As we have seen in our discussion so far, chronic illness tends to involve running the gamut of pretty much every negative emotion.

On top of this, conditions such as arachnoiditis, if iatrogenic, that is, caused by doctors, trigger a great deal of anger that often cannot find a suitable outlet.

It is normal for people to rage against fate (or God) or to seek someone to blame even in situations in which there is no real source of responsibility; but in cases where there is actual or even perceived blame, then this is likely to be a focus of a high level of anger.

The way in which we are accustomed to thinking colours our attitudes to everything in life. In turn, our way of thinking is influenced by our beliefs.

It is generally recognized that "beliefs about the etiology, diagnosis, and management of pain are critical determinants of the pain patient's experience that can facilitate or impede the recovery process" ([1])

Specifically, perception of fault "appears to be both a powerful correlate of self-reported mood and pain-related behavior, as well as a strong predictor of self-perceived response to treatment".

It is important to acknowledge to the extent to which these beliefs may colour our perceptions.

As C. S. Lewis wrote:

"If a quack doctor's breezy ineptitude
Has cost me a leg, must I forget straightway
All that I can't do now, all that I could?"

Unfortunately, in arachnoiditis, apportioning blame is not always quite so straightforward, but a continuing lack of explanation by medical personnel or being treated as if we have a psychological problem can compound the sense of being badly let down and can heighten anger, perhaps tipping it into bitterness.

As the Chinese saying goes, anger is like picking up a hot coal to throw it at the person you are angry with: who gets hurt first?

Anger is an entirely understandable reaction to a situation in which health has been replaced by endless pain and problems, especially if it seems as if this was an avoidable situation.

However, persistent anger can be self-destructive and it is therefore imperative that it is worked through and left behind.

Often anger is a product of frustration, fear and a feeling of being out of control.

Anger may be directed appropriately or may be channelled towards those who happen to be in the line of fire, regardless of their culpability. Sometimes our anger is diverted so that we can be angry about little things to a degree which is out of proportion and irrational.

This can cause all sorts of knock-on effects, such as relationship difficulties. We must of course bear in mind that the nearest and dearest may also be feeling a lot of anger about the situation, and that this can cause a clash.

The other way in which anger can manifest itself is in depression, which can be a result of anger turned inwards, because it is unexpressed. Sometimes we feel guilty about getting angry with

the wrong person or about trivial matters, or even feeling angry and resentful of healthy folk.

This is likely to lead us to doubt our self-worth and this can be a significant feature of depressive thinking.

Persistent anger may tip into bitterness, which can colour our perceptions of all aspects of life, and tend to make us suspicious of other peoples' motives and generally to expect the worst all the time.

This may lead us to isolate ourselves or may indeed cause rifts with family and friends, so that we become isolated; this is another risk factor for developing depression.

Personally, I am not someone who believes that we should all ?let it all hang out' all the time, lest we repress emotions, because once something has been said out loud, it can never be unsaid; however, there are appropriate times and places for expressing deeply-felt emotions and it is important to find outlets because bottled-up emotions can end up like a pressure cooker.

Of course, the converse is constant complaint, which is likely to alienate other people because no one likes to listen to an ongoing catalogue of moans. Their apparent indifference then reinforces our sense of being misunderstood and not supported, which can feed our anger and bitterness, becoming a vicious circle.

Sometimes the safest place to express anger is to someone outside the family, especially if some of the anger involves problems such as feelings of family being unsympathetic or unsupportive.

The same of course goes for the caregivers, because they have as much right to feel angry as the ill person whilst perhaps feeling they have less right to express it.

The other problem with persistent anger is that it causes a high level of physiological arousal, with raised levels of stress hormones, which can lead to symptoms of anxiety and/or fatigue, as well as interfering with sleep. This is also likely to result in a raised pain level.

So we can see that ongoing anger is unhelpful at best and considerably harmful at worst. We should not ignore it, but deal with it and try to keep it in proportion.

Anger in relationships:

Connie Peck, in her useful book, "Controlling Chronic Pain"([2]), describes the

"Complaint-Resentment-Guilt trap".

When chronic pain sufferer's needs take precedence over those of other family members; over a period of time the continuing lack of reciprocity causes anger and resentment, which in turn lead to guilt for having felt these emotions.

A resentment/guilt cycle builds up, with episodes of angry outbursts or other less direct expressions of anger (by both patient and family) followed by guilty, over-solicitous behaviour.

Anger may be expressed differently depending on the usual expression of displeasure within each family/couple. Some people argue openly, others harbour silent resentment, or absent themselves when angry (either physically or by becoming preoccupied with other matters within the home).

There may be pseudo-sympathetic behaviour or the ?silent treatment'.

One of a couple may express more anger than the other, with the consequence that onlookers may side with the person who expresses his/her anger more subtly.

Hence the more overtly angry person (often the pain patient) may feel more misunderstood and maligned as the ?villain'.

However, even if the indirectly angry person is unaware of his/her own resentment, his/her disguised anger is transmitted very effectively to the partner.

These feelings, because they run contrary to what we think we should feel towards an ill person (or for that matter, those that are looking after us, or sacrificing things for us), make us feel extremely uncomfortable and it is common for us to deny we even have them.

However, resentment and anger do not just cause emotional strain, but also physical tension, which can further aggravate pain. It is important therefore, to recognise this sort of pattern of behaviour.

Carried to its extreme form, this sort of interaction can lead to partners only staying together because of obligation: the patient binds the partner with guilt; the partner stays out of a sense of obligation.

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[1] DeGood, D. E., & Kiernan, B. 1995 *Pain,* 64(1), 153-159. Perception of fault in patients with chronic pain.

[2] Fontana paperbacks, London 1985