

Commentary

The View From the Edge of the Cauldron

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As anger and violence exponentially increase in the United States, creating the image of a fiery cauldron of emotionality, a curious societal denial prevails. While the headlines scream news of incidents of air rage, road rage, and desk rage, many people—nurses included—shake their heads in bewilderment. Invariably, in newspaper accounts of school shootings, teachers and neighbors express shock at the behavior of a quiet child whom they would not have suspected of harboring such malevolence. Indeed, it seems inexplicable that “baby-faced” schoolchildren are killing each other in the classroom and “perfectly normal” people are driving like maniacs or exploding in rage on airplanes.

But we cannot remain mired in our incredulity if we are to make a difference. As Paquette (2001) has pointed out, violence *can* be understood. It is not random and senseless. And I believe it is incumbent on psychiatric nurses to begin making a difference. We begin by increasing our understanding of the anger–violence continuum. We cannot intervene with that which we do not understand. We begin by listening to the voices of researchers who have peered into the cauldron to examine the elements that produce anger and sometimes bring it to the boiling point.

I am one of those researchers, although my program of research has focused mainly on the anger end of the anger–violence continuum—the edge of the cauldron, if you will. To be more specific, I have focused on women’s anger. The following remarks are based on my personal experience in this research area over the past 12 years. I believe that the response to my research over these years is fascinating to consider. I have personally encountered society’s denial. Some people simply don’t want to hear about angry women. This is especially true when the potential listeners to my findings are men.

Let me paint a typical scenario for you. At a national interdisciplinary research conference, six or seven conference attendees are chatting at a cocktail reception. Spying the name of my university on my badge, a man says to me: “Oh, you’re from the University of Tennessee. Are you presenting a paper here? What do you study?” When I reply, “I study women’s anger,” the man quickly

sees someone across the room whom he simply must greet. He makes his escape from Medusa. On those rare occasions when a man stays in my vicinity for a few more minutes, he generally makes a disparaging remark, seeking to trivialize the research. Or he may say, “Gee, you don’t look like an angry woman!” as though I must personally exhibit pathology to study it.

This behavior, in my view, is indicative of a continuing societal taboo regarding women’s anger, a taboo first identified by Harriet Lerner (1985), author of *The Dance of Anger*. This taboo is manifested in several ways. First, consider the small number of researchers of women’s anger. In contrast to the legions of researchers of anxiety and depression, we are few. (In fact, all of us know each other; we presented a symposium together at the International Congress on Women’s Health Issues in San Francisco in 2000.) Second, recall the pejorative media depictions of angry women.

In preparation for a recent speech, I went through my files examining magazine illustrations that accompanied stories about my research. In the years since the early reports appeared in *The New York Times* and *USA Today* about the Women’s Anger Study (Thomas, 1993), stories about various aspects of the research have appeared in more than two dozen magazines. Invariably, the illustrations portray “angry women” as ugly, demonic, or crazed. Not a single drawing or photograph conveys the possibility that a woman could be appropriately angry in defense of her boundaries, values, or rights as a human being. The magazines’ choice of such illustrations is especially intriguing because they are not consistent with the *content* of the articles: I always emphasize that anger can have positive and health-promoting functions as well as destructive ones.

I do not want to perpetuate the taboo, thereby perpetuating the tendency of many women (especially older ones) to suppress their anger and ruminate about unresolved interpersonal conflicts. Neither suppression nor ventilation promotes resolution of problems.

The above-mentioned taboo also is evident in the nation’s lack of attention to the increase in violent behavior of girls. Perhaps it is easier to think of girls as victims

rather than as perpetrators of violence (Wolfe, 1994). Could contemporary girls really be betraying the stereotype of "sugar, spice, and everything nice"? The answer is *yes*.

In the past, girls who acted out were more likely to engage in nonviolent forms of delinquent behavior, such as truancy, shoplifting, and promiscuous sex. Arrests of females for violent crimes and weapons violations, however, have been rising rapidly for several decades. Arrests for juvenile females for Violent Crime Index offenses (murder, aggravated assault, robbery) increased by 108% between 1973 and 1992 (Poe-Yamagata & Butts, 1996). In contrast, the rate of increase for males in this same period was 54%.

In an attempt to understand violent girls, my colleague, Helen Smith, and I surveyed a national sample of girls ages 9 to 19, examining their perceptions of anger experiences, school, and relationships (Smith & Thomas, 2000). This research has been presented at several national interdisciplinary conferences.

Usually, we are the only researchers presenting a paper on this topic. Again, I would like to share with you a typical scenario. Although people seem to be listening intently, dead silence follows our concluding remarks. Never has a research report produced so few comments and questions. I do recall one person asking how we knew the girls were telling the truth about the weapons they carried and the fights they engaged in. It seems that society—we—cannot yet acknowledge the reality of tough, aggressive girls.

It is time for all of us to arm ourselves—with information. Researchers have identified the risk factors for violence, and developers of successful anger management and violence prevention programs have published their results (Garbarino, 1999; Goleman, 1995; Hammond & Yung, 1991; Smith, 2000). Psychiatric nurses are positioned to dispel myths and taboos with empirical evidence. We have the information. We must use it to intervene with individuals who mismanage anger. We cannot continue to blame the usual suspects: poverty, broken homes, violent video games. It is clear that too many people—women as well as men—are using

weapons or fists instead of words to express their feelings. To wit: A new survey of schoolchildren by the Josephson Institute on Ethics reveals that 70% of them have hit someone at least once in the past year (Satterfield, 2001).

Denying, blaming, and hand-wringing will not stem the violence. Psychiatric nurses must become involved in educative and preventive interventions before the cauldron of societal violence boils over into every nook and cranny of America.

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Search terms: *Anger, violence*

Postscript

The foregoing musings were written before the horror of the September 11 violence. My expertise is wholly inadequate to address the kind of hatred that fueled the terrorists' deadly attack, but perhaps a violent event of such magnitude may bring about a societal epiphany. Surely the events of September 11 will serve to undercut the societal denial of which I spoke in my article.

As stories on television are beginning to reveal, a number of experts on terrorism and aviation safety had predicted such attacks on the United States as long as 5 years ago, and precisely specified the mechanisms that would allow them to succeed. The reports of these experts were, unfortunately, buried in government offices. It was unthinkable that such a thing could occur in America. The possibility was denied. But it did occur, taking its terrible toll in toppled buildings, fiery deaths, and permanent loss of our innocent invulnerability.

Once again, echoing the statements of the teachers and neighbors of the young school shooters, we heard reports about the "quiet" people who seemed so "normal" while living among us and attending our flight schools. They created no suspicion regarding their homicidal plans.

Now we as a nation struggle to contain our own impulse to hate the Other, to retaliate with swift violence that invites still more vengeful violence. While policy decisions must be left to policy makers, I renew the plea for psychiatric nurses to increase our understanding of violence in all its deplorable manifestations, whether we are speaking of bullying on a playground or bullying fueled by a malevolent political agenda. To combat it, we must understand it.

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Critical Incident Stress Debriefing (continued from page 132)

Weller, E., Elia, A., Weller, R., & Elia, J. (1999). Aggressive behavior associated with attention-deficit/hyperactivity disorder, conduct disorder, and developmental disabilities [Monograph]. *Journal of Clinical Psychiatry*, 2(17), 2-7.

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September 11, 2001: A Personal Perspective

The initial reactions of most people to the New York and Pentagon tragedies were shock, disbelief and grief, and predictable anger, fear, and sadness for everyone. Unfortunately, the events of September 11 will forever be a part of the nation's psyche because they represent the day that a life of freedom, or perception of freedom, changed. No longer will we enjoy the freedom of going where we want, either flying to Europe or the west coast, without wondering about our safety.

These events also leave most of us with a sense of loss and grief about our carefree perception of safety. Our lives will forever be tinged with cautiousness, anxiety, and some degree of fear when we board an airplane or enter a national landmark. But we must regain some normalcy in our lives.

Regaining normalcy requires being sensibly cautious, but not paralyzed by fears and a sense of uncertainty. It also means taking care of ourselves through self-renewal activities, such as stress management by taking regular exercise, eating a balanced diet, and journaling our feelings and thoughts (both positive and negative). Self-renewal also involves getting adequate rest and sleep, reading a good book, spending time with loved ones and close friends, and strengthening our spiritual beliefs. While the events of September 11 will forever remain in our memory, today is the time to refocus our energies on areas within our grasp, such as strengthening our personal relationships and renewing ourselves physically, mentally, psychosocially, and spiritually.

Deborah Antai-Otong