



## Gender and Trauma, 1945 to the present

Conveners: Prof Christina Twomey FASSA and Dr Paula Michaels

This interdisciplinary workshop asks how gender shaped the definition and treatment of trauma across time and place. The objectives are to: identify key moments when gender has informed theories and treatments of trauma; examine gendered specificities in women's and men's experiences of trauma; analyse the role of gender in narratives of trauma.

The workshop *Gender and Trauma, 1945 to the present* proposes to ask: how is Post-Traumatic Stress Disorder (PTSD) gendered? Among both children and adults, females are more likely to manifest symptoms of PTSD. Yet research into PTSD and the evolution of this psychiatric diagnosis is dominated by the experiences of male combat soldiers. This contradiction between the predominantly female objects of trauma and the male subjects of research points to gender as one fulcrum in trauma studies that has not been adequately theorised or conceptualised. Combining insights from history, sociology, anthropology, communication studies, criminology, and medicine to explore PTSD's development and clinical implementation, we seek to draw unprecedented attention to the ways that gender has shaped the definition and treatment of trauma across time and place. Our analysis has the potential to raise awareness among scholars and clinicians alike about the ways that gender and trauma plait together in the clinical encounter, public policy, and popular discourse.

Socially constructed notions of male and female psychology everywhere and always inform medical diagnosis and treatment, individual narratives and public perception of mental illness, and policy decisions. This essential insight, however, has infrequently been applied to PTSD. Historians have unpicked the ways that earlier iterations of what we today call PTSD (e.g. 'traumatic neurosis' and 'hysteria') came bundled with essentialising views of male and female psychology, yet researchers to date have yet to turn a similarly critical gaze to contemporary understandings, leading the scholarly literature to largely replicate the gender blindness of clinical research on trauma, its diagnosis, and its treatment (e.g., Young, 1995; Fassin and Rechtman, 2009). Even in the finest exception to this pattern, David J. Morris concedes that his work reproduces many of the 'same regrettable habits that have gendered the history of trauma for so long' (2016, p. 65).

Our workshop seeks to bring a critical and interdisciplinary social science perspective to bear on the historical and contemporary experience of gender and trauma as a step toward redressing the imbalance in the scholarship that stems from the overwhelming focus on men's military experience. Certainly, the experiences of

military men are part of the story to be told about the advent and application of the PTSD diagnosis, but understanding their experience through a gendered lens and putting it into dialogue with those of women both in and beyond conflict zones will surely rewrite our understanding of trauma.

The workshop has three major objectives:

1. To identify key moments when gender has informed evolving theories and treatments of trauma.

The history of the modern diagnosis of PTSD is typically written as a straight line from shell shock in World War I to the Vietnam War. We wish to explore the extent to which the advent of PTSD was a soldier's story, or if there is a parallel female history (with particular reference to sexual violence and its legacies) in the origins of our contemporary understanding of trauma. The standard reference guide for psychiatrists and psychologists, the Diagnostic and Statistical Manual of Mental Disorders, included PTSD for the first time in its third, 1980 edition (DSM-III) in direct response to mental health professionals' experiences working with Vietnam veterans. What other sources contributed to the formulation of PTSD? Contemporaneously, feminist psychiatrists pushed for recognition of and action against sexual violence with the diagnosis of 'rape trauma syndrome' (e.g., Burgess & Holmstrom, 1974). The original DSM-III definition of PTSD recognised this work by specifying rape as one of the common 'stressors' capable of inducing the disorder. How did the experience of sexual violence against civilian women during World War II, as well as the particular struggles of female Holocaust survivors feed into the new understanding of trauma as formulated in PTSD?

2. To analyse and account for gendered specificities in women's and men's experiences of trauma.

A limited body of psychiatric research indicates that causes and rates of PTSD fall along gendered lines, with women more likely to suffer sexual violence and demonstrate vulnerability to PTSD after disasters, accidents and chronic diseases (Abram et al., 2004; Ditlevsen & Elklit, 2012). We have invited scholars from a range of fields working on women's and men's PTSD in both historical and contemporary contexts to probe the gendered specificities of their experiences. We have been careful to include scholars working on a diverse range of subjects from Indigenous peoples to those from Vietnam, and Indonesia in order to probe the impact of intersectionality. How is the relationship between gender and trauma complicated by factors of race, ethnicity, and class?

3. To examine the role of gender in narratives and responses to trauma  
PTSD is both a diagnosis and an experience, and we are further interested to probe the role of gender in the narration of its incidence and in the policies and programs that are designed to mitigate its effects. Sociologists, anthropologists, criminologists, and oral historians have been invited to reflect

upon the gendered dimensions of survivor narratives, and the gendered assumptions built into program delivery and interventions.