University of Tennessee, Knoxville
TRACE: Tennessee Research and Creative Exchange

Faculty Publications and Other Works -- Nursing | Nursing

January 2005

Women's anger, agression, and violence

Sandra Thomas
University of Tennessee-Knoxville, sthomas@utk.edu

Follow this and additional works at: https://trace.tennessee.edu/utk_nurspubs

Part of the Psychiatric and Mental Health Nursing Commons

Recommended Citation

Thomas, S.P. (2005). Women's anger, aggression, and violence. *Health Care for Women International*, 26, 504-522.

This Article is brought to you for free and open access by the Nursing at TRACE: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Faculty Publications and Other Works -- Nursing by an authorized administrator of TRACE: Tennessee Research and Creative Exchange. For more information, please contact trace@utk.edu.

This article was downloaded by: *[University of Tennessee]*
On: *5 August 2010*
Access details: *Access Details: [subscription number 917677291]*
Publisher *Routledge*
Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK

Health Care for Women International
Publication details, including instructions for authors and subscription information:
http://www.informaworld.com/smpp/title~content=t713723020

Women's Anger, Aggression, and Violence

Sandra P. Thomas[a]
[a] University of Tennessee, Knoxville, Tennessee, USA

To cite this Article Thomas, Sandra P.(2005) 'Women's Anger, Aggression, and Violence', Health Care for Women International, 26: 6, 504 — 522
To link to this Article: DOI: 10.1080/07399330590962636
URL: http://dx.doi.org/10.1080/07399330590962636

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: http://www.informaworld.com/terms-and-conditions-of-access.pdf

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Health Care for Women International, 26:504–522, 2005
Copyright © Taylor & Francis Inc.
ISSN: 0739-9332 print/1096-4665 online
DOI: 10.1080/07399330590962636

Routledge
Taylor & Francis Group

Women's Anger, Aggression, and Violence

SANDRA P. THOMAS
University of Tennessee, Knoxville, Tennessee, USA

Themes of powerlessness, power, and paradox predominate in this reflection on more than 15 years of research on women's anger. Studies conducted in the United States, France, and Turkey are highlighted. These studies have negated several myths while illuminating the general rationality of women's anger: It is squarely grounded in interpersonal interactions in which people deny women power or resources, treat them unjustly, or behave irresponsibly toward them. The offenders are not strangers; rather they are their closest intimates. But few women learned healthy anger expression while growing up. Anger is a confusing and distressing emotion for women, intermingled with hurt and pain. Its complexity requires greater attention by researchers, with regard to health-promoting interventions and to cultural differences, because anger in non-Western cultures has seldom been explored.

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

Powerlessness, power, and paradox—these themes predominate as I reflect on more than 15 years of research on women's anger. In this article, I highlight results of studies conducted by my research teams in the United States, France, and Turkey. Readers should bear in mind that only brief glimpses of these studies can be provided here, mandating careful evaluation of the original papers. Guided by a conceptual model derived from existential and cognitive theories of emotion (Thomas, 1991), we have examined women's anger in relation to their self-esteem, stress levels, social support, and social role responsibilities as mothers, wives, and workers, as well as indicators of their physical health (such as blood pressure) and mental health (such as depression and substance abuse; Grover & Thomas, 1993; Thomas, 1993; Thomas, 1997a). Findings of the first major investigation were reported in our book *Women and Anger* (Thomas, 1993). Selected findings of that study follow.

Received 1 March 2005; accepted 15 March 2005.

Address correspondence to Sandra P. Thomas, PhD, RN, FAAN, Professor and Director, PhD Program in Nursing, University of Tennessee, Knoxville, 1200 Volunteer Blvd., Knoxville, TN 37996-4180, USA. E-mail: thomas@utk.edu

THE WOMEN'S ANGER STUDY, PHASE I

Between 1989 and 1991 our 14-member team collected data from 535 American women, comprising the first large-scale, comprehensive, empirical study of the everyday anger of ordinary women as they enacted their social roles. The study was undertaken after I discovered the dearth of research on women's anger. Despite seminal theoretical and clinical papers, such as those by Bernardez (1987), Miller (1983), and Lerner (1977), there had been little empirical investigation (with the exception of contrived laboratory experiments of limited applicability to women's lives outside the lab). Compared with the voluminous literature on women's anxiety and depression, the literature was notably silent about anger, supporting Lerner's assertion that it was a "taboo" topic. Our study sample was recruited through network and purposive sampling from community sites such as workplaces, educational settings, women's groups, and social clubs across the United States. We made no claim of a perfectly representative national sample, but we were pleased with the diversity of the respondents. The women ranged in age from 25 to 66, years of education from 7 to 24, and number of children from 0 to 7. Numerous occupations were represented, including several nontraditional ones, but most women worked in traditional female fields, such as teaching, nursing, and clerical work. This was primarily a quantitative study, but in addition to completing a battery of standardized instruments that were scored and subjected to statistical analysis (see Thomas, 1993, for details), the women responded to open-ended questions about situations, persons, places, and things that precipitated their everyday episodes of anger. What did we learn in this first investigation?

The most pervasive theme of women's anger was *powerlessness* (two-thirds of the anger-producing situations involved this theme). Women wanted someone or something to change and they could not make that happen. In fact, it was not uncommon for a woman to say that her significant others or coworkers were not even listening to her views or requests. Not being listened to is perhaps the epitome of powerlessness. Anger was directed at the self when a woman felt she lacked energy or competence to accomplish all that she expected of herself. A second theme, *injustice*, included accounts of unfair or disrespectful treatment and betrayal of trust (e.g., son lying, coworker blaming for a mistake on the job, condescending sexist behavior). *Irresponsibility* of family, friends, and coworkers—behavior that was incongruent with the women's ideologies of commitment and responsibility—comprised the third category of anger precipitants. Women described situations in which they gave to others but did not receive, or needed support from others but did not get it. A frequent trigger of women's anger was the failure of husbands and children to do their fair share of household chores. In fact, family members were the most frequently cited triggers of women's anger, although women reported unwillingness to discuss their anger with these same family

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

members. Only about 9% of women reported that they would express their anger to the person they identified as the provocateur. Rather than expressing it, which might clear the air and produce solutions to their grievances, women often ruminated, rehashing the injustices, which generated further resentment (Denham & Bultemeier, 1993).

Considerable anger also was generated by *vicarious stress*, a term that aptly describes the stresses that were most troubling for the women in the study. When women were asked, "What is your greatest stress?" their answers were revelatory. Rather than listing the usual life events tapped by standard stress instruments, such as job loss, women told us that their number one stressors actually were events occurring in the lives of their circle of close intimates. They spoke of a son's divorce, a grandson's illness, an unwed pregnant daughter, an 8-year-old having problems at school, an aging parent's mental decline. These stresses become a woman's stress too, because of her connectedness to these loved ones. She shoulders their burdens in addition to her own work stress and other personal issues. It is readily apparent that the woman herself has no control over these events occurring in the lives of others. Equally problematic is the potential for serious, long-term, consequences of these vicarious stressors (the woman may have to assume caregiving responsibility for the pregnant daughter's baby or the declining elderly parent). It seems likely that chronic vicarious stress will continue to fuel a chronic, impotent kind of anger (Thomas, 1995).

It should be noted at this point that there is considerable variability among women, with regard to their propensity to become aroused to anger and their use of various modes of anger expression. Women are not a monolithic group. The normal bell-shaped distribution of scores was observed on all the anger instruments, negating assumptions that one anger management style predominates. Some women are still inhibited by the lessons they learned in girlhood about femininity, while others have (at least partially) transcended these gender-role restrictions. Within our sample, there were women scoring quite high in "trait anger" (an enduring personality tendency to be readily anger prone). These individuals perceive a wider range of stimuli as frustrating or irritating (Spielberger, 1991) and tend to vent their anger outwardly in a blaming, attacking way, although they sometimes suppress it because of situational constraints. Women scoring high on trait anger cannot easily let go of their anger ("I keep thinking about what happened over and over again") and report numerous somatic symptoms of anger. In a clinical sample (psychiatric patients) that we recruited to permit comparisons with the community sample, higher levels of "trait anger" were evident, as might be expected. Higher "trait anger" is positively correlated with faulty cognitions (e.g., "they are deliberately provoking me"), higher perceived stress, insufficient social support, and depression, and inversely correlated with self-esteem and perceived health status (Thomas, 1993).

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

Self-esteem, the sense that one has significance and worth, was a particularly salient variable in this first study. Women higher in self-esteem report less tendency to become angry, less rumination over anger-producing events, less somatic anger symptomatology, and greater likelihood of discussing their anger rationally in a health-promoting, problem-solving fashion (see Saylor & Denham, 1993, for extended discussion of self-esteem issues). As will be seen, self-esteem also proved to be important in the qualitative phase of the research that followed.

THE WOMEN'S ANGER STUDY, PHASE II

Completing a study always prompts new questions. Women's written responses to our open-ended questions, although informative, were relatively brief and left us wanting to know more about the situational context in which anger episodes are embedded and the deeper meaning of these distressful experiences. In the second phase of the women's anger study (1993–1997), therefore, we turned to existential phenomenology, using a research methodology based on the philosophy of Maurice Merleau-Ponty (1962; see Thomas & Pollio, 2002, for details of this methodology). In-depth interviews were conducted with 29 Caucasian women, ranging in age from 21 to 66. Occupations included hairdressing, physical therapy, management, pastoral care, insurance, and homemaking, as well as teaching, nursing, and clerical work. Interpretation of the interview transcripts was accomplished by a hermeneutic process in which each part of the text was considered in relation to the whole. As will become evident, the richly detailed narratives provided corroboration of the Phase I findings and significantly deepened our appreciation of the complexity of women's anger. We learned much more about why, and how, they *suppress* much of their anger despite feeling it strongly.

The thematic structure of women's anger experience comprised four main elements that stood out as *figural* (predominant). Before elaborating on these themes, we must say a few words about the cultural context. In phenomenology, person and world cannot be separated; to be a person is to be in a world. That which is figural in women's anger, therefore, must be understood against the "ground" of a Western cultural context that is oppressive to women. As noted by Becker (1992, p. 96), "Women's lives, like the lives of all people who are discriminated against, are in danger of being socially negated in ways that deprive them of meaning and make them invisible. This lack of social celebration of women's lives and attributes takes up residence inside their souls and gives them a sense of illegitimacy." If one has a sense that her existence itself is illegitimate, then one surely has no right to express a disruptive emotion such as anger.

Gender role socialization for femininity inculcates the ideal of the selfless, ever-nurturing "perfect mother" (Bernardez, 1987) whose task is to help,

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

comfort, agree, comply, understand, and promote relationship harmony. Women's anger is dangerous because it upsets the status quo (Miller, 1983). Expressing it forthrightly results in pejorative labels such as bitch, shrew, nag, scold, or castrator (Lerner, 1985). Women learn these lessons well, stifling their anger much of the time to avert negative consequences. The words of our study participants are illustrative:

> I believe that I have been socialized to not acknowledge anger as a valid human emotion. The result of this socialization is that I have not always known when I am angry nor do I have many effective ways of expressing anger. I often feel powerless when I am angry. I feel hopeless. I feel foolish. I feel afraid. Feeling angry can scare me. (Thomas, 1995, p. 53)

> We [women] want peace more than we want to actually express our anger and have somebody have to deal with it. Because then we have to deal with it too. It's a lot easier just to suppress it and not make anybody unhappy. And not have to deal with a confrontation, which bothers me. (Thomas, Smucker, & Droppleman, 1998, p. 312)

Because anger is a normal human emotion, aroused by frequently occurring violations of our values, beliefs, or rights, where does it go if women habitually suppress it? Our studies show that much of it is confined within the body, where it is an "undercurrent, day after day" (Thomas et al., 1998). Women used cooking metaphors to describe the internal agitation: Anger was "simmering," "stewing," and sometimes coming to a "slow boil." Holding the anger inside sometimes requires considerable effort, as this woman describes:

> I'm feeling this raw emotion and I'm mad as hell. I feel [the anger] into the depth of my soul. I grit my teeth or hold my jaw really, really tight and I just hold back all the tears that I can. 'Cause I don't want to make it public. I wake up sore all over my body from holding myself so rigid. I feel like I've been hit by a Mack truck. (Thomas et al., 1998, p. 315)

Women described "storing" their suppressed anger until "it just rolls up into a big ball and you're not even sure what it's really about" (Thomas et al., 1998, p. 316). One woman was baffled about how she could begin to sort through her extensive collection of long-stored anger: "How do you get rid of 20 years of your father and your husband and your mother and relationships that you probably shouldn't even care about?" (Thomas et al., 1998, p. 316). Stored anger sometimes leaked out in indirect ways such as "being picky, picky" and "sniping." Women admitted using the passive-aggressive behaviors they had learned from their mothers:

> I'm real good at passive-aggressive. I'm really good at pouting. And the quiet treatment. I'm good at that. I learned that well from my mother.

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

> If she was mad at him [my father] she'd just clam up and that would be it. She would not be nice. But they never argued. (Thomas et al., 1998, p. 316)

Figural (Predominant) Themes of Women's Anger in the Phenomenological Study

ANGER IS A CONFUSING MIXTURE OF FEELINGS

Throughout the 1993–1997 data collection, and supported in our subsequent studies, was evidence that anger is a confusing and uncomfortable emotion for women. When asked to talk about anger, women often talked about the anger being inextricable from hurt, sadness, disillusionment, disappointment, and other painful feelings. Women wondered, "Was this feeling anger or hurt?" Could they bravely name the feeling anger? Euphemisms for anger often were preferred, even in situations of egregious violation of their rights or values. Women used terms that minimized the emotion, such as, "Well, I was a little upset" or "I guess maybe I was kinda angry."

ANGER IS A VIOLATION OF CORE VALUES

Core values and principles are violated when women are treated unfairly or disrespectfully. Echoing the findings of the Phase I study, women articulated an ideology of relationship reciprocity: They felt that their families should adhere to an implicit relational contract, in which caring and concern are reciprocated. Instead, too often they felt that the situation was one-sided. Despite gender role socialization to be the perfect mothers who care for all and do for all, they resented the multiple and seemingly incessant demands from their husbands, children, in-laws, extended kin, neighbors, and friends. They spoke of feeling walked on, stretched too thin, and being pulled in too many directions. Inequity in division of household labor is well described in these words of a study participant:

> I felt like my weekends were spent cleaning the house while his weekends were spent playing, and I resented that.... Like I told him when I was angry, "You don't want to compare what you do and what I do because you'll lose, trust me. How many times do you do the laundry, and how many times do you fold and put up clothes, and cook the meals and run the kids?" He knows he doesn't do that. He knows I do most of it and he likes it that way and he wants to keep it that way. (Thomas, 1995, p. 61)

POWERLESSNESS

All study participants described a sense of powerlessness when they did not express anger but confined it within the body. They were acutely aware that

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

suppressing anger deprived them of strength and exacted a cost in terms of the dignity of the self. Consistent with the discovery in the quantitative study of a significant relationship between self-esteem and unhealthy anger management, women's own words in this phenomenological study depicted the bad feelings about the self when suppressing anger: They felt "small," "diminished," and "virtually extinguished" (Thomas et al., 1998). Paradoxically, however, having a volcanic outburst of anger was not the remedy. As we dealt with this paradoxical quality of the data, we came to realize that powerlessness was thematic in women's anger experience whether the anger was inside or outside the self *because externalized anger did not have the intended effect on the other person*. Overt anger usually emerged after a build-up of stored anger reached a kind of critical mass. Women perceived the outburst as emanating from the "not self" (unrecognizable self). Almost as if describing a dissociative episode, women spoke incredulously of "out of character" aggressive behaviors, such as screaming, swearing, or hitting. The following descriptions from two of our study participants are illustrative:

> My husband tells me I'm like Jekyll and Hyde. I can just be talking real sweet, normal tone of voice, and then I'll explode. . . . I'll get squealy, get this distorted look on my face of pure hate. . . . I don't know that I'm doing it. It's kind of like I've just gone into somebody else. I got so mad at him that I took his tea glass and shoved it in his face. He could not believe that I had done that to him. And I cried because I couldn't either. (Thomas et al., 1998, p. 318)

The after-effects of such explosions were usually disastrous. Significant others "blew off" the temporary craziness of the woman's behavior, failing to take her legitimate concerns seriously because they were expressed in such a hysterical manner. Not only was the objectionable behavior of the other person unchanged, the study participants also felt compelled to "take back" their out-of-control anger by profuse apologies and self-recrimination. Their resolve to preserve family harmony often intensified. Anger had "broken the circle" of the relationship, producing the frightening threat of alienation or abandonment by the other. Therefore, it must go underground again. The fear of losing love constituted too formidable a barrier to anger expression. As one woman put it, "The bottom line is not feeling loved."

POWER: THE USE OF ANGER TO RESTORE RELATIONSHIP RECIPROCITY

The final theme, less prevalent in the data, involved a sense of power when anger was effectively used to restore justice, respect, and relationship reciprocity. Anger propelled some women to take constructive actions about inequitable situations in the workplace and the family. In the "anger as power" stories, study participants told of supervisors addressing their grievances and husbands changing their behavior in the desired direction, without the

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

catastrophic consequences they had feared. Women experienced feelings such as the following when their authentic self was seen and heard:

> I can't describe the feeling of joy, accomplishment, relief. . . . I expressed anger and the world as I knew it didn't end. . . . That was the beginning of my recovery of myself as a whole person. (Thomas et al., 1998, p. 319)

ANGER OF AFRICAN AMERICAN WOMEN

Although the women's anger study included some women of color, most participants (85%) were Caucasian whose cultural heritage is European American. We wondered about women whose cultural heritage differed. Although textbooks (e.g., Hyde, 2004) state that African American culture deems it acceptable for women to express anger to the same degree as men, the literature lacks first-person accounts of the anger of African American women (except for accounts by poets and writers). We soon embarked on a new investigation with a biracial team of three African American and five European American researchers (Fields et al., 1998). Middle-class African American women, ages 27 to 59, participated in 1:1 phenomenological interviews conducted by the African American members of the team. Like White women, Black women reported anger generated by disrespectful treatment and situations of powerlessness, particularly when trying to get their husbands or partners to change. Black women described out-of-control anger, in which they slapped or hit another, much like White women did—as though a devil or demon had temporarily taken possession of them.

Unlike European American women, there was greater acceptance of anger's positive functions, because Black women had learned in girlhood from their mothers and grandmothers that they must protect themselves to survive in a difficult racist world. For example, one woman said, "My grandmother always said, 'Take something and make it work for you.' So when I have anger I use it. . . . I'll let you know how I feel" (Fields et al., 1998, p. 364). Another said, "I always face the person and say, 'Hey, I don't like it, back off' " (p. 364).

Strikingly different in the African American experience of the world were daily encounters with societal racism. White members of the research team (such as I) often winced as we read the transcripts; we had never realized what it is like to negotiate the world with Black skin. As one woman said, "Racism is like rain; if it's not falling in your location, it's gathering force somewhere nearby" (Fields et al., 1998, p. 361). Mistrust of Whites was pervasive in the data:

> Caucasians smile in your face, stab you in the back. You always got to look behind your shoulder. And Black people will tell you up front, like it or lump it. They'll tell you. But with White people, you never know. And those you think you know, you don't know. (Fields et al., 1998, p. 354)

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

ANGER OF FRENCH AND TURKISH WOMEN

Because anger behavior is shaped within the crucible of culture, we suspected that French and Turkish women's anger might differ (in unknown ways) from that of American women. French-born Caucasian women were recruited from two geographically distant sites in France (duMont, Droppleman, Droppleman, & Thomas, 1999). Interviews were conducted and taped in French, transcribed in French, then translated into English and analyzed by our interdisciplinary phenomenological research group, with the ongoing assistance of a native French speaker. Following the analysis, two of the researchers returned to France to share study findings with the participants and confirm their accuracy. Turkish women residing in Istanbul were recruited by a Turkish collaborator and responded to a battery of questionnaires that included the same measures of trait anger and anger expression that we used in Phase I of the women's anger study (Thomas & Atakan, 1993). Translation-back translation was used for all instruments except the Beck Depression Inventory, for which a Turkish form already was available.

Turkish women were more distressed in several respects than American women, reporting higher anger proneness, greater perceived stress, greater depression, and more somatic anger symptoms, perhaps because there is greater oppression of women in Turkish society. As in the American sample, women scoring higher in trait anger were more likely to be depressed. While conducting our research in Turkey, we were reminded of the importance of social status, which is "nested" within gender. We learned that a middle-class married woman was permitted to freely vent anger to her female friends or her lower-status maid (considered a peasant girl), but anger at her higher-status husband was strictly forbidden (Thomas & Atakan, 1993). We also learned that cultural factors may explain the greater use of somatic anger expression by Turkish women. In Turkey, it is socially acceptable to openly complain of physical discomfort; thus, women readily complain of anger-related headache, nervousness, and tension, especially to their women friends.

In our sample of French women, anger occurred in specific relational contexts involving broken promises, infidelity, injustice, disrespect, misuse of power, or inability to control people or events (duMont et al., 1999). By now, these provocations sounded familiar to our research team. Like American women, French women saw anger as a destructive force that could wreak havoc. Anger provoked at work, therefore, often was suppressed or displaced to safer targets such as siblings or children, because relationships with blood relatives were perceived as "indestructible" (e.g., "I can yell because she will always be my sister," duMont et al., 1999, p. 24). Like American and Turkish women, French women described numerous physical symptoms related to anger (such as sick stomach, headache, dizziness). Unlike American and Turkish women, French women provided more descriptions

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

of a "cerebral anger" about social issues, such as hypocrisy, discrimination, political corruption, church doctrine against birth control, and lack of women priests. Consistent with the other samples, however, it was "personal anger" within intimate relationships that provoked the most intense, embodied, emotional arousal, in which women described a desire to hurl themselves (or their words) at the object. Believing that significant others, such as male partners, could not bear this anger, it was often vented to a lower-status person, such as a clerk or waiter ("The person that I shout at is not the right one"; duMont et al., 1999, p. 24).

These cross-cultural studies illuminate both universal and culturally specific aspects of women's anger. In the following sections, we attempt synthesis of the findings and propose implications and directions for further research. We also pay tribute to other scholars whose work has enriched and extended our own.

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

COMMONALITIES ACROSS STUDIES AND IMPLICATIONS

Our studies negated several societal myths. For example, you may have heard that women do not know when they are angry. Obviously, they do know. Their stories filled hundreds of pages of typed transcripts. Another myth is that women's anger is always pathological. Our data revealed constructive uses of anger, although we must admit that these were not as frequently reported as episodes that produced embarrassment or shame. Narratives of women's anger experiences paint a rather disturbing picture, because the stories are filled with pain. Contrary to the claim by some experts (e.g., Ellis, 1962) that anger is an irrational emotion, much of women's anger appears to be soundly based in reality, legitimate, and justifiable. It is squarely grounded in interpersonal interactions in which other people deny women power or resources, treat them unjustly, or behave irresponsibly toward them. The offenders are not strangers; rather, they are their closest intimates. Therefore, anger and hurt are often intertwined. Although discussions of anger from Aristotle (1941) to Lazarus (1991) have emphasized an angry person's desire for *revenge*, that is not what women say they want. What do women want? Relational reciprocity. It is not unreasonable to expect to be listened to and treated with respect. It is not unreasonable to ask for equitable division of household or workplace labor.

Regardless of culture or geographic location, the most difficult arena for effective anger expression appears to be intimate relationships with men. Even women who were assertive at work and with friends often were reluctant to express anger to their male partners, for fear of "breaking the circle." Thus, women were presenting a false self to their male partners much of the time. In the inimitable words of Virginia Woolf, "In short, one must tell lies, and apply every emollient in our power to the swollen skin of our brothers' so terribly inflamed vanity. Truth is only to be spoken by those women whose fathers

were pork butchers and left them a share in the pig factory" (1984, p. 372). Woolf's words command attention to the importance of social status. Black or White, French or Turkish, women occupy subordinate status in patriarchal societies that reserve power for men. Patriarchal societies are by far in the majority across the globe (Hyde, 2004). Yet, some women, by virtue of wealth (owning the pig factory) or privileged position in their societies, encounter fewer barriers to anger expression.

Anger displays of high-status protagonists (whether male or female) are judged more appropriate than anger of low- or moderate-status protagonists (Maybury, 1997). Women's assertiveness rises as their social status rises (Twenge, 2001). A 37-country comparison showed that in countries where women have higher social status, they report greater freedom to express anger (Fischer, Rodriguez Mosquera, van Vianen, & Manstead, 2004). Education and occupation sort women into different social roles. Within our American sample, Thomas (1993) found differences in anger expression when women were categorized according to years of education (i.e., more suppression, more somatic anger symptoms among the less educated). Differences also were found when women were categorized according to the amount of prestige, autonomy, and control conferred by their occupation. Not surprisingly, women relegated by society to the "low prestige"category (homemakers, clerical workers) were more likely to suppress their anger (Thomas, 1993).

Few of our study participants reported having female role models who demonstrated healthy, constructive uses of anger while they were growing up. What they learned from their mothers was the gender role imperative to nurture others, a mandate that takes precedence over voicing one's own needs. We know from research that mothers avoid talking about anger with their daughters (Cross & Madson, 1997; Fivush, 1989). Some women were taught that anger was sinful as well as unfeminine and unattractive. Both Judeo-Christian and Muslim religions urge restraint of the dangerous emotion of anger. Yet it is clear from our study findings that the continual use of restraint, repression, and rumination prevents the resolution of interpersonal conflicts. Unresolved conflicts with significant others fester, therefore, much like a pimple that ultimately becomes a boil. Recent research shows that passive coping (i.e., escape, avoidance) actually leads to increased hostility and depressive symptoms, while active coping may have the opposite effect (Mao, Bardwell, Major, & Dimsdale, 2003).

Thomas and colleagues (1998) recommend training in assertiveness and conflict resolution for women who are unable to use their anger effectively. Group work allows women to reflect together on the damaging aspects of traditional gender role socialization and to practice new anger management skills (see Thomas, 2001). Cognitive restructuring may be necessary to facilitate less frightening conceptions of anger and power. In the author's experience, initial interventions may need to focus on increasing a woman's self-esteem: She must believe that she is a person of worth before she can request respectful

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

treatment from those who take advantage of her. Some women may benefit from reading the work of modern religious writers, such as Saussy (1995), who dispel the notion that all anger is sinful. Righteous anger energizes social action to protect the disenfranchised and self-protective action when one's own rights are violated. Women experiencing high levels of vicarious stress, or other chronic stressors, must be taught techniques for regularly discharging negative emotionality, either through vigorous physical activities (jogging, weeding the garden) or through calming procedures (meditation, yoga, relaxation). Women whose anger is too frequent, intense, or prolonged should seek counseling to unravel their "big ball of anger" with an empathic and skilled listener. Therapists working with Black women (or other women of color) must help them to perform a kind of "racial surgery," in which they distinguish between the struggles that would be theirs *regardless* of race (e.g., just because they are female) and those that are complicated specifically *because* of race (Thompson, 1996). A feminist therapist will foster women's empowerment and ability to make the life changes they desire, "to be free *for* our anger, rather than to be free *from* it" (Schrader, 1973, p. 349). Specific recommendations for clinicians may be found in Wilt (1993).

CONTRIBUTIONS BY OTHER SCHOLARS

Since we began our work in 1989, other scholars have increased our understanding of women's anger. Consistent with our work, Jack (2001) emphasizes its relational context. She has carefully delineated patterns of bringing anger *into* relationships as well as keeping anger *out* of relationships. She points out that an action like slamming a door can have very different meanings: Slamming a door in an empty house is radically different from slamming a door in someone's face. In her schema, anger can be brought *into* relationships (1) positively and directly; (2) aggressively, aimed at hurting the other; or (3) indirectly, through masking anger (e.g., classic tactics as slamming pots and pans or "the silent treatment"). Anger also can be kept *out* of relationships. Making a conscious choice to keep anger to oneself, awaiting a more optimal time for discussion, can be healthy. Other patterns of keeping anger *out* of relationship include (1) explosions, but not in the presence of another (beating on a drum, yelling while alone in a car); and (2) self-silencing, the suppression of anger that was so often described by our own study participants. Jack's schema points out the inadequacy of most standardized anger instruments, which might assess how frequently the respondent slams doors—but completely miss the relational significance of the behavior.

Jack also made a substantial contribution to our understanding of women's aggression. Her 1999 interview study was the first to ask women directly about their subjective experience of aggressive behavior. Unlike our sample composed of "ordinary women," Jack's sample of 60 women included a larger proportion who had been victims of abuse; many were addicted or clinically

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

depressed. Their destructive aggression occurred for five reasons: (1) an attempt to connect with a significant other despite loss of hope for a positive relationship; (2) a way to obtain revenge; (3) as a last resort, when no other means of affecting others seemed to work; (4) a compulsion to act, as if swept up in a demonic force; and (5) a strategy of survival in a dangerous world (Jack, 1999). Study participants such as "Chrystal," who reported a lifetime of violence, drugs, and despair, spoke of the release they felt when engaging in aggression: "After I beat somebody up, I feel better" (Jack, 1999, p. 15). While aggression sometimes served creative and productive ends, such as bravely standing one's ground to an abuser (similar to the "power" stories in our study), at other times women seemed to be repeating the same destructive patterns of abuse experienced in their own childhood years. According to Jack, "these women long for positive ways to make connections; they often lack the skills and support to make them" (p. 282). As in our own study, all of the women in Jack's sample had the greatest difficulty standing up for themselves in their relationships with male partners.

Additional contributions to the body of knowledge about women's anger and aggression have been made by Cox and her colleagues. In their 1999 book, a model of women's anger diversion processes was proposed, based on interviews, focus groups, and clinical experiences of the authors (Cox, Stabb, & Bruckner, 1999). Empirical testing of this model, involving a predominately Caucasian sample of 514 college students, was reported in 2004 (Cox, Van Velsor, & Hulgus, 2004). Researcher-constructed vignettes and standardized instruments were used. Partial support of the model was obtained. The clearest distinction was between assertive anger expression and use of the diversion tactics, which include anger internalization, externalization, containment, and segmentation. Women who divert anger are more likely to experience anxiety, somatic symptoms, and depression than are women using an assertive approach when angry. Segmentation, in which a woman disavows anger and forces it out of conscious awareness, did not conform to the researchers' predictions, suggesting that it may be ill-defined or measured inadequately—or, possibly, may be more adaptive than previously suspected.

Consistent with our studies, the women in Cox's 1999 sample were exquisitely sensitive to power differences and relational contexts. The study participants described their experiences of anger in intimate relationships as "frequently painful and unsatisfying" (p. 178). Husbands often withdrew, trivialized their concerns, or labeled them "crazy." A strength of the 1999 study was inclusion of minority women as well as European American women. As in our study of African American women, the minority women in their sample reported anger because of prejudicial treatment from members of the majority culture.

Although the Cox team has made a significant contribution to theory, further clarification of the anger diversion processes is necessary. There appears to be some overlapping among the processes, which the authors

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

acknowledge in their 2004 article, and it is possible that several of these processes (i.e., internalization, containment, and externalization) actually constitute a *cycle* of unresolved anger. It is intriguing that externalizing women also scored high on *internalized* anger symptoms, suggesting that these women suffer negative physical and psychological effects, along with (or after) their anger externalization (Cox et al., 2004). This finding is compatible with our conclusion that women retain a sense of powerlessness and futility whether they have submerged their feelings *or* vented them in a volcanic outburst (Thomas et al., 1998). The woman is "getting her anger out" but not in an assertive, problem-solving manner that will lead to desired changes in the relationship. Thus, she may experience considerable internal turmoil and remorse about the externalization.

FUTURE RESEARCH DIRECTIONS

It is disappointing that the number of scholars with ongoing programs of research about women's anger remains small (in fact, we all know one another and presented a symposium together at the 2000 International Council on Women's Health Issues (ICOWHI) Congress in San Francisco; along with our books, we have all published papers in this journal). Clearly, much remains to be done to extend anger research to women whose voices have not yet been heard. As noted by McCormick, Kirkham, and Hayes (1998), "Any attempt to speak for women as a group will inevitably leave some groups unrepresented" (p. 502). More attention must be given to anger in working-class women and marginalized groups, such as women with disabilities, or women stigmatized because of sexual orientation. Additional investigation is needed about women in other cultures and geographic regions. Despite recent advances in knowledge development, this is still a middle-class, Western, heterosexual literature for the most part. If women in the West—considered the most liberated in the world—experience such substantive barriers to anger expression, consider the inhibitors of anger among women who live in Third World countries where women are poor, malnourished, deprived of education, and too often consigned to sex work or factory work in which they experience egregious exploitation and abuse (Meleis, 2004). We need to hear their stories and discover ways to help them begin to achieve better emotional health. The aforementioned recommendations for assertiveness training and counseling may be inappropriate (even dangerous) for women in non-Western cultures.

There are many unanswered questions about linkages of women's anger with diseases such as hypertension and cancer, although the evidence has been mounting for more than 20 years that maladaptive anger is implicated in the etiology of these (and many other) diseases, and is associated with premature deaths (Harburg, Julius, Kaciroti, Gleiberman, & Schork, 2003; Thomas et al., 2000). Prospective studies, such as the Framingham Heart

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

Study (USA) and the Gothenburg Population Study of Women (Sweden), have shown the deleterious outcomes of women's anger suppression with regard to development of coronary heart disease (Haellstroem, Lapidus, Bengtsson, & Edstroem, 1986; Haynes & Feinleib, 1980). Actively trying to stifle anger requires effort and eventually takes a toll on both body and psyche. What preventive or health-restorative interventions could be introduced, and when? At the very least, women should be encouraged to discuss their anger regularly with a confidant, a practice shown to have benefits with regard to lower blood pressure, lower body mass index, better general health, and greater self-efficacy and optimism (Ausbrooks, Thomas, & Williams, 1995; Thomas, 1997b). Discussing anger provides women with empathy and support, while releasing ruminative thoughts about the anger-producing event.

There is a great need for improved instrumentation for the measurement of anger. Many anger instruments fail to distinguish between explosive, aggressive anger displays and more constructive anger expression. A male bias often is evident in questionnaire items (for example, hitting is included but crying is not). Most instruments were developed and normed on European American populations, suggesting caution in assuming appropriateness for respondents in other cultures, even if accurate translation can be achieved. Many anger vignettes are relevant only to specific segments of a population (such as college students). In our experience, interviews yielded better information than questionnaires. We gained knowledge of the context and relational dynamics of women's anger that we could not obtain by paper-and-pencil tests. As cross-cultural studies continue, we urge researchers to conduct interviews in the participants' first language. As noted by Espin (1999), "The first language remains the language of the emotions." To avoid ethnocentric bias, researchers ethically are obligated to ascertain relevance of instruments or interview questions, and to verify data interpretations, with informants within the culture.

A very new phenomenon, at least in the United States, is rising violence among girls and young women (Pearson, 1998; Wolfe, 1994). For example, arrests of American girls for assault and weapons charges are increasing at rates exceeding those for boys (Poe-Yamagata & Butts, 1996). With forensic psychologist Helen Smith, I have made a few forays into this new research area (Smith & Thomas, 2000; Thomas & Smith, 2004). Definitive answers regarding the etiology of this upsurge of female violence are yet to be discovered, although our studies have shown commonalities among violent girls. To wit, they do not get along well with their families; dislike school; have generalized and intense anger, loneliness, and sadness; and may act aggressively when experiencing loneliness and sadness (Smith & Thomas, 2000). Some of these girls fit the symptom picture of oppositional defiant disorder, conduct disorder, or a personality disorder. Their aggression appears to be deep seated and will require reparative experiences within a psychotherapeutic relationship. Other girls, like the women in Jack's 1999 study, may engage in aggressive behavior

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

to create a "wall of self-protection" in an increasingly violent world, a fierce persona that conveys, "Better not mess with me" (Jack, 1999, p. 85). Exposed to a steady diet of violent television and movies and lacking more effective role models, both boys and girls need to learn how to manage dysphoric emotion and interpersonal conflicts without engaging in aggression. School-based psychoeducational interventions, such as New York City's Resolving Conflict Creatively Program (Goleman, 1995), are achieving positive outcomes. Please see Thomas (2003) and Thomas and Smith (2004) for additional recommendations. Suffice it to say that intensive study must continue. Once again, as with the less pathological forms of anger, few scholars are addressing female violence. The author has noted, when presenting conference papers on violent girls, that people really do not want to hear about them. But these girls are in pain and ignoring their pain will accrue significant costs, both for them and for society.

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

CONCLUSIONS

It has been a pleasure to reflect on more than 15 years of studies. Seldom does a researcher stop to catch one's breath and summarize findings across many projects. Generally speaking, the 1991 conceptual model has been supported. Studies by other researchers (e.g., Cox et al., 1999; Jack, 2001; Lutenbacher, 2002) have provided considerable support, as well as extending our understanding of the complexity of various facets of women's anger and aggression. There is no doubt that generational changes are becoming evident. Young women are less inhibited about venting anger outwardly than their mothers and grandmothers were (e.g., Cox et al., 1999). If this change can be attributed to healthy feminist identity development, we find it encouraging. If females are simply adopting the less desirable aspects of aggressive masculinity, the change will not promote better physical and mental health—nor will it bode well for a better world in which interpersonal conflicts could be brought to the table and settled with rational discussion, negotiation, and compromise.

REFERENCES

Aristotle. (1941). *The basic works of Aristotle*. New York: Random House.

Ausbrooks, E., Thomas, S. P., & Williams, R. L. (1995). Relationships among self-efficacy, optimism, trait anger, and anger expression. *Health Values, 19*(4), 46–53.

Becker, C. S. (1992). *Living and relating: An introduction to phenomenology*. Newbury Park, CA: Sage.

Bernardez, T. (1987). Women and anger: Cultural prohibitions and the feminine ideal. *Work in progress, Stone Center for Developmental Services and Studies*. Wellesley, MA: Wellesley College, Stone Center.

Cox, D. L., Stabb, S. D., & Bruckner, K. H. (1999). *Women's anger: Clinical and developmental perspectives*. Philadelphia: Brunner/Mazel.

Cox, D. L., Van Velsor, P., & Hulgus, J. F. (2004). Who me, angry? Patterns of anger diversion in women. *Health Care for Women International, 25*, 872–893.

Cross, S. E., & Madson, L. (1997). Models of the self: Self-construals and gender. *Psychological Bulletin, 122*, 5–37.

Denham, G., & Bultemeier, K. (1993). Anger: Targets and triggers. In S. P. Thomas (Ed.), *Women and anger* (pp. 68–90). New York: Springer.

duMont, P., Droppleman, E., Droppleman, P. G., & Thomas, S. P. (1999). The lived experience of anger among a sample of French women. *Journal of Multicultural Nursing and Health, 5*(1), 19–26.

Ellis, A. (1962). *Reason and emotion in psychotherapy*. New York: Lyle Stuart.

Espin, O. (1999). *Women crossing boundaries: A psychology of immigration and transformations of sexuality*. New York: Routledge.

Fields, B., Reesman, K., Robinson, C., Sims, A., Edwards, K., McCall, B., Short, B., & Thomas, S. P. (1998). Anger of African American women in the South. *Issues in Mental Health Nursing, 19*, 353–373.

Fischer, A. H., Rodriguez Mosquera, P. M., van Vianen, A. E., & Manstead, A. S. (2004). Gender and culture differences in emotion. *Emotion, 4*, 87–94.

Fivush, R. (1989). Exploring sex differences in the emotional content of mother-child conversations about the past. *Sex Roles, 20*, 675–692.

Goleman, D. (1995). *Emotional intelligence*. New York: Bantam.

Grover, S. M., & Thomas, S. P. (1993). Substance use and anger in mid-life women. *Issues in Mental Health Nursing, 14*, 19–29.

Haellstroem, T., Lapidus, L., Bengtsson, C., & Edstroem, K. (1986). Psychosocial factors and risk of ischemic heart disease and death in women: A 12-year follow-up of participants in the population study of women in Gothenburg, Sweden. *Journal of Psychosomatic Research, 30*, 451–459.

Harburg, E., Julius, M., Kaciroti, N., Gleiberman, L., & Schork, M. A. (2003). Expressive/suppressive anger-coping responses, gender, and types of mortality: A 17-year follow-up (Tecumseh, Michigan, 1971–1988). *Psychosomatic Medicine, 65*, 588–597.

Haynes, S. G., & Feinleib, M. (1980). Women, work, and coronary heart disease: Prospective findings from the Framingham Heart Study. *American Journal of Public Health, 70*, 133–141.

Hyde, J. S. (2004). *Half the human experience: The psychology of women* (6th ed.). Boston: Houghton-Mifflin.

Jack, D. C. (1999). *Behind the mask: Destruction and creativity in women's aggression*. Cambridge, MA: Harvard University Press.

Jack, D. C. (2001). Understanding women's anger: A description of relational patterns. *Health Care for Women International, 22*, 385–400.

Lazarus, R. S. (1991). *Emotion and adaptation*. New York: Oxford University Press.

Lerner, H. G. (1977, Winter). The taboos against female anger. *Menninger Perspective*, 5–11.

Lerner, H. G. (1985). *The dance of anger*. New York: Harper & Row.

Lutenbacher, M. (2002). Relationships between psychosocial factors and abusive parenting attitudes in low-income single mothers. *Nursing Research, 51*, 158–167.

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

Mao, W.-C., Bardwell, W. A., Major, J. M., & Dimsdale, J. E. (2003). Coping strategies, hostility, and depressive symptoms: A path model. *International Journal of Behavioral Medicine, 10*, 331–342.

Maybury, K. K. (1997). *The influence of status and sex on observer judgments of anger displays*. Unpublished doctoral dissertation, University of California, Davis.

McCormick, J., Kirkham, S., & Hayes, V. (1998). Abstracting women: Essentialism in women's health research. *Health Care for Women International, 19*, 495–504.

Meleis, A. (2004, November). *Safe womanhood*. Paper presented at the 15th International Congress on Women's Health Issues, Sao Pedro, Brazil.

Merleau-Ponty, M. (1962). *The phenomenology of perception*. London: Routledge & Kegan Paul.

Miller, J. B. (1983). The construction of anger in men and women. *Work in progress, Stone Center for Developmental Services and Studies*. Wellesley, MA: Wellesley College, Stone Center.

Pearson, P. (1998). *When she was bad*. New York: Penguin.

Poe-Yamagata, E., & Butts, J. A. (1996). *Female offenders in the juvenile justice system: Statistics summary*. Pittsburgh, PA: National Center for Juvenile Justice.

Saussy, C. (1995). *The gift of anger: A call to faithful action*. Louisville, KY: Westminster John Knox Press.

Saylor, M., & Denham, G. (1993). Women's anger and self-esteem. In S. P. Thomas (Ed.), *Women and anger* (pp. 91–111). New York: Springer.

Schrader, G. (1973). Anger and interpersonal communication. In D. Carr & E. S. Casey (Eds.), *Explorations in phenomenology* (pp. 331–350). The Hague: Martinus Nijhoff.

Smith, H., & Thomas, S. P. (2000). Violent and nonviolent girls: Contrasting perceptions of anger experiences, school, and relationships. *Issues in Mental Health Nursing, 21*, 547–575.

Spielberger, C. D. (1991). *State-trait anger expression inventory: Revised research edition*. Odessa, FL: Psychological Assessment Resources.

Thomas, S. P. (1991). Toward a new conceptualization of women's anger. *Issues in Mental Health Nursing, 12*, 31–49.

Thomas, S. P. (Ed.) (1993). *Women and anger*. New York: Springer.

Thomas, S. P. (1995). Women's anger: Causes, manifestations, and correlates. In C. D. Spielberger & I. G. Sarason (Eds.), *Stress and emotion*, (vol. 15, pp. 53–74). Washington, DC: Taylor & Francis.

Thomas, S. P. (1997a). Women's anger: Relationship of suppression to blood pressure. *Nursing Research, 46*, 324–330.

Thomas, S. P. (1997b). Angry? Let's talk about it. *Applied Nursing Research, 10*(2), 80–85.

Thomas, S. P. (2001). Teaching healthy anger management. *Perspectives in Psychiatric Care, 37*, 41–48.

Thomas, S. P. (2003). Identifying and intervening with girls at risk for violence. *Journal of School Nursing, 19*, 130–139.

Thomas, S. P., & Atakan, S. (1993). Trait anger, anger expression, stress, and health status of American and Turkish mid-life women. *Health Care for Women International, 14*, 129–143.

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010

Thomas, S. P., Groer, M., Davis, M., Droppleman, P., Mozingo, J., & Pierce, M. (2000). Anger and cancer: An analysis of the linkages. *Cancer Nursing, 23*, 344–349.

Thomas, S. P., & Pollio, H. (2002). *Listening to patients: A phenomenological approach to nursing research and practice*. New York: Springer.

Thomas, S. P., & Smith, H. (2004). School connectedness, anger behaviors, and relationships of violent and nonviolent youth. *Perspectives in Psychiatric Care, 40*, 135–148.

Thomas, S. P., Smucker, C., & Droppleman, P. (1998). "It hurts most around the heart": A phenomenological exploration of women's anger. *Journal of Advanced Nursing, 28*, 311–322.

Thompson, C. L. (1996). *Reaching across boundaries of culture and class: Widening the scope of psychotherapy*. New York: Jason Aronson.

Twenge, J. M. (2001). Changes in women's assertiveness in response to status and roles: A cross-temporal meta-analysis, 1931–1993. *Journal of Personality and Social Psychology, 81*, 133-145.

Wilt, D. (1993). Treatment of anger. In S. P. Thomas (Ed.), *Women and anger* (pp. 233–257). New York: Springer.

Wolfe, L. R. (1994). "Girl stabs boy at school": Girls and the cycle of violence. *Women's Health Issues, 4* (2), 109–116.

Woolf, V. (1984). *A moment's liberty: The shorter diary*. New York: Harcourt Brace Jovanovich.

Downloaded By: [University of Tennessee] At: 15:28 5 August 2010