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YOUNG CARE

Anger and resentment can be a problem in any relationship affected by chronic pain, but can be especially difficult to handle where young people are involved in caring for an adult living with pain. Family therapist Liz Forbat examines the problem and suggests ways the whole family can work together to manage anger

A YOUNG CARER'S PLACE IN THE FAMILY

Supporting families where an adult with persistent pain is cared for by a young person requires a different approach from where there are only adult carers: the young carer's age and stage of development should inform how the family is supported. For me, working as a family therapist, it is important to consider how a caring role impacts on the normal developmental milestones for someone of their age.

The needs of a 16-year-old and a 10-year-old as young carers will be very different. As a 16-year-old you might be expected to spend more time apart from the family, form your own strong relationships with peers and girlfriends/boyfriends or even move out of the family home to set up your own household as you develop as an independent adult. As a 10-year-old, expectations would usually be that you would spend more time with the family and be less independent.

So, when caring tasks require you as a young carer to spend a lot of time at home, this may be experienced as particularly challenging if you are at a stage of life where you are expected by society and your peers to be moving towards independence.

When I am working as a family therapist with people affected by physical illness, I would want to know about each individual in terms of their life-stage and expected developmental milestones. For a child or young person this could be about transitions from primary to secondary school or negotiating independence. This is just as important as understanding the impact of the illness on an adult's own life-stage: parenting/grand-parenting, providing for the family or retirement.

HOW ANGER MAY MAKE ITS PRESENCE FELT

Anger and resentment may manifest in a range of different ways. For young carers this may be in behaviour displayed at school: including aggressive behaviour toward teachers/peers, shouting, self-harm or refusal to attend school. Within the home, anger is most commonly seen in the relationship between child and parent(s), perhaps expressed by shouting or through physical aggression directed towards the parent.

The age of a child or young person will affect how they are able to deal with and communicate their anger. With younger children, I might expect them to 'act out' their anger as they do not have the verbal skills to

Notes



Hope for simple ointment to treat some neuropathies

Patients with neuropathy can have contradictory symptoms with numbness, pain or both being common depending on which nerve fibres are affected. There are many causes, such as injury, viruses, diabetes or cancer. American researchers have tried an ointment on mice that have neuropathy. In this case the mice's condition prevents them from feeling pain. The ointment contained a substance that boosts a natural substance that the body makes to stimulate the growth of nerve endings: GDNF (Glial Derived Neurotrophic Factor, since you asked. But Notes suggests we leave it there).

Applying this ointment restored the mice's ability to respond to painful stimuli. Mice with various types of neuropathy were tested and the ointment worked in all of them. In some cases, but not all, the medicine works by restoring the nerves, holding out hope for a regenerative therapy in some kinds of neuropathy rather than just treating symptoms. One researcher said that 'If you could apply something topically to restore nerve function, that would be phenomenal. Obviously, this would be worlds better than intrathecal injections.'

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RS, PAIN AND ANGER

adequately express their feelings; for example, an eight-year-old may show aggression towards their siblings in the days leading up to their parent's hospital appointments.

MANAGING ANGER

Families of young carers may find it useful to try these two approaches to managing anger:

1. Express yourselves

Anger is a common response to chronic illness. Recognising it as normal can therefore be powerful in helping young carers and their families to feel less isolated. It can be difficult though to talk about such powerful emotions, especially when families struggle to communicate openly about the illness and impact of pain, and where there is a culture of trying to protect children from knowing the details of the illness and its impact. Psychologists refer to this as 'protective buffering', where people choose to not say very much about how the illness impacts them, in the hope that it protects the other person from feeling burdened. Children and young people, however, may often be quite attuned to changes in the adult's illness, and the protective buffering results in them not feeling able to talk about and express their own feelings.

2. Recognise frustration – avoid blame

Psychological theories suggest that anger often stems from frustration, so identifying causes of frustration can be an important dimension of managing it. For example, persistent pain may get in the way of the family spending quality time together, as the demands of caregiving overtake a young person's immediate needs.

Frustration, and subsequently anger, may occur as a parent has to cancel a special day out, or is unable to attend an important concert or sports event. Shame may then overtake the young carer as they tussle with balancing their own needs with recognising and resenting the impact of persistent pain on the whole family.

A core idea of family therapy may be useful here: 'the person's not the problem, the problem's the problem'. By switching the focus onto the anger (rather than the individual), there is less scope for blame and therefore more hope. Family therapists seek to understand the grip of anger on the family and help them to build on the strategies they have used to get rid of it.

Thinking about the following questions together can help you to confront anger as a family. Families often find it helpful to think of 'anger' almost as though it is an



additional (but unwanted) member of the family:

- Did anger arrive at the same time as the pain, or did it come later?
- When is anger at its strongest?
- Who does anger grip most frequently?
- Have there been times when together you've been able to ward-off anger before it gets too powerful?
- Who notices first when anger has come into the family?
- Who has been most effective in sending anger packing?

These questions can help make anger feel less personal and something which you as a family can team-up against, waging war on an uninvited guest in your home.

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