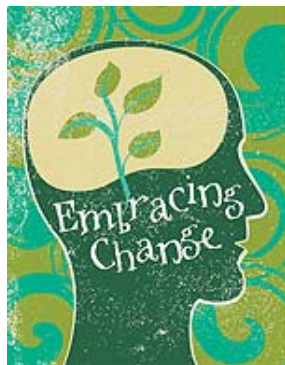


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## Embracing Change

**With the right attitude, serious health challenges can become potent opportunities for growth.**

By Lucy Jokiel



For Madeline Harcourt, a 60-year-old faculty member at the University of Hawai'i at Manoa Center on Disability Studies, accepting and adapting to a serious health problem was difficult. Four years ago, while on the Mainland, Harcourt had lost a lot of weight and was unusually thirsty. One day, her friends noticed a change in her behavior and rushed her to the emergency room, where her blood sugar level was found to be 554 mg. (70 mg. to 150 mg. is normal).

Harcourt's mother had diabetes and died from its complications. Her brother also has the disease. "I was so busy working on my doctorate, and didn't have any medical insurance," she says. "So it was actually a blessing in disguise that changed my life overnight." Harcourt read all she could about diabetes, changed her diet, and began exercising regularly. She tests her blood sugar eight to 10 times a day, keeps all of her doctor appointments, and has an HMSA health plan. "I can't do anything unless I

am in good health," she says.

"Sometimes it takes a health tsunami, such as high cholesterol or a relative with a serious lung problem, to give people a wake-up call," says clinical psychologist June Ching, Ph.D. "We often put off making changes," says Ching. "Then, a life-threatening health situation makes us take stock of what is happening."

Knowledge alone is usually insufficient in changing behavior, according to Ching. "Most people know what they have to do to stop smoking, exercise or eat healthy," she says. "But sometimes, they fail to break it down into small steps and get overwhelmed. Then, they stop making the changes and become discouraged about trying again."

"Change is a process, not an event," says James O. Prochaska, Ph.D., an internationally renowned expert on planned change and a professor of clinical and health psychology at the University of Rhode Island. "The action paradigm tends to see change as an event – when someone quits smoking, starts to exercise, or takes medication," he says. "But there's a lot that happens before and after those events."

Prochaska's landmark research in the 1970s revolutionized the field of behavior change. "My assumption was that there must be something going on that was comparable within all the different successful therapies," says Prochaska. His "stages of change" model has empowered thousands of people to modify high-risk behaviors like smoking – for good. "We have used these stages to develop dozens of behavioral change programs based on personal decision-making," he says.

Brad Klontz, Psy.D., president of the Hawai'i Psychological Association, counsels clients to get honest with themselves about self-destructive behaviors. "What's needed is a shift in beliefs. For smokers and overeaters, the wake-up call can be a health crisis. Some take the opportunity to change, while others ignore it and speed up their demise."

Three conditions must be met for people to succeed in making important behavior changes, he adds. "The person has to believe it's important to change, have the ability to change, and feel ready to do so."

Klontz points out that nobody can make you change. "You have the freedom to change your behavior – or not. But with that freedom comes responsibility. There might be some [negative] consequences for deciding not to change." Studies show that only about 10 percent of people who have had cardiac bypass surgery change their lifestyles, he points out.

Changing our attitude is an important component of change, according to management coach Rosa Say,

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author of *Managing with Aloha*. Most people resist being changed, she points out. "They don't like change when it's somebody else's plan; but if it's a plan they have chosen, they take ownership of it."

Connie (who prefers to remain anonymous) began drinking and using drugs as a teenager on the Mainland. "All of my friends partied like I did," she says. Shortly before her 18th birthday, Connie's parents insisted she enter a residential rehab program. "I saw other young people worse off than me change and grow." One of them told her she would never be able to finish the 13-month program. "I stayed because of my resentment toward her," she says. "It was the best decision I ever made."

After completing the program, Connie surrounded herself with sober friends and rigorously practiced the 12 steps of recovery. She moved to Hawai'i in the early 1990s, completed college, and went to law school when she was 30.

Now a local attorney, she remains clean and sober and helps others in recovery. She has also quit smoking, developed an active lifestyle, and eats healthy. "I have a good life because I have been willing to change by using all the tools I learned in rehab," she says.

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