

# Overcoming Stress and Anxiety in Chronic Illness: *Strategies that Work*

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## Objectives for Our Discussion

Increased understanding of:

- Stress and illness
- Patient factors in coping with illness
- Caregiver factors in coping with illness
- Communication challenges in healthcare
- Strategies for promoting resilience

"The chief cause of stress is reality."  
--Lily Tomlin

## What is Stress?

- People generally think stress is something outside of themselves causing strain or tension
- Mind and body's response or reaction to real or imagined threat, event or change
- Threats, events, or changes are **stressors**
  - ◆ Internal: thoughts, beliefs, attitudes
  - ◆ External: loss, tragedy, change
- Reaction to excessive pressures or demands
- Stress arises when you worry that you can't cope



## What Causes Stress?

- External Stressors
  - ◆ Physical/Environmental
  - ◆ Social
- Internal Stressors
  - ◆ Biological
  - ◆ Psychological

## Social Sources of Stress

- Work pressure
- Pressure, pace of daily routine and home life
- Expectations or behavior of others
- Family/cultural values, patterns
- Daily hassles
- Interactions with or isolation from others
- Family, friends, bosses, coworkers, etc

## Stress Feelings

- Worry
- Tense
- Tired
- Frightened
- Depressed
- Anxious
- Anger



Happiness is not the absence of problems,  
but the ability to cope with them.

## Stress and Negative Thinking

- People are disturbed not by things, but by the view which they take of them.  
—*Epictetus*
- There's nothing either good or bad but thinking makes it so.  
—*William Shakespeare*
- A person's attitudes toward life determines their emotional experiences. No experience itself causes positive or negative feelings.  
—*Albert Ellis, PhD*

## How We See Our Illness Determines How We Feel

When a man is ill nothing is so important to him as his own illness.

Anthony Trollope

The secret of learning to be sick is this: Illness doesn't make you less of what you were. You are still you.

Tony Snow

Illness has always brought me nearer to a state of grace.

Abbe Pierre

My illness has taught me something about the nature of humanity, love, brotherhood and relationships that I never understood, and probably never would have. So, from that standpoint, there is some truth and good in everything.

Lee Atwater

## Uncertainty and Stress

- It is the not knowing that is the worst
- Unsure how to react
- Unable to prepare
- Unable to reassure others

## Patient Stress Factors

## Patients' View of How it All Starts



*“After tonight, you are going to need a prescription”*

## Psychological Adjustment to Illness: Social Role Theory

- People act according to learned expectations and status
- People in sick role act according to new expectations:
  - ◆ Exempt from social responsibility
  - ◆ Can't be expected to take care of self: are incapable, need to be cared for, incompetent
  - ◆ Should wish to get well because health is necessary for optimal performance of life tasks
  - ◆ Should seek medical advice and cooperate with medical experts

—Talcott Parsons (1958)

## Major Adaptive Tasks of Illness

- Illness-Related Adaptive Tasks:
  - ◆ Dealing with pain, discomfort
  - ◆ Dealing with incapacitation – fatigue (MDS)
  - ◆ Learning terminology
  - ◆ Synthesizing information
  - ◆ Dealing with medical environment
  - ◆ Dealing with medical treatments – meds/transfusions
  - ◆ Finessing relationships with professionals

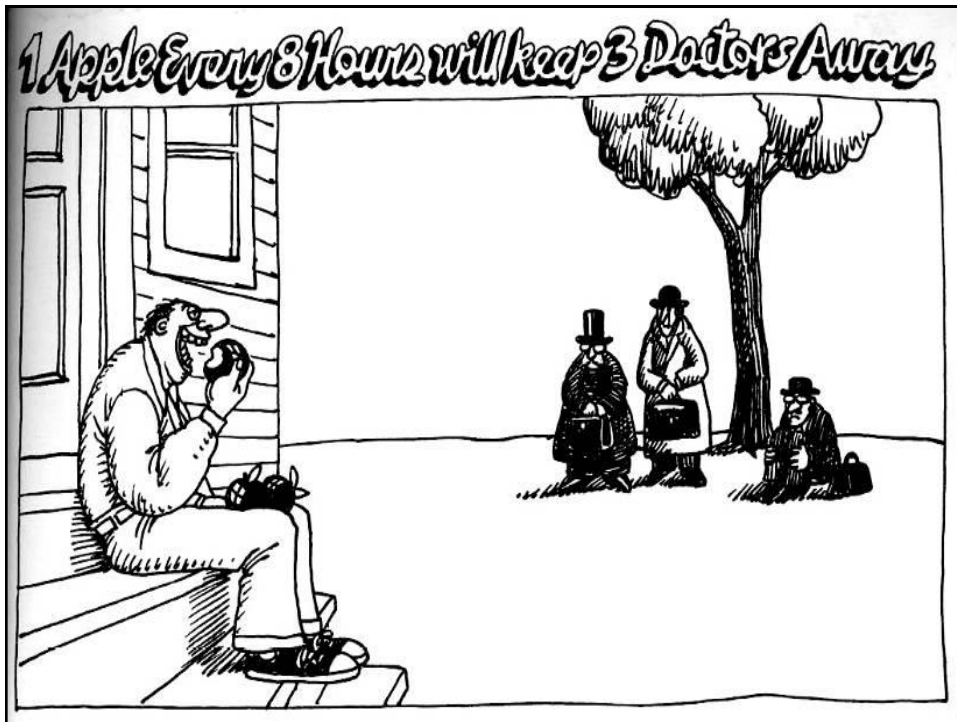
—Rudolph Moos & Vivien Tsu (1977)

## And Dealing With Others' Ideas

Your disease means you:

- Should take care of yourself in certain ways
- Should have had certain beliefs
- Are being punished
- Are lucky it's not \_\_\_\_\_
- Should see Dr. \_\_\_\_ at Hospital \_\_\_\_\_
- Should have had an apple/day to keep the doctor away





## Major Adaptive Tasks of Illness

General Adaptive Tasks:

- Preserving a reasonable emotional balance
- Preserving a satisfactory self-image
- Preserving relationships
  - ◆ Family
  - ◆ Friends
- Preparing for an uncertain future

—Rudolph Moos & Vivien Tsu (1977)

Being sick doesn't make you immune to other types of problems!



## Coping With Chronic Illness

Chronic illness is a **stressor** leading to changes in:

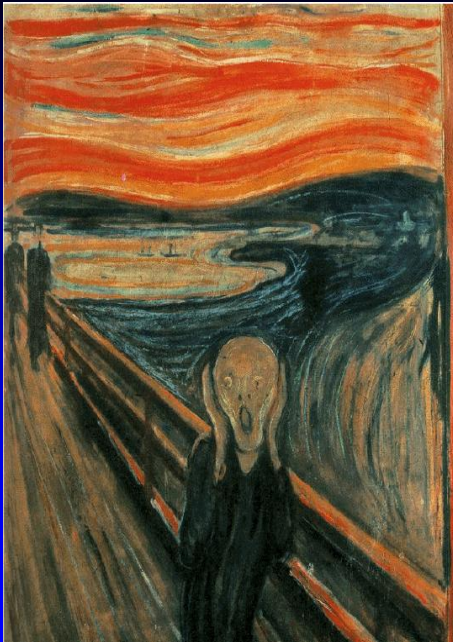
- Comfort
- Innocence- "Just World Belief"
- Physical activity/Energy
- Independence
- Relationships
- Work/Income
- Sense of being in control
- Sense of self/well-being
- Spontaneity

LOSS

## Patient Fears of Being Sick

### Uncertainty - The What Ifs?

- Course/Progress of disease
  - ◆ Protracted illness
  - ◆ Longevity
  - ◆ Pain
- Ability to manage/Tolerate treatment/Pain
- Impact on family
- Dysfunction/Disability
- Transplant
- Being Alone
- Death



### You could scream...but

- People around you wouldn't understand why because they think you look OK
- It wouldn't change things...things are now different

## Unwanted Effects of Cancer Therapy

Treatment	Long-term side effects Start during therapy	Late side effects Start (years) after therapy
Chemotherapy	Fatigue Neuropathy Chemobrain  Early menopause Infertility Heart failure Kidney failure Liver problems	Cataracts Osteoporosis & osteonecrosis Second primary cancers  Early menopause Infertility Heart problems Lung disease Liver problems
Radiation therapy	Fatigue Skin sensitivity	Cataracts Cavities and tooth decay Heart problems Hypothyroidism Infertility Lung disease Intestinal problems Memory problems Second primary cancers
Surgery	Scars / Disfigurement Chronic pain	Lymphedema

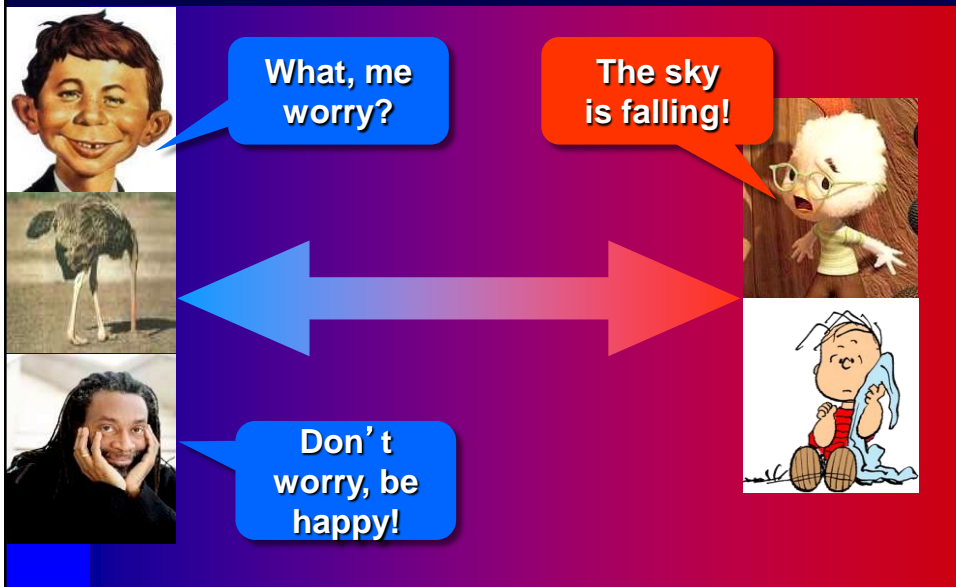
## Finding a “New Normal”

- Different world post treatment
- Celebrating resiliency
  - Positive outcomes of experience
- Managing Challenges
  - Emotional
  - Social
  - Physical
- Recognize there can be different emotions at different life stages

## Anxiety Symptoms

- Unrealistic and persistent fears, worry, obsessing, anticipation of doom, fear of symptoms, death
- *Shortness of breath, can't catch breath*
- Insomnia
- Feeling tense, dizzy, jumpy, on edge, hypervigilance, muscle aches
- Shaking/tremors, pounding heart, sweating
- Numbness and tingling of extremities
- Dry mouth, lump in the throat, butterflies in stomach, GI distress, urge to go to bathroom
- Desire to flee

## Continuum of Worry



## Depression = Symptoms x 2 weeks

- Prolonged sadness, unexplained crying
- Diminished interest or pleasure in most activities
- Significant changes in appetite or weight
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of guilt or worthlessness
- Diminished concentration or indecisiveness
- Recurring thoughts of death or suicide, suicide plan or attempt

## How Common is Depression?

- >15 million (5%) of Americans suffer some type of clinical depression at any given moment
- At risk groups: teens, elderly, chronic illness
- One person in six has a serious, or “major” depressive episode at some point in life
- Average age at diagnosis is slowly dropping
  - ◆ Common among elderly people
  - ◆ Increasing in young people

***The common cold of mental health problems***

## Prevalence of Depression

- In general population, lifetime risk of depression is:
  - ◆ 10% to 25% for women
  - ◆ 5% to 12% for men

## Depression in Chronic Illness

- Chronic disease and depression often go hand-in-hand
  - ◆ Depression is a common, and potentially dangerous, complication of chronic illness
- Estimates of comorbidity of depression and illnesses vary



## The Depression - Illness Connection

- Depression can aggravate effects of illness
  - ↑ Pain
  - ↑ Fatigue
  - ↑ Disruption of social life
  - ↓ Self-care/compliance with treatment regimen
- Depression *may* intensify health risks
  - ↓ Immune function
  - ↑ Premature mortality
- Illness may affect dosing requirements and risk of adverse effects of antidepressants

## Prevalence of Depression in Medical Illnesses

Illness	Prevalence of depression (%)
Cancer	5–50 (most studies: 20–25)
Diabetes	14–22
Fibromyalgia	20–71
Myocardial infarction	18–25 (40–65 sx)
Alzheimer' s dementia	15–57
Epilepsy	25–75
Stroke	10–40
Multiple sclerosis	34–40
Parkinson' s Disease	40



## Good News About Depression

- *Most medical patients have no diagnosable mood disorder*
- Living with chronic illness doesn't mean having to be depressed
- As depression is treated, mood can brighten, making chronic illness easier to endure and manage

## Living With Disease

*“The secret of health for both mind and body is not to mourn for the past, not to worry about the future, but to live the present moment wisely and earnestly...*



—Buddha

## Living With Chronic Disease

- People can lead rich, stimulating, meaningful lives
- People can be content, *even though* they are sick
- People can maintain high quality relationships with friends, families, co-workers, students
- People can be productive despite their limitations



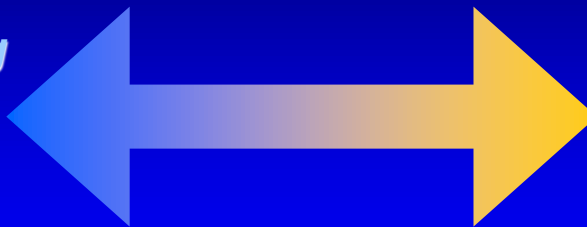
## Caregiver Issues

## Caregiver Fears of Illness

- Progress of disease
- Helplessness/powerlessness
- More to do
- Loss
- Death
- Personal failure/incompetence
- Finances

## Caregivers' Dilemma

***Caring  
too  
little***



***Caring  
too  
much***

## Relationships

- Maintaining strong relationships helps with adjustment and coping
- Treatment and survivorship impact relationships in a variety of ways
  - ◆ Increased closeness, depth in relationships
  - ◆ Feel different, grow apart

## Relationships-Family

- Illness/Treatment affects all family members
- Different coping styles
- Parents and children
  - ◆ Independence vs. overprotection
  - ◆ Dependence
  - ◆ Long term hopes
- Siblings

## Becoming and Staying Resilient

### What is Resilience?

“Process of adapting well in face of adversity, trauma, tragedy, threats, or even significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors.

... bouncing back from difficult experience.”

—*American Psychological Association*

## Resilient $\neq$ Unaffected

- Emotional pain and sadness often go hand in hand with adversity
- Road to resilience is likely to involve emotional distress



## No Matter How Resilient You Are



*It Can Feel Like a Wild Ride*

## Resilient $\neq$ A Trait

- Resilience is dynamic with situations
- It involves thoughts, behaviors, and characteristics that can be learned and developed

## Factor #1 in Resilience

- Caring and supporting relationships within and outside family
- Relationships that:
  - ◆ Create trust and love
  - ◆ Provide role models
  - ◆ Offer encouragement and reassurance

## Other Factors in Resilience

- Capacity to make and follow realistic plans
- Positive self-view
  - ◆ Confidence in personal strengths and abilities
- Communication skills
- Problem-solving skills
- Ability to manage personal feelings

## Strategies to Build Resilience

### Get the information you need

- From you health providers
- The library
- The Internet, but be careful
- Know yourself and how much **you** need
- Pace yourself
- Avoid TMI





## Strategies to Build Resilience

### Ask Questions/Keep notes

- Bring questions to your appointments
- Keep health records
  - ◆ Diagnoses/tests
  - ◆ Medications/doses
  - ◆ Adverse effects
  - ◆ Surgeries
  - ◆ Procedures



## Strategies to Build Resilience

### Make Connections

- Accept help and support
  - ◆ Talk, money, chores, errands, affirmation
- Communicate your thoughts and feelings
- Affiliate (e.g., Aplastic Anemia & MDS International Foundation, American Cancer Society, church, civic groups)
- Help others



## Strategies to Build Resilience

### Don't see crises as insurmountable

- “Stuff happens” – you can't control
- You **DO** control how you interpret “stuff”
- Look beyond present to future and how you can make change to get there
- Notice changes as you start feeling better



## Strategies to Build Resilience

### Accept change

- Accept things you can't change so you can focus on things that you can
- Develop realistic expectations for yourself, your patients, families
- Learn to cope with morbidity and mortality

## Learn to “Let Go”

- Challenge yourself to *not* need to be in control
  - ◆ Take one day at a time
  - ◆ Focus on present
- Seek *“the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference”*
- If altering your lifestyle, find worthy substitutes

## Change Your Focus

### Avoid focusing on fears and worries

- Distract yourself
- Pay attention to things you enjoy
- Focus on what you can do each day
- Don't focus on what you can't change or just wish for things to go away

## Strategies to Build Resilience

### Move toward your goals

- Develop realistic plans
  - ◆ Short-term, intermediate, long-term
  - ◆ Strive to enjoy each day
- Work toward goals

## Strategies to Build Resilience

### Keep things in perspective



- Even in face of adversity, try to consider broader context and longer-term perspective
- Don't blow things out of proportion
  - ◆ Take things one step at a time
  - ◆ Be patient with yourself and others

## Strategies to Build Resilience

### Take decisive actions

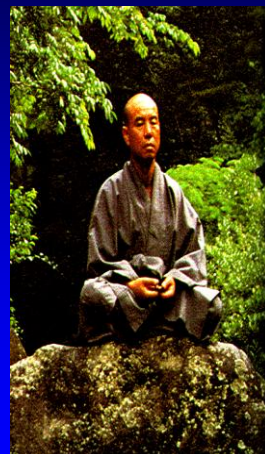
- Find meaning and purpose in things you do or your work
- Act on adverse situations as much as you can



## Strategies to Build Resilience

### Look for self-discovery

- Crises are opportunities for growth
- Learn about yourself while going through difficult situations
- *“That which does not kill us makes us stronger”*



## Strategies to Build Resilience

### Nurture a positive view of yourself



- Trust your gut
- Develop confidence in your problem-solving
- Focus on your strengths

## Strategies to Build Resilience

### Maintain a hopeful outlook

- Let yourself look forward to good things to come
- Focus on achieving what you can, rather than worrying about what you fear

## Strategies to Build Resilience

### Take care of your health

- Get enough sleep and rest
- Exercise
- Eat healthily
- Follow your medical regimen
- Develop good collaborations with your health providers
  - ◆ See them when you need to

## Strategies to Build Resilience

### Take care of yourself

- Attend to your needs and feelings
- Accept your feelings
- Be flexible
- Pace yourself
  - ◆ Simplify your routine/off-load stressors
- Relax/meditate/pray
- Keep a journal

## Given the Connection Between the Mind and Body:

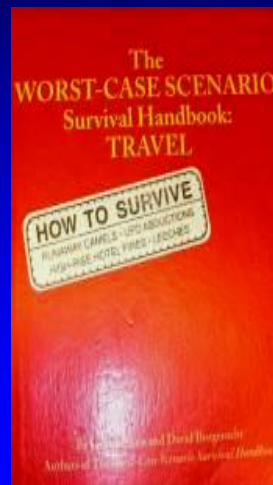
Consider consultation with mental health professionals:

- ◆ Health Psychology
- ◆ Social Work
- ◆ Consultation-Liaison Psychiatry

## Remember—It Could be Worse

### Phrases for Foreign Emergencies

- Is there a doctor in the building?
- Help, I've been seriously wounded
- May I use your belt as a tourniquet?
- Please take me to a clean hospital
- May I borrow a towel to wipe up the blood?
- Why is the water *brown*?
- Please don't injure me
- Where is the nearest embassy?
- Do you know a place where I can hide?
- How far is it to the border?
- ***You will never make me talk***





“Thank you.  
Thank you very much.”

