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Anger in the Trajectory of Healing from Childhood Maltreatment

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Abstract

When a girl is abused during childhood, she may not experience anger, only helplessness or numbness. Only later may the emotion of anger surface. Little is known about anger cognitions or behaviors as they occur across the years of the healing trajectory from childhood maltreatment. Data for the present secondary analysis were derived from a large narrative study of women thriving in adulthood despite childhood abuse. The purpose of this analysis was to examine the phenomenon of anger and its role in the recovery process of 6 midlife women. The 6 cases were purposefully selected because their interviews contained rich descriptions of anger experiences. Because each woman was interviewed 3 times over a 6–12 month period, 18 transcripts were available for in-depth examination. A typology was constructed, depicting 5 types of anger. Anger ranged from nonproductive, self-castigating behavior to empowering, righteous anger that enabled women to protect themselves from further abuse and to advocate for abused children. Study findings are relevant to extant theories of women's anger and feminist therapies.

Keywords

childhood abuse; trauma recovery; women's anger

Anger is a universally experienced and complex emotion. The study of this emotion has generated considerable interest from researchers within various fields of physical, mental, and behavioral health, as it has been shown to have a significant impact on these aspects of people's lives. Researchers have categorized different types of anger, as well as numerous forms of anger expression and suppression (e.g., Deffenbacher, 1995; Spielberger, 1999). The consequences of anger and its various dysfunctional manifestations can have a profound impact on the individual who experiences the emotion, as well as those in contact with that

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person. Historically, there have been conflicting views on what is adaptive versus maladaptive anger, as well as how clinicians can best address it in a therapeutic and health-promoting way. Views of “effective” anger management vary greatly according to gender, status, social roles, and cultural context (Thomas, 2006).

Despite the publication of several otherwise excellent books (e.g., Kassirer, 1995), little attention has been devoted to managing anger after childhood abuse. The present study was prompted by a gap in the literature about anger of women who have experienced childhood maltreatment. In the larger study from which this analysis was drawn, narratives of women’s recovery from childhood abuse provided a temporal view of the processes and interpersonal relationships involved in “becoming resolute” and ultimately, “thriving” (Hall, et al., 2009; Roman, Hall, & Bolton, 2008; Thomas & Hall, 2008). This unique sample of 44 women had achieved remarkable success in life, despite egregious childhood abuse. The first author, an anger researcher, had observed some vivid anger stories in the narratives, and decided to return to the data to explore these more fully. Before turning to the results of the data analysis, a brief review of anger literature is necessary to provide a background.

Review of Literature

Maladaptive and Adaptive Anger

De Rivera (2006) theorized that anger involves a perception of a challenge to what ought to exist and an impulse to remove that challenge. Although anger is a normal human reaction to challenges, such as unfair treatment or insults to one’s integrity, few people learn how to manage it effectively while growing up (Thomas, 2006). Both men and women have deplored inadequate instruction by role models in expressing anger adaptively (Thomas, Smucker, & Droppleman, 1998; Thomas, 2003). Adaptive anger entails a clear statement of the perceived offense, stated in “I” language, delivered without blaming or attack on the other person, followed by a reasonable request for amends. To state the obvious, adaptive anger does not involve property destruction, verbal or physical aggression, or use of weapons. Maladaptive anger, characterized by irrational cognitions and out-of-control behaviors, is widespread in America, as evidenced by loud cursing in workplaces, road rage on highways, and brawls at sporting events (Thomas, 2006).

Deleterious health consequences of mismanaged anger have been identified by researchers. To cite just one example from a vast literature, *hostility* (which entails pervasive negativity and frequent anger) is a predictor for cardiovascular disease, as well as poorer general health and earlier mortality (Jackson, Kubzansky, Cohen, Jacobs, & Wright, 2007). In addition to focusing attention on the general tendency to be readily *aroused* to anger, researchers have clearly described maladaptive forms of anger *expression*, focusing mainly on “*anger-out*” (venting at others) and “*anger-in*” (holding anger inside) (e.g., Siegel, 1985). Both of these have adverse health consequences. For example, a recent study by Lazlo, Jansky, and Ahnve (2009) found that both suppression and the outward expression of angry feelings increase the risk of poor prognosis in women with coronary heart disease (CHD).

Although explosive outbursts have received greater attention than anger suppression, especially in the research on CHD, a study by John and Gross (2004) implied that anger suppression can be maladaptive to an individual’s functioning on an emotional and social level. Suppression of any emotion, anger included, has been shown to lead to decreased positive emotional experiences, compromised social functioning, and memory impairment for social information (John & Gross, 2004). Gross and Levenson (1997) found that habitual suppression of anger is as problematic as the tendency to have explosive outbursts.

Not surprisingly, there is a known link between poorly regulated anger and many of the personality disorders, as well as to depressive illness, though it is not clear whether poorly regulated anger is a precursor or byproduct of depressive illness (Plutchik, Van Praag, Conte, & Picard, 1989; Koh, Kim, & Park, 2002). Anger is also considered to be a core issue in post-traumatic stress disorder (PTSD) (Franklin, Posternak, and Zimmerman, 2002) and is linked to alcohol misuse and misuse of over-the-counter drugs (i.e., chemicals used to dampen unpleasant emotional arousal) (Grover & Thomas, 1993). High anger, in conjunction with impulsivity, contributes to suicide risk (Horesh, Rolnick, Iancu, Dannon, Lepkifker, Apter, & Kotler, 1997).

Anger in Women

The body of knowledge about women's anger is relatively small, especially if compared to the voluminous literature on women's anxiety and depression. Available evidence indicates that suppression and diversion of anger is more common in women than in men, in part because of sex role socialization for femininity, which inculcates the notion that anger is unfeminine and unattractive (see Thomas, 2006, for a summary of this literature). Angry women receive pejorative labels such as "bitch" (Lerner, 1985), whereas women who conform to the feminine ideal are unfailingly pleasant and "nice." Thus, women experience a fundamental tension between adaptive function and societal inhibition (Cox, Stabb, & Bruckner, 1999). Although some may argue that there has been substantive loosening of rigid prescriptions for women's anger behavior since the classic works of Lerner (1985, 1988), a large 2010 study of American and Canadian women found that only 6.2% viewed externalization of anger by women as appropriate (Praill, 2010).

In addition to continuing societal disapproval of unfeminine behavior, another barrier for women in regard to anger expression has been the socially constructed belief that women are responsible for preserving relationship harmony (Bernard, 1981; Jack, 1991). This long held belief has had an impact and taken its toll on women by encouraging suppression of anger in intimate relationships (also called silencing the self [Jack & Dill, 1992]). Decades ago, feminists such as Miller (1976) and Gilligan (1982) elucidated women's strong need to affiliate with others. Ventilating anger can be frightening because it creates the feeling of being "separate, different, and alone" (Lerner, 1988, p. 64). According to Lerner, women so fear a loss of connection they inhibit anger and feel incredibly guilty when it does erupt.

A societal myth ensued that many women do not even know when they are angry. The first large, comprehensive study of women's anger (Thomas, 1993) refuted this, and other myths. Women do *know* when they are angry, as evidenced by hundreds of pages of transcripts of women's stories and their eloquent descriptions of anger, collected over years of additional studies (Thomas, 2005). This program of research also refuted the claim that anger is always an irrational emotion, as some experts like Ellis (1962) have claimed. Women's anger is actually typically based in reality, and is often legitimate and justifiable. Specifically, the primary causes of women's anger were demonstrated to be powerlessness, injustice, or the irresponsibility of other people towards them. It is not irrational to become angry when one's values and rights have been violated. Validating Lerner's claims, however, many women did inhibit *expression* of anger for fear of alienating significant others. When women did vent their anger, revenge was not the primary aim, as Aristotle (1941) and Lazarus (1991) have claimed. Instead, women were seeking relational reciprocity (Thomas, 2005).

These studies also helped to further refute the notion that women's anger is almost always pathological. The research revealed the fallacy of this idea through the revelation that there are indeed, *constructive* uses of anger. One such use was found to be restoring justice, respect, and relationship reciprocity. Anger was shown to propel some women to take constructive action about situations of inequality in their workplace or families (Thomas,

2005). In regard to the current information about the known negative effects of maladaptive forms of anger and anger expression, there is a recommendation that women should at the least, be encouraged to discuss their anger regularly with a confidant. This practice has been shown to have benefit with regard to reduced blood pressure, lower body mass index, better general health, and greater self-efficacy and optimism (Ausbrooks, Thomas, & Williams, 1995; Thomas, 1997). Unfortunately, this verbalization of anger can be an overwhelming hurdle to cross for many women if they are long-accustomed to suppressing this emotion, and may be even more difficult for women who have suffered from childhood abuse (Morgan & Cummings, 1999).

Anger in Women Who Experienced Maltreatment in Childhood

Little research has been devoted specifically to the study of angry emotion in women who have experienced some type of abuse in childhood. The above-described program of research by Thomas (2005) primarily focused on nonclinical samples, and other researchers have relied too heavily on college student samples, generating unanswered questions about anger in abused women. The oppression they experienced in childhood undoubtedly has an additive effect to the above-described anger inhibitors experienced by ordinary non-abused women in the general population. Surely, they have been silenced to a much greater extreme. As the rates of childhood maltreatment remain high, it is imperative that providers more fully understand anger in this population. The experience of childhood maltreatment is pervasive and has significant repercussions on its victims, including substance misuse, eating disorders, depression, and PTSD (van der Kolk, McFarlane, & Weisaeth, 1996). The Department of Justice (2009) released statistics from a recent national survey reporting that 60 percent of respondents were exposed to some type of violence that year, that nearly one-half had been assaulted at least once in the past year, and one-tenth of them had experienced some kind of childhood maltreatment. It is logical to posit that anger is a common emotional experience for adult women who have been sexually, emotionally, or physically abused in childhood. Research has, in fact, shown that anger is one of the most pervasive emotional consequences of childhood sexual abuse (Scott & Day, 1996). Not surprisingly, a study by Murphy et al. (1988) showed that survivors of childhood sexual abuse had significantly more problems dealing with this emotion than did a non-abused control group.

Although research is scant, existing studies indicate much variability in the ways in which anger is expressed by this population, and like anger research in general, there are conflicting views on how it should be addressed in a health-promoting way. Several possible anger expression styles have been identified among abuse survivors. Scott and Day (1996) reviewed some of these as follows: "Survivors may deny their anger, disguise its expression by being overly compliant and perfectionistic, fear expressing anger, identify with the power of the perpetrator and manifest self-destructive, self-blaming patterns, or inappropriately and indiscriminately express anger" (p. 209). Some clinicians assert that externalizing anger and expressing it in some way toward their abuser contributes to survivors feeling less depressed (Morgan & Cummings, 1999). In contrast, Van Velsor and Cox (2001) contend that empowerment for survivors of sexual abuse has less to do with blame toward an abuser, and more to do with a survivor's access to the genuine response of anger. Regardless, they recommend that therapists attend to the process of uncovering and expressing anger as an integral part of the recovery process.

Scott and Day (1996) found that adult female survivors of childhood sexual abuse who tend to suppress their anger report significantly more abuse-related symptoms than do survivors who appropriately express their angry feelings. Inwardly directed anger was correlated with higher scores on measures of guilt/shame, vulnerability/isolation, emotional control/numbness, sadness, and sense of powerlessness. In contrast, outwardly directed anger, either

toward other people or objects, was not significantly correlated with scores on the symptom scales.

Yet another study examined the effects of group therapy on change in anger among female survivors of childhood sexual abuse. In this study, Morgan and Cummings (1999) found significant decreases in measures for depression, social maladjustment, self-blame, and post-traumatic stress responses, but surprisingly found no significant change in anger outcomes. A limitation of this study, however, was the lack of testing throughout the 20 week study process. The authors postulate that anger could be labile; thus, there may have been temporary increases in anger scores for some of the women and decreases for others throughout the 20 weeks. These findings do not allow for a clear picture of the continuum of anger over time. The lack of qualitative information in this study affirms the need to study the nature and manifestations of this emotion more in depth. The present study aims to ameliorate the dearth of research in this area by adding to the knowledge base on the process and continuum of anger in abused women.

Method

This secondary analysis involved data from a larger, federally funded, feminist narrative study of female abuse survivors (Hall et al., 2009). The methodology and procedures of the larger study, as well as details about IRB approval and protection of human subjects, have been discussed in detail elsewhere (Hall et al., 2009; Hall, 2011). In brief, a series of in-depth qualitative interviews, spaced over a period of six months to one year, were conducted with 44 abuse survivors by psychiatric nurses with graduate preparation. For this secondary analysis, 6 cases were selected for careful examination of the phenomenon of anger. These cases provided rich descriptions of anger experiences across the trajectory of healing from childhood maltreatment. Using criteria commonly applied to quantitative studies, six women may be considered a small sample, but the aim of a qualitative investigation is not generalizability to a population. Rather, the aim is to refine or expand theory or to illuminate the particularities of a phenomenon that is not well understood. Both Yin (2009) and Creswell (2007) have alluded to the long history of deriving useful clinical insights from a small number of cases, citing notables such as Freud and Piaget. Yin (2009) specifically recommends choosing the cases from whom you can learn the most.

Each woman had participated in 3 interviews, yielding 18 lengthy transcripts. Initially, the hundreds of pages of typed text were read in their entirety for the sense of the whole narrative. Subsequently, anger stories were excerpted from the text and were scrutinized line-by-line to achieve understanding of anger cognitions and behaviors. Riessman's (2008) approach to analysis of narratives guided this stage of the analytic process. As in this instance, narrative analysis is often case-centered, with a focus on "bounded segments of interview text about an incident" (Riessman, 2008, p. 75). According to Riessman, prior theory can serve as a resource for interpretation; therefore the first author's knowledge of anger theories and research was viewed as an asset rather than something to be set aside during data analysis.

Delimitation

Although there is literature attributing suicide attempts and disorders such as depression to repressed anger, this analysis focused on anger that was available to consciousness, acknowledged, and described in the participants' narratives. No attempt was made to infer "hidden" angers.

Characteristics of the six cases

To provide contextual information about the cases selected for examination, types of abuse and avenues to recovery described by each participant are shown in Table 1 (all names are pseudonyms). The women ranged in age from 36 to 47 years (mean age 43). Five were married, one divorced. All of those who were married were currently in good supportive marriages, but some had previous marriages that had involved abuse. Number of children ranged from 0 to 3. Five women were presently employed outside the home, in fields ranging from business to science and human services. The woman who was a homemaker was considering pursuit of an M.A. to become a counselor. Education ranged from high school graduate to bachelor's and master's degrees. Four women were White and two were Hispanic. As shown in Table 1, all of the women had experienced multiple types of abuse over a prolonged period, often lasting from their earliest years until they were able to leave the childhood home.

Findings

Anger did not enter the women's stories until adolescence (age 13 being the youngest exemplar). Mired in a world of secrecy and shame, often unaware that other families were not similarly abusive, as girls they numbly endured. As small children they were powerless and probably could not feel the emotion of anger. Most likely, defenses such as dissociation or repression were employed (Eckstein, Milliren, Rusmussen, & Willhite, 2006). Defenses are activated when the environment is unresponsive and unempathic. Even if the emotion of anger arose, the girl undoubtedly understood that expressing it could place her in danger of severe beating or other terrifying repercussions. The powerlessness of the child was evident in the following excerpt from the data:

"I don't think there's much that you can do as a child, other than live in the situation... You're not allowed to have your own feelings, to talk about bad things."

Because adult abuse survivors do not tell their stories in an orderly chronological fashion, it became apparent that it would not be feasible to accurately trace the evolution of angry emotionality over time for each survivor. Furthermore, there were gaps in the data (for example, an interviewee might neglect to give much information about her adolescent years or neglect to describe the response of significant others to her anger behaviors). Such gaps could be attributable to strategic memory management or to the continued unavailability of some material to consciousness. What clearly emerged from the data was a useful *typology* of anger. Five types of anger were identified (1) self-castigating anger; (2) displaced anger; (3) the anger of indignation; (4) self-protective anger; and (5) righteous anger on behalf of self or others (such as siblings and other victims of abuse). Precedent for developing a typology in narrative research is provided by Ewick and Silbey (cited in Riessman, 2008). We will describe each of the five types of anger more fully, illustrated by verbatim quotes from the transcripts that support the definitions of the types.

Type 1. Self-castigating anger

This type of anger involved deprecating one's qualities or behaviors. Denise often referred to herself as "stupid" as a child, "beating myself up if I did something wrong on a homework paper." Denise, perhaps the most fragile of the survivors in adulthood, continues to display self-castigating anger, as shown here:

"In a social situation, if I said something to be funny [I would tell myself], 'that was stupid, stupid, stupid, stupid'... because in that moment I had drawn attention to myself. The group was now focused on me... I was just sure that they weren't going to like me."

Self-castigating anger can continue into adulthood even in survivors who are generally doing quite well. For example, at the time of our interviews Ruth was angry at herself because she cannot confront sexual harassers at work. She freezes when she is inappropriately touched by coworkers (e.g., a man undoing her bra strap); she is seething inside but afraid that if she confronts, people will say “Well, what did *you* do to bring it on?” She wonders if she is somehow indicating to men that their advances would be welcomed.

Type 2. Displaced anger

Consistent with the classic definition of displacement, this type of anger is directed at inappropriate targets (e.g., losing temper with children, throwing a pot at husband). Noted Denise, “One of the leftover effects [of the abuse] is that there was so much rage and not knowing what to do with it.” Sometimes, the woman may be confused by her own anger behavior, not knowing its true source. For example, Jeri “erupted on the guy at the grocery store who didn’t ring up my order right...I was getting angry at the people I love most, who didn’t deserve it...things [around the house] being too messy...I was just this angry, bitchy person... and so I went to counseling for anger and uncovered all this abuse.” Jeri’s “volcano” (her term) did not erupt until age 35. Although she had not made the connections, her daughter had turned 5 years old (the same age when her own abuse began) and her 9-year-old son was being verbally abused by his teacher. In therapy, she talked through all the childhood abuse and released the shame of it, for the first time. Individual therapy then led to group work, intensive reading about abuse, and talking to a minister.

Type 3. The anger of indignation

This type of anger emanates from the woman’s realization that she is a person of worth who does not deserve maltreatment. Often, this is a sudden realization. Becky described an epiphany that occurred when her abusive husband raised his hand to hit her and then said to her, “You’re not worth it.” These words made a powerful impact, and she responded, “What do you mean, I’m not worth it?” Becky said she decided that day that she was not going to be abused any more: “This is it, I’m getting out of the relationship.” She has never been abused again.

Ruth became indignant as a child when a teacher called her “a bump on a log.” She studied harder, made the honor roll, and later in life finished college: “Those mean awful words put the fire under me and kept it burning: ‘I’ll show you!’”

Incidents in which a woman became indignant illustrated the empowering feature of anger that is sometimes overlooked in the vast literature about its destructive potential. This type of anger permitted women to claim their full personhood, a milestone in the healing trajectory.

Type 4. Self-protective anger

For these women who often had no childhood protector, learning to protect the integrity of the self was essential. As a teenager, Denise finally found the courage to mobilize anger to protect herself from further incestuous abuse by her father: “I was pretty angry by the time I got 13...I didn’t want it [sexual abuse] to happen any more. It felt disgusting and I hated it and I didn’t really care if he killed me or killed my mother.” In another example of self-protective anger, Jeri cut off ties with her parents after they took her abuser (an uncle) into their home after his release from prison. This outrageous act caused her to tell her parents, “If you think that I’m bringing my children around this person so he can hurt them too, you’re crazy. You will just not see any of us.”

Some of the women achieved self-protective anger only when they were well into adulthood. For example, Ruth stood up to an abusive husband with a gun and filed for divorce. Fran immediately left a husband who pushed her during an argument, foreseeing that more serious physical abuse would probably ensue. Jade learned to set limits with her elderly mother who “still likes to drag me down...I’ve been getting so angry at her. I’ve come such a long way. I don’t want that crap anymore. I’m not doing this to myself, no, no. If she starts that crap, I tell her, ‘I have to go now. I’m not going to talk to you.’” As seen in this exemplar, self-protective anger promotes the drawing (or redrawing) of boundaries against perpetrators and unprotective others, which was a dimension of “becoming resolute” in the larger study (Hall et al., 2009).

Type 5. Righteous anger on behalf of self or others

Righteous anger has a moral component. It is evoked by realization of injustice (in this case, childhood abuse), and it mobilizes energy that the angry person can use to take decisive action. Becky described a Catholic Hispanic family in which “you’re not supposed to rock the boat.” Mustering enormous courage, she confronted the family members (her father and two uncles) who had abused her and her sisters: “I was mad. The anger was good: ‘How could you do this?’” Although Becky’s confrontation resulted in complete denial on the part of all the family perpetrators, she nevertheless felt that she had taken a huge step toward her own recovery.

Another example of righteous anger was provided by Fran. She became infuriated when a psychiatrist disbelieved her abuse, telling her that she had a “daddy complex, all little girls fantasize about their fathers.” Fran related, “I was glad that I was far enough along in my journey that I totally went ‘f___ you!’” On behalf of other child abuse survivors, Fran went back to the treatment center that referred her to this psychiatrist and demanded that his name be removed from the list of providers.

Righteous anger was provoked not only by the childhood abuse itself, but also by the injustice of lost childhood, as depicted by Fran: “I realized what I had missed. And how double triple hard I had to work to be a functional human being in life. It pissed me off.” In some cases, this type of anger was generated by a woman’s experience of continued sexual abuse (in Jade’s case, a father who is now abusing the next generation: her sister’s daughter) or distressing sexual harassment (Becky’s harassment at work). This type of anger propelled survivors into advocacy for others: for example, several of the women work as volunteers with abused children.

Discussion

These cases exemplify diverse manifestations of anger in survivors of childhood maltreatment, illustrating the inadequacy of the simplistic “anger-out, anger-in” categorization that is prevalent in much of the literature. Manifestations of anger were diverse not only across the six cases but within each case, with regard to the timing, degree, and outcomes of anger expression. No common pattern of anger behavior could be discerned. While glimpses of the anger of abuse victims have been provided in previous studies, this is the first in which an anger typology was developed. Readers should not presume that the typology represents sequential stages or phases of anger cognitions and behaviors, but it is clear that two of the types (self-castigation and displacement) are less healthy than the remaining three types. Unsurprisingly, much of the angry emotion was evoked by the abusers’ violations of their personhood and/or failure to protect them from harm. However, the anger was not necessarily ever directed toward the abusers face to face, nor do these data suggest that this would be desirable. Consistent across cases was failure of family members to validate abuse if it was disclosed. The data even included a therapist’s

disbelief of a woman's abuse, a clear violation of *Guidelines for Psychological Practice with Girls and Women* (American Psychological Association, 2007).

Some of the types of anger revealed in the women's stories bear resemblance to types identified by Cox, Van Velsor, and Hulgus (2004) in a nonclinical sample. For example, self-castigating anger often involves self-hate or self-punishment, behaviors which were included in the construct termed "anger internalization" by Cox et al. However, the term "self-castigating anger" seems to capture the essence of this type more accurately. The present study findings affirm previous findings by Thomas et al. (1998) that women's anger can have *constructive functions*, such as obtaining justice and respect. Anger, in fact, liberated some of the study participants from stifling, abusive, adult relationships. These women reached a pivotal turning point at which they decided never again to tolerate maltreatment. Anger intensity waxed and waned across the years of the healing trajectory, peaking for some women in their 20s and 30s, a turbulent period when they felt "nuts because of the anger." Bodily sensations of anger were vividly described. The heaviness of long-held anger at a perpetrator, mixed with hatred, could cause a woman to become weary. For this reason, one such participant decided to forgive her abuser, to "wash away the anger from my heart." Others, however, did not envision ever being able to forgive.

The typology of anger in abuse survivors revealed by the present data set should be further explored by theorists and researchers and should not be considered exhaustive. For example, anger did not proceed to violence in the stories of these participants, although other research has shown that some abused women do inflict violence on others (or themselves) (Jack, 1999). The uniqueness of this sample suggests caution in broadly generalizing the typology. These women had the benefit of better education than many abused women and displayed a hard-won resoluteness that not every victim of child maltreatment is able to achieve (Hall et al., 2009)

Clinical implications

Clinicians can use the typology to identify forms of anger in client stories, affirm the competence evident in self-protective anger, and provide psychoeducational interventions about healthier anger management techniques to those whose anger is suppressed or out of control. In response to the known ill-effects of anger suppression, some clinicians have advised that venting one's anger, in accordance with catharsis theory, will produce a positive effect on one's psychological state (Bushman, 2002). There is some conflict over this belief however, with many studies contradicting this theory (e.g., Bushman, 2002). Meyer (1988) illustrated the dangers of therapists prematurely urging their clients to get in touch with angry feelings. Meyer contends that although therapists may assume ventilation of anger is indicative of therapeutic progress, ill-advised unearthing and mishandling of client anger can undermine defenses before a client is able to relinquish them. For example, a victim of childhood abuse may still be clinging to a belief that her mother really did love her. She is not ready to become angry at the mother who was fully complicit in the incestuous abuse by the father.

Caution in unearthing anger is also suggested by research conducted by Rochman and Diamond (2008) showing that accessing unresolved anger toward a significant attachment figure may induce or perpetuate heretofore suppressed *sadness*. Thus, the therapist must be prepared for the profound sadness that may emerge. Although their study participants were not abuse victims, the researchers asserted that their findings can be generalized to actual therapy sessions in which clients are dealing with unresolved anger toward an attachment figure. Support for this assertion is provided by Denise's narrative. At age 43, she had acknowledged for the first time the "gut feeling of wishing I had a mommy, wanting a mother to comfort me." She was both angry and deeply sad about her mother's total failure

to be a loving and protecting parent: “I had shut myself off from those kinds of feelings...I couldn’t have envisioned the depths of sorrow.”

On the other side of the coin, volatile anger can also present substantive challenges to clinicians. When anger is at its peak, it can be overwhelming and may require astute guidance from a therapist so that it does not have deleterious consequences. The therapist in some instances must serve as a container, accommodating the “rough and jagged edges” of a woman’s rage, “gradually sharing with her how these sharp edges make her more multidimensional and alive” (Cox et al., 1999, p. 133). The wise clinician of one study participant allowed her to release “steam from the pressure cooker bit by bit,” and another woman’s therapist encouraged writing letters to perpetrators to dissipate some of the white hot anger. If a woman like Jeri is inappropriately displacing volcanic anger at store clerks and innocent family members, calming techniques are recommended. Wilt (1989) has provided case examples in which calming techniques were used with overly aggressive clients. The calming enabled the clients to decrease maladaptive anger ventilation and regain a sense of control. Currie (2003) developed an innovative poetry group for treating problematic anger and hostility and transforming it into freedom and hope. During 17 weekly sessions, participants both react to specific, carefully selected, poems, and write poems of their own. Currie’s work merits further consideration by researchers and clinicians.

Cognitive-behavioral techniques have empirically demonstrated efficacy for anger that is irrational (such as self-castigating) (Deffenbacher, 2006). When thinking is distorted, as in Ruth’s self-blame for coworker harassment, the therapist can assist in re-directing blame toward the harassers. Thoughts that one is stupid or worthless can be vigorously challenged. Clients can be taught strategies such as thought-stopping and positive self-talk. Feminist therapists in particular have a deliberate emphasis on client strengths. Noted Tabol and Walker (2008, p. 95), “Whereas the medical model and mainstream approaches to therapy emphasize what is sick in the individual, feminist therapy looks for areas of strength and areas for further growth and learning.”

Clinicians should be aware, and advise their abused clients, that simply telling their abuse story is not necessarily therapeutic or cathartic (Thomas & Hall, 2008). Likewise, verbalizing anger is not an unequivocal good, because abuse victims will experience the same cultural disapproval as the general population of women. Therapists who practice according to feminist principles will avail themselves of opportunities to discuss the broader issue of society’s discomfort with women’s anger, why the inhibition of overt expression occurs, and how it is maintained (Gentile, Kisber, Suvak, & West, 2008). Verbalizing anger *helps* when the listener allows ventilation and conveys empathy and support (e.g., Jade’s husband, Ruth’s mentor). Consistent with our previous research on non-abused women (Thomas, et al., 1998), verbalizing does *not* help when the listener responds with silence or denial of responsibility, and nothing changes. In situations where no productive action can be taken, releasing the anger through vigorous physical exercise, relaxation, meditation, yoga, or healing rituals can be recommended. An example of a healing ritual was provided by one study participant who created a new birth certificate for herself so that her “pure, innocent, untouched, perfect self [could] shine bright for all the world to see.”

The abuse survivors in this study ultimately realized that holding on to old anger is harmful. Rumination and rage must be modulated. One participant observed a friend who was consumed with “venom” and realized that she did not want to stay in the “venom place.” She realized that her friend “keeps her soul raw with it.” She, and other participants, found a number of creative ways to release festering anger, such as poetry, art, dance, journaling, and letter-writing to abusers, as well as talking to therapists, supportive friends, or intimate

partners. An example of harmless anger release was provided by Jeri, who spoke of “venting” to her husband when she is “rubbed up”: “He lets me rant and rave pretty good...I get a little loud...he understands...He tells me to forget about it, to get past it.” Clinicians can recommend strategies such as this, validated by the experiences of survivors themselves, to clients who are displaying maladaptive anger patterns that are detrimental to their physical and mental health. Some women may benefit from anger management groups, although pre-screening is necessary to ensure their readiness for this kind of group work (see Thomas, 2001, for guidelines for conducting psychoeducational anger groups).

Advising clients to confront childhood abusers can have disastrous outcomes, as shown in narratives of the study participants. An ill-advised family confrontation arranged by inpatient hospital staff caused Fran to have a severe setback. Noted Ruth, “My dad’s silence [after the confrontation] felt like a slap in the face.” Jeri said, “I think my parents denying my reality was worse than the abuse itself.” Coerced confrontation, such as that described by Fran, is antithetical to the feminist therapy tenet of respecting the client’s own goals. If a client insists on pursuing confrontation, she should be prepared for painful consequences. After Becky confronted her father and uncles, no one on her father’s side ever made contact with her again. It should be noted, however, that Becky construed the incident as instrumental in her own journey toward healing. It behooves clinicians to always remember that “one woman’s ‘emancipation’ may not look at all like another woman’s” (Campbell & Bunting, 1991, p. 13).

Relevance of findings to previous anger theory and feminist therapies

Study findings are relevant to extant theories of women’s anger and feminist therapies. Drawing inspiration from existential philosophy, cognitive theorists, and social psychology, Thomas (1991) proposed a mid-range theory of women’s anger. She proposed that higher self-esteem is linked with more assertive anger expression, a proposition that has been supported in several studies (e.g., Lutenbacher, 2002). However, in the stories of the present sample of women, expression of anger seemed to *produce* or *enhance* a new sense of self, with the right to verbalize genuine feelings and to set limits on others. Feminist theory and therapy speak of empowering women, but do not specifically speak of anger as a catalyst for courageous actions such as those described by the present sample of women. Feminist therapist Avis (1991), an exception to the last statement, deliberately uses the metaphor of white light in describing to her clients the benefits of anger, a clear and strong emotion that provides energy to act on their own behalf. Therapists could give greater attention to empowering the physical body that was once so cruelly violated, perhaps through martial arts training, in which the body literally “fights back.” Talk therapy may not be the best avenue to healing for some abused women.

Limitations

As noted above, the cases from which the typology was derived are not presumed to be representative of the general clinical population of abused women. Omissions in participants’ narratives prevented further exploration of some aspects of women’s anger experiences. For example, context of anger incidents was not always richly described, as is desirable in narrative research (Riessman, 2008). The usual limitations of secondary analysis also must be considered; the original interviews were not conducted for the specific purpose of eliciting experiences of anger.

Conclusion

This research inductively derived five types of anger exhibited by female survivors of childhood abuse, drawn from interview narratives. The five types were: (1) self-castigating

anger; (2) displaced anger; (3) the anger of indignation; (4) self-protective anger; and (5) righteous anger. It is hope that the typology presented in this paper stimulates further theorizing, research, and application by mental health clinicians. Survivors of abuse may be heartened to learn that other survivors were empowered by their anger to take significant steps in their trajectory of recovery.

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Table 1**Types of Abuse Experienced by Participants, and Avenues to Recovery**

Becky: Mother abandoned at age 4; experienced emotional verbal and sexual abuse; molestation by uncle began age 5–6 and later he began raping her; one abusive relationship in adulthood. Her upward turn began in her 20s. Therapy was the avenue for recovery.

Denise: Experienced emotional physical verbal and sexual abuse including being hit beaten kicked smothered sodomized raped forced to perform oral sex on father threatened with death. Abuse by father lasted from age 5–6 until 18 although significantly decreased after age 13 when Denise rebelled in anger. Mother cold unavailable. Denise is a successful professional wife and mother yet currently struggles with depression and is in her 4th year of intensive psychotherapy. Became more depressed as she dealt with long-suppressed material and attempted suicide 8 months ago: “I fall into a pit sometimes.”

Fran: Abused from age 3 to 16 by father who forced her to perform oral sex and threatened to smother her with a pillow if she did not; raped constantly by father as a teenager; mother was physically abusive and “home was hell.” Fran’s healing trajectory spanned 15 years and included many types of therapy and courageous self-help measures; upward turn began in 30s.

Jade: Experienced emotional and verbal abuse and neglect; also probably experienced sexual abuse but doesn’t really know (or want to know); father abandoned and mother was an abusive drug addict; considers herself the author of her own healing: “I was not taught or led or guided by any adult figure.” She never had therapy because she never wanted to reveal the horror of her childhood to a stranger. Her upward turn occurred in her 30s.

Jeri: Experienced physical emotional verbal and sexual abuse as well as neglect. Sexually abused by 4 adults in all (uncle was primary); parents did not protect or believe her when she revealed the abuse. Therapy in her 30s was the avenue to healing (individual and group).

Ruth: Sexually abused by uncle for 11 years; verbally abused by mother; physically emotionally and verbally abused by a husband for 9 years; considers herself responsible for her own healing; one brief encounter with a counselor only made her angry (she left and never went back). A male mentor at work served a therapeutic function however. She achieved insight and release of anger by talking to him. Upward turn began in her 20s; graduation from college at 45 was a triumph.