

Living as a Chameleon:
A Feminist Analysis of
Young Women's Lived Experience of Anger

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BIOGRAPHICAL NOTE

Cheryl van Daalen is a well-known feminist mental health nurse for children and youth. Her recent appointment as a special advisor on Canada's Coalition for the Rights of Children gives her an opportunity to bring forth the voices of the countless children and youth who have "told her how it is".

ABSTRACT

Living as a Chameleon is a project that gave voice to anger-as-lived by diverse Canadian girls and young women. The link between oppression and mental health has been well documented, but the link between oppression and the further oppression of girls and young women who *speak of it*, is captured in the metaphor of a "*Living as a Chameleon*."

I feel there is something unexplored about women
That only a woman can explore.
Georgia O'Keefe

Introduction

As a Canadian public health nurse (PHN) for over a decade, my practice has been primarily situated in high-school settings. Over time, I have become increasingly concerned about the all too common medical practice of medicating young women's anger, sadness and anxiety. This pill-for-every-ill approach in mental "health" is so common place, that as my twelfth year as a PHN came to a close I realized I could no longer remain silent (and therefore complicit) in the chemical restraining of female youth. Upon reflection, I realized that the majority of young women that I had worked with were either on prescription drugs such as Prozac, Effexor or Ativan, or had been strongly encouraged to take them when they came forward to their physicians when feeling emotional. At times, alone in my critique of the pathologization, medicalization and anesthetization of young women, I wondered what could I possibly do? This project, and its anger-affirming stance is, I hope, a start.

An extensive review of nursing, psychiatric and feminist women's health literature exposed a gap in the scholarly interest in young women's mental health and more specifically, the lived experience of anger and its relationship to emotional well-being. This review, combined with my own practice as a feminist youth-centred PHN, led me to an inquiry exploring anger-as-lived and its impact on mental health. The same week that I concluded it was necessary to initiate this project starting from an anger-affirming stance a prominent Canadian newspaper published an article about "an ever growing problem of angry teenage girls" and ended with two experts touting the benefit of anger management for girls and young women.\

Initially, I wanted to solely expose the overmedicating of Canada's young women, but I kept returning to questions regarding what it was that brought young women to their doctors in the first place. What was going on? Why were so many their visits ending with a prescription?

What were their needs? What was common in their lived experiences? Suddenly, I came to realize something profound, and it was this realization that cemented my decision to initiate a project that would give voice to girls' and young women's anger. In all the years that I sat beside girls and young women as a PHN, I was an anger story listener. Stories of dismissal, rejection, harassment, abuse, misogyny, addiction, and denied rights are only but a few of the examples of anger stories I was both privileged (and angered) to bear witness to. They came to their school nurse to be heard, affirmed and respected. They left experiencing, sometimes for the first time, an opportunity to speak about their lives from a position of authority, and to speak of their anger without fear of judgment, relational disruption, dismissal or pathologization.

Anger and health

A link between girls' and women's mental health has been documented (Munhall, 1993; Thomas, Smucker and Droppleman, 1998; Saylor and Denham, 1993; Gentry-Droppleman & Wilt, 1993; Haynes, Levine, Scotch, Feinleib and Kannel, 1978; Jack, 1991; Miller, 1985; Gilligan, Rogers & Tolman, 1991; Friedan, 1963; Smith & David, 1975; Chesler, 1972; Tavis, 1989; Taylor, Gilligan and Sullivan, 1995; and Brown, 1989;1998). A problematic shortcoming in the literature is its inattention to interrogate how oppressions beyond those rooted in sexism and classism, factor in to the lived experience of anger and its impact on mental health. Smith and David (1975) exposed the misogyny inherent in psychiatry and denounced once and for all, that women were not "mad", but rather they were angry. Phyllis Chesler (1972) argued a few years earlier that it wasn't women that were mentally ill, but rather it was the sex-role stereotypes that were at the heart of what was called mental illness, particularly if women resisted. Betty Friedan (1963) spoke of the "problem that had no name", and gave way to millions of women (albeit white, able-bodied and presumably heterosexual women)working towards authentic self-definition. It was ok to be angry, and Friedan's work is said to have given language about women's lives and women's anger where up until then, Western society didn't have any.

Haynes et. Al (1978) demonstrated that women were more likely to suppress anger and release it only through somatic symptoms. As mentioned, Freidan's book *The Feminine Mystique* gave way to feminist mental health professionals, activists and scholars to understand women's dis-ease and Barron-McBride (1993) used this conceptualization to illuminate anger as an exemplar of women's "dis-ease". In "It hurts most around the heart", Thomas, Smucker and Droppleman (1998) illustrated that for twenty-nine white women, anger was rooted in "hurt, frustration, and disillusionment ... [and was precipitated by] un-fair and/or disrespectful treatment or a lack of reciprocity in relationships" (p. 311). Munhall (1993;1994) documented years of women's storied regarding anger and the cultural expectation that women repress it. She noted that women repress their anger due to a fear of people becoming angry with them, hurting them, or leaving them and as a nurse, Munhall was able to demonstrate a correlation between those women most pressured to suppress anger and the subsequent presence of depression, lowered self-esteem, guilt, self-deprecation, migraines, joint pain, irritable bowel syndrome, obesity, substance 'ab'use, and coronary heart disease. The irony is that what made women angry "hurt most around the heart", and the subsequent societal expectation to be quiet about it, caused coronary artery disease.

While Saylor and Denham (1993) and van Daalen (1998) demonstrated how the repression of anger was linked to self-esteem erosion, Gentry-Droppleman and Wilt (1993) demonstrated its link to depression. It wasn't the fact that women got angry that caused depression, but that the causes of women's anger in combination with the subsequent disinterest or dismissal by significant others of its significance that drove women inward. In Thomas' (1993) edited volume on women and anger, a poem by Emily Dickinson is included to illustrate the relationship between un-heard anger and depression.

A great hope fell. You heard no noise. The ruin was within.
Oh cunning wreck that told no tale and let no witness in.
A not admitting of the wound until it grew so wide.
That all my life had entered it and there were troughs beside.

Emily Dickinson (1830-1886)

There has been some beginning interest in girls' and young women's anger, and Brown (1989; 1998) and Taylor, Gilligan and Sullivan (1995) provided the backdrop for this Canadian study. In Brown's (1989) doctoral dissertation, she found that in adolescence girls begin to aspire to be the impossible "perfect girl", and learn that in order to achieve it, they cannot get angry. Anger, Brown explains, is an emotion that makes girls vulnerable to isolation and criticism and demonstrates that the constant psychological strain associated with trying to "be good" and therefore banish all traces of unacceptable anger, was associated with depression eating disorders and cutting. Later, Brown (1998) sought to understand how girls' resiliency and psychological health might be connected to their opportunity to know and express strong feelings, most particularly anger. She documented countless examples of how white middle and working class American girls angrily resisted socially prescribed notions of femininity, only to then give up in exhaustion and spiral down into shame, self-deprecation or worst yet, a life according to the expectations of others. Pipher's (1994) work reinforces the findings of Brown.

Girls stop being and start seeming.

Pipher (1994)

Emotions provide us with important information about what is going on around and within us. Emotions are messages about our experiences and the experiences of others. They have been viewed as mobilizers around injustice as well as enablers of self-definition (Cox, Stabb & Bruckner, 1999). Through a study exploring sixty-five diverse Canadian young women's lived experience of anger, what is clear is that their anger was linked to authentic self-knowing, and was a signal indicating denied rights, denied agency and the presence of oppression. Cox, Stabb and Bruckner (1999) agree. Gilligan (1990) asserted, "anger is the political emotion par excellence – the bellwether of oppression, injustice, bad treatment, [and] the clue that something is wrong in the emotional surround" (p. 527).

In the following sections I will outline the lived experience of anger, i.e. what generated anger for the participants, what they were allowed to do with it, their relationship with this

emotion, and the overall mental health impact of what one participant coined “*Living as a Chameleon*”.

Anger Generators

Several focus groups with nine groups of young women, plus two interviews with each of nine young women illuminated several common denominators associated with what generated anger for these diverse individuals. Injustices, denied rights, societal othering, abuse, harassment, dismissal, devaluation, denied agency and being made to feel unimportant, unappreciated and not good enough all culminated in the experience of anger . (See Table 1.0) They were judged for what they did or what they didn’t do; judged for who they were or weren’t; judged for what they said or didn’t say; and judged for adhering or not adhering to western notions of femininity.

Expression: A Catch -22

Whether these young women expressed or did not express anger, the consequences produced serious negative implications. The decision to express their dismissal, denial of rights or their cumulative experience of never being good enough – brought with it a catch-22. Either way, the outcome for the participants in this study was a disconnection from those they spoke to, *or* a disconnection from their authentic selves. The lesson learned about anger was powerful. Do not be angry. The double bind associated with their lived experience of expressing anger or not, is listed in Table 2.0 and Table 3.0

Relationship with Anger

The overall noun describing many of the young women’s relationships with anger is “disconnection.” When asked to define anger or to merely discuss the emotion itself as a separate phenomenon, the majority of the young women had no language with which to describe their relationship with anger. More often than not, the young women told me that this had been the *first* time in their lives that they were not only invited to speak about anger in an anger-

affirming way, but to speak about their lives from a position of authority. They had never been allowed to process it as anything other than something that was invalid or wrong.

I don't even know how to think about it

Severin

I think we can only define everything *around* anger.

Leanne

There is no language. We have words like frustration or she's anal-retentive. That's what we use to co-opt what anger is supposed to be and so I think that because we don't have a language, we act it out and that in itself is a language. Young girls grow up using language that doesn't help them define what it is.

Anne

They explained to me that anger, for them, felt like frustration and brought with it doubt, guilt and shame. They were afraid of it, because to be angry meant further loss: loss of relationships, loss of integrity and loss of already shaky social value. They soon searched for diversions, they explained, in order to not feel the anger or deal with the societal expectation to keep it in. Some of their diversions included food, sports, drugs, cutting, and total immersion in academics.

Shades of Green

More often than not, society associates anger with the color red, and that association is not a positive one. Green, on the other hand, is most often associated with growth. I believe with understanding one's anger, growth occurs. There are said to be over twenty different shades of green making it one of the most difficult colors to match. Like the color green, one's life experience and relationship with anger is difficult to match with another's. And, just as certain core pigments combine to make green, so do certain pigments combine to create the lived experience of anger for the girls and young women in this study.

The first core pigment of the lived experience of anger in the lives of young women is that of injustices and denied rights. Injustices and denied rights are forms of oppression, and were a major cause of their anger. The second core pigment is the catch-22 associated with its' expression. Expressing anger (or not) brought negative consequences including the most

troubling consequence: self-silencing. Their lived experience of anger arose within the context of relationships, and since anger was frequently experienced as a relationship disruptor, the young women learned to self-silence. They learned to agree and “give up” the self “for the sake of relationships” (Brown & Gilligan, 1992). The third core pigment is their disconnection with anger. They had no language to describe their lived experience of anger, had little insight into its sources and what they should do with it. The experience of anger was something to be feared, because if they released even the most gentle of stirrings of it, the consequence was emotional and relational upheaval (see Figure 1.0).

Some girls and women must detour their direct, honest relationship with anger in favor of some less authentic experience or expression ... [creating] cloudy lenses through which to view self and the world at large. Unfortunately the detours and compromises also become unconscious defining principles themselves – containers into which many young women must contort, bend and compress their experience to fit and be stored indefinitely.

(Cox, Stabb & Bruckner, 1999, p. 3)

Self-Silencing and Mental Health

The lived experience of anger in these young women’s lives eventually led to a process of self-silencing. The experience of being devalued, dismissed, judged, ignored, disrespected and having many of their rights denied within their various relationships, led to anger. In an attempt to speak of their anger and its source, the young women were subsequently dismissed, abandoned, judged, pathologized and medicated, disbelieved, criticized and/or further marginalized (and this was regardless of *how* they spoke of their anger). Gilligan (1990) demonstrated that girls are taught to define themselves in terms of their relationships and that mental health disturbances arise from disconnections in relationships. It makes sense, then, that girls and young women will avoid relationship disruptions in order to avoid relational losses. Because of how their anger was received, their relationship with this emotion- the bell-whether of oppression and injustice as Gilligan (1990) aptly pointed out- became one of fear, self-

loathing, and internalized pathologization. They learned to suppress it, disregard it, divert it. They learned to silence it, and in so doing, were systematically taught to silence themselves. Self-silencing is not something new nor solely related to anger, and Jack (1991) has dedicated her entire career to illustrate how negatively women's health is affected by societally induced self-silencing..

Cox, Stabb and Bruckner (1999) illustrate anger's role in self-definition, but also demonstrate the paradox associated with it. Anger brings with it the potential to assist us to define and know the self, but because of powerful patriarchal expectations that girls and women must not express anger, it also demands a diversion or a disconnection from the self. Patriarchy shapes the lived experience of anger for girls and young women. Miller (1985) believes that anger is a reaction rooted in authenticity, and that authenticity, self-determination and power are crucial to mental health. She asserts that anger is a political emotion that has self-protective qualities. The findings of this study support this claim. It is my contention that the overall lived experience of anger in the lives of the young women whose narratives enlighten my practice daily, led to an erosion in their ability to live authentically. To be disconnected from anger is to be disconnected from self. Knowing oneself, being valued intrinsically and living according to one's values and purpose is wholly linked to mental health and a positive quality of life.

Living as a Chameleon: The Mental Health Impact of Denied Authenticity

As time progressed, the experience of loss, dismissal and reprisal stemming from their attempts to reveal their anger and its sources, led to a disconnect from the emotion. In so doing, the young women became disconnected from many of their own needs, beliefs, feelings and strengths. It is my argument, that to be disconnected from the message that anger brings, i.e. that your (or others) right to dignity, justice and health is being impinged upon, creates a dangerous disconnect to self and can eventually deny one's ability to be authentic or be authentic-in-relationship. Figure 2.0 illustrates the eventual experience of anger for this study's participants.

I tried to be a chameleon and blend in.

Anne.

A chameleon is an interesting creature: in my view it captures the cumulative mental health impact of the lived experience for many girls and young women. Chameleons change themselves in order to blend in and protect themselves from harm. They become undetectable through a process of constant change. They move quietly and cautiously with their eyes darting every which way in an almost frantic attempt to read their ever changing surroundings. Ultra-adaptive, a chameleon lives not for its own color but for the color of its surroundings. A chameleon is the ultimate metaphor for being other-defined, not self-defined. Like the chameleon, the young women in this study learned to monitor their behavior within relationships out of fear of disruption, violence, or rejection. They also learned to blend in, be quiet and to be highly adaptive themselves.... in order to protect themselves from emotional and physical harm.

The overall impact of their lived experience on their mental health was a denial of authenticity: of knowing themselves and being themselves. They learned to live as gender-prescribed chameleons, adapting, silencing, ignoring, diverting and suppressing their true selves, so as to not be judged and to safely blend in. It is dangerous to be defined solely in relation to what you are for others, because the development of an authentic self demands an autonomous awareness of one's existence as an individual with needs and rights – as well as – one's inherent responsibility to and connectedness to others. The health of a young women, without knowing and affirming her anger, is gravely at risk.

If anger fosters ego-focused adaptation and a sense of one's individual rights and integrities, its suppression necessarily ushers in the potential for problems with self-protection. The girl becomes a part of the overall societal reinforcement for women's anger suppression as she learns to quiet the stirrings of her self.

(Cox, Stabb & Bruckner, 1999, p. 83-4)

Recommendations for Girl-Serving Professionals

If emotions are meant to instruct ourselves and others of our lived experience of a given situation, relationship or experience, to realize the suppression of young women's anger and their subsequent chameleon-like lives, demands several important recommendations. We cannot continue to allow misogynist gender-role expectations to erode and deny young women (or any marginalized group) of their authenticity. For young women to not only experience a denial of rights, a lack of agency, and an eventual denied relationship with this all-important-emotion is troublesome, but then to deny them of the right to voice their anger is a form of violence rooted in a system of patriarchy.

Reframing anger.

The first recommendation is the necessity to reframe anger from something that is negative, sinful and wrong, to something that is valuable, important and brings with it the opportunity to be authentic. To know one's anger is to know one's self for anger brings with it a message about what we (and others) need, how we believe we ought to be treated. It is not anger in and of itself that is destructive, negative or sinful, but rather some of the modes of *expression* which can be construed as destructive. In this project, I purposely focused on the emotion and not the style of expression. It is not, in my opinion, how a girl or young woman expresses anger that behooves feminist health activists to un-pack the lived experience of anger – but rather what it is that causes it in the first place, what girls and young women are permitted to do with the emotion and the overall impact of denial after denial that is important. Anger must be unhinged from aggression. Anger is an emotion. Aggression is a behavior. To reframe anger as a valuable emotion with an important message has far-reaching mental health implications, for anger brings with it agency, affirmation and authenticity.

On standing beside and bearing witness: Specific implications for mental health professionals.

As a public health nurse, I have learned of the enormous importance to understand the lives of those I partner with as a nurse from their life lens. Asking girls and young women about their anger from an anger-affirming stance is a political act in and of itself, but assisting girls and young women to come to voice about its antecedents, and affirming their stories is not only ethical but demonstrates a willingness to bear witness to the life of a young woman. Brown (1998) explained that when adult women turn away from girls' anger, it sends a confusing and dangerous message. To turn away from girls' anger when in as powerful a position as a mental health professional, reinforces the silencing and in my view is complicit in the erosion of girls' boisterous selves during early adolescence. Encouraging the knowing of girls' anger and all the politics surrounding its causes and its suppression, Brown (1998) states, is a radical act with potentially transformative consequences.

The sixty-five young women in this study expressed a desire that someone would listen and not leave their side as they expressed their anger. When I asked them how nurses and other girl-serving professionals could best support their mental health, they asked that they not be judged, that they believed, that they be allowed to be angry, and that we demonstrate that we care and that they will not be dismissed, seen as weak, or mentally unstable. Therefore, to stand beside and to bear witness, as a key recommendation, is thus meant to capture their request of us. Never more will girls be taught to be chameleons, and it will take you and I to free them and ourselves to be or become who we are most deeply.

Figure 1.0 The Eventual Process of Self-Silencing

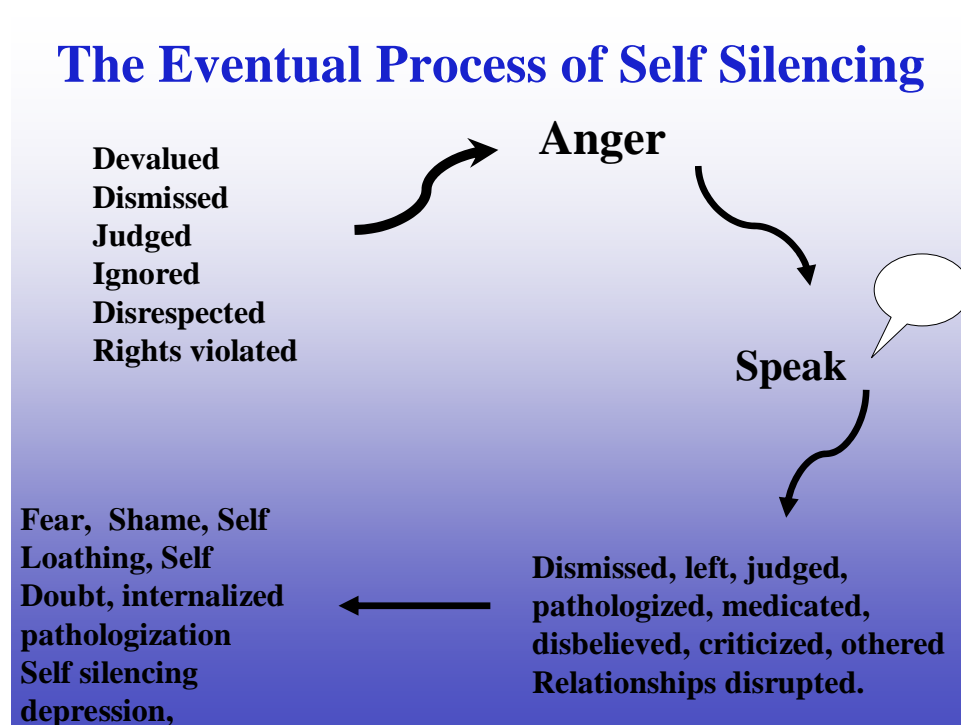


Figure 2.0 The Eventual Experience of Anger

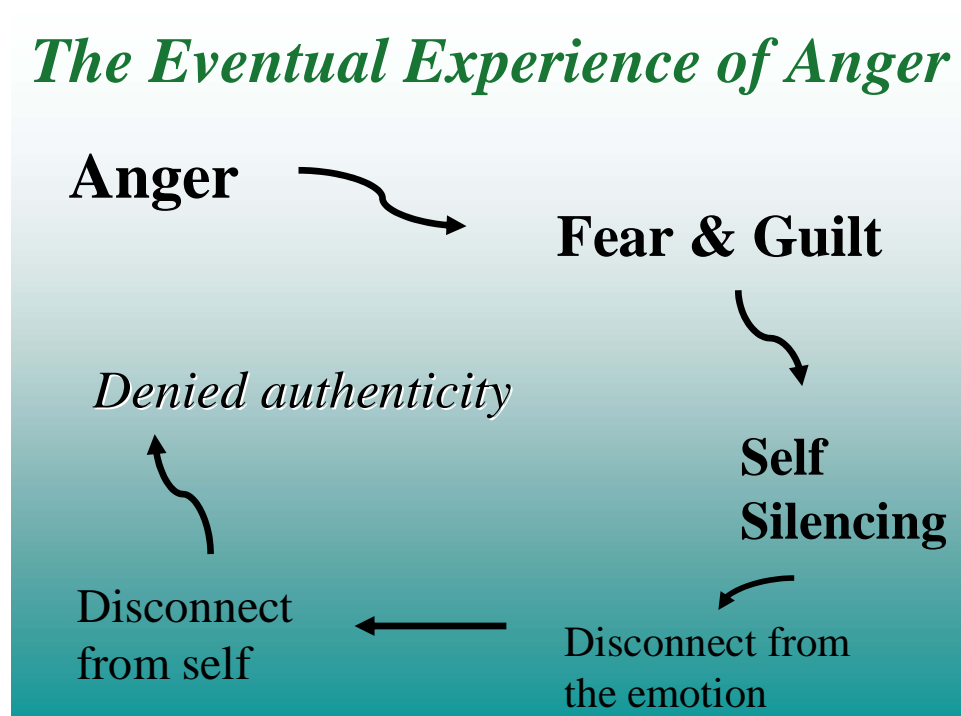


Table 1.0 Study Structure

- CONSULTATIONS
 - Youth Net
 - Validity
 - Health Canada
 - YWCA Canada
- Ottawa Native Women's Center
 - Big Sisters of Canada
- FOCUS GROUPS
 - Semi-Rural Group
 - Toronto Native Women's Group
- Toronto Young Women with Spina Bifida
 - Young Women Living in a Shelter
 - Lesbian/BiSexual Young Women
 - Young Moms/Pregnant Teens
- Daughters of Immigrant Parents (Vancouver)
 - Mental Health Youth Activist Group

Table 2.0 Consequences of Speaking of One's Anger

Relationship Disruption
Judgment
Pathologization, Medicalization (medicated)
Hospitalization
Disbelieved
Loss and Isolation
Returned Anger
Dismissal
Disrespect
Sadness, Guilt and Shame
Doubt as to the Validity of the Emotion
Eventual Self-Silencing
Disconnection from the Emotion
Disconnection from One's Authentic Self

Table 3.0 Consequences of Not Speaking of One's Anger

Accumulation
Depression
Suffocation (metaphoric for most, Biologic for one)
Embodiment
Displacement
Diversion
Self-Silencing
Disconnection from the Emotion
Disconnection from One's Authentic Self