A chronic illness diagnosis is physically, mentally and emotionally traumatic. For many patients, seeing a licensed mental health professional can provide needed support, encouragement and coping skills.

By Trudie Mitschang
WHEN IT COMES to a chronic illness diagnosis, what you can’t see can hurt you. With a primary immunodeficiency diagnosis, the physical symptoms are treatable with immune globulin (IG) infusions that allow many patients to lead relatively normal lives. But what about the mental side effects of living with an incurable disease? It’s not uncommon for newly diagnosed individuals to experience feelings of shock, anger, grief, loss and sadness. These feelings may pass with time, but if they are not dealt with effectively, they could lead to an increased risk of developing mentally debilitating conditions like depression and anxiety.

“Everyone gets down or gets the blues now and then. The sign that you could benefit from therapy is that the low mood settles in for two to three weeks without lifting,” says Toni Bernhard, PhD, author of How to Live Well with Chronic Pain and Illness and a frequent contributor to Psychology Today. “Most moods (good and bad ones) come and go like the weather. They change with the changing conditions in our lives. But if you get stuck in a dark mood that doesn’t lift, that’s the time to reach out for help.”

Assessing the Benefits of Therapy

According to Johns Hopkins University, more than 145 million people — or nearly half of all Americans — live with a chronic condition. That number is projected to increase by more than 1 percent each year through 2030, resulting in a chronically ill population of an estimated 171 million. And for many of those individuals, the physical challenges are only the beginning. Following the diagnosis of a chronic illness or development of a disability, necessary lifestyle changes may make individuals feel stressed, resentful or overwhelmed. The emotions are real and often misunderstood by family and close friends. The support of a therapist or other mental health professional is often beneficial as individuals begin to adapt and cope with their “new normal.”

Mental health professionals are trained to help people normalize overwhelming emotions, provide creative ways to address and resolve troubling feelings, and offer ongoing support and encouragement. For example, a person recently affected by illness or disability may find it challenging to maintain a view of their identity that is separate from the illness itself. A therapist can help that person come to terms with the illness as something distinct from who they are as an individual, and help them establish healthy views on how they define themselves post-diagnosis.

“Learning to live with a chronic illness has several stages,” says Becky Crusoe, PsyD, a mental health professional in Westlake Village, Calif. “First, there are the endless efforts to find someone who can tell you what is wrong. Then, once you are finally accurately diagnosed, there is a usually long period of learning about your condition, grieving and coming to terms with what the illness means for your life.”

As a therapist who has dedicated a significant segment of her practice to helping patients with chronic illness, Dr. Crusoe says many people avoid seeing a therapist because they don’t see the point; after all, a therapist can’t cure the illness. “While it is true I can’t cure the physical side of the ailment that individuals are dealing with, there is hope for healing from the emotional pain and suffering,” she says. “We can work on identifying inner resources and coping skills. We can talk about the impact illness has on family relationships, and explore ways to help friends and family better understand what is happening. We can also look at how the illness is affecting a person’s connection to life and future goals.”

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Types of Chronic Illness Therapy

Chronic illness influences the lives of everyone in the family, not just the person who is sick. Roles and routines change. The demands of caregiving must be negotiated. Family members’ emotions may seem to be on a continuous roller-coaster ride. Some families and couples grow closer, while others pull apart. According to the American Association for Marriage and Family Therapy, there are several areas of therapy and intervention that can be helpful to those coping with chronic illness:

• Family therapy. Sometimes it is valuable for the whole family to meet with a qualified marriage and family therapist. During sessions, the therapist may work on communication skills and assist with problem-solving. Family therapy sessions may also include medical professionals who are involved with providing
treatment plans. This provides an opportunity for clarification of treatment expectations and goals.

• Multifamily group psychotherapy. Meeting with other families who are also dealing with chronic illness can help individuals to see they are not alone. These family group meetings may include an educational component, as well as discussion and problem-solving.

• Individual assessment and treatment. Individuals with chronic illness who are experiencing symptoms of depression or anxiety likely need private, one-on-one counseling, appropriate medication and, when recommended, ongoing individual therapy in conjunction with family therapy.

• Support and psychotherapy groups. Many organizations offer support groups that focus on specific illnesses. While these groups are not a replacement for individual therapy, they can help individuals connect with others who share in their struggle.

Psychiatrist, Psychologist or Therapist: What’s the Difference?

Individuals considering getting mental health treatment for the first time might be confused by the different types of help available. The most common types of credentials within the mental health field fall into three basic categories:

• Psychiatrists are medical doctors who have specialized in the field of psychiatry and are able to prescribe medication. Psychiatrists treat patients by talking with them, as well as by prescribing medication.

• A psychologist is a clinician who holds a doctorate in psychology (PsyD) or a doctorate of philosophy in psychology (PhD). A psychologist treats patients by talking with them, but does not prescribe medication. If medication is needed, a psychologist will refer the patient to a physician such as a psychiatrist or a primary care physician.

• Licensed mental health counselors (LMHCs) or therapists hold master’s degrees in counseling. They have completed two years of graduate training and one to two years of work experience under supervision. LMHCs provide counseling to individuals, families and groups. They, too, will partner with a psychiatrist if they feel medication is recommended.

The most significant differences between the various types of mental health professionals are areas of expertise, education and experience. Most qualified mental health professionals will refer a patient to another professional if the specific type of treatment needed is outside their scope of practice. Determining which type of mental health professional is best for each individual will depend on the specific issues they are struggling with and whether or not medication is a recommended part of the treatment plan.

Paying for Therapy and Counseling

With skyrocketing costs of healthcare, pursuing therapy can seem like more of a luxury than a necessity, especially for those dealing with the high cost of IG therapy. But individuals shouldn’t rule it out; many insurance companies provide limited coverage for psychotherapy. Depending on the plan, though, some types of mental health professionals might not be covered, and individuals may need a referral from their primary care physician.

Also, some therapists do not accept insurance, only payment directly from the patient. In these instances, these therapists will sometimes accept sliding scale payments for which patients pay what they can afford for each session. If individuals feel a particular therapist could be a good fit, they shouldn’t be afraid to ask
what arrangements can be made. Community-based services can be considered, too. Senior centers, family service agencies and mental health clinics are good places to start. Many offer affordable options, including sliding scale payments.

**Dealing with the Big “D” — Is It Depression?**

Depression has often been referred to as a normal reaction to an abnormal situation. It comes as no surprise, then, that depression is the most common complication of almost all chronic or serious medical conditions.

In the general population, the risk of experiencing symptoms of depression is generally 10 percent to 25 percent for women and 5 percent to 12 percent for men. However, those with chronic illnesses face a much higher risk, as much as 25 percent to 33 percent, regardless of gender.¹ The sad reality is that depression often results in physical changes within the body that can worsen a medical condition, creating a vicious cycle: Chronic illness can bring on bouts of depression, which, in turn, can lead to a run-down physical condition that interferes with successful treatment of the chronic condition.

Elvira Aletta, PhD, a clinical psychologist who has personally struggled with chronic illness and depression, says that after processing the grief and loss associated with an illness diagnosis, taking some type of proactive steps can help patients keep grief from morphing into depression. For many, that can mean taking small steps and setting realistic goals. “If someone is so depressed that they stay in bed all day, a good goal for them is to get up and take a shower,” she says. “For another person who’s also depressed but makes it to work, their goal might be to engage in one pleasurable activity per day. Some people berate themselves because taking a shower is a seemingly trivial target. But remember that it leads to another step, which leads to another step. All these steps are simply the building blocks to getting better.”

Additional tips include:

- Try not to isolate oneself. Individuals should reach out to family and friends. If they don’t have a solid support system, they can take steps to build one.
- Learn as much as possible about the condition. Knowledge is power when it comes to getting the best treatment and keeping a sense of independence.
- Make sure there is medical support from trusted experts who can be talked to openly about concerns.
- If it is suspected that the medication is causing depression, it should be discussed with a doctor.
- Keep doing things that are enjoyable. This will keep individuals connected, as well as boost their self-confidence.

- If individuals think they are depressed, they shouldn’t wait to get help.

When depressive symptoms are related to physical illness or the side effects of medication, individuals may want to speak with their doctor about adjusting or changing the medication or dosage. It’s also important to note that while therapy alone can help people develop the mental fortitude needed to cope with a diagnosis of chronic illness, more than 80 percent of people battling depression can be effectively treated using medicine, psychotherapy or a combination of both. If a doctor does prescribe antidepressants, individuals should be sure to work closely with all of their physicians and their pharmacist to avoid unwanted or dangerous drug interactions.

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Making the decision to seek mental health services can be difficult. For some, there remains a stigma attached to seeking help from a therapist; the myth remains that getting counseling is a sign of weakness or that therapy is only for “crazy people.” In reality, asking for help when it’s needed is a sign of strength and maturity. No matter where individuals are in their journey as people living with chronic illness, it’s important to remind themselves that simply because the negative and upsetting emotions they may be feeling are normal, that does not mean they have to learn to cope with them on their own. Finding a qualified therapist can provide long-lasting benefits that go beyond symptom relief. Therapy can give them the tools they need for building the life they want for themselves, and the coping skills required for whatever difficulties may lie ahead.

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**References**