List of Resources for Chronic Illness

When someone develops cancer, ALS, heart failure, multiple sclerosis, chronic pain, or another life-changing illness, the goal is not simply to "stay positive." It is to build enough sources of support that the illness does not get to occupy every corner of life.

1. Professional psychological support

- **Individual counseling or psychotherapy**
- **Cognitive behavioral therapy (CBT)** — especially useful for anxiety, depression, catastrophic thinking, sleep problems, and coping with limitations.
- **Acceptance and Commitment Therapy (ACT)** — helps people live according to their values even when circumstances cannot be changed.
- **Supportive psychotherapy** — sometimes people primarily need a safe place to talk rather than a structured therapeutic program.
- **Grief counseling** — chronic illness often involves grieving health, independence, career, sexuality, identity, or an imagined future.
- **Couples counseling** — illness frequently changes roles, responsibilities, intimacy, finances, and communication.
- **Family therapy** — particularly when the illness changes the functioning of the entire family.
- **Sex therapy or sexual-health counseling** — an important but frequently overlooked resource.
- **Psychiatric evaluation and treatment** when depression, anxiety, panic, insomnia, or another psychiatric disorder becomes clinically significant.
- **Psycho-oncology** or other disease-specific behavioral-health specialists when available.

2. Human connection

- Regular contact with **family and friends**
- Allowing other people to help rather than trying to remain completely self-sufficient
- Scheduling regular lunches, phone calls, walks, visits, or coffee dates
- Maintaining friendships that are **not entirely centered around the illness**
- Reconnecting with old friends
- Developing new friendships
- Accepting practical help with transportation, meals, errands, childcare, or household tasks
- Having one or two people with whom the patient can speak completely honestly
- Staying connected through FaceTime, Zoom, texting, or online communities when mobility is limited

Isolation can magnify suffering. Sometimes one of the most therapeutic things another person can provide is simply **presence**.

3. Support groups and peer support

- In-person disease-specific support groups
- Online support groups
- Peer-to-peer mentoring
- Cancer survivor networks
- ALS, MS, Parkinson disease, heart failure, chronic pain, autoimmune disease, and other disease-specific communities
- Groups for younger patients with serious illness
- Groups for caregivers and spouses
- Bereavement and anticipatory-grief groups
- Faith-community support groups

There is a special value in talking to someone who can honestly say, **"I know what this is like."**

4. Journaling and Expressive writing

Possible approaches include:

- Free-form journaling
- Keeping a private illness journal
- Writing down fears that are difficult to say aloud
- Gratitude journaling
- Recording small victories
- Writing about anger
- Writing letters that do not necessarily need to be sent
- Keeping a legacy journal for children or grandchildren
- Recording stories from one's life
- Writing about what the illness has changed — and what it has not changed
- Asking, "What still matters to me?"
- Asking, "What can I control today?"
- Keeping a symptom or treatment journal when medically useful

Journaling should not become another obligation. For some people it is enormously helpful; others process emotion better through conversation, music, art, prayer, or movement.

5. Mindfulness and contemplative practices

- Mindfulness meditation
- Mindfulness-Based Stress Reduction
- Guided meditation
- Body-scan meditation
- Breath awareness
- Loving-kindness meditation
- Progressive muscle relaxation
- Guided imagery
- Yoga, when physically appropriate

- Tai chi or qigong
- Quiet contemplation
- Prayer or contemplative religious practice

These approaches can be especially helpful when the mind repeatedly travels into frightening futures that have not yet happened.

6. Connection with nature

This deserves much more attention than it usually receives.

Options include:

- Walking in a park
- Sitting beneath a tree
- Gardening
- Birdwatching
- Visiting a botanical garden
- Spending time near water
- Fishing
- Sitting on a porch
- Forest walks
- Nature photography
- Watching sunrise or sunset
- Keeping flowers or plants nearby
- Simply getting outdoors when illness makes more ambitious activities impossible

Even someone with substantial physical limitations may be able to experience sunlight, fresh air, trees, birds, water, or a garden.

7. Exercise and physical activity

The appropriate activity depends completely on the disease and functional status, but possibilities include:

- Walking
- Resistance training
- Stationary cycling
- Swimming or water exercise
- Yoga
- Tai chi
- Stretching
- Chair exercise
- Physical therapy exercises
- Pulmonary or cardiac rehabilitation

- Adaptive sports
- Dancing
- Gardening

Exercise can offer more than physical conditioning. It can restore a sense that **the body is still capable of doing something**, which can be psychologically powerful after an illness has made the body seem like the enemy.

8. Physical therapy, occupational therapy, and rehabilitation

These services can help a patient preserve:

- Mobility
- Strength
- Balance
- Independence
- Ability to perform daily activities
- Driving or transportation options
- Communication
- Ability to work
- Ability to participate in hobbies

Occupational therapists can be particularly valuable in figuring out **how to keep doing meaningful things differently**, rather than simply giving them up.

9. Touch and physical affection

Touch can remain important even when illness changes sexuality.

Examples include:

- Hugging
- Holding hands
- Cuddling
- Massage
- Back rubs
- Lying together
- Stroking someone's hair
- Holding a partner while watching television
- Gentle nonsexual physical affection

Illness can unintentionally create physical distance. Patients sometimes begin to feel that their bodies are being **examined, injected, scanned, or treated — but rarely touched affectionately.**

10. Sexuality and intimacy

This deserves to be discussed explicitly.

Illness may affect:

- Libido
- Erectile function
- Vaginal comfort
- Orgasm
- Body image
- Fertility
- Stamina
- Pain
- Neurologic function
- Confidence
- The patient's sense of attractiveness
- The transition from romantic partner to patient/caregiver

Helpful resources can include:

- Open communication between partners
- Couples counseling
- Sex therapy
- Pelvic-floor therapy
- Sexual-medicine specialists
- Urology or gynecology consultation when appropriate
- Finding alternative forms of sexual and physical intimacy when previous activities are no longer comfortable or possible

Intimacy is broader than intercourse. Serious illness does not eliminate the human need to **love, touch, desire, and be desired**.

11. Music

- Listening to favorite music
- Creating playlists for different moods
- Singing
- Playing an instrument
- Attending concerts when possible
- Music therapy
- Revisiting music associated with important periods of life

Music can evoke identity and memory when illness begins making life feel dominated by medicine.

12. Art and creativity

- Painting
- Drawing
- Photography
- Pottery
- Woodworking
- Needlework
- Crafts
- Writing poetry
- Creative writing
- Scrapbooking
- Cooking
- Playing music
- Art therapy

Creating something provides an experience very different from being a passive recipient of medical care.

13. Humor

Often underestimated:

- Comedy programs
- Funny movies
- Humor with friends
- Sharing ridiculous stories
- Cartoons
- Comedy podcasts
- Allowing oneself to laugh about some of the absurdities of being a patient

Serious illness does not require every conversation to be serious.

14. Pets and animals

- Companionship from a pet
- Dog walking
- Therapy animals
- Equine-assisted activities when appropriate
- Visiting animals belonging to friends or family

Animals can provide affection and companionship without requiring the patient to explain what they are feeling.

15. Spiritual and Existential support

This does not have to mean organized religion.

Resources may include:

- Prayer
- Clergy
- Hospital chaplains
- Meditation
- Religious services
- Scripture or spiritual reading
- Spiritual communities
- Retreats
- Philosophical reading
- Existential psychotherapy
- Discussions about mortality and meaning
- Exploring beliefs about death or an afterlife

Useful questions can include:

- What gives my life meaning now?
- What am I grateful to have experienced?
- Who matters most to me?
- What would I like to leave behind?
- What does a good life mean under these circumstances?

16. Purpose and contribution

One of the greatest losses accompanying illness can be the sense of being useful.

Possible sources of purpose include:

- Volunteering
- Mentoring younger people
- Teaching
- Helping other patients
- Advocacy
- Participating in research
- Caring for grandchildren
- Creating something
- Supporting a charity
- Remaining involved professionally in a modified capacity
- Recording family history
- Writing letters for future generations

A person can lose physical abilities without losing the ability to **matter to other people**.

17. Maintaining identity outside the disease

This is extremely important. Encourage patients to continue being what they were before the onset of the illness. For instance continue saying “I am a ……

- A spouse
- Parent
- Grandparent
- Friend
- Physician
- Teacher
- Artist
- Golfer
- Cook
- Reader
- Traveler
- Gardener
- Music lover
- Sports fan
- Whatever else they were before the diagnosis

Rather than saying “I am a cancer patient.”

The illness may become part of a person's biography. It does not have to become the entirety of their identity.

18. Hobbies and pleasurable activities

People sometimes postpone pleasure until they “get better,” which can unintentionally put life on hold.

Consider:

- Movies
- Reading
- Audiobooks
- Podcasts
- Cooking
- Games
- Puzzles
- Travel
- Short trips
- Restaurants

- Theater
- Museums
- Gardening
- Sports
- Crafts
- Photography
- Learning something new

Adapt the activity rather than automatically abandoning it.

19. Travel and creating experiences

When medically and financially possible:

- Visit family
- Take the trip that has been postponed
- Spend a weekend somewhere beautiful
- Return to a meaningful location
- Attend a wedding or reunion
- Take smaller local excursions when long-distance travel is impossible

For someone facing an uncertain future, experiences may become more valuable than possessions.

20. Gratitude — without forced positivity

Gratitude can coexist with anger, grief, and fear.

Examples:

- Three good things from today
- Something beautiful noticed today
- Someone who helped
- Something the body was still able to do
- A meaningful conversation

The goal is **not** to pretend that illness is a gift. It is to notice that suffering and goodness can exist at the same time.

21. Cognitive reframing

Learning to distinguish:

- “This is terrible” from “Everything is terrible.”
- “My life has changed” from “My life is over.”

- “I cannot do what I used to do” from “There is nothing meaningful left for me to do.”
- “I am afraid” from “The thing I fear is definitely going to happen.”

This is an area where CBT can be particularly useful.

22. Acceptance

Acceptance does **not** mean liking the illness or surrendering.

It may mean:

- Recognizing what cannot presently be changed
- Redirecting energy toward what can be influenced
- Adapting goals
- Allowing grief without letting grief make every decision
- Living in the present rather than postponing life until circumstances become perfect

23. Setting small, achievable goals

Instead of focusing only on enormous questions:

- Take a shower
- Walk to the mailbox
- Call a friend
- Sit outside
- Prepare dinner
- Attend a grandchild's game
- Finish a book
- Spend an afternoon away from medical conversation

Small achievements can restore agency.

24. Establishing routines

Illness can make life chaotic.

Predictable routines involving:

- Getting dressed
- Meals
- Sleep
- Exercise
- Social contact
- Medication schedules
- Outdoor time

- Hobbies

can restore a sense of normalcy and control.

25. Improving sleep

Poor sleep worsens almost every emotional problem.

Resources include:

- Consistent sleep/wake schedules
- Morning light
- Daytime activity
- Cognitive behavioral therapy for insomnia
- Relaxation techniques
- Addressing pain, nocturia, dyspnea, hot flashes, medication effects, or other causes of disrupted sleep

26. Symptom control

Psychological coping becomes much harder when someone is continuously:

- In pain
- Nauseated
- Short of breath
- Constipated
- Exhausted
- Unable to sleep
- Itching
- Coughing
- Experiencing uncontrolled treatment side effects

Good emotional care therefore includes **good medical symptom management**.

27. Palliative care

Palliative care is not simply hospice or end-of-life care.

For serious illness it can address:

- Pain
- Dyspnea
- Fatigue
- Nausea
- Sleep

- Anxiety and distress
- Family communication
- Goals of care
- Spiritual concerns
- Caregiver burden
- Quality of life

It can be valuable alongside disease-directed treatment.

28. Social workers and patient navigators

They can help with:

- Insurance
- Disability
- Transportation
- Home care
- Financial assistance
- Medication costs
- Workplace problems
- Advance-care planning
- Housing
- Equipment
- Caregiver resources
- Community programs

Sometimes anxiety that appears “psychological” is actually caused by a very practical problem that can be solved.

29. Nutrition and pleasurable eating

Depending on the illness:

- Dietitian consultation
- Managing treatment-related appetite changes
- Maintaining adequate calories and protein
- Preserving favorite foods when medically possible
- Sharing meals socially

Food is not merely nutrition. Eating together can provide normalcy, pleasure, ritual, and human connection.

30. Complementary supportive approaches

Depending on the medical situation and patient preference:

- Massage
- Acupuncture
- Yoga
- Meditation
- Guided imagery
- Relaxation training
- Music therapy
- Art therapy

These are best viewed as **complements to appropriate medical care**, rather than substitutes for effective treatment.

31. Digital mental-health tools

Apps can provide exercises involving:

- Meditation
- Relaxation
- Mood tracking
- Journaling
- CBT principles
- Sleep
- Breathing exercises
- Behavioral activation

Examples of established categories include meditation apps such as **Calm** and **Headspace**, mood-tracking applications, and CBT-oriented digital programs.

32. AI mental-health programs

This is an interesting emerging category, but it needs some nuance.

Current AI conversational mental-health products include programs such as:

- **Wysa**
- **Youper**
- **Earkick**
- **Flourish**
- **Ash**
- Other conversational mental-health platforms

They can potentially provide:

- A place to talk at 2:00 in the morning when you are awake and need to talk.
- Guided CBT-style exercises

- Reflection prompts
- Mood tracking
- Journaling
- Relaxation exercises
- Help organizing thoughts before talking with a therapist

I would describe these as **supplemental tools rather than replacements for a qualified therapist or physician**. Evidence for clinical benefit remains considerably less established than the evidence for conventional psychotherapy, and current AI mental-health apps have important limitations in recognizing and managing crises.

33. General-purpose AI as a reflective tool

A general AI assistant can also potentially be used to:

- Help organize thoughts
- Generate journaling prompts
- Prepare questions for a physician
- Practice a difficult conversation
- Brainstorm pleasurable activities compatible with disability
- Explore coping strategies
- Create relaxation exercises
- Help write letters to family
- Discuss fears and concerns

Again, it should complement rather than replace human professional care when significant depression, anxiety, suicidality, or complex psychiatric issues are present.

34. Disease-specific organizations

Patients should investigate organizations dedicated to their particular illness. Examples include:

- American Cancer Society
- National Cancer Institute
- CancerCare
- ALS Association
- National Multiple Sclerosis Society
- American Heart Association
- Parkinson's Foundation
- Alzheimer's Association
- Arthritis Foundation
- American Diabetes Association
- Disease-specific foundations for rare disorders

These organizations may provide education, peer communities, caregiver programs, financial resources, equipment assistance, advocacy, and local support.

35. Educational resources

Understanding the illness often decreases the terror created by uncertainty.

Useful resources include:

- The treating medical team
- Academic medical centers
- Disease-specific nonprofit organizations
- Government medical resources
- Patient navigators
- Reputable books and podcasts

At the same time, patients sometimes need permission to **stop researching**. Spending every evening reading about one's disease can turn the illness into a full-time occupation.

36. Caregiver support

The emotional health of the caregiver and patient are intertwined.

Caregivers may need:

- Respite
- Counseling
- Their own support groups
- Time away from caregiving
- Exercise
- Sleep
- Friends
- Assistance from extended family
- Permission to have a life separate from caregiving

Caregiver burnout ultimately hurts both people.

37. Advance-care planning

For serious illnesses, discussing future preferences can sometimes decrease rather than increase anxiety.

This may include:

- Health-care proxy

- Advance directive
- Goals of care
- Preferences regarding hospitalization or intensive treatment
- What quality of life means personally
- Who should speak for the patient if the patient cannot

Planning is not the same thing as giving up.

38. Legacy work

Especially with life-limiting illness:

- Record stories
- Make photo albums
- Write letters
- Record videos
- Create family recipes
- Write down family history
- Record messages for children or grandchildren
- Pass along possessions with stories attached to them

Legacy does not have to wait until someone is dying. It can be deeply meaningful at any stage of serious illness.

39. Learning something new

Illness takes things away. Learning puts something back.

Possibilities include:

- A language
- Music
- History
- Art
- Genealogy
- Cooking
- Photography
- Online courses
- Technology

Continued learning reinforces the idea that **the future still contains possibilities**.

40. Helping someone else

Sometimes one of the best ways to stop feeling entirely like a patient is to become useful to another human being.

That might mean:

- Mentoring
- Calling someone who is lonely
- Helping another newly diagnosed patient
- Volunteering online
- Teaching
- Supporting a cause
- Simply asking another person, “How are you doing?”

41. Deliberately creating ordinary moments

Perhaps one of the most overlooked strategies is simply continuing to live.

Have dinner.
Watch football.
Argue about a movie.
Sit on the porch.
Play with the dog.
Make love.
Go to church.
Call a friend.
Laugh.
Plant tomatoes.
Take the grandkids for ice cream.

Not every moment has to be about fighting disease, finding meaning, or becoming a better person.

Sometimes the healthiest thing a person with chronic illness can do is **stop being a patient for an afternoon and simply be a person again.**