

“How’s Everything? Good?”: Chronic Illness and Social Disconnection in Everyday Life - *By Jeff Tirengel, Psy.D., M.P.H.*



Chronic health conditions have interpersonal as well as medical consequences. As the population of the United States ages, more of us are experiencing the challenges that can accompany illness. An overview issued by U.S. Centers for Disease Prevention in 2015 found that about half of all adults in the U.S. – 117 million people – have one of more chronic health conditions; one of four adults have two or more (Ward, Schiller & Goodman, 2012). Examples include heart disease, arthritis, diabetes, chronic kidney disease, depression, lung disease, Alzheimer’s, cancer, asthma, and stroke. Many of these conditions can have pervasive and pernicious effects on one’s well-being yet not be readily visible to others.

Ongoing medical conditions are typically accompanied by changes in our interpersonal relationships. Much attention has been given in the psychology literature to how chronic illness can affect one’s sense of connection to significant others, often in a positive way (Doka, 2013). Relatively little focus, however, has been given to the sense of disconnection that can arise from interactions with those who are somewhat more distant, including some friends, colleagues and co-workers, and others who play occasional role in one’s daily life. These individual moments of social disconnection may seem trivial, but collectively they can take a significant toll.

For example, one shopkeeper in my neighborhood often welcomes me with the greeting, “How’s everything? Good?” In the aftermath of three separate blood cancer diagnoses, chemotherapy, radiation, two bone marrow transplants, and ongoing graft versus host disease from the transplants themselves – not to mention my wife’s recent major surgery for spinal stenosis – an answer of “Great! And you?” seems somehow appropriate under the circumstances yet without a semblance of actual interpersonal connection. I can appreciate the well-intentioned nature of the shopkeeper’s inquiry, but it serves as a reminder of the separations that arise when everyday communications with others are about far-less-than-authentic versions of ourselves.

Nearly every seemingly simple question that arises in the realm of, “How’s everything? Good?” now initiates within a complex algorithm designed to take into account such factors as these: What kind of relationship do I have with this person? What kind of relationship do I want to have? How much time do we have for this conversation? Where are we? Is it appropriate to have this conversation now? How interested are they likely to be under the circumstances – or under any circumstances? What are the chances that an honest answer could lead to a mutually satisfying exchange?

Perhaps the most problematic aspect of “How’s everything? Good?” is its asked-and-answered framing. The questioner not only appears to make an inquiry, but also offers a strong cue

regarding the preferred response. This might make for efficient communication, but it can also get in the way of finding common ground for even a moment.

A variation on this algorithm is set into motion when the question arrives in the body of a text message or email. Context matters here as well. Is the question merely pro forma, e.g., something one writes before saying why the contact is actually being made? Or is the person genuinely interested in engaging in a written exchange on a deeper level? My own tendency is to assume that the written exchanges are expected to be perfunctory with face-to-face meetings and phone calls as the preferred modes for exploring the larger picture.

I haven't discovered anything in the literature or in daily life that amounts to the "one right away" to check in with someone dealing with chronic illness. In general, though, I have developed a strong personal preference for open-ended questions such as a simple, "How are you?" When asked face-to-face and with genuine interest communicated nonverbally, there can be a healing quality to the question itself. Finding such doorways into brief but meaningful moments of connection can become treasured antidotes to the inevitable moments when illness leads to feelings of distance and separation.

As psychiatrist and Holocaust survivor Viktor Frankl wrote, "Life can be pulled by goals just as surely as it can be pushed by drives." For some of us who are living with chronic illness, our goals now include telling the story of what occurred, being seen and heard without our social masks, and having witnesses who can carry forward what we have learned. For some, this witnessing can be found through family members or friends or support groups or faith-based institutions or

our participation in communities of various kinds. For others, it can also be found through a psychotherapist who can be fully present with us as we tell our story.

Indeed, in attempting to find my own way through chronic illness and social disconnections in everyday life, I have rediscovered an essential aspect of what drew me to become a psychologist in the first place. The type of caring that I hoped to offer to others and that I now value so highly in my own life is well-described in this quote from Dutch-born priest, professor, and writer Henri Nouwen:

"When we honestly ask ourselves which persons in our lives mean the most to us, we often find that it is those who, instead of giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares."

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