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“Rage Defends Against Overwhelming Loss”: A Literature Review on Women, Posttraumatic Stress Disorder, and Anger

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Abstract

A literature review examining the difference in anger as a symptom of PTSD based on gender. The focus was on how gender roles and stereotypes impact women's, as well as providers', interpretation, expression, acknowledgement, and suppression of anger. By researching civilian survivors of non-combat trauma, the review examined PTSD and symptom discrepancies along a gender divide. Emphasis was placed on the creation of gender as a social construct. Significant nuance was discovered when defining anger, its means of expression, and measurement tools, particularly when interacting with gender. The history of art therapy as a treatment modality for PTSD and anger was also explored. Implications for art therapists and best practices when working with women with PTSD's anger were discussed, suggesting considerations to reject gender stereotypes that hinder treatment.

Keywords: women, posttraumatic stress disorder, anger, gender roles, gender identity, art therapy

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This literature review explored the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association [APA], 2013) diagnostic criteria for posttraumatic stress disorder (PTSD), gender and symptom discrepancies within the diagnosis, and the impact of gender roles and behavior as it may pertain to behavior and symptom expression. Studies exploring art therapy and PTSD, and art therapy and anger were analyzed to consider best practices when addressing anger in women with PTSD. Among all the diagnostic criteria for PTSD, the focus was on mood and "persistent negative emotional state" which included fear, horror, anger, guilt, or shame, with particular emphasis on anger (APA, 2013).

Women are twice as likely to develop PTSD than men (APA, 2013; Barlow & Hetzel-Riggin, 2018; Farhood et al., 2018; Galovski et al., 2013; Komarovskaya et al., 2011; Silove et al., 2017) with most women developing PTSD from a sexual assault (Barlow & Hetzel-Riggin, 2018; Chivers-Wilson, 2006; Perryman et al., 2019). Women also report a higher severity of symptoms (APA, 2013; Komarovskaya et al., 2011). Despite these facts, the anger of women with PTSD is rarely discussed as a significant symptom. An inherent complication is the subjectivity of "anger" as an emotion and "woman" as a gender. As well, the difference in trauma type/exposure having an impact on symptom expression may add context to the way women's anger within PTSD is acknowledged or ignored. An exploration of how anger is defined, and expressed, and how gender roles and stereotypes impact behavior and recognition of behavior in the other was undertaken. There is then an exploration of how anger is addressed in art therapy and the therapists' bias to address certain emotions based on a gender divide.

The goal of this literature review was to develop a contextual understanding through a gender/feminist lens of how gender roles and stereotypes inform and potentially suppress symptom expression. Additionally, does trauma type influence symptom expression, and what is the responsibility of art therapists to address potentially suppressed emotions when working with this population? The literature examined was compiled by searching Lesley University library, JSTOR, and Google Scholar with the following key subjects: non-combat individuals diagnosed with PTSD, trauma survivors, gender roles, gender stereotypes, gender differences in expression of anger and aggression, art therapy and PTSD, art therapy and anger.

Literature Review

PTSD and gender

Since PTSD's induction to the DSM in 1980 identifying Vietnam War veterans' experience, it has been recognized significantly within civilian populations who experience non-combat trauma (Donley et al., 2012; Peters, 2019). Traumatic events now widely recognized beyond combat include witnessing or being the victim of violence, natural disasters, actual or threatened death, or serious accidental injury, among others (APA, 2013). Differences about prevalence of PTSD between men and women has been established by multiple sources (APA, 2013; Barlow & Hetzel-Riggin, 2018; Farhood et al., 2018; Perryman et al., 2019) although the reason remains unclear. Common themes to explain the gendered differences throughout scholarly literature are trauma type and vulnerability, emotion constriction or emotion suppression, and societal expectations and labels.

Women's vulnerability to specific trauma types may influence symptom expression. The most common traumatic events experienced by women diagnosed with PTSD include rape, sexual assault, and domestic violence (U.S. Department of Veteran Affairs, n.d.), all of which fall

under the umbrella of intimate partner violence (IPV) (Center for Disease Control and Prevention [CDC], 2020; Komarovskaya et al., 2011). The increased probability of being exposed to IPV and developing PTSD raises the question: what is so traumatic about these incidents as compared to other traumas? One explanation comes from Barlow and Hetzel-Riggin (2018) who referred to IPV and other interpersonal traumas as “betrayal trauma." They suggested that an intimate partner acting in ways that go against the tenets of what a relationship should involve—love, trust, healthy intimacy—betrays core beliefs on interpersonal safety which creates more harm. Goldner et al. (2019) suggested that grievous betrayals resulted in high rates of anger and revenge seeking. This theory contrasted with literature where women were described as passive victims who experience sadness, grief, and anxiety, with fewer expressions of anger (for examples, see Aktaş Özkafacı & Eren, 2020; Barlow & Hetzel-Riggin, 2018; Murray et al., 2017). Chivers-Wilson (2006) supplied a possible explanation by suggesting that to avoid stimuli that reminds a victim of their trauma, those who have experienced IPV withdraw from others. Thus, studying interpersonal interactions would be difficult and may provide skewed results. As will be discussed further, anger and its tie to aggression often means it is studied and understood only in externalized, interpersonal contexts which further complicates understanding.

Farhood et al. (2018) sought to address the gendered difference in PTSD experience by investigating vulnerability. A study was conducted with just under 1000 civilians in South Lebanon after the 2006 Lebanon War who experienced various types of non-combat trauma. Via self-reporting, the authors examined risk factors based on social support and life events. The study yielded equal reports of trauma type, but women were twice as likely to score above the PTSD threshold and with avoidant PTSD symptoms (Farhood et al., 2018). They hypothesized,

and encouraged follow-up study on the subject, that women have a predisposition vulnerability to specific trauma types. Whether these vulnerabilities are biological, sociological, or a combination was unclear. The authors did suspect that the patriarchal Lebanese society may influence the reporting of male participants, as gender roles may discourage self-reporting behavior that could be seen as "weak" (Farhood et al., 2018, p. 731). The impact of gender roles and how they may negate the possibility of inherited vulnerabilities will be explored later.

Valdez and Lilly (2012) explored the discrepancy between women being twice as likely to develop PTSD when compared to men, and emotionality being linked to lower PTSD rates. Since it is socially acceptable for women to be more emotional (Ma-Kellams & Wu, 2020; Valdez & Lilly, 2012), it would be assumed that this trait would be a positive indicator of recovery likelihood. The study tried to link trauma severity to emotional constriction. Emotional constriction can be defined as the suppression of emotional expression, or *alexithymia*, the deficiency in understanding, processing, or describing emotions. Valdez and Lilly (2012) observed supposed similarities between men's emotional constriction and alexithymia, and the general negative affect and decreased life satisfaction of those diagnosed with PTSD. This contradicted the existing data that showed women, who have more emotional expression, experience a higher rate of PTSD diagnosis.

Valdez and Lilly (2012) studied 472 students who had experienced a traumatic event and measured the severity of their distress from the trauma, along with emotional constriction. Students completed self-report questionnaires designed to address dissociation via the Multiscale Dissociation Inventory (MDI) emotional constriction subscale; the Traumatic Life Events Questionnaire (TLEQ) measuring trauma exposure; and the Posttraumatic Diagnostic Scale (PDS) to measure posttraumatic stress severity. The analyzed data supported the hypothesis that

men endorsed greater emotional constriction, but this difference disappeared in a specific subsample of women participants. Women who identified a singular trauma as the most upsetting or "the worst experienced" endorsed greater emotional restriction. In contrast, there was no significant difference between men who could and could not identify the worst trauma they had experienced. This suggested that experiencing a "memorable and upsetting traumatic event could result in enhanced emotional constriction for women, but not for men" (Valdez & Lilly, 2012, p. 87). This emotional constriction should be considered when treating women with PTSD as their expression of symptoms may be affected after surviving trauma.

Rather than emotion constriction as a symptom of PTSD, Loney-Howes (2018) presented the "unspeakable"-ness of IPV (specifically rape) as a symptom of societal expectations (p. 26). The myriad of contradicting information around what sexual violence should be and how survivor-victims should respond to it may complicate women "coming out" as having experienced trauma. An example of the contradictions explored is the idea that women who are unemotional or relay their traumatic experience with too little emotion are seen as not truly traumatized. Yet presenting with stereotypes of a traumatized individual (i.e.: mood lability, uncontrollable crying, heightened startle response) may garner ridicule and ostracization for being "sick" or "damaged" (Loney-Howes, 2018, p. 30-31). According to Loney-Howes (2018), the gender roles and expectations for women on a societal level will define not only how women express symptoms, but how providers and peers will respond to them as well.

Winstok and Weinberg (2018) proposed a theoretical framework called "gender motivation theory" to understand the differences in PTSD symptom expression between men and women. The gender motivation theory combined elements of the *nature versus nurture* debate around human development and suggested "[gender] roles produce expectation for gendered

characteristics, leading to different patterns of behavior that are transmitted to future generations through socialization processes" (Winstok & Weinberg, 2018, p. 962). If men are motivated by status enhancement and women motivated by reducing risk, as the authors suggested, then it explains why PTSD symptoms vary along a gender divide. Winstok and Weinberg (2018) suggested one of the reasons women have a higher rate of PTSD is because it is socially acceptable for them—rather than men—to seek help. Gender motivation theory also described women engaging in internalizing behaviors as a means of reducing risk and increasing safety. This would account for avoidant behaviors after experiencing a traumatic event. There are limitations to the gender motivational theory, specifically biological determinism components. This supports a polarity between men and women as being innate biological occurrences. The social construction of gender will be explored further below.

Understanding the gender differences of PTSD experience is salient for clinicians because understanding how individuals present, or suppress, symptoms provide a pathway to effective treatment. As Van Voorhees et al. (2018) observed regarding anger as a symptom, “individuals’ responses to everyday trauma and anger triggers are most likely to directly impact their overall functioning and quality of life” (p. 275). Additionally, anger appears to increase the risk of developing PTSD and negatively impacting treatment outcomes, making clinical connections in this area paramount (Asmundson et al., 2016).

Defining gender roles and the construction of gender

Gender as a social construct originated as a feminist and queer theory concept that states rather than a true difference based on innate biological characteristics (such as a genitals or genomes), gender is both performed by an individual and assigned by society on arbitrary characteristics, most often perceived sex characteristics (World Health Organization [WHO],

n.d.). Gender roles are "culturally prescribed [and] conditioned...behaviors, skills, and interests consistent with their gender [that effect] information processing, affect regulation, and emotionality" (Valdez & Lilly, 2012, pp. 77-78). Historically, gender and sex have been conflated and combined. Emerging studies in neuroscience and queer theory show minimal genetic differences between men and women, such as through brain scans (Rippon, 2019). As Coleman et al. (2009) noted, "the emotional experiences are shaped by rules and norms that define the meaning and the values placed on certain emotions, as well as how people should respond to them" (pp. 115-116).

"Gender stereotypes serve as powerful factors in organizing individuals' identity. These stereotypes are preconceived ideas whereby men and women arbitrarily assigned characteristics and roles determined and limited by their sex" (Goldner et al., 2019, p. 2). Psychology grapples with how to define gender traits and roles within individuals and on larger scales (Hoffman & Borders, 2001; Rippon, 2019; Winstok & Weinberg, 2018). A common metric is the Bem Sex-Role Inventory (BSRI), a self-report scale where responses to answers determine if the responder is more masculine, feminine, or androgynous (equal parts masculine and feminine). The BSRI is used a tool in many of the articles within this literature review (e.g., Coleman et al., 2009; Kopper & Epperson, 1996; Ma-Kellams & Wu, 2020) to determine whether certain behaviors or symptoms are masculine or feminine without relying on the assigned gender role of the participant. The BSRI was instrumental in stimulating a conversation about gender as a social construct since its creation in the 1970s, yet the validity of the tool is questionable. Hoffman and Borders (2001) found the reliability and relevance inconsistent due to the subjectivity of the assigned masculine and feminine traits. Traits like aggression were understood as stereotypically masculine, but the evaluator may not consider themselves within the outlandish gender

stereotype of a hyper-aggressive man. Added criticism is given to traits that are coded not as more desirable in one gender or the other, but rather as undesirable. An example would be "gullible" shared as a feminine trait not because gullibility is inherently feminine; rather, it is averse to a man's ideal qualities. The use of the polarity results in skewing. Apart from the contextual unreliability of the BSRI, Hoffman and Borders (2001) also supplied evidence that internal reliability is inaccurate. Criticisms of the method exist as early as 1979, five years after publication. The criticisms of the BSRI lend themselves to the subjectivity of what defines gender differences.

Gender is only one aspect of culture that intersects with other inequalities and privileges, as WHO (n.d.) notes. Other aspects of identity and culture, such as race, sexual orientation, class and socioeconomic status, and a myriad of others overlap to determine the realities of an individual at any given point in history. The complication of what decides gender roles, what enforces them, and how these are supported or suppressed by the dominant culture and geographical location will ultimately determine how women think, act, and experience various aspects of their lives. Additional complications come from single-gender studies, such as Borhart and Terrell (2014) and Coleman et al. (2009) who apply the results of the men in their studies to women. This reinforces a polarity that women are the opposite of men, despite evidence showing more overlaps in behavior, emotion, and lived experience.

Apart from gender roles and stereotypes affecting how an individual behaves, they also impact how others perceive and respond to them. Women acting outside of their gender role may garner negative responses from peers because of their variance to societal expectations. Barlow and Hetzel-Riggin (2017) found that posttraumatic growth—a measurement of one's recovery after experiencing a traumatic event—was higher the more adherent the individual was to

traditional gender roles. This raised the question of whether recovery is positively influenced by adherence to the role society has prescribed an individual, and what this means for those that fall outside the norm. This altered response based on adherence to prescribed gender roles extends beyond peers and includes providers. Bailey et al. (2020) discussed the concept of androcentrism, that men are seen as human whereas women are seen as gendered; this was found to be especially true of men perceiving and categorizing women. The implications of how providers who are men diagnose, treat, and recognize symptoms in clients who are women should be explored to critically examine how women with PTSD receive (or do not receive) treatment.

The impact of larger systems of power on women trauma survivors seeking treatment is discussed by Peters (2019), who named the inherent harm in neoliberal individualism after sexual assault and IPV. They reference the “therapeutic hegemony paradox”, wherein “marginalized individuals with little control over the oppressive systems that are often at the root of their problems are provided with individualized psychological approaches that ignore sociopolitical factors" (p. 242). It was also acknowledged that the power dynamic between survivor/client and provider could reinforce stereotypes based on the provider’s biases. As the provider, motivated by a neoliberal medical model, prescribes symptoms and pathologizes behaviors, the true expression of a survivor’s emotional expression may be changed. This, in turn, lends to the idea that there is a certain way to be a trauma survivor which excludes all those that fall outside the acceptable behaviors (Loney-Howes, 2018).

As explored, there is no easy explanation of what separates men from women and their experience of PTSD. The opaque reality of lived experience should encourage exploration into the truths that do arise. It is documented that women are twice as likely to experience PTSD and

have higher symptom severity; yet the understanding of why this occurs needs further research. The reality that is evident is that gender roles play a large part not only in how women experience anger, but how that experience is coded and experienced by society. This has significant clinical implications for women with PTSD expressing anger as a prominent symptom.

Anger

Defining anger

Fischer and Evers (2011), Kopper and Epperson (1996), and Sharkin (1993) differentiated anger, hostility, and aggressiveness as distinct, though interrelated, emotions and behaviors. Anger, as an emotional state that can vary in intensity and directional expression, is not only experienced as outward hostility or aggression, and can manifest internally. However, measuring and understanding the internal experience of an individual's anger can be difficult to quantify. That relies on "insight and willingness to label affective experience [which] differ[s] across individuals and groups" (Van Voorhees et al., 2018, p. 278). Measuring an observable behavior is easier than to rely on individuals quantifying their internal experience. Context is an important factor in emotion expression, as "emotions never occur in a vacuum" (Ma-Kellams & Wu, 2020, p. 2). Fischer and Evers (2011) noted that many studies on aggression do not include measurements of anger, thus removing the context and further complicating how to accurately represent both anger and aggression. Regarding PTSD, the DSM-5 states that "individuals with PTSD may be quick tempered and may even engage in aggressive verbal and/or physical behavior with little or no provocation" (APA, 2013, p. 275) which is a statement on aggression, though not necessarily anger.

The purpose of anger, much like its definition, is also debated. Charak et al. (2016) and Goldner et al. (2019) mentioned the adaptive purpose of anger as a mobilizer to threats, referring to the fight or flight response. Others, like Fischer and Evers (2011), defined anger as a response when an obstacle to goals is present. In the context as a symptom of PTSD, Van Voorhees et al. (2018) noted anger as a response when triggered by reminders of the trauma. Anger is also described as a retaliatory emotion, following shame, guilt, or fear. Goldner et al. (2019) stated that revenge seeking is naturally elicited from feelings of anger and injustice. Coleman et al. (2009) debated the inclusion of humiliation in anger, noting it appears to be an amalgamation of shame and anger that is only truly prescribed as pure "anger" when it shifts into revenge or retribution. Hall (2008) saw anger as protective, stating "rage defends against overwhelming loss" (p. 152). All these different definitions and manifestations of anger may impact how it is recognized within individuals as a highly nuanced emotional experience.

Measuring anger and the efficacy of tools

Tools to measure anger rarely tackle the considerations of environment or social context, motivation, and co-occurring emotions (Jack, 2001; Ma-Kellams & Wu, 2020). The common conceptualization of anger, such as in assessment scales, are done through an internalization and externalization polarity. Jack (2001) criticized this format as it does not take into consideration the interpersonal contexts of how anger is expressed. An example of externalization, or anger-out, critiqued is from the Anger Expression Inventory (AEI; Spielberger et al., 1985). This self-report tool assesses how individuals' express anger either by externalizing it onto their environments (anger-out) or suppress the expression (anger-in). The hypothesis is that anger-out is highly correlated with "actual" expression of anger and aggression towards others, while anger-in correlates to isolation and is individual. The primary criticism of this tool was that it did

not account for the context or environment of the anger expression. For example, take the proposal that anger-in expressions include withdrawing as a means of ceasing communication and only involving the individual. Jack (2001) argued that withdrawal carries a powerful communicative aspect and in fact does impact others rather than just the individual. They also highlighted the difference with anger-out between slamming a door when no one is present in the house and slamming a door when other residents are around.

Jack (2001) interviewed sixty women and coded shared narratives about everyday anger and aggression. Transcripts of the narratives, presented anonymously to designated coders, were coded by sections of expressed and experienced anger, along with internalization and externalization factors. The code had to be revised to include the context of how anger arises within relationships. For example, one narrative discussed a woman who was upset with her husband and would wait until alone in her car to scream and hit her steering wheel. This narrative held both elements of internalizing (suppressing anger in front of husband) and externalizing (hitting an object in rage). With the added context of how anger is brought into, or left out of, the relationship, Jack (2001) was able to explore the elements of anger and aggression women most engaged in more accurately. After this revision, it was found that what informed women's expression of anger was how they believed others would react to it (Jack, 2001, p. 390). Six categories appeared, three under women bringing anger into the relationship and three under women keeping anger out of the relationship. Women brought anger into relationships positively and directly, aggressively, and indirectly (with subcategories of quiet sabotage, hostile distance, deflection, and loss of control). Women kept anger out of relationships consciously and constructively, explosively but alone, and through self-silencing.

A newer tool for measuring anger and aggression was the Method of Stamp Strike Shout (MSSS) developed by Boerhout et al. (2018). The MSSS was designed to be used in conjunction with traditional anger self-report tools and measured the force of participants' stamping their foot, striking a punching bag, and shouting for short- and long-term intervals. The study wanted to explore correlations between anger and its impact on cognition and behavior. Participants executed tests at 25%, 50%, and 100% strength in both directions to create a "force pyramid" (Boerhout et al., 2018, p. 5) that ensured reports were accurate about the strength of force used. It was found that the MSSS had significant reliability compared to participants' self-reported anger and aggression levels, particularly in the Shout subtest. Surprisingly, no significant difference between men or women in the other two tests emerged, apart from Stamp exhibiting a sharper increase and decrease in force by women than men. Boerhout et al. (2018) found this finding interesting, especially since women self-reported and the MSSS confirmed lower anger out scores. Those women who self-reported themselves as externalizing anger (having high anger out scores) used equal force to men on the Stamp subtest (Boerhout et al., 2018, p. 21). This supported the theory that men and women's anger intensity or expression is as disparate as some studies claim.

Anger and gender roles

The current literature noted the prevailing belief that women have greater difficulty expressing anger because of gender stereotypes (Coleman et al., 2009; Fischer & Evers, 2011; Kopper & Epperson, 1996). Multiple scholars noted significant clinical theories about the impact of gender and gender roles on anger yet observed a lack of empirical evidence (Fischer & Evers, 2011; Kopper & Epperson, 1996; Sharkin, 1993; Simon & Lively, 2010). In fact, studies found that women and men's anger and aggression are equal or showed insignificant differences

(Asmundson et al., 2016; Fischer & Evers, 2011; Ma-Kellams & Wu, 2020; Simon & Lively, 2010; Towson & Zanna, 1982). Contrary to what would be assumed of anger in Western gender roles, women often report more intense anger than men in studies about anger (Fischer & Evers, 2011; Jack, 2001). Galovski et al. (2013) found a more practical way to explain the phenomenon of women reporting less anger after trauma:

> Anger has been shown to be higher in the survivors of combat-related trauma, compared to other trauma types. Thus, anger elevations observed in male combat samples may be better attributed to the type of trauma experienced as opposed to a true sex difference. (p. 248)

This implied that existing studies may be skewed on the reality of expressed anger among women with PTSD, who are less likely to experience combat.

Fischer and Evers (2011) supported the belief that men and women manage anger differently, and these differences are dictated by social status costs and benefits. Through a social role theory lens, akin Winstok and Weinberg's (2018) gender motivation theory, Fischer and Evers (2011) appraised that men's and women's anger experiences, and expressions are heavily impacted by relationship context and social contracts about appropriate behavior. Because "women may expect greater social costs of their anger expression than men...negative social appraisals would result in an indirect expression or a suppression of anger" (Fischer & Evers, 2011, p. 26). Additionally, Fischer and Evers (2011) posited women are more likely to engage in indirect anger expressions which include stonewalling, gossiping, ignoring, leaving the scene, and crying. Due to the disengagement of these expressions and the possible conflation with other emotions (e.g.: crying being mistaken for sadness), it is possible that the anger expressions of women are not initially recognized as such. On their MSSS tool, Boerhout et al. (2018) also

referenced tenets of social role theory when it came to the Shout subtest. They found this subtest was where there was the greatest difference between men and women participants. They hypothesized that shouting was inhibited by women because of the "relational impact" and mediated by shame and guilt drawn from social expectations of how women should behave (Boerhout et al., 2018, p. 23).

Simon and Lively (2010) explored the connection between women's higher reporting of depression and depressive symptoms, and anger. They criticized the stance of scholars who said women suppress anger, noting the lack of empirical evidence to support this. Rather than following the psychoanalytical catharsis measurement of anger expression, Simon and Lively (2010) suggested that long-term anger leads to depression, not merely suppression: "We argue that women's more intense and persistent anger—rather than their presumed tendency to suppress these feelings—is involved in their high rate of depression" (p. 1546). The theory proposed stated that the cause of anger is injustice, and thus long-term exposure to injustice resulted in depression. Due to women's status in sexist and patriarchal cultures, they would experience more injustices, thus more anger and depression. This theory also suggests that when women are presenting depressive symptoms related to PTSD, there is a high possibility they are concurrently experiencing anger that may go unaddressed.

Coleman et al. (2009) discussed the societal allowance of "transgressive" behaviors, referring to acting outside one's prescribed gender role, that an individual can enact depending on the situation and the emotional state. The example provided explained how a Western man, typically expected to be stoic, may express more emotional outbursts such as crying when grieving the death of his wife. In turn, it is suggested that women are aggressive and angry in gender appropriate situations where they adhere to the gender roles of wife, mother, or within

social/interpersonal, nonprofessional relationships (Coleman et al., 2009; Towson & Zanna, 1982).

Gender motivation theory as presented by Winstok and Weinberg (2018) posited that anger and fear are fundamentally linked emotions. Both can motivate the other; the example was given of being afraid of one's own anger or becoming angry after being threatened. It was acknowledged, though, that there is "a mechanism that gives precedence to the expression of one emotion over the other" (Winstok & Weinberg, 2018, p. 972). This suggested that women's anger as a symptom of PTSD may not be easily identified as it would be seen solely as fear. The suggestion of Fear-based PTSD and Anger-based PTSD would account for the discrepancy of how men and women display different symptoms while experiencing the same diagnosis yet contributed to the opposition that only one of these emotions would be experienced. Another study aimed to target the "aversive reactions to the experience of anger along with efforts to escape or avoid this emotion" (Cassiello-Robbins et al., 2020, p. 934). This speaks to the fear and anger connection made by Winstok and Weinberg (2018).

Goldner et al. (2019) presented another definition on anger as it related to gender and noted that the "greater the desire to preserve the relationship, the greater the tendency to either deny the hurt or forgive the perpetrator" (p. 2). This has strong implications for those who experience IPV, particularly sexual trauma, who typically know the perpetrator (CDC, 2020). This suggested that in addition to societal expectations of gendered behavior, anger may appear less intense for women who are denying or working to forgive the trauma enacted on them. As was the case with gender and PTSD, the evidence provided here does not give a consistent picture of how women's anger is suppressed or expressed due to gender roles. What is evident are the complications of various impacting theories and circumstances which may alter either

women's expression of anger, or the recognition of their anger when it does not emerge as appropriate to their prescribed gender roles.

Art Therapy's Role

Art therapy and PTSD

Art and art therapy are powerful therapeutic tools as they can be used to express the unconscious, require no reliance on verbal interpretation, and do not need direct disclosure of any troubling or traumatic events (Hongo et al., 2015; Malchiodi, 2007; Murray et al., 2017; Perryman et al., 2019; Rubin, 2010). Art and art therapy have long been used to treat trauma (Malchiodi, 2007; Rubin, 2010) though quantitative studies documenting the benefits have only been undertaken in more recent years (Perryman et al., 2019). The benefits of art therapy as a means of processing and healing from trauma are numerous. On a neurological level, art therapy can help widen a traumatized client's window of tolerance to help them hold, tolerate, and thus process intense emotions or memories of the traumatic event (Perryman et al., 2019, p. 85). Art therapy also addresses the whole person and can help renegotiate split aspects of the self that have been splintered through trauma (Murray et al., 2017; Rubin, 2010).

Hongo et al. (2015) conducted a study with older women inmates and had them explore trauma via six art therapy prompts and a 4-question questionnaire at the end of the study. One of the questions asked if participants felt expressive therapies helped them cope with trauma; the answer was a "resounding 'yes'" (Hongo et al., 2015, p. 206) and all participants identified as having experienced trauma via their incarceration and previous life events. The study focused on the cohort camaraderie developed over the study's course and emphasized positive emotions related to creating rather than processing difficult emotions or memories.

Murray et al. (2017) used art therapy to help women survivors of IPV and sexual assault heal. It was noted that art therapy fosters independence as it helps survivors regain their voice and not be silenced by abuse. It is also noted that art can provide a container that makes the processing of powerful emotions less daunting. Murray et al. (2017) conducted four art therapy interventions designed for the participants to name the trauma they had survived and their resiliency. One example was mask-making where participants explored the contrast between how they present to the world and their internal turmoil. Murray et al. (2017) stated this activity helped survivors "reflect on the dissonance between how they feel internally versus how they feel they need to show up in the world" (p. 196). In a survey collected after the interventions, participants overall stated the experience had been positive, and shared that the reflective aspect of sharing their stories helped them identify with strengths they had not realized (Murray et al., 2017, p. 199).

Aktaş Özkafacı and Eren (2020) used marbling art with eight Turkish women survivors of domestic violence who had been diagnosed with PTSD. Over the 14-session group, traditional psychotherapy was combined with teaching new marbling techniques and having the participants create marbled artwork on paper and other surfaces. The process was designed to symbolically link each marbling technique to a psychotherapy theme. An example was having the participants consider their strength while creating a pattern with tiger eye marbling; the tiger eye was chosen as a traditional symbol of strength. Before the intervention and afterwards, data was collected using self-report scales on anxiety, hopelessness, and depression to measure the impact of the art therapy activity, along with direct quotes. One participant shared directly that her artwork revealed her "inner world" that she otherwise did not have the vocabulary to acknowledge (Aktaş Özkafacı & Eren, 2020, p. 7). Other techniques which relied on adaptability of the fluid nature of

marbling encouraged the participants to be "fluid in our boundaries" and "be stronger" (Aktaş Özkafacı & Eren, 2020, p. 8). The quantitative data collected showed a decrease in depression symptoms, anxiety, and hopelessness.

Lubbers (2019) conducted a qualitative study with adult trauma survivors utilizing Bodymap Protocol to process the somatic qualities of their individual trauma. The participants were six women and three men, all of whom were actively engaged in their own individual psychotherapy and had not experienced their trauma within the past five years. Interview quotations were included from four of the participants, two men and two women. Interestingly, both the women focused on rage and anger, describing the emotion as "spewing" or having been suppressed and now rushing forth (Lubbers, 2019, pp. 94-97). The two men whose interviews were included focused more on fear. It does not appear coincidental that these four individuals focused on emotions outside of their prescribed gender roles when addressing trauma. Rather, the reaction seemed significant that they all tapped into emotions and expressions they are traditionally denied based on what society expects of them. This spoke not only to the power of gender roles having negative interactions on trauma, but also to the power of art therapy to connect to deeper, hidden parts of one's experience.

Ikonomopoulos et al. (2017) performed a small study with three survivors of domestic violence and creative arts journaling. The creative interventions, led by a creative arts therapist, explored connecting with the inner child and doing inner healing work. Through self-report scales related to resilience and mental health symptoms, Ikonomopoulos et al. (2017) found significant improvement in resiliency and decreased mental health symptoms with one participant, moderate improvements in both domains for another, and decreased resiliency and increased mental health symptoms in the last. The last patient uncovered more frustrations about

her trauma while engaging in the study, which led the authors to hypothesize her distress increased as she became more acutely aware of her stressors (Ikonomopoulos et al., 2017, p. 508). Ikonomopoulos et al. (2017) added that this participant's case was complicated by her remaining in an actively abusive relationship, and the creative arts journal therapy leading her to recognize just how damaging the relationship was to her and her children.

Kaur (2017), though not an art therapist, listed distinct categories of art in discussing the art-activism movement response to the public 2012 rape of a woman dubbed "Nirbhaya." Kaur (2017) categorized the artistic expressions into memorialization, affirmative solidarity, ironic provocations, rescripting the master narrative, and sensationalization. These categorical themes see direct parallels to different art therapy techniques, particularly rescripting the master narrative. This has been an oft-used art therapy technique with trauma where an individual externally restructures the traumatic event to break down internal feelings of being "stuck" in the trauma (Malchiodi, 2007; Rubin, 2010).

Art therapy and anger

A significant challenge in understanding art therapy and anger as it relates to women is that there are few articles written on the subject. Many articles discussing art therapy and anger focused either on men as violent offenders, men as combat veterans, or traumatized and aggressive children in school settings. This finding was unsurprising, considering the exploration of how women's anger is minimized or misinterpreted in culture. There was little literature to explore on art therapy and women's anger because it does not appear to be done. This indicated a need for the art therapy field and its practitioners to reevaluate how they address and support women experiencing anger. Due to these limitations, the information gathered on art therapy and

anger should be considered in the context that it was likely not done with civilian women trauma survivors and their anger.

Hall (2008) described work done with women who engaged in self-harm. Though the diagnoses of these women are not provided, it is noted that they all had felt "invalidated, abused, uncared for, envious, frustrated and exploited" which "generated terrifying rage" (Hall, 2008, p. 151). The women were further identified as withdrawing and engaging in self-harm out of fear at the intensity of their anger. This connected directly to the Winstok and Weinberg (2018) suggestion that fear and anger are intrinsically linked. The women Hall (2008) worked with described themselves as "exploding with anger" and created images of a bomb about to explode, a coffin full of boxing gloves, black holes, and various images scribbled out or sculptures stabbed and destroyed. This type of creative energy engaged in a gray area between anger out and anger in expression. The action of creating violent images, or destroying art in tactile ways, encapsulates both an internal- and externalization. The artwork being created in a group therapy setting also lent to powerful communicative aspects; in creating artwork around others, a message is shared, and Hall (2008) spoke on how that message at times ostracized other members of the group. Overall, however, Hall (2008) found that the women who took part in this group were able to use artmaking and discussion as a moderator of aggression and saw decreases in their anger as they continued in individual therapy. There were similarities between this specific group and what is described of art therapy interventions specifically related to PTSD:

> Art-making also offered a means of expression that was cathartic and less damaging to the therapeutic relationship than acting out verbally or physically. Most of the women said that the artwork had enabled them to show aspects of

> themselves and their experiences that would otherwise remain hidden. (Hall, 2008, p. 164)

Another art therapist, Law (2008), described an eight-week art therapy group run in conjunction with a CBT group. While the CBT group instructed the participants on the "nuts and bolts of their angry communication and acquiring...tools to make change" (Law, 2008, p. 179), the art therapy group had the participants explore their personal histories to begin noticing patterns that lend to the behaviors being modified with CBT. An array of materials was provided, and while participants were encouraged to follow suggestions from the moderator, they could make their own decisions about medium. Interventions Law (2008) used included using clay in creative self-portraits, a "self-box" decorated with collage images to represent various aspects of the self, and depictions of memories. A key part of Law's (2008) group that they noted a group rule was participants could not leave the room and were encouraged to sit with and tolerate uncomfortable emotions. Some participants directly shared how distressing this was, again alluding to the fear of their anger and the memories behind it. Notably, Law's (2008) group was a mixed gender group, but the parameters would be readily applicable to a same-gender group if desired.

Discussion

Jack's (2001) hypothesis on women's anger expression was particularly interesting considering the literature that stated women experiencing more betrayal violence. It was posited women experience more and higher intensity anger in close relationships rather than with strangers. Jack's (2001) findings would support women expressing more anger since many women have experienced IPV. However, Sharkin (1993) stated that expressing anger towards men, statistically the most common perpetrators of IPV (WHO, 2012), is unacceptable. There appeared to be direct conflict between women's anger and their allowance as a gender to express

it. Valdez and Lilly (2012) reported the importance of emotional expression after a traumatic event to promote healing. The lack of a suitable way to process and express emotions that arise from surviving a traumatic experience can increase PTSD symptom severity. Particularly, it could lead to avoidant and dissociative symptoms. Therefore, the expression of anger after trauma would be paramount to recovery and lessening PTSD symptoms in the long term.

Jack's (2001) study showed that women's anger expression is heavily dictated by how they believe they will be perceived. Women are led to act in what they believe is acceptable, not what they want. A suggested format from Goldner et al. (2019) stated that "to improve wellbeing in women, especially those who have experienced traumatic events, intervention programs should be developed to help resolve the dissension between feelings of injustice and fantasies of revenge and the feeling that these are pointless and destructive" (p. 7). To bridge this divide of what is needed and what is accepted, art therapy as a modality could be a significant pathway to healing. Multiple authors (Hall, 2008; Hongo et al., 2015; Ikonomopoulos et al., 2017; Law, 2008; Lubbers, 2019) noted the healing properties of art, and the execution of anger and aggression through the vehicle of art therapy may provide a safer container that aligns with the gender norms a woman may feel beholden to.

There were also significant considerations of how providers, including art therapists, could support harmful gender stereotypes that could result in not addressing women's anger after trauma. Loney-Howes (2018) noted:

> The notion that traumas such as rape are unspeakable is derived from the idea that trauma resists language; that it resists being either comprehensible or communicable. However, the difficulty in expressing suffering is derived neither solely from a failure to produce a coherent narrative (a necessary failure, if trauma

> is by definition unspeakable), nor purely from the absence of an adequate language, but also from a deep- seated fear that one will not be believed or understood in the language spoken. (p. 29)

This suggested that while using art therapy to process trauma may be a powerful vehicle, it could also buy into the "unspeakableness" and reinforce silence, at a societal level, around the trauma women face and thus their PTSD. Murray et al. (2017) stated in reviewing PTSD symptoms, "difficult emotions such as anxiety and fear" (p. 194), but no mention of anger. Another was Aktaş Özkafacı and Eren (2020) who acknowledged a spectrum of emotional symptoms arising from PTSD yet refer to survivors of sexual assault as potentially feeling "passive, weak, and intensely anxious" (p. 1). Kaur (2017) also identified gender roles and stereotypes as supporting a trauma narrative for women, particularly women of color who exist at the intersection of misogyny, colonialism, and racism. A need for more research and treatment focused on women's anger in PTSD was implied as the question stopped being "where is women's anger?" and morphed into "why is women's anger not being seen?"

Limitations

There will always be limitations around including the complexities of individual's identities in academic studies. However, existing literature did not appear to include participants with a wide enough reach to accurately explain women's expression of anger in PTSD. One significant limitation of this literature review was the continued binary of male/female and men/women within the literature examined. The exclusion of transgender and non-binary individuals, both from this paper and from the studies reviewed, alienated a huge swath of the population that is significantly susceptible to PTSD (Reisner et al., 2016). The decision to focus on the gender binary split was made due to the literature available; none of the studies compiled

included participants outside the binary. The necessity of focusing only on men and women should also call for more studies to better understand, or deconstruct, how gender as a social construct may impact symptom expression or interpretation and suppression of symptoms.

Another significant limitation was the lack of intentional focus of other identities such as race, nationality, religion, sexual orientation, socioeconomic status, citizenship status, disability, and many other internal and external ways of being. Though studies compiled occurred in a variety of locations including Lebanon (Farhood et al., 2018), Southern China (Ma-Kellams & Wu, 2020), Canada (Chivers-Wilson, 2006), the Netherlands (Fischer & Evers, 2011), and Turkey (Aktaş Özkafacı & Eren, 2020), much of the literature sourced focused on white Western citizens. The exclusion of other identity lenses was done for the brevity of the literature review, yet their exclusion prevented a full picture of how women's anger as a symptom of PTSD may be expressed or ignored. As Kaur (2017) noted, the reality of violence faced by women of color occurs because of how their identities and gender roles are shaped by a white supremacist and colonialist culture. This adds another layer of what is acceptable, pathologized, and ignored behavior. Adelman (2017) also spoke to fetishization and co-opting of anger enacted by white people against Guantanamo Bay detainees, particularly through art forms. Just as Kaur (2017) warns of gender stereotypes supporting a trauma narrative for women, other stereotypes particularly based on race can support the subjugation of people of color. This lends caution to white art therapists working with people (particularly women) of color who are focusing on anger. There is a possibility that their experiences could be weaponized against them.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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