



National  
Multiple Sclerosis  
Society

## MS Learn Online Feature Presentation

### Personal Insights & Tools for Coping with MS Featuring: Cathy-Lee Benbow

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#### Asking for Help

**Holly:** “Times that I've asked for help. I've been in exacerbations where I've needed someone to take care of my child for a period of time. Usually that's Grandma. I've needed someone to drive me around here and there.

**Vito:** It is tough to finally say, "Okay, I think I need to get a scooter," or, "I think I need to use crutches." It's hard, because you don't want to have to give in; you want to keep trying to do things on your own. But what I found is by giving in and using them, I'm able to do so much more. I mean, I actually get out and do more. Being able to get out and do things, where before, instead of going I'd say, "No, I'm just going to stay home," because I didn't want to even have to try and do it.”

>>**Kate Milliken:** Hello, I'm Kate Milliken, and welcome to MS Learn Online. Hearing the experiences of others can often bring new insights and hope to those of us who are living with MS. Throughout this video we will hear from a number of people who candidly share with us how they go about coping with this disease. In addition to these people living with MS, we'll chat with Cathy-Lee Benbow, manager of adult mental health services at the London Health Sciences Centre in London, Ontario. Cathy will help us explore some coping techniques and strategies to help work through the challenges of living with MS. Cathy-Lee, welcome to MS Learn Online.

>>**Cathy-Lee Benbow:** Thank you.

>>**Kate Milliken:** I think there are times when having MS, where you're weaker and you need help, and I think that's a very hard kind of mental process for people. So, what tips would you give to somebody who may need help?

>>**Cathy-Lee Benbow:** I think it is important for people to explore what the challenge of asking for help really means for them. And so when someone would say to me, "I went through that terrible time and I didn't reach out, I didn't ask for help," I would often have them consider and explore what that really was about. What did asking for help really mean to them? It meant I'm weak; it meant I'm not as strong in living with this illness as I should be. So, it began not asking for help from any people became about proving they weren't as inadequate as living with the illness as they deemed themselves to be.

So, it often required reframing how we define help. So, is asking help about recognizing weakness, or is asking for help about looking for assistance that allows us to maintain as much of our life as possible? So, people would say to me, "That one exacerbation that I shut myself in and I didn't ask for help, I got severely depressed, I had a really rough time. The next time I had an exacerbation, when I did reach out, I discovered that I maintained some of my social activities and I managed better." So, asking for help became less about if I ask for help I'm weak; asking for help became I recognize what I need right now to maintain the life that I want, and so I will go forward and ask for help. And it is something we call reframing how we define what that actual act means to us.

>>**Kate Milliken:** With MS there are often physical manifestations that require help of a different sort, and that is adaptive equipment. So, in your experience, when that person is on the line of, "I was mobile on my own, now I need a walker;" "I was with a walker, now I need a scooter;" what has been your experience in that time of change mentally for those patients?

>>**Cathy-Lee Benbow:** I think what we first need to recognize for people that it is an extremely emotional, difficult time. I would say to clients, this is a time that you experience as significant a grief as if you lost a significant other. And we needed to acknowledge that, because it was a change in functioning; it was a loss of who we thought we'd be at that age and stage in our life. For many people, having to consider using a walker, they might have joked prior to diagnosis they'd do that when they were 95. And if at 40 you're having to use a walker, that is not what you expected. And you will experience all the emotions of grief as you deal with those changes -- anger, denial, withdrawal, depression, however we are as grievers, and we're all a little different.

Now, that being said, everyone will do that each time they have to consider a new aid. So, the person who has gone from walking independently to using a walker, when they then need to consider a scooter, will have that exact same grief reaction. They cannot not have it, is what I would say to clients. The neat thing is they've gone through it once, and although it would be frustrating for clients, I would say to them, "You're now struggling with dealing with using the scooter, I can totally understand that. We've talked about the grief reaction, but you've done this before. You did this when you began using the walker; let's talk about what helped you adjust to using the walker as best as possible." So, those skills and strategies learned earlier on in life with MS can be applied to this new change and this new loss that they are experiencing.

>>**Kate Milliken:** Cathy-Lee, thank you so much. Your experience is obvious and helpful. So, thanks so much for being here.

>>**Cathy-Lee Benbow:** Thank you.

>>**Kate Milliken:** If you would like to get more information on multiple sclerosis go to [NationalMSSociety.org](http://NationalMSSociety.org). This is Kate Milliken. Thank you for joining us.