, exercise has important links with enjoyment and positive mood. It gives me a sense of achievement. I feel pleased with myself when I have, say, done my morning exercises or evening yoga. I have feelings of satisfaction and accomplishment in relation to my overall, ongoing exercise participation. It also provides an incentive to get out and about. These outings then give me a great deal of enjoyment as they are happening and pleasure and satisfaction as I look back on them, and talk to others about them.

Perhaps I am now somewhat obsessed with exercise – but I think that it is an obsession worth having. As well as providing pleasure and satisfaction, exercise helps to provide a framework for my day. This framework is certainly not a rigid one but it does give me a set of tasks and targets to aim for. When these are achieved I can feel pleasure and a sense of accomplishment. In many ways I am putting into practice Bandura's ideas about the management of motivation. In psychological terms I am engaging in the self-regulation of my exercise behaviour which allows me to experience self-reinforcement for successful outcomes.

An exercise issue for people with MS relates to the possibility of overdoing it. When I was first diagnosed in 1993 the advice tended to

be cautious. One recommendation which I saw was to do less than you know that you can. My attitude has been to do as much as I can manage. Clearly, I do get tired, especially after walking. There will come a point when I need to, indeed have to, stop and take a rest. But I do recover! As far as I can tell, getting tired hasn't done me any harm.

I have been pleased to see that now exercise is much more strongly encouraged in a positive way. Quite a variety of forms of exercise are currently very much encouraged for people with MS – for example horse riding, swimming, canoeing, even climbing.³ I think that there is also increasing recognition that people with other chronic illnesses can benefit from taking exercise. Of course, common sense, judgement and advice are important, but there is much to be said for 'going for it'.

For myself, as I've said, I have always taken part in various active pursuits. However, in many ways I've become a more dedicated exerciser since becoming ill and disabled. In our skiing days, Pete and I usually had good intentions of doing regular preparatory exercise prior to our skiing trips – but often it didn't happen. Now, I find it easier to sustain the practice – the possibility that maintaining exercise could make a real difference to my continuing mobility is a strong incentive!

Notes and References

1. Robertson, I. (1999). *Mind Sculpture*. London: Bantam Press.
2. For example in the contributions to Biddle, S. J. H., Fox, K. R. & Boutcher, S. H. (Eds) (2000). *Physical Activity and Psychological Well-being*. London: Routledge.
3. See, for example, information on the website of the MS Trust at www.mstrust.org.uk