



Managing Anger

Anger can be a **constructive or a destructive force** in the life of a person with CFIDS. It can have a devastating impact on your health and interpersonal relationships when you don't learn effective anger management strategies and coping techniques. This article will help you **add new resources to your anger tool kit.**

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For most people who have chronic fatigue and immune dysfunction syndrome (CFIDS), anger is a frequent companion. After all, there are so many triggers. At any given moment, you can feel like you have a handle on the illness and the powerful emotions it can elicit. Then, something will happen and your anger spills out. Perhaps the thousandth person just said, “Gee, I’m tired all the time too. Maybe I have CFIDS.” Or your disability claim has been denied. Or your spouse is sullen and uncommunicative because, yet again, you’re too sick to take on a task you once performed routinely.



Because anger is interwoven into the life of a person with CFIDS (PWC), it is especially important to empower yourself by becoming an anger expert. Understanding the mechanics of anger and how it relates to your illness, your interpersonal relationships and your long-term health is an invaluable skill for PWCs to acquire. To help readers with anger issues, we contacted four psychologists who have broad-based experience in treating patients with CFIDS. Two of them suffer from CFIDS themselves, and while they are largely recovered, they know firsthand how the illness has impacted their lives, careers and relationships.

Types of anger

The anger that CFIDS patients experience often falls into two categories, existential anger and instrumental—circumstantial—anger. People usually experience existential anger when they are first diagnosed with a chronic illness like CFIDS. Angst-ridden thoughts—Why me? How could this be happening to me? It’s so unfair!—are a normal reaction to learning you have a life-altering disease. Instrumental anger is the type that stems from the day-to-day frustrations of dealing with the illness. No longer being able to function at the pace you used to, being treated with skepticism or disbelief by family or friends, missing a key event in a loved one’s life because you are



too ill to participate—these are the kinds of circumstances that are linked to instrumental anger.

According to Dr. Stuart Drescher, a Ph.D. psychologist with a private clinical practice in Salt Lake City, Utah, both types of anger are normal, valid responses to chronic illness. He has treated more than 150 CFIDS patients since 1992 and finds that most of them “experience existential anger in some fashion because there’s a sense of betrayal and a devastating sense of loss that comes with a debilitating chronic illness. But instrumental anger is more in your face; it’s more related to the events of the day, and that’s usually where patients will begin when discussing the impact of their illness.”

When working with patients, he doesn’t treat anger as an enemy that has to be conquered. “This illness is potentially so disempowering at first that patients are thrown for a loop, and it’s very easy to feel out of control. Anger is an appropriate response to the illness and its impact.”

Dr. Renee Taylor, a licensed clinical psychologist and associate professor at the University of Illinois at Chicago, agrees. “Patients are justified in their feelings of anger about these imposed changes and losses. Once they recognize their feelings of anger, I validate and even encourage them because I see anger, when expressed appropriately, as a positive and healthy emotive state.”

While being able to recognize different types of anger may be a useful anger management tool for some people with CFIDS, Dr. Taylor cautions patients not to try to make their emotions fit into just two categories. “The anger that individuals with CFIDS experience is very complex,” she explains. “Most forms of anger emerge from a fun-

damental experience of loss. Losses with CFIDS are profound, multifaceted and not limited to social, economic and functional losses. Anger resulting from the CFIDS experience can also stem from stigmatization and social oppression. Having to confront negative responses to illness, particularly from loved ones or health care professionals, can lead to natural feelings of resentment, loss, rejection, anger and, in some cases, rage.”

Patients rarely seek out a psychologist or therapist just to deal with anger issues. Having CFIDS elicits a whole range of emotions, including guilt, jealousy, fear, denial, sadness and depression. A PWC will often first come to a therapist because of what someone else is doing to them, says Dr. Drescher. “They are often obsessively focused on what the offending person has done. They see their emotions in terms of outside forces working on them. Developing some skillfulness

“Because CFIDS is a chronic condition, it puts stress on everyone involved, not just the patient. The most common form of anger I see is the anger that emerges from disappointment and losses associated with interpersonal relationships.”

Dr. Renee Taylor

in dealing with anger issues and other emotions generally means bringing the attention back to the self.”

Good anger and bad anger

If feeling angry about having CFIDS is so normal, why do PWCs need to learn to manage their anger? One reason has to do with how different people respond to anger. Some people have been taught that expressing anger, even feeling it, is somehow wrong or inappropriate.

But, according to Dr. Ruth Livingston, Ph.D., a licensed clinical psychologist in New York City who specializes in treating people with chronic illnesses, “acknowledging anger opens the door to being able to utilize coping tools, management strategies and support systems.” Suppressing anger, or turning it inward, can actually be very destructive.

“Dissociated anger, or anger turned inward, leads to depression,” she warns. “Depression goes hand in hand with chronic illness and is especially exacerbated in an illness like CFIDS. When a patient blames himself or herself for the illness and its limitations, depression is the consequence. That’s why it’s critical that health care professionals, especially therapists, recognize the role of anger in depression and help patients acknowledge angry feelings.”

Like Dr. Livingston, Dr. Taylor observes a great deal of anger turned inward in her patients. “In my opinion, anger turned inward is one of the most undesirable and dangerous forms of anger because it is so closely tied to self-worth and identity. When I see a patient who is demoralized, anxious, sad, apathetic or hopeless about recovery, I usually find that the patient is experiencing a great deal of internalized anger.”

While some people have trouble expressing anger, others have trouble *not* expressing it. “A person can become easily angered or frustrated at even the slightest interpersonal rift or failure to meet expectations,” says Dr. Taylor. “In these cases, the patient’s reactive anger ultimately serves to push others away, prevent support and thwart resource acquisition. Patients who struggle with this form of anger slowly realize that the

interpersonal networks they once had are being whittled away and that once-supportive people have become increasingly less willing to support and help them.”

When PWCs fall into a cycle of constant anger, it can impact every relationship in their lives. “People who are perpetually angry and hostile turn others away from them, creating a vicious cycle in which rage promotes rejection, which in turn promotes more rage,” says Dr. Livingston. “For someone with CFIDS, this is deadly. CFIDS can be isolating and alienating as it is, without the loss of support. In fact, the CFIDS patient’s support system is critical to emotional health. Moreover, unrelenting anger can exacerbate symptoms of CFIDS as well as promote new symptoms.”

Dr. Laura Monserrat, Ph.D., has a clinical practice in New York City and specializes in treating CFIDS patients. She says it is rare to see a patient who just “becomes an angry person” because of CFIDS. “A per-

son who is easily knocked down by life’s events will respond to illness that way. They are predisposed to dealing with life’s circumstances in a particular way.” On the other hand, someone who comes into the illness as a robustly resilient individual will more quickly adjust and develop coping mechanisms.

Anger can be dangerous

Another reason why it behooves CFIDS patients to learn good anger management techniques is the physiological toll anger can take. If you often find your anger threatening to spiral out of control and unleash the Incredible Hulk that lurks within, consider the damage you are doing to your body. When you get angry your heart rate and blood pressure go up, and the level of adrenaline and noradrenaline increases, impacting the cardiovascular system. Some studies suggest that anger is a risk factor for triggering myocardial infarction and can cause a cascade of physiological responses in the

cardiovascular system. Negative emotion can also affect the immune and neuroendocrine systems, impact digestion and cause headaches.

For CFIDS patients, both mild anger and intense, prolonged anger may have a toxic impact. “Research shows that along with physical exertion and exercise, emotional stressors are primary culprits in exacerbating the symptoms of CFIDS,” explains Dr. Livingston. “Anger, for example, is frequently cited as a relapse trigger and its physical manifestations—such as increased heart rate and blood pressure, muscular tension and nausea—add to an already physically compromised patient profile. I stress the importance of learning anger coping mechanisms for all CFIDS patients, especially those at risk for heart disease and stroke.”

Dr. Drescher, who has CFIDS himself and speaks from experience, cautions fellow CFIDS patients about the wear and tear anger can take on them. “If anger is not skillfully managed, it can actually worsen CFIDS symptoms. It’s not just the intensity of the rage that’s a factor, but the lack of ability to deal with anger and other emotions and make attitudinal, lifestyle and behavioral changes based on understanding and accepting your illness.”

Your anger tool kit

Fortunately, there are a number of strategies PWCs can employ to manage their anger, even harnessing it to their advantage in many cases. Our four experts offered these suggestions.

- You need to be willing to do the work that is necessary to understand and transform your anger. Reading books and investigating websites, like some of the ones listed in the box on page 19, can be very helpful for PWCs.
- Consider joining a support group.

DID YOU KNOW?

- Disability issues are one of the most common emotional triggers for PWCs, causing both existential and instrumental anger as well as fear, guilt and depression.
- Dr. Laura Monserrat has seen hundreds of PWCs in the past 12 years and routinely does disability evaluations. Because she suffers from CFIDS herself, doctors began referring PWCs to her for therapy. In general, she says neither patients nor their doctors respond well to disability issues.
- In her practice, patients often feel guilty about applying for disability. “A lot of people don’t seem to realize they are entitled to disability if they can no longer work. They paid for disability insurance in case they might someday need it. If you buy car insurance, you aren’t ashamed to file a claim if you have an accident. But when the damaged goods is you, there’s guilt and shame. The anger comes when others treat you like you are lazy or a malingerer.”
- Many doctors don’t want to do disability assessments because it’s time-consuming. Others are very reluctant to label someone disabled. “They believe the label itself is detrimental, causing a patient to become depressed and far less likely to get well.” In Dr. Monserrat’s experience physicians are also influenced by societal norms, just like the rest of us, “They don’t want to tell someone it’s okay not to work.” Working is often equated with being a productive and contributing member of society.

Dr. Taylor has found that almost everyone can benefit from structured support groups with strong and experienced leaders: “These types of groups often involve goal-setting, structured opportunities for support and constructive feedback, and educational information about illness management.” Both peer-led and professionally led groups can be helpful. Beware of support groups that turn into gripe sessions. These are not only depressing, they can actually trigger new symptoms because they are so stressful.

■ Expand your idea of what a support network is. “People with CFIDS can get valuable help from physical or massage therapists, acupuncturists and nutritionists—even tai chi instructors,” suggests Dr. Monserrat.

■ Consider keeping an anger diary. List the things that trigger your anger. Chronicle how you respond to these triggers, and how others react to your anger. Ask yourself if you are using self-destructive behaviors such as drinking alcohol, taking drugs or overeating to calm yourself. Write down any remarks people make about changes in your behavior, such as “You seem to have a short fuse these days” or “You never smile or laugh anymore.” The information you record can help you look at patterns of behavior and offer an opportunity for valuable self-analysis.

■ Learn breathing relaxation and deep muscle relaxation techniques. They can be surprisingly effective.

■ Harness your anger in appropriate ways. The energy generated by anger is often the catalyst you need to adjust the situation that provoked the anger in the first place. Adaptive anger can be a very motivating force. It can prompt you to set limits on someone who has abused you, to express your needs more assertively, to seek out more understanding health care providers, to transform you into a champion and advocate

for PWCs, or to modify your environment and lifestyle.

■ If you need to change childhood patterns of dealing with your emotions or with difficult life events, seek the help of a professional. “It takes a lot of work, but people can change their fundamental emotional portrait and develop new skills,” according to Dr. Drescher’s experience with CFIDS patients. “Understanding the mechanics of anger and identifying your personal triggers is important work in managing your overall health.”

■ Don’t let anger keep you from enjoying activities you can still do and use laughter to turn the anger away. Watch a funny movie, check out joke sites on the Internet or spend time with a friend who has always made you laugh.

■ Our experts agree that everyone with CFIDS should consider seeking treatment from a licensed psychologist or therapist. Even for the most mentally healthy and stable individual, chronic illness is an overwhelming experience. Our culture doesn’t help because it doesn’t value people with illness. “I believe you should seek out a mental health professional as soon as you are diagnosed with a chronic illness like CFIDS,” says Dr. Monserrat. “A good therapist can give you an overview of the illness and a portrait of what to expect in a 30- or 60-minute session that might take you months to discover on your own.”

Fortunately, there is a payoff to doing all this work on anger. The reward for increasing your emotional awareness and learning new coping strategies can be huge indeed. You can begin to experience your life as something with quality and meaning and approach it with excitement, pleasure and satisfaction in spite of your illness. ■

OTHER RESOURCES

Dr. Weisinger’s Anger Workout Book by Hendrie Weisinger. William Morrow, 1985.

Learned Optimism: How to Change Your Mind and Your Life by Dr. Martin Seligman. Pocket Books, 1998.

The Chronic Illness Workbook: Strategies and Solutions for Taking Back Your Life by Patricia Fennell. New Harbinger Publications, 2001.

Managing Chronic Illness: Using the Four-Phase Treatment Approach by Patricia Fennell. John Wiley and Sons, 2003.

Emotional Intelligence: Why It Can Matter More Than IQ by Daniel Goleman. Bantam, 1995.

Living Well with a Hidden Disability: Transcending Doubt and Shame and Reclaiming Your Life by Stacy Taylor and Robert Epstein. New Harbinger Publications, 1999.

Use Your Anger: A Woman’s Guide to Empowerment by Sandra Thomas and Cheryl Jefferson. Pocket Books, 1996.

Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness by Jon Kabat-Zinn. Delta, 1990.

The Relaxation and Stress Management Workbook by Martha Davis. 5th edition. New Harbinger Publications, 2000.

American Psychological Association. Visit www.apa.org to locate clinical psychologists in your area.

Support Group Curriculum. A curriculum sample for support groups developed by Dr. Renee Taylor. Go to www.ahs.uic.edu/ahs/files/ot/bookler/CFS_Website/index.htm.