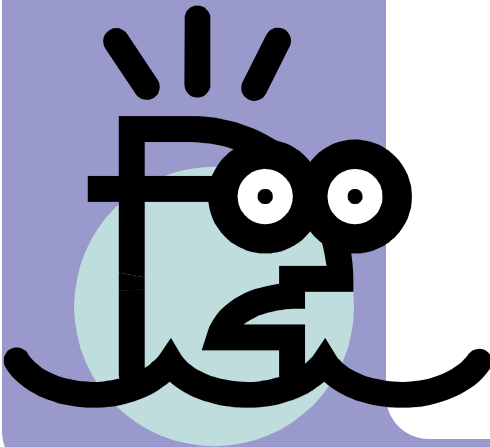


*Op-Ed*

# *Coping With Chronic Illness*

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MCSA NEWS

A chronic illness is one that is long-lasting or recurrent (MedicineNet, 2000). The U.S. National Center for Health Statistics asserts that a chronic illness is expected to last at least 3 months or longer (MedicineNet, 2000).

Chronic illness brings many challenges. Sometimes it takes months or years of suffering before receiving a diagnosis, which helps validate the source of suffering and leads the way to better care and self care.

Not feeling well and managing medications and supplements, and adjusting to new disabilities are only a part of this change. Loss of friends, family, credibility, employment, social engagements, and hobbies can bring distress, frustration, a loss of self, and financial challenges.

In *Coping with Chronic Illness*, an adaptation of the book *After The Diagnosis*, JoAnn LeMaistre, Ph.D. (1985, 1993, and 1999) says, “Traditionally, the experience of serious illness has been approached in two ways: (1) a gloomy perspective of resignation, self-denial, and helplessness, or (2) a Pollyanna approach that denies altogether that there has been a real trauma. Both of these perspectives distort and disguise the reality of chronic illness.”

## **The Gloomy Perspective Approach**

This perspective views the chronically ill person as a failure (LeMaistre, 1985, 1993, and 1999). Sometimes people tend to view chronic illness as being the fault of the patient through a mere poor attitude and, thus, tend to lay blame on the patient (LeMaistre, 1985, 1993, and 1999). This approach indirectly states that if the patient would just cheer up and be positive, their illness would not exist, adding unnecessary psychological distress on top of the existing physical stress of the illness (LeMaistre, 1985, 1993, and 1999).

## **The Pollyanna Approach**

In this perspective, the chronically ill person creates false hope by overplaying the likelihood of complete recovery through the use of emotional testimonials and personal stories of complete recovery (LeMaistre, 1985, 1993, and 1999).

Acceptance of the illness is denied in the belief that accepting it means there is no hope for a quality life or cure. This results in avoidance behavior and creates a quandary in terms of moving on with life. It places life on hold until, if and when, the illness is cured. Should a cure not come during one’s lifetime, a life is lost to lack of acceptance.

**“The gloomy perspective approach holds little hope and the Pollyanna approach holds little reality.”**

The Pollyanna approach can be useful around others because people feel more comfortable around those who are positive and seem to be handling their illness well. It prevents others from having to face their own mortality and feelings of despair. “The danger is that this Pollyanna image may create a barrier between you and the people who can offer real help,” says LeMaistre (1985, 1993, and 1999).

### Comparing the Approaches

Neither approach is fruitful. The gloomy perspective approach holds little hope and the Pollyanna approach holds little reality (LeMaistre, 1985, 1993, and 1999).

A chronic illness adds many stressors to life, not only the illness itself, but also future uncertainty with the unpredictability of disease, disability, and financial challenges (Cleveland Clinic, 1995-2009). Failure to find an adequate way to cope with all these challenges may lead to physical symptoms of stress, including disruption of sleep, fatigue, aches and pains, anxiety, irritability, tension, and headaches (Cleveland Clinic, 1995-2009).

Many physical symptoms of stress may be easily mixed up with symptoms of the chronic illness itself. For this reason, psychological approaches which increase coping ability may help alleviate some symptoms. It is important to decipher the difference between therapies which relieve stress symp-

toms through better coping and treatments which relieve illness symptoms through better function. In order to do this, one must first accept their illness and then find ways to cope effectively.

### Acceptance is Not Surrender

*"Life can either be accepted or changed. If it is not accepted, it must be changed. If it cannot be changed, then it must be accepted." - Author Unknown*

Lack of acceptance may lead to out of control emotions, particularly anger which is often taken out on family and friends (Sharma, 1996).

“We wrongly fear that acceptance of our illness amounts to surrendering to it. Acceptance does not mean that we have given up fighting or that we are inviting the illness to stick with us for ever. On the contrary, when you accept your illness, it frees your powers to work on recovery and rehabilitation that were earlier being used to protest and fight against the disease,” says Sharma (1996).

Sharma (1996) describes a man with a chronic heart condition who becomes depressed when he cannot do the things he used to do and asserts, “The man in the above example now has depression to deal with, in addition to his heart condition. Such a man is heading for total disability. However, if he alters his belief about himself by affirming, “I am not able to do some things just now, but I am going to build from ground up and do what I can.” In this way he may be able to ride that proverbial tiger, called long-term or life-long illness.”



**“The realist accepts the illness and makes adjustments to live a good life in spite of it.”**

## Optimism, Pessimism, and Realism

The below quote can easily be applied to a chronic illness.

*The pessimist complains about a chronic illness. The optimist expects it to change. The realist makes adjustments to get the most out of life.*

The pessimist, like the man with the heart condition (Sharma, 1996), is subject to doom, gloom, and depression... a place of little hope (LeMaistre, 1985, 1993, and 1999).

The optimist, like the Pollyanna, creates false hope by exaggerating the likelihood of complete recovery and refusing acceptance of the illness in the belief that acceptance would mean there is no hope. (LeMaistre, 1985, 1993, and 1999).

The realist accepts the illness and makes adjustments to live a good life in spite of it. The realist is the master of riding the proverbial tiger called long-term illness (Sharma, 1996). He has an inclination toward literal truth and pragmatism (Answers.com, 1999). A master of the present moment, the realist is defined by Merriam-Webster Online Dictionary (2009) as one with a concern for fact or reality and rejection of the impractical and visionary.

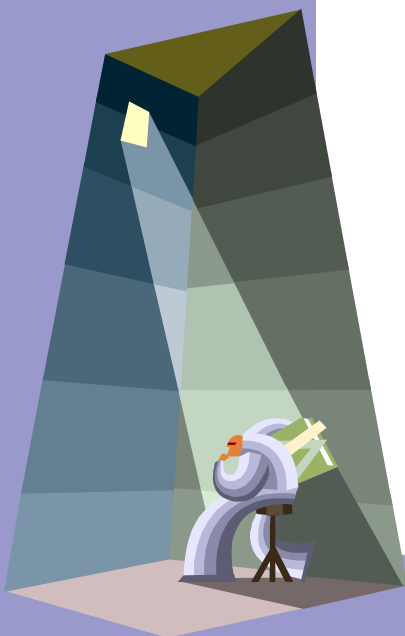
## The Six Stages of Coping

Most approaches consistently underplay the sadness and feelings of worthlessness that are part of the legacy of any physical or emotional trauma (LeMaistre, 1985, 1993, and 1999). These feelings come in six stages, much like the stages of grief. It is normal to move through these stages, though beware of becoming stuck at any stage for too long. If stuck, seek help to move on to the next stage. The stages are (LeMaistre, 1985, 1993, and 1999):

**Crisis** – The first stage where shock is often the response and energy is directed inward.

**Isolation** - When total recovery is not a reality and the illness persists, anxiety and isolation from others occurs.

**Anger** – When the reality of suffering, anxiety, and helplessness is realized, feelings of injustice and unfairness often turn to anger and rage directed at the illness, oneself, and others.



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**Reconstruction** – This is the first point of acceptance where new living skills are mastered, a new sense of safety emerges, mood improves, and friends and family are chosen based on their supportive nature.

**Intermittent Depression** - Occasional recall of a simpler life pre-illness may bring sadness from time to time.

**Renewal** - LeMaistre (1985, 1993, and 1999) suggests that people with chronic illness remember seven things to achieve renewal:

- Make Your Expectations Realistic
- Approach Problems Actively
- Seek Appropriate Help
- Handle Your Anger
- Participate In Life
- Live In The Present
- Cherish The Good Times

It is possible to have a quality life after chronic illness strikes. Say not “I can’t” because of my illness. Find alternative methods to do the things you love and say “I can” in spite of my illness. Be not a chronically ill person. Be a person with a chronic illness. My illness does not define me. I define my illness!

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