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Military Deployment, Masculinity and Trauma: Reviewing the Connections

This article reviews the literature on deployment trauma and examines the limitations of conventional understandings of trauma as they relate to veterans' experiences. It suggests that the failure to take into account social influences and social relationships limits the usefulness of conventional approaches to trauma. The article considers the role that masculinity plays in male veterans' experience of and sense making about trauma. It is suggested that while formal recognition of post-traumatic stress disorder in the DSM has provided a helpful language for veterans, it is an incomplete response. A new model of masculinity that better enables the male veteran to speak about trauma and to reconnect with others has implications for counselling practice with veterans.

Keywords: military deployment; military training; masculinity; trauma; PTSD

The impact of combat-related trauma upon military personnel has long been a concern of psychological/psychiatric literature since at least World War I (Wessely, 2006). While the psychological health consequences of the Vietnam war are still being suffered by veterans, in more recent years veterans returning from contemporary war zones, including Bougainville, Cambodia, East Timor, Aceh, Iraq and Afghanistan are demonstrating the same psychological costs of warfare. However, due to the changing nature of warfare, the incidence of combat-related trauma has extended beyond those directly involved in combat to those in support roles. More recently, trauma has also been experienced by personnel engaged in peacekeeping deployments, such as Somalia (Fontana, 2000), where, notwithstanding the different purpose of the deployment and residual reliance on armed responses, the risk of combat and of serious harm to mili-

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tary personnel is a central feature of their deployment. Hence, it is referred to as “deployment trauma” in this article so as to recognise its experience outside of combat.

Whilst the subject of attention for some time as “shell shock,” “war neurosis,” “combat fatigue,” and “combat stress” within military contexts (Jones and Wesseley, 2003), it was only recently that deployment trauma was formally recognised as sharing much in common with other forms of trauma. In 1980, in large part in response to the experiences of veterans of the Vietnam War and advocacy on their behalf (Wesseley & Jones, 2004), the Diagnostic and Statistical Manual of Mental Disorders (DSM) introduced the new category of Post-Traumatic Stress Disorder (PTSD). Prior to the Vietnam War, responses to deployment trauma had been dominated by “forward psychiatry,” which emphasised treatment proximate to the field of combat (predominantly in the form of rest) and the soldier’s return to active duty in the interests of supporting the war effort (Jones & Wesseley, 2003). Recovery was anticipated and its delay suspect. Morgan (1994) has suggested that the lack of public support for the war in Vietnam, together with the changing character of the military since that time (including the higher participation of women and of civilian personnel in combat and related activities), enabled a broader view of deployment trauma to develop in recent times. Since then the possibility of considering deployment trauma as sharing much in common with other forms of trauma has emerged. It is no longer the exclusive domain of the military. However, the causes and appropriate responses to deployment trauma remain uncertain.

Most of the academic literature considering veterans’ experience of trauma has focused upon individual characteristics. Little consideration appears to have been given to broader social influences, especially the social construction of masculinity and the standards of manhood and manliness it promotes. Because the armed forces are a gendered male culture, ideas of manliness have long formed part of the context within which deployment trauma was considered (Karner, 1994). There are indications that these ideas about masculinity and manhood continue to influence men’s experiences of deployment trauma (Wesley, 2006).

However, it is our argument that men’s experiences of deployment trauma is less well understood in the context of gender than women’s experience of violence-related trauma, in which the significant influence of gender has been more widely recognised. For example, a consideration and revision of ideas about traditional femininities has been a long-standing and key feature of feminist responses to women’s experience of, and recovery from, the traumatic experience of violence, namely sexual abuse, rape and domestic violence (Brown, 2004, Brooks, 1990, Burstow, 2003, Humphreys, 2004).

UNDERSTANDING TRAUMA

Post Traumatic Stress Disorder, as a framework for understanding and interpreting deployment trauma, is highly contested in some of the trauma literature (Burstow, 2003). It is generally considered to be caused by the “impact of an extreme stressor critical incident on an individual’s psychological and biological functioning” (American Psychiatric Association, quoted in Mejia, 2005, p. 30). Whilst covering a range of experiences, these incidents typically involve exposure to a traumatic event that involved actual or threatened injury to a person with accompanying feelings of “intense

fear, helplessness or horror' (Burstow, 2003, p. 1296). It is primarily concerned with the subjective experience of, and response to, those events, including the experience of loss of control of self (Harney et al., 1997; Calhoun & Tedeschi, 1999) which can be profound and pervasive. Moreover, trauma involves more than disruption of one's identity, but extends to the experience of, and assumptions about, the world in which the person lives (Larrabee et al., 2003). These assumptions are not those of the traumatized person alone, but are drawn from, and shared with, a wider community. The disruption of an individual's experience of trauma is thus not only a personal event, but an intensely social event as well.

CONVENTIONAL APPROACHES TO THEORISING TRAUMA

Conventional approaches to deployment trauma, however, do not appear to have considered the depth of the social character of the self, and, thereby, trauma. This is in part because they tend to rely upon an assumption that an individual person is substantially continuous and largely comprehensible as a separate, independent entity. A person may be stimulated or motivated by external factors, but remains the same person regardless. His or her self is only profoundly changed by external factors in extraordinary circumstances, and then usually changed in the sense of the abnormal or dysfunctional.

In this view, trauma is one of the exceptional external factors such that the focus of much research and practice is on the traumatic event itself, on the particular, extraordinary, external influence and not on other, much more everyday, influences. Understanding trauma then becomes a search for the unusual. The contemporary interest in risk factors, particularly previous experience of trauma reflects this focus (Hourani et al., 2003 and Schnurr et al., 2004). This was one of the key criticisms of the original definition of PTSD, with its emphasis on an experience outside of the ordinary, made by those working within critical theory, particularly those dealing with women's experience of violence. Feminists successfully argued that the connections between rape, abuse and domestic violence and gender, and their links with long-standing and influential cultural norms, allowed the foundations of these forms of violence to be treated as within "normal" experience and thereby prevented their recognition as key contributors to trauma (Brown, 2004; Burstow, 2003; Humphreys, 2004).

The specialised literature in relation to combat-related PTSD is a prime example of the emphasis upon exceptional external influences. Until recently, it tended to focus upon the nature and impact of the particular encounter as the dominant aspect of the trauma. Moreover, notwithstanding the current interest in prior events as influencing the risk of combat trauma, the focus remains upon exceptional events and not those practices and beliefs that might be broadly accepted and enacted.

The sharp divide drawn between a person and the "external" environment, however, has substantial shortcomings, as it fails to capture some of the key features of humanity. It fails to capture the manner in which individuals resemble each other, adopt similar practices, and experience similar treatment on the basis of some common characteristic, such as race or gender. Moreover, it fails to capture the intimate influence of those relationships, an influence so deep as to blur the divide between the "internal" and "external." Through its emphasis upon the exceptional, it fails to perceive the connections between trauma and everyday experience.

Each person is born into a way of life, a way of acting, of speaking and thinking. Each person is born into an existing conversation or discourse about how, for example, a man or a woman should act or feel in particular circumstances. From this perspective, identity involves the appropriation of available materials, terms and positions to narrate a story about one's self (Pease, 1999). It is, from the outset, intimately "external."

The reactions of different people to the same traumatizing event may then be explained, to some degree, by reference to differences in people's sense making about themselves, rather than to prior events, which tends to be the focus in much "risk factor" research. Each person will have different resources and restrictions shaping how they experience and respond to trauma. Military personnel will each serve in the midst of several ongoing conversations about what it means to be a good or "normal" man. Whilst not all men on military deployment experience trauma or difficulties in dealing with it, their gender is a key part of who they are and a key determinant of their strengths and weaknesses in relation to traumatic experiences.

TRAUMA AND THE FAILURE TO CONFORM TO MASCULINE IDEALS

Ideas about gender are one of the earliest and most pervasive conversations a person participates in. Gender, as one of those conversations, is not determined by a person's biology; it is not simply dictated by their sex. Rather, it is learned, and varies between different societies, and even over time within the one society.

There is an enormous volume of literature on men and masculinities. Theoretical approaches have ranged from psychoanalytical (Frosh, 1994), Jungian (Tacey, 1997) and sex role theories (Pleck, 1987) through to materialist (Hearn, 1987) and discursive approaches (Edley and Wetherell, 1997). In this article, we argue that gender and masculinity are socially constructed throughout life. Following Connell (2000), we believe it is most useful to understand masculinities as involving six key dimensions:

1. Multiple masculinities arise from different cultures, different historical periods and different social divisions.
2. Different positions are reflected in these multiple masculinities in relation to power, with some forms of masculinity hegemonic and dominant while other masculinities are marginalized and subordinated.
3. Institutionalized masculinities are embedded in organisational structures and in the wider culture, as well as being located within individual men.
4. Embedded masculinities are represented physically in how men engage with the world.
5. Masculinities are produced through the actions of individual men.
6. Fluid masculinities change in relation to the reconstructive efforts of progressive men in response to the changes in the wider society.

Within this theoretical context, Connell (2001) identifies hegemonic masculinity as the culturally dominant form of masculinity that is manifested in a range of different settings. Such masculinity is promoted as a desirable attainment for boys and young men to strive towards. It is presented as heterosexual, aggressive, authoritative and

courageous (Connell, 2001). The manliness of men and boys is judged by their ability to measure up to this idealised notion of masculinity. This is even more so in relation to men in the military (Higate, 2003).

Connell's (2000) identification of forms of marginalized and subordinate masculinities is also useful in understanding the relationship between gender and its intersections with other dimensions of stratification such as class, race and sexuality. Connell uses these concepts to illustrate how the diversity of masculinities is marked by hierarchy and exclusion.

These ideas of masculinity, however, are also part of a larger conversation, and cannot be fully understood independently of it. They draw much of their meaning from their opposition to traditional models of femininity, which form the other "half" of the conversation. Here, too, there is an enormous volume of literature on women and femininities documenting the manner in which ideas of a good or "normal" woman emphasise dependence and relationships (particularly as the provider of care or nurture) and hence emotional expressiveness, together with vulnerability (including a lack of control over her body and emotions) (McMahon, 1999; Pease, 1997).

Gender, mediated by other social divisions, thus frames one's development and life experiences, as a person tends to be placed in gendered circumstances and opportunities, such as the different sports options that are promoted to boys, as distinct from girls. Gender is also taught and enforced (Krugman, 1995). Boys are quickly, repetitively and sternly taught that "sissies" and "cry-babies" are not manly and that such emotionally expressive behaviour is only appropriate to women. Shame plays a central role in this process (Mejia, 2005).

Growing up in the midst of, and conforming to, these ideas about gender, a person incorporates a sense of manliness or femininity, but does so from common resources and in the midst of expectations and demands of continued compliance.

The long-standing or "traditional" Western conversation about manliness or masculinity has several consistent features. Foremost amongst these is an emphasis upon independence and self-sufficiency: of mastery over one's body and external objects, and of proving manliness by domination and control, even when that involves a high risk of harm. In this, the use of aggression and violence is seen as a virtue and as a particularly truthful test of manhood. Traditional ideas of masculinity also involve an allied commitment to stoicism, to mastering pain and limited emotional expression. The emphasis upon independence also limits close relationships, whether as spouse or partner, or parent, but allows a preference for the company or camaraderie of other men (Levant, 1996; Mejia, 2005).

Given the expectations of traditional masculinity, trauma as a loss of control over oneself can be seen as a failure in masculinity, a failure to conform to one's self-conception and one's expectations and assumptions about one's relationship with the world. In particular, it is concerned with a man's response to danger and violence (Karner, 1994; Mejia, 2005). For a man traumatized by violence, there is a form of internal disintegration or rupture as a central dimension of his identity is no longer attainable. Moreover, what was a resource is no longer available. Not having acted as a man is expected to, his ability to participate in that conversation about manliness is compromised and uncertain—leaving a gap or emptiness in his sense of self.

The contrast of traditional ideas of masculinity and femininity is particularly relevant to a discussion of trauma as that experience has long been treated as a feminine experience. A man experiencing trauma is then, from the perspective of this conversation, seen to be exhibiting feminine traits—as not being *himself*. More importantly, he becomes subject to a conversation of which he should *not* be the object *nor* a participant—a conversation about feminine behaviour. He becomes an object of—and experiences—shame.

Trauma is then particularly social, as the man's identity is formed and practiced with others who share the same expectations and the same language. The man can no longer be himself, can no longer “be a man” and can no longer hold himself out as complying with the accepted expectations of manhood (Karner, 1994; Mejia, 2005). For a veteran, this difficulty is further exacerbated by the manner in which military training emphasises and exaggerates those expectations: unable to fulfil the expectations of him as a man, the veteran is also unable to fulfil those of a soldier, sailor or airman.

THE EXPERIENCE OF MILITARY TRAINING

Morgan (1994, p. 169) characterises military institutions as “highly and strongly bounded:”

the very activities associated with the military life, ultimately to do with the taking of life and the exposure to extreme physical danger, serve to establish an almost unbridgeable gulf between the world of the soldier and the world of the civilian.... No civilian, it is argued repeatedly can ever really know what it is like.

The purpose of military training is to traverse that gulf, and, in so doing, to ground a commitment to follow orders and continue to work within one's unit in circumstances where, ordinarily, in face of extreme risk, flight would be the logical alternative. It is to create and maintain a “deep rooted and fierce pride in regiment, squadron or ship” (Higate, 2000, p. 339)—a “group obligation of service and sacrifice” (Wesley, 2006, pp. 283-284). It is to promote the willing and systematic subordination of one's own individual desires and interests to those of one's unit and, ultimately, country.

In the same way that particular contexts emphasise some of the conversations in which a person participates, military training, culture and practices are said to exaggerate certain masculine features (Brooks, 1990; Brooks, 1991; Morgan, 1994). They change the balance of identity and “make a man” (Higate, 2001, p. 452). This is often described as a “stripping away process” (Karner, 1994, p. 100). That is, the stripping away of aspects of other relationships comprising identity and intensifying the influence of ideas of masculinity. Key features of traditional ideas of masculinity are promoted, tested and celebrated, including the domination of one's body and the external world, stoicism, a neglect of physical health, limited emotional expression, and a preference for the company of men (Brooks, 1990; Brooks, 1991; Higate, 2000). Mejia (2005, p. 34) characterises the “primary function ... of the ideology of masculinity [as having] ... been to confront particular aspects of human biology and suppress them—to train individuals to disregard their biological signals to run in fear or to cry in grief

or pain.” Military training and culture adopts and enhances that conditioning in order to prepare men for combat.

This exaggeration and continuity of traditional masculinities may even be true of the military’s efforts to prevent deployment trauma. Wessely (2000, pp. 282-283) asserts that the orthodoxy established within the military following the Second World War continues to prevail—that men “fight for ... their buddies.” This suggests that the preference for the company of other men, a key characteristic of traditional masculinities, is being promoted in military training (Wessely, 2006).

The masculine emphasis upon control is also reflected in the proposition “that breakdown could be avoided by better selection, training, leadership and morale” in the military (Wessely, 2006, p. 273). Moreover, like any social identity, military identity is always an achievement, something dependent upon conformity to others’ expectations and their acknowledgement. The centrality of performance testing in the military, and the need to “measure up,” heightens this dependence. It also heightens the vulnerability to and influence of shame (Barrett, 1996, p. 141).

RESPONSES TO TRAUMA: THE LANGUAGE OF PTSD

The formal recognition of PTSD in the DSM provided a new and helpful language for veterans and it recognised their legitimate claim for assistance. The psychiatric/psychological category of post-traumatic stress disorder provided a language that enabled the veterans to speak of trauma (Karner, 1994), even while they found it unmanly to do so.

Karner, in her unpublished 1994 doctoral thesis, *Masculinity, trauma and identity: Life narratives of Vietnam veterans with post traumatic stress disorder*, explored the influence of ideas of masculinity or manliness on the experience of, and recovery from, combat trauma. Through a series of interviews with Vietnam veterans being treated for PTSD in a US Veterans Administration inpatient program, she sought to find which “social resources” the men used to make sense of their Vietnam experience. She explored these men’s experiences of childhood and adulthood before the Vietnam War, their experience of service in Vietnam, and their experience of readjustment on returning home (Karner, 1994).

Karner found that this language was particularly attractive to men as it did not directly challenge traditional masculinities. PTSD presents a trauma that is exceptional and overwhelming; a trauma that one could not expect anyone to stoically absorb (Karner, 1994). It places the fault outside the will or outside of the person’s capacity to dominate. Moreover, by stressing the uniqueness of the combat experience and PTSD’s relationship to it, this language gave deployment trauma a “masculine aura” (Karner, 1994, p. 237). A veteran could characterise his entry into therapy “because he had become hypermasculine and not, as often attributed to women, because he was mentally weak” (Karner, 1994, p. 216). A veteran could engage in, for example, crying, ordinarily an “emasculating activity,” by beginning his narrative in the “masculine arena ... of war” (Karner, 1994, p. 216).

By treating deployment trauma in terms of health, the language of PTSD provided the grounds upon which many men could seek and receive help in a sympathetic and less

shameful manner. It positioned the traumatic event as so exceptional and overwhelming that no one could expect to withstand it. However, this discourse may have also limited what could be spoken about. One of the criticisms made of the language of PTSD (and other mental health terms) is that it denied women the capacity to speak consistently with their own experience (Burstow, 2003; Humphreys, 2004). Perhaps reflecting this, Karner found that the language of PTSD was not consistently applied by the veterans and remained subordinate to their “master” gendered identity (Karner, 1994, pp. 241-243). Karner (1994, p. 267) concluded that the language of PTSD was not completely accepted “as few of the veterans were able to accept so simplistic a view of themselves; indeed ... the veterans pondered their different selves and agonised over which was their real identity. This ... appeared to be at the crux of their emotional distress.”

The language of PTSD may then be an incomplete response. It aptly recognises the limitations on any human being’s capacity to simply “absorb” trauma, like any other externally inflicted injury. To a lesser degree, it also recognises the residual resilience or potential to recover from that trauma. Within those limits, it provides a necessary support. However, as Karner (1994) and Burstow (2003) report, it still appears to leave men with a sense of failure and a lack of confidence in their ability to proceed to control their lives. Whilst Karner does not expressly make the point, the failure of the language may lie in its focus on an experience that might aptly be described as having been “unmanned,” as having been unable to perform as a hegemonic man is expected. It leaves the veteran in a paradoxical state. It affirms, as Karner pointed out, the veteran’s unique identity as having engaged in the profoundly “manly” endeavour of combat, as having engaged in the “ultimate test” of manhood, which few men face. However, it also implicitly denies the merit of that experience as it is founded on a demonstrated lack of those very qualities that, in traditional terms, define a man.

The language category of PTSD, with its emphasis upon “intense fear, helplessness or horror” (Burstow, 2003, p. 1296) and a consequential inability to master oneself and one’s circumstances, may then leave many men ashamed and unable to speak as men. In the absence of a new sense of self, in particular a new language of masculinity, it may leave the male veteran without a vocabulary for successful action or agency. It may leave the veteran with a language he can no longer call his own. By not conforming to masculine ideals, the language of PTSD assumes a pathology that undermines the intended return to autonomy; it excludes the veteran’s language of agency (this was one of the critiques made by feminists, such as Burstow and Humphreys). Defining trauma as a disorder and as a health condition situates the “cure” in the abnormal, obscuring its roots in the traditional ideas of masculinity. In this regard, the problems originally identified by feminists with regard to the experience of women appear equally relevant for men.

The concepts underlying PTSD fail to recognise that the old self relied upon assumptions that have been profoundly disrupted through trauma. This is precisely the point on which the feminist claims for a more gender-sensitive approach turn. The concepts underlying PTSD fail to recognise that the “excuse” they provide to men may still impress upon them that they are not able to fully comply with the expectations and ideals of hegemonic masculinity and traditional manhood. It does not appear to recog-

nise the depth to which this failure, even if excusable, vitiates their sense of self and of ability. In that event, it places the veterans in new territory without any road map. Without a new idea of manliness, it would leave a veteran with no clear sense of how to be and speak as a man.

FEMININITY AND TRAUMA

Whilst men's experience of trauma has largely been viewed through a mental health lens, approaches to women's experience of trauma have been broadened in the last few decades. In particular, the links between femininity and trauma have been subject to extensive consideration. The literature demonstrates the influence of the social construction of gender on both the experience of trauma and effective responses to it. In just the same way that men need a new language of masculinity to respond to trauma, the development of new understandings of femininity and of action in the world were central features of responses to women traumatized by rape, abuse and domestic violence. Given that femininity, in its various forms, is socially constructed and acquired and enacted, the literature concerning women and trauma explores gender-sensitive approaches to trauma that may well be relevant to men's experience of, and response to, trauma.

Harvey (1996), one of the leading contributors to these approaches, suggested that human psychology is best understood in the ecological context of the traumatized person's community and in light of that community's values, behaviours, skills and understandings. Three sets of inter-related factors are taken into account under this model: the person or persons involved in the trauma, the event or events experienced, and the larger environment (Harvey, 1996). The experience and impact of trauma and its longevity are profoundly shaped by the interaction of those factors.

The ongoing experience of trauma also reflects what Harvey called the "ecological fit," by which she meant the "quality and helpfulness" of the relationship between the individual, her broader environment and the therapeutic intervention (Harvey, 1996, p. 7). Harvey illustrated the key influence of gender-related expectations on "ecological fit" through two hypothetical examples, both of which were modelled on actual responses to the experience of rape. One involved a woman who firmly believed in gender equality and was supported by others with like beliefs; the other a woman who broadly conformed to traditional ideas of femininity and lived in a community that upheld that model. The latter woman experienced trauma of greater severity and longevity given the unmitigated impact of shame and guilt, amongst other influences (Harvey, 1996). In both instances the gendered expectations around men's and women's conduct and the different responses to the rape affected the woman's own interpretation of the event and ability to seek assistance.

The potential relevance of Harvey's (1996) and Herman's (1998) response to trauma for men is suggested by the central significance of responses to violence for both men and women. Both traditional ideas of masculinity and femininity involve expectations of appropriate conduct in relation to the threat or experience of violence and form key parts of the "environment." Men are expected to be competent in violence and able to stoically and rationally respond to it. Indeed, masculine standards place a high value on

risk-seeking behaviour, deliberately facing risk and successfully dominating it (Levant, 1996). They constitute rites of passage to manhood. Whilst evading or failing to dominate it are often treated as failures of manhood. Women, however, are not expected to have such competency but, rather, to react emotionally to it or indeed, to over-react and become hysterical. Moreover, there are further expectations that a woman would deliberately and carefully avoid any risk of violence. It is from this expectation that the long-standing suspicion that women are responsible for their rape arises. The inappropriate risking of, and response to, violence can attract the censure and exile of shame for both men and women.

MASCULINITY AND TRAUMA

The influence of gender, understood as a social construction and enactment, upon men's experience of trauma has received surprisingly little attention in the conventional psychological and psychiatric literature, notwithstanding that the feminist literature expressly borrowed from the literature concerning men's experience of trauma. Herman described "hysteria [as] the combat neurosis of the sex wars" (cited in Larrabee et al. 2003, pp. 361-362). However, the exchange of ideas appears to have been largely one-way. Brooks (1990, 1991), one of the writers to have expressly considered the role of traditional masculinity in men's experience of trauma, drew attention to the neglect of masculinity in regards to the mental health of veterans and of their responses to deployment trauma.

The influence of ideas about masculinities has, however, informed other areas, particularly family therapy, and has begun to shape mainstream psychology and psychiatry. In 1996 Levant, then Clinical Associate Professor Psychology, Department of Psychiatry, Cambridge Hospital, Harvard Medical School, argued that a new gendered psychology of men was urgently needed to address the psychological issues facing men (Levant, 1996).

Krugman (1995) approached this new psychology through "gender role theory" which, like a social constructionist approach, does not treat gender as given or natural, but as socially constructed and imposed on a child by others, such as parents and teachers. Gender role theory, as applied to men, is founded on three ideas. The first is that a significant proportion of men fail to conform to the role. The second is that both acquiring and maintaining the role is itself traumatic. The third is that conforming with the role has negative or dysfunctional effects for both the man and others.

In this approach, the reason why a significant proportion of men do not conform with the traditional masculine role is that this role sets demands that few could meet. Moreover, acquiring these masculine characteristics was seen to involve repeated experiences of shame, as boys and young men are taught which of the human spectrum of behaviours are acceptable in a man. Parents, teachers and others shame boys and men "in the course of teaching them 'manliness'" (Krugman, 1995, p. 109). Shame then works to hide and suppress troubling aspects of men's selves, including the experience of vulnerability (Krugman, p. 95).

Conforming to these ideas of traditional masculinity has other costs. It overemphasises autonomy over connection and relation. Its restrictions on emotional expression

and disclosure may prevent an effective response to shame—and to trauma (Krugman, 1995). Conforming to ideas of traditional masculinity may thus be seen as preventing a constructive response to trauma.

The “new psychology of men” Levant described included the work of Brooks (1990; 1991; 1998), who also drew on gender role theory. Brooks examined the relationship between traditional masculinities and deployment trauma for Vietnam veterans. Like Levant, Brooks emphasised the restrictions that follow from conforming with traditional ideas of manliness.

Karner (1994) appears to be the only researcher who has focussed on the relationship between combat trauma and masculinity in terms of a self/social-narrative. She found that traditional masculinity was the “master identity by which [the veterans] prefigure[d] and interpret[ed] their lives” (Karner, 1994, p. 21) and that combat was seen as the rite of passage to manhood. The veterans’ experience of military training had heightened this sense of masculinity. In particular, it had given them a sense of invincibility and indestructibility.

However, their experience of combat had not matched this identity. The veterans experienced helplessness, confusion, horror, disorientation and fragility in the face of the uncertainty and extremity of combat, rather than the anticipated calm, confident, successful implementation of their training. They also had contradictory experiences of power and pleasure in violence (Karner, 1994). Finally, they also confronted women and children as enemies, contrary to their expectations of protecting them from other men. It was the combination of these contradictions of vulnerability and moral ambiguity that produced a rupture in the veterans’ sense of self. It was this experience of the failure to conform to their understanding of masculinity—with its demands that they master potentially overwhelming personal threats as well as protect the weak and innocent (which women and children were expected to be)—that constituted the veterans’ trauma, rather than the traumatic events themselves. Their experience of the symptoms of PTSD, such as intrusions, also “appeared to be more about ruptured images of self than the horror of the event” (Karner, 1994, p. 244). For those veterans, their contradictory experiences of their selves, as young men, as soldiers, and as veterans in civilian life, rendered their claims on masculinity suspect. Their experience “had not given them any resources to narrate a ‘good man’ view of themselves” (Karner, 1994, p. 261).

A GENDER-SENSITIVE RESPONSE TO TRAUMA

The work of Brooks, Karner, Krugman and Levant mark the beginning of an engagement with the influence of masculinity on the experience of deployment trauma. They suggest that gender may well be a central issue. That engagement, however, has not yet extended to a consideration of the critical scholarship on men and masculinities outlined by Connell (2000) and others earlier in this article. Here, again, some indication of the manner in which those diversities and difficulties might shape a response to deployment trauma is suggested by the detailed literature considering responses to trauma by women.

Karner’s (1994) research and reflection, which explicitly drew on Herman’s (1992) and Harvey’s (1992) approach to trauma, suggest that veterans’ understandings of mas-

culinity are central to the experience of, and recovery from, combat trauma. Her work, whilst it does not expressly consider the suitability of the Herman's and Harvey's approach, indicates that it may be relevant.

More recently, Mejia (2005), in considering trauma experienced by men through sexual abuse, expressly advocated reliance upon a variation of the Herman/Harvey approach. Like Levant and Brooks, Mejia argued that the acquisition or learning of traditional masculinities was itself a traumatic experience. Referring to research that finds male infants are more "emotionally expressive" than female infants, Mejia (2005, 32) argued that shame was "pervasively" and traumatically used to reduce that range of expression and promote conformity with traditional masculinity. That is, learning to be a man also involved a dramatic loss or disruption of a boy's identity and the experience of being forced into a new formation.

The restricting effect of acquiring the traditional masculine identity is such that Mejia sees it as contributing equally to the experience of trauma and necessitating a two dimensional process: "(a) confronting masculinity and its legacies and (b) confronting trauma and its legacies" (Mejia, 2005, p. 31). Like Levant and Brooks, Mejia prioritised a reconstruction of masculinity on the basis that one of the key effects of traditional masculinity, with its emphasis on stoicism, was the restriction of those emotional responses that are central to effectively responding to trauma. Mejia's consideration of men's trauma in the context of sexual abuse enabled her to draw on and develop Herman and Harvey's work on trauma as growth, outlining a response that integrates key directions in the literature.

ESTABLISHING SAFETY: DISCOVERING A NEW LANGUAGE

Herman's (1998) first stage in responding to trauma concerns the establishment of safety. This gradual extension of control includes an early engagement with the emotional difficulties being experienced by the person. This approach is responsive to the person's immediate needs and recognises that those needs will almost always have to be addressed before less obvious, longer established issues and influences can be addressed. This does not involve deferring dealing with issues of traditional masculinity. As Mejia's (2005) use of "dimension" suggests, the very process of establishing safety can also relevantly address masculinity issues. Moreover, another body of related literature concerning "trauma growth" and "trauma wisdom" also supports this approach.

Conventional approaches refer to re-establishing safety, of rebuilding or returning to behaviour consistent with the pre-trauma view of the world and of the self. However, seeking to re-establish safety assumes that the old understanding of the world and one's behaviour in it were correct, and that the traumatized person's ongoing apprehension of risk and danger is wrong or exaggerated (Burstow, 2003). The emerging trauma wisdom/growth literature suggests the opposite: that one's previous understandings of the world were misplaced and that this error was revealed by the trauma.

This may be particularly true for men who identify with traditional understandings of masculinity (Mejia, 2005). A veteran's experience of trauma, particularly through a life-threatening experience, contradicts his military training and the emphasis on invulnerability. It makes it difficult, and sometimes impossible, to return to the "old" self

and the previous idea of being a man, as his commitment to domination and control and to emotional stoicism are not as credible as before.

The “trauma wisdom” or “trauma growth” literature builds on these insights and contradictions. It holds that learning or growth can follow trauma: having obtained a more accurate understanding of the world, the person can learn more appropriate ways in which to live within it. Post-traumatic growth “is not the client returning to his or her pre-trauma levels of functioning, but about the client going beyond” them (Joseph, 2004, p. 108). This may frequently involve “going beyond” previous ideas about masculinity. Calhoun and Tedeschi (1999, p. 79) suggest a definition of “subtle strength” and thereby a different masculinity: “Subtle strength ... is the strength of endurance, acceptance, expressiveness, and support-seeking—tendencies that may have previously been viewed as vulnerability.”

This capacity for growth is not exceptional. Research suggests that this capacity is a common attribute and is learned, rather than inherited (Mejia, 2005). Resilience, as the capacity to grow following trauma, is a product of environment, and varies with different individuals’ ecologies. Its varied development in different people may also help explain the variation in incidence and experience of trauma (Walsh, 2003).

The trauma wisdom/growth literature not only treats trauma as giving access to more accurate understandings of the world, but also treats the reactions to the symptoms of stress positively. Those symptoms are then not pathologies, but considered as informed, sometimes excessive, responses to a new awareness of threat; that is, as “coping skills” (Burstow, 2003, p. 1295) and hence as a strength to work from.

This trauma growth/wisdom literature suggests how the strategies proposed by Mejia (2005) Harvey (1996) and Herman (1998) may be seen to converge. In pursuing Herman’s first stage of establishing safety, a core characteristic of traditional and military masculinities must be simultaneously dealt with. In Mejia’s terms, they are both “dimensions” of a common process. The experience of intrusions and other stress symptoms is not simply a reaction to stress per se but also a direct contradiction of the traditional/military masculinity’s expectation of consistent, comprehensive domination of one’s body and emotions. To experience these intrusions is to be forced to confront those biological and psychological mechanisms that are part of every human being’s inheritance which are part of the human conditioning to minimise and avoid significant bodily threats. That is, the very conditioning that traditional and military masculinities seek to supplant. The experience of trauma is the regaining of this human wisdom of confronting the illusions of comprehensive mastery and of traditional masculinities.

Addressing the uncontrolled responses to trauma provides the threshold to engage with issues of masculinity and with the importance of other relationships. Drawing on the insights of the “trauma wisdom” literature, the intervention would then be less a process seeking control of the kind previously experienced and more one of understanding and accepting the limits of self-control, whilst acknowledging the functionality and qualified appropriateness of the trauma response as a means to managing risk (Nicki, 2001).

Trauma wisdom provides a starting point as it deals with Herman’s first priority of safety. It deals with the veteran’s most pressing need and preoccupation—securing some relief from the repetitive, unmanly “symptoms” typical of PTSD, which Karner

(241-3) described as “jumping at noises, feeling fear, and inability to sleep.” Establishing a sense of control and safety, however, also begins a process of reconsidering ideas about masculinity. In doing so, the veteran begins to travel a path to developing new ways of describing and explaining a key aspect of his self. It reduces the experience of non-compliance with masculine ideals, and by reducing that experience of shame enables the veteran to speak of his experience of trauma and begins a new self-narrative.

RETELLING THE STORY: DEVELOPING A NEW LANGUAGE

The next stage in Herman’s (1998) approach is “remembrance and mourning.” That is, retelling the story so as to “emotionally process” and integrate the traumatic events into an increasingly coherent narrative. Central to this stage is revisiting ideas and expectations about how one should have behaved in response to the trauma. Here both Mejia (2005) and Herman (1998) emphasise that this stage extends beyond the traumatic event itself to the life experiences that taught the person how to expect to behave or how a “good” man (or woman) should have behaved in the circumstances.

This aspect of the trauma literature has much in common with the trauma growth/wisdom literature: it re-examines the assumptions by which the person previously lived, rather than trying to have the veteran re-conform to them. In examining how he came to understand what it means to be a man, the veteran is positioned to see that understanding as a learning experience and that other ways might have been open to him. That examination can also put the prior learning experiences into context, showing how they suited particular circumstances, but did not provide for others. It opens the possibility that the failure experienced in responding to the traumatic event was a failure in the model of manhood, and not in the man.

This stage, however, would not solely consider the veteran’s ideas of masculinity. It would unavoidably involve other aspects of the veteran’s identity, as a person’s gender is not experienced in isolation from other aspects of identity and not all those aspects are affected by trauma. Accessing and considering these other aspects can also provide the veteran with access to sources of pride and strength in addition to his or her gender identity.

Revisiting his personal journey into manhood and other key aspects of identity will engage the veteran in the development of a new language of masculinity and of self. It will enable him to work towards a new sense of entitlement to speak and a new vocabulary within which to speak and to overcome the sense of shame. This revisiting of the veteran’s experience of masculinity, particularly as that involved relationships with significant others and intersections with other aspects of his identity, will also help identify those who can support the veteran in the final of stage of reconnecting with others.

CONCLUSION

Karner’s (1994) research indicates the central influence of understandings of traditional masculinity upon veterans’ experience of, and recovery from, combat trauma.

Levant (1996), Brooks (1990) and Mejia (2005) emphasise the obstacles that traditional understandings of masculinity place upon a man's ability to respond to trauma. Mejia's work, drawing on that of Harvey (1996) and Herman (1998), together with the "trauma wisdom" or "trauma growth" literature, suggest that the strategies developed to support women in responding to trauma provide a framework within which to develop a better response for men. However, further research is necessary to determine whether similar conclusions can be drawn in relation to veterans suffering deployment trauma.

In addition, none of the above writers directly explored the veterans' awareness of, and attitudes towards, different ways of understanding masculinity, which is integral to the Harvey/Herman/Mejia intervention. In part, this reflected a tendency to adopt the comprehensively negative, or pathologizing, approach to the "symptoms" experienced by the veterans. The Harvey/Herman/Mejia intervention, whilst accepting the problematic impact of trauma symptoms, approaches them positively, as "trauma wisdom" and that may provide an opening to recovery. If "soldiering" and manliness are as strongly connected as suggested by the literature and other research, then the response to trauma proposed by Harvey, Herman and Meji may well be an essential strategy to assist men to deal with deployment trauma.

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