

difficult to do, it is important for the patient to reach out to others and for loved ones to be available, supportive, hopeful and helpful.

**Stage 5: Acceptance** -- In this stage, the patient is accepting of the diagnosis and more willing to cooperate with treatment. Their thought process has shifted to: "since this is happening to me- what can I do about it?" The patient has a more realistic and simultaneously optimistic viewpoint of themselves and their future.

The grief process around a diagnosis of a chronic disease is painful to experience and painful to watch. However, out of this difficult experience, patients can have a new life that is just as rich and fulfilling.

# Chronic Disease: A Life Altering Condition

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In 2005 the Center for Disease Control (CDC), estimated that 133 million Americans had been diagnosed with at least one chronic disease. This number represented approximately 45% of the total population. The CDC predicts that this number will continue to increase and by the year 2025 roughly 50% of the population will have a chronic disease. Behind these statistics are faces and experiences of real people that are forced to cope with life after receiving the diagnosis of a chronic disease.

Although a chronic disease is not necessarily a life threatening condition, it is a life altering condition. Many patients will experience a grieving process. This process is as unique as the patient. No two patients will grieve the same way.

Five stages of grief were first named and identified by Dr. Elizabeth Kubler- Ross in 1969. The stages are not necessarily experienced in order and may overlap each other. Patients may spend different amounts of time in the various stages and some stages may be skipped altogether. The following applies Dr. Kubler-Ross' stages of grief and discusses ways that patients receiving a diagnosis of a chronic disease may respond.

**Stage 1: Denial** -- In this stage, it is common for the patient to think, "This can't be happening to me." The patient may continue with routines, behaviors, and lifestyle patterns even if they are told that these patterns are harmful. Loved ones may need to resist the temptation to lecture and cajole. In this stage, the support of family and friends is crucial and they may need to practice just being present with the patient.

**Stage 2: Anger** -- In this stage, the patient may ask, "Why is this happening to me?" Their anger may be directed at anyone surrounding them: the doctors, for not making the diagnosis sooner; family and friends for not understanding. It is important for the patient and loved ones to realize that anger is a secondary emotion that oftentimes stems out of fear. For patients, fear of the unknown, fear of loss, and fear of change are all normal to experience. One way to counter this fear is for the patient to learn how to be pro-active in addressing their condition.

**Stage 3: Bargaining** -- In this stage, the patient may attempt to bargain with God or may have thoughts of "If I only would have... I wish I could ...Maybe if I ...". Realizing that disease is not a punishment from God and that many factors are involved in the development of a chronic disease is key.

**Stage 4: Depression** -- In this stage, the patient becomes acutely aware of loss. Feelings of hopelessness, helplessness and sadness are common. Although