"Good Girls," Sexy "Bad Girls," and Warriors: The Role of Trauma and Dissociation in the Creation and Reproduction of Gender

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"Good Girls,"
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The Role of Trauma and Dissociation
in the Creation and Reproduction of Gender

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SUMMARY. The thesis of this article is that substantially, "femininity" and "masculinity," the gendered personality styles so common in our culture, are direct and indirect outcomes of trauma, and reflective of dissociation. In addition to being direct sequellae of trauma, these "post-traumatic styles" may become consensually accepted modes of interaction by virtue of vicarious and anticipatory trauma. The patterns tend to differ for females and males, reflecting social forces, including sex-typed child-rearing patterns, and biological predispositions interacting with trauma. While presenting self-states of abused girls and women often tend to be compliant, childlike, passive, masochistic, "good," vulnerable, sweet, and dependent–characteristics often considered stereotypical for females, posttraumatic aggressivity of boys may appear indistinguishable from stereotypical "masculinity." Aggressivity and

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violence reproduce trauma, which then contributes to the reproduction of gender. *[Article copies available for a fee from The Haworth Document De-livery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc. com> Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.]*

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This article will propose a trauma- and dissociation-based theory for the creation and reproduction of gender. The thesis will be developed that, substantially, "femininity" and "masculinity," the gendered per-sonality styles so common in our culture, are direct and indirect out-comes of trauma and reflective of dissociation. Most of the literature on gender omits the effects of trauma and dissociation. The article delin-eates some different ways that trauma may be an important contributing factor to the formation of gendered states and behaviors, especially pathological ones, in males and females. However, the presence of gendered characteristics in a given individual should in no way be taken as *prima facie* evidence that trauma or abuse has occurred.

TRAUMA HAS BEEN LEFT OUT
OF ACADEMIC GENDER STUDIES

In our culture, sex and gender categorizations are probably the most basic in organizing human life (Bem, 1983). Accounting for gender has been important to feminist men and women because gender and beliefs about gender, in addition to being all-pervasive, have markedly limited women's access to social and economic power, and because prescrip-tive gender has also limited the full self-expression of human beings. The assumed superiority of males not only endangers, harms, and de-values women, but it devalues all that is female-associated, thus engen-dering fears in men about not measuring up to standards of masculinity.

Various subdisciplines in the social sciences and mental health have offered a multitude of theories of the origins of gender. Especially no-table among these are psychoanalytic theory, social learning theory, cognitive developmental theory, gender schema theory, biological the-ories, social constructionism, theories of public versus private spheres,

Chodorow's (1974, 1978) theory of gender differentiation on the basis of differing mother-daughter and mother-son dynamics, Gilligan's theory (Gilligan, 1982; Gilligan & Attanuccu, 1988) of the "different voice" which is partially based on Chodorow's theory, Belenky, Clinchy, Goldberger and Tarule's (1986) theory of "women's ways of knowing," the "self-in-relation" theory of Jordan, Kaplan, Miller, Stiver, and Surry (1991) of the Stone Center at Wellesley College, and Maccoby's (1990) theory of children's peer group interactions. Some of these theories are contradictory to each other in their assertions and points of view about human development. Remarkably few of the theories of gender assess trauma. And, trauma may be the touchstone for understanding the gender configurations.

While our theories of gender have recognized the pathology of gender prescriptions, they have failed to discriminate aspects of gendered behavior that are clearly pathological from those that are not necessarily so, e.g., passivity and masochism in females and narcissism and hyper-aggressivity in males. The thesis of this paper is that much of "gendered" behavior and experience, especially the pathological aspects, is, in interaction with other forces, trauma-generated; and that it is the post-traumatic and dissociated aspects of this gendered behavior that makes it so resistant to change. When one views gender stereotypes (such as men are independent, active, tough, unemotional, and violent, and women are dependent, passive, emotional, and caring) through the prism of trauma, the bifurcation of typology along dominant/submissive lines becomes immediately evident. As a case in point, consider Freud's male, masculine, active, aggressive, dominant, and female, feminine, passive, submissive, masochistic categorizations (Schafer, 1974). Trauma and dissociation tend to shatter subjectivity and agency, forcing the person into dominant/submissive modalities of thinking and behavior.

The rates of child trauma in this country continue to be unacceptably high (Chu, 1998, 2001). The hypothesis presented in this paper is that different patterns of child trauma experienced by boys and girls, along with their broader repercussions, correspond to the different patterns of gendered behavior and experience. Indeed, some of the stereotypic norms may reflect posttraumatic states and affects that have been normalized. On the whole, boys are more often victims of physical violence (Boney-McCoy & Finkelhor, 1995), while girls are more often subject to sexual abuse (Finkelhor & Dsiuba-Leatherman, 1994). The patterns of child sexual abuse also differ for boys and girls, such that boys, more than girls, tend to be abused outside of the home by

extrafamilial persons (Finkelhor, 1990). The gender of the perpetrators also varies: while males are the most frequent perpetrators for both boys and girls, the male/female ratio is higher for girls. In a large study involving interviews of 900 women, Russell (1986) found a prevalence of contact child sexual abuse of girls before the age of 18 of 38%, and of incest, a rate of 16%. Ninety percent (90%) of the abusers were male. Results of Lisak, Hopper, and Song's (1996) study of 600 college men indicated that while 34% of the men reported physical abuse as children, 18% reported contact sexual abuse before the age of sixteen, with 3-4% of that being incestuous. Sixty-one percent (61%) of the sexual abusers were male and 28% were female, while 11% of the boys had both male and female abusers. Cumulative date indicate that girls are at least two times (Finkelhor, 1990), in some studies, three times (Little & Hamby, 1999) as likely to be subjected to sexual abuse as are boys. An extrapolation from the above figures would indicate that girls are about four times as likely to be subjected to incest. However, it should be borne in mind that self-report measures, especially self-report measures of boys' sexual abuse, may be underestimates (Gartner, 1999; Little & Hamby, 1999). Furthermore, definitions of incest and child sexual abuse may vary with investigator. Child sexual abuse is a broad category including vast differences in type, chronicity, and severity (Benatar, 2000).

While both sexes are subject to violence and harm, some of the ways in which boys and girls are harmed vary by gender. Crime statistics indicate that boys are subject to much more homicide and assault while girls are greatly more subject to rape (Finkelhor, 1990). A recent national survey, conducted by telephone, of 2000 randomly selected youths, aged 10-16 (Boney-McCoy & Finkelhor, 1995) found that about one half (47.4%) of the boys had been subjected to some form of violent victimization, as compared to one third of the girls. About twice as many girls had been subject to attempted kidnapping. Taken together over 40% of these children had been victimized. (Only 5.7% of these incidents had been reported to the police, and about one quarter had never been disclosed to anyone before the survey.) Again, patterns were found to vary in and out of the home: a slightly higher percentage of girls than boys had been subject to parental and family assault than boys; but the boys had been exposed to about three times as much aggravated assault and simple assault by non-family members than the girls. A follow-up, prospective, longitudinal study, which controlled for the quality of the parent-child relationship, found that both male and female participants who had been victimized, experienced more PTSD

symptoms than those who had not. In addition, perhaps in consonance with the idea that boys, even little ones, should be "tough," boys, much more than girls, tend to be subject to a potentially traumatic premature separation from their mothers (Pollack, 1998).

In order to support and clarify my thesis, I will first cover some background, including the differentiation of "gender" from "sex," and the prevailing theories and politics in academic feminist psychology. Following this, I will delineate what I see as the posttraumatic gendering of girls and boys: (1) the girls' picture, (2) the boys' picture, (3) Bruce Perry's contribution, and (4) the reproduction of gender.

BACKGROUND:
GENDER AND THE DIVIDED FEMINIST AGENDA

Originally a word denoting "kind" (genus, genre, generic) and used in some languages to classify nouns and pronouns by sex (Pinker, 1994), the term, "gender," has been adopted by feminists to make a needed conceptual distinction between the effects of biology and culture. Having had only one word, "sex" made it difficult to understand and talk about behavior that is sex-typed but culturally mediated. It also led to circular thinking: even though we may know that behavior is influenced by situations, context, and history, without a word to designate this knowledge, it is easy to confuse sex and gender, and especially to ascribe the effects of the latter to the former, thereby reducing gendered behaviors to a biological essence dictated by genes and hormones.

Until very, very recently, women have usually been represented in the mental health field and other disciplines as deficient in one important way or another, and therefore deserving of reduced status relative to men (Hare-Mustin & Marecek, 1990; Kemelgor & Etzowitz, 2000; Unger, 1990). In the social sciences, there has been a divided feminist response to the *homme manqué* model of the female, one minimizing gender differences in order to de-emphasize the alleged deficiency, and one which maximized, but valorized them (Bohan, 1993; Hare-Mustin & Marecek, 1990). Many feminist social scientists in the first group have concentrated their efforts on showing that men and women are not markedly different, and that what we see as gender is largely a cultural and social artifact. This agenda has had mixed success, depending upon what particular kinds of differences are being considered, and by whom. A second group of feminist psychologists, often known as the "cultural feminists" including writers such as Jean Baker Miller and

Carol Gilligan (Bohan, 1993; Mednick, 1989; Hare-Mustin & Marecek, 1990), have revalued the earlier devalued "feminine" characteristics. Jean Baker Miller, author of the groundbreaking *Toward a New Psychology of Women* (1976), recategorized women's service and relational orientation, as strength rather than as weakness; and later, she and her colleagues (1991) at the Stone Center at Wellesley College promulgated the "self-in-relation" theory of female psychology. Six years after the publication of Miller's book, Carol Gilligan's highly acclaimed *In a Different Voice* (1982) appeared, presenting one of the more popular, if not the most popular current theory about the origins of gender differences. She claimed that women and girls' often overlooked relationality is, in fact, an often unheard or misunderstood "different voice." Grounding her presentation of the genders in Nancy Chodorow's (1974, 1978) work and in Lawrence Kohlberg's (1966) cognitive developmental theory, Gilligan proposed that girls and women follow a "care" orientation, a path of cognitive/moral development, that differs from the "justice" oriented moral developmental path that she considered more characteristic of males. Two important criticisms of this strand of feminist thinking have been (1) that it may give support to the stereotypes of femininity, legitimizing the patriarchal status quo, and (2) that it is an essentialist point of view, conceptualizing gender as an inherent, immutable, and indelible aspect of self (Bohan, 1993; Mednick, 1989). Nonetheless, the theory resonates with the experience of many people, especially women, of themselves and others.

Perhaps one reason for this resonance is that peoples' experience is embedded in context. An impressive array of social psychological studies has illustrated the ways in which gender is determined by context. Women and men, as roughly separate groups, tend to find themselves in differing situations that differentially elicit "feminine" and "masculine" behaviors. This can lead to the perception that gender refers to enduring and stable traits that are either learned or are linked to a biological substrate that determines feminine and masculine behavior. Much social psychological research indicates that a great deal of the "gender" ascribed to people may be more "in" the situations that they inhabit, than "in" them (Unger, 1990). From this point of view, Gilligan's (1982) thesis about the female caring orientation may be understood as a reflection of context–that women are more frequently in situations that elicit or demand caring. When men are in similar situations, they may be just as caring (Clopton & Sorrell, 1993; Mednick, 1989). Furthermore, more recent moral development research has indicated that males do not score higher than females on Kohlberg's moral development scale

(Braebeck, 1989; Gilligan & Attanucci, 1988). From my point of view, the most important contribution of Gilligan's and others' uncovering of the caring orientation is in the importance of nurturing a caring orientation in both sexes.

Oppression is a powerful context as well as an ongoing source of socialization. There has been a voluminous literature on the relationship between gender and oppression, an exegesis of which is beyond the scope of this paper. The correspondence between so-called "feminine" behaviors and that of subordinate, oppressed groups has been variously and compellingly described by Allport (1954), Brown (1992), de Beauvoir (1953), Dinnerstein (1976), Espin and Gawalek (1992), Friedan (1963), Giddings (1984), Hacker (1981), Hooks (1984, 1989), Horney (1934), Hurtado (1989), Landrine (1989), Lerman (1986), Lerner (1982), Mill (1972/1869), Shainess (1970) and Thompson (1964), among many others. Because gender is so endemically interwoven with daily life, gender-linked oppression is inescapable. In particular, psychological self-oppression resulting from the internalization of sexist mores and stereotypes, such as that described by Hacker, Horney, and Thompson, is an important aspect of the reproduction of gender.

While oppressive circumstances contribute to the socialization and perpetuation of gendered behavior, they also tend to be traumatogenic. As Brown (1991), Herman (1992), and Root (1992) observe, the frequency with which females are exposed to trauma (and the kinds of trauma) are not "outside the range" of the normative, and the impact of trauma upon psychic life and psychopathology is considerable. Accordingly, it may often be the trauma, rather than the oppression, per se, that substantially mediates many gendered conditions. Oppression, especially behavioral oppression, that is, the exercise of overt power, is not of necessity traumatic–that is, overwhelming and exceeding the mind's capacity to register it, rendering the person helpless to understand. My thesis is that much of the behavior we think of as gendered is derivative of trauma specifically, that specifically "gendered" (typed) self states are created by trauma. These include "the good girl," the sexy "bad girl" in females and "warrior" states in males, among others. Gendering is a multipart and multi-layered process. Because child trauma is so ubiquitous and frequent, these behaviors become labeled and codified. Because the types of traumatic experience tend to be distributed in accordance with biological sex, these labels tend to cohere with the (usually patriarchal) social structure, and become gender stereotypes.

Regardless of whether or how much stereotypes represent bias in the observer, or actual behavior in the observed, they tend to be internalized

in psychic life, where they can become gender role standards (Howell, 1975) serving as modulators of self-esteem (shame and guilt), thereby influencing behavior. The gender-socialized individual is now situated as a player in a social process that depends upon gender-related prior learning and training, involves gender-related contextual demands, unconscious self-monitoring, and the high possibility of past and future trauma.

Trauma is by definition overwhelming, changing physiology, cognition, and emotion. The core of trauma is the experience of being rendered completely helpless (Spiegel, 1990). Without the opportunity to heal wounds, mourn, and reconfigure interpersonal dynamics, trauma tends to be reenacted. Reflecting patterns of adaptation to and identification with the aggressor, complementary submissive and dominant, masochistic and sadistic states may exist, alternating within and between individuals (Blizard, 2001; Howell, in press). These states are not inherently masculine or feminine; but they tend, as a result of the combination and interaction of various forces, including socialization, trauma, and sex-differentiated biological predispositions, to be disproportionately distributed among males and females. Elsewhere (Howell, in press) I have described my view of how trauma creates abuser/sadistic states and victim/masochistic states. The former derives from experience of being so dependent upon the abuser and the abuser's state of mind that one is "taken over" by an identification with the abuser (Coates & Moore, 1995), and the latter is based in part upon the person's own "freeze" state (Nijenhuis, Vanderlinden, & Spinhoven, 1998) as victim. Both states exist in traumatized people, but they tend to shift within and between people. Part of this alternation is dependent upon projection into others and into parts of the self. These psychodynamics, in conjunction with traumatic circumstance, social structure, socialization patterns and genetic predispositions, contribute to generally different types of enactments in accordance with sex. This may microcosmically represent in individual survivors the power dynamics of the larger culture, in particular, the ways that gender tends to coincide with a power/powerless, dominance/submission binary (Rivera, 1989).

While these states are in themselves neither male nor female, sometimes highly dissociated self-states are distinctly gender-linked. In particular, the process of identification with the abuser may replicate the abuser's gender identity/and or sexual orientation, injecting confusion in some survivors about their own gender identity and sexual orienta-

tion (Layton, 1998). Thus, in our clinical populations we may find, for example, a self-identified heterosexual man, who was repeatedly abused by an uncle, and who at times compulsively seeks homosexual liaisons; a self-identified heterosexual man who was abused by his mother, and who has a seductive female part; females who were abused by males and who have male parts; females who were abused by females and who have lesbian parts (Blizard, 1997). None of the foregoing is meant to imply that childhood abuse causes homosexuality. In cases where abusers were of both sexes, there may be an overriding general confusion about gender identity and sexual orientation, such that we can only extrapolate that the gender of some of the self-states is probably based upon the gender of the perpetrator.

The above is a view that, to a significant extent, the highly gendered psyche, especially in its pathological aspects, may be a fragmented, unintegrated one. Gender roles and gendered states end up "containing" trauma, keeping knowledge of and outrage about trauma out of awareness and perpetuating it all at the same time. As reenactment, gender repeats itself interpersonally, socially, and transgenerationally.

Most of the foregoing speaks to the social construction of gender. Recently, Copjec (1994) has introduced a formulation of the later Lacanian concept of the Real in terms of gender. This has to do with the way in which trauma is itself unknowable and unrepresentable. She depicts a view of gender in terms of "the impossibility of meaning" (Dyess & Dean, 2000; Stern, 2000) rather than the possibility of many meanings posed by social constructivism. Trauma punctures the psyche; the hole or "lack" is itself unknowable, unsymbolizable. We can only infer it in terms of its aftereffects. In accordance with the view that trauma contributes substantially to gender, and that the two are intensely interrelated, the gendered psyche may not only be a fragmented one, but a punctured one; and this combination may contribute to the particular recalcitrance of gender to change.

Finally, a last objection to the caring orientation: caring and tenderness need to be distinguished from passivity, dependency, and masochism. The caring orientation in itself fails to explain the latter characteristics, which are not necessarily "caring" at all. The alternative presented here is that certain part of stereotypical femininity, the pathological part, is substantially trauma generated. Likewise, hyperaggressivity and pathological narcissism in men, need to be distinguished from healthy self-esteem and from healthy aggression that protects self and others.

THE POSTTRAUMATIC GENDERING
OF GIRLS AND BOYS

The Girls' Picture

It is my hypothesis that a portion of the gender stereotypic cultural norms for females derives directly and indirectly from the susceptibility of girls to be sexually abused and/or narcissistically used as sex objects, directly from the impact of trauma, and indirectly from other sources, as will be described. This certainly fits with the pattern that Brown and Gilligan (1992) as well as Belenky and her colleagues (1986) observe that girls tend to lose their voices in early adolescence. Sexually abused girls are often instructed to lose their voices, that is: "Don't tell."

Implicit in the caring orientation is emphasis upon the importance of attachments. While awareness of attachment may directly underlie some of the commonly gendered characteristics such as *emotionality* and *nurturance*, attachment in itself is not sufficient to generate a fuller list of gendered characteristics that would include *masochistic*, *dependent*, *passive*, etc. It is in the interaction between attachment and trauma/dissociation, in particular, in the configurations that emerge when attachment, especially to an abusive caretaker, becomes markedly more important than the person's own agendas and desires, that female gendering begins to take a fuller conventional form.

Among the sequellae of child sex abuse are mental states that exemplify some of the common stereotypes: the feminine linked passivity, dependency, masochism, helplessness, and seductive or highly sexual states as well as the masculine linked tough-guy, violent, and rageful (Rivera, 1989; Shusta, 1999). Trauma can fracture the person into various self-states along the lines of dominant-subordinate, predator-prey relationships. The feminine gendered form of these may fall into divisions of the "good girl" and the sexualized "bad girl," corresponding to an age-old Madonna/whore split. The "good girl" is socially acceptable, and is perhaps the template for some of the usual academic lists of stereotypes, such as passivity, dependency, emotionality, excitability, talkativeness, indecisiveness, insecurity, suggestibility, illogicalness, intuitiveness, affectionateness, tempermentalness (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1972).

The "Good Girl"

In psychopathology, whether the clinical outcome is dissociative identity disorder (DID), borderline personality disorder (BPD), or what

we think of as neurosis characterized by intrapsychic conflict and com-promise formation, the usual presenting self-state (usually a version of "the good girl") tends to be drained and depleted of life, relatively help-less, depressed, masochistic and feminine-identified, in females. Cer-tainly, females with DID may have male gendered parts, and females with BPD can have self-states that are explosively angry and violent. However, the posttraumatic states that are most frequently visible to others and available to usual conscious experience are predictably those that were most adjusted to the power dynamics of the social context of early life, and possibly the present one as well.

The other-orientation, so often described as characteristic of females, may amount to a "gendered subjectivity" according to which females are required to always respond to someone else's needs (Miller, 1976; Profitt, 2001). As Gilligan (1982) states about the conventional stage, a stage in which girls and women are most often caught:

> Here the conventional feminine voice emerges with great clarity, defining the self and proclaiming its worth on the basis of the abil-ity to care for and protect others. The woman now constructs a world perfused with the assumptions about feminine goodness that are reflected in the stereotypes of the Broverman et al. studies (1972), where all the attributes considered desirable for women presume an other–the recipient of (such qualities as tact, gentleness, and emotional expressiveness) which allow the woman to respond sensitively while evoking in return the care (of the recipient). . . . (p. 79)

The other-orientedness described here may be less extreme, but not so different in kind, from that of the abused female child, who feels her-self into the mind and body of her abuser in order to stay alive (Ferenczi, 1949). Her mental and emotional activity is focused on the welfare of her abuser, because her welfare depends on his state of mind, and on his being pleased with her.

The Sexy "Bad Girl"

Compulsive seductive sexuality and/or the inability to refuse sexual advances (cf., Freyd's "consensual sex decision mechanism" (1996)), including prostitution, are not infrequent outcomes of child sexual abuse (Davies & Frawley, 1994; Schetky, 1990). This is not the kind of sexuality that is characterized by vitality and high self-esteem. As

Ferenczi (1949) observed about the consequences of child sexual abuse in "Confusion of Tongues":

> When subjected to sexual attack, under the pressure of such traumatic urgency, the child can develop instantaneously all the emotions of mature adults and all the potential qualities dormant in him that normally belong to marriage, maternity and fatherhood. One is justified–in contradistinction to the familiar regression–to speak of a *traumatic progression*, of a *precocious maturity*. It is natural to compare this with the precocious maturity of the fruit that was injured by a bird or insect. . . . the sexually abused child may become "a guilty love-automaton imitating the adult anxiously, self-effacingly. (pp. 229-230)

Coinciding with the split between the "good girl" and the sexy "bad girl" that can exist in some individual psyches, is one in the popular imagination. Another aspect of the "bad girl, fallen woman" aspect of femininity is the *femme fatale*. Consider the interpersonal dynamics involved: the *femme fatale* enslaves men, reversing her own earlier traumatic enslavement, e.g., Odysseus's Circe, the "black widow," "the vamp," movies such as *Cat People*, *Black Widow*, *The Last Seduction*, and so on. The *femme fatale* is always reenacting trauma. Indeed, reenactment of trauma is both her *modus operandi* and her *raison d'etre*. Such compulsivity is characteristic of a posttraumatic state which reenacts abuse. The *femme fatale* understands this reenacting state to be female.

Rage

It is dangerous for subordinated and terrorized people to show rage, especially at the time of trauma. Lott (1990) has observed that, in contrast to an angry voice, the caring voice, considered characteristic of females, may be the only voice the male world will recognize. Rage, which tends to be male-associated, is generally considered unattractive, "unfeminine" in women. For many women rage is suppressed, repressed–or dissociated. Although this may vary with subculture, women with Borderline Personality Disorder (BPD) may frequently exhibit violent, explosive rage states all the while disavowing these states and maintaining a view of themselves as always meek and mild. In females with Dissociative Identity Disorders the aggressor, protector states are frequently male gendered. As Rivera (1988) observes, "Through creat-

ing personalities who declared themselves male, they were able to iden-
tify with the aggression of their abusers and use it in the service of their
own protection without consciously challenging their socialization as
girls and women" (p. 44).

Vicarious Trauma and Indirect Effects of Trauma

Perhaps a good portion of the girls who have not themselves been
abused have witnessed abuse to another person, such as a sibling, par-
ent, relative, or friend. They may simply know that as girls they are vul-
nerable (Waites, 1993). Such vicarious trauma will probably not cause
the fragmentation that may be generated within the victims, but it can
create fear. Just as the trauma of the Holocaust can be transmitted
intergenerationally (Danieli, 1985), the trauma of child sex abuse may
possibly be similarly passed on, as well. As a case example, a mother
who was herself incested as a child, attempted to protect her daughter
by instructing her to "watch out" for the dangers of abuse that she, her-
self, had been unable to avoid. Possibly the warning did help her daugh-
ter, but possibly some of the mother's paralysis was transmitted as well,
for the daughter reports that when it did happen that she was sexually vi-
olated as an adult by an acquaintance, she felt helpless to resist and
laughed nervously in response to the abuser's behavior. Remarkably,
when told of the occurrence by her daughter, the mother uttered a simi-
lar nervous laugh. While only the mother had been subjected to the
childhood trauma, the daughter also was perhaps subject to a replication
of the posttraumatic response, despite the warning. The "warning" may
have carried with it the additional messages of the futility of struggle,
confrontation, and self-defense.

Thus, while direct sexual abuse is not the lot of the majority of girls,
its threat is pervasive. Girls often know about it from their family mem-
bers and friends. Even without direct physical contact, verbally incestu-
ous remarks can be damaging to self-esteem and a person's sense of
safety and security. While a few such remarks may not, in themselves,
be overwhelming, in sufficient quantity, with a certain intonation, and
as part of a general atmosphere–particularly in combination with other
trauma and/or neglect, they may amount to a cumulative trauma. Root
(1992) classifies these indirect effects of trauma as "insidious trauma."

The above is not intended to be a sweeping claim along the lines of
Brownmiller's (1975) assertion that rape is a process of intimidation by
"which *all* men keep *all* women in a state of fear" (p. 15). I agree with
Asher (1988) that, "The effect of sexual abuse serves to increase the

power of men over women and to create women who simultaneously fear men, overvalue and overidealize men because of their immense power, and are dependent on them" (p. 15). Along with sexual harassment which directly affects approximately 50% of girls and women (Fitzgerald, 1993), rape that has at least a 14% prevalence (Koss, 1993) and battering, child sexual abuse both reflects and reinforces girls' and women's' lower status. In contrast to the above-mentioned experiences, some of which are shattering even to adults (cf., Raine, 1998), child sexual abuse can affect the developing child much more powerfully. Taken together these potentialities may constitute an unformulated nucleus of concern, around which contagious anxiety and social consciousness organize. Emotional resonances to this nucleus may be evoked by intergenerationally transmitted anxiety around trauma and concurrent vicarious traumatization.

How would these characteristics of passivity, dependency, masochism, and helplessness that may reflect trauma become gender stereotypical? The "caring orientation" is two-sided. Jean Baker Miller (1976) states that what women want is to serve without being subservient. Mature caring and attachment need are often conflated, and their respective implications need to be differentiated. Certainly autonomous, self-selected service is the most desirable way to serve, but the other side of the caring orientation–the side without autonomy, is masochism and passivity. The "dark side" of the caring orientation is the other-orientation of terrified subjugation and devaluation.

The Boys' Picture

The typography most often cited for prescriptive stereotypical masculinity is Brannon's (1976) description of four clusters of norms for masculinity: the Sturdy Oak (which emphasizes physical strength and emotional fortitude), Big Wheel (emphasizing success and achievement), Give 'em Hell (aggression), and No Sissy Stuff (masculinity is avoidance of anything feminine). Various writers in men's studies have their own focus on the problematic "gender straight-jacket" in which boys are raised (Pollack, 1998), but it is generally acknowledged that deviance from gender role prescriptions and proscriptions has more severe consequences for males than for females. (Pleck, 1995; Unger and Crawford, 1995). Men are often described as being unemotional in outward behavior. Indeed, Levant claims that there is "a high incidence among men of at least a mild form of alexithymia–the inability to identify and describe one's feelings in words" (1995, p. 238). Despite this,

measures of physiological responsivity indicate emotionality equal to that of women (Pollack, 1998). Men are often less practiced in expressing their feelings, which may then be channeled into anger (Pollack, 1998; Kilmartin, 1991; Levant, 1995). Many authors in men's studies emphasize the general unacceptability of expression of emotions, other than anger. Especially forbidden are feelings of loss, vulnerability, and shame. In contrast to females, who are more often shame sensitive, boys tend to be "shame phobic" (Pollack, 1998, p. 33). As a result, narcissistic defenses may be overdeveloped. (Betcher & Pollack, 1993; Krugman, 1995; Pollack, 1995). According to Krugman, narcissistic character pathology is "a caricature of the male gender role stereotype: emotionally unflappable, powerful, and in control" (p. 116).

The most often discussed cause of the above has been harsh gender role socialization (Levant, 1995; Kilmartin, 1991; Pleck, 1995; Pollack, 1995). However, harsh socialization of behavioral norms does not explain the origin of these norms. It does not explain the violence, misogyny, and emotional dissociation so characteristic of masculinity in so many cultures (Brooks & Silverstein, 1995). I have suggested that certain aspects of what we think of as "gendered" behavior for girls are largely an outcome of trauma and dissociation, and might be considered a "posttraumatic style." Much of stereotypical masculinity may also posttraumatic. While the key ingredients are still attachment and dissociation, as they are for girls, the trauma route is somewhat different for boys.

The sexual abuse of boys tend to be extrafamilial (79%-83%, prevalence figures from Lisak et al., 1996, and Finklehor, 1984, respectively) and out of the home. Sexually abused boys can develop dissociative symptoms, and highly dissociative boys may also have female gendered parts, resulting from identification with female aggressors and/or which execute the female linked tasks (Grand, 1997). While sexually abused boys can exhibit psychological patterns like those of girls, such as shame, depression, anxiety, suicidality, and self-mutilation, they are more likely than are sexually abused girls to behave aggressively toward others (Finkelhor, 1990; Gartner, 1999; Putnam, 1997). This is a complicated matter. A homophobic society in which needy vulnerability is equated with femininity–which is equated with homosexuality, especially does not foster integration of gender linked states in males.

Boys are subjected to very high levels of physical abuse. Perhaps because our culture teaches us that boys are supposed to be able to "take it," we don't always take in how serious this can be. Pollack (1998) cites a recent Navy study that found that 39% of its male recruits had been ex-

posed to physical violence from their parents. A recent national survey of violent victimization of children and adolescents (Boney-McCoy & Finkelhor, 1995) found that about one half of the boys (47.4%) had been subjected to some form of violent victimization, including 18.4% who had been victims of aggravated assault, and 16.3% of simple assault. In addition, 13.5% had experienced genital violence–violence directed at the genitals with the intent of physical harm. Similarly, Pollack (1998) states that one in ten boys has been kicked in the groin before junior high school. At the same time that they are exposed to high levels of physical threat and violence, boys are socialized to experience and express anger (Fivush, 1989; Fuchs & Thelin, 1988; Kilmartin, 1991; Levant, 2000; Pleck, 1995) and discouraged from expressing emotional need and vulnerability (Unger & Crawford, 1995; Miller, 1976). In this way, a combination of childhood trauma, dissociation, and social pressure may push more boys in the direction of hypermasculinity and aggressivity.

In addition to physical and sexual abuse, boys are more often subjected to ruptures of attachment described as "the male wound" (Hudson & Jacot, 1991), and as a "normative developmental trauma" (Betcher & Pollack, 1993; Pollack, 1995; Pollack, 1998), both involving dissociation of affectional longings and resulting in fears of isolation and feelings of deprivation. Greenson (1968) coined the term "dis-identification" to refer to the (assumed) need for the *male* [emphasis added] child to emotionally separate himself from his primary object of identification, his mother. He felt that the boy then needed to "counter-identify" with the father in order to attain a healthy sense of masculinity. Hudson and Jacot (1991) refer to these two processes as "the male wound," a permanent psychical fissure or dissociation which generates difficulty with emotion. Stoller (1974, 1985) was even more specific stating that the boy must erect an internal "protective shield" of "symbiosis anxiety" against his early "protofemininity": "The first order of business in being a man is don't be a woman" (1985, p. 183). The achievement of masculine gender identity comes at the cost of repudiation of this identification with mother, and often, of everything that is female identified. Stoller's work, then, effectively turned Freud's viewpoint about the greater difficulty of the girl in attaining gender identity, on its head. Chodorow (1978), incorporating Stoller's observations into her earlier work on gender (1971, 1974), maintained that because women universally mother, the differences between the sexes will follow in accordance with their necessary identifications and disidentifications. Men, fearing merger and symbiosis, will have more rigid interpersonal ego

boundaries, will be less relational and more patriarchal; and women, experiencing themselves and being experienced by their mothers as more like and connected each with the other, will be more relational. As did Stoller, Chodorow emphasized that masculinity comes to be defined as "not female."

It should be noted that Stoller's, and then Chodorow's, and then Gilligan's theorizing with regard to the above is based upon a Mahlerian (1975) concept of a symbiotic phase of development. Stern's (1985) seminal work on infant development casts much doubt upon the likelihood or extent of such a phase. In addition, recent anthropological theory, evidence, and reinterpretation of evidence (Eisler, 1987) suggests that despite probable near-universal mothering, not all cultures have been patriarchal. This, then, undermines the "protofemininity" perspective. Taken together, these cast some doubt on Chodorow's claim that near-universal mothering by women results in men who are less relational and more patriarchal. Perhaps the long-standing appeal of these theories has something to do with the unstated underlying femiphobic assumption that a boy's identification with mother and with femininity is to be feared, or is highly undesirable, at best. Herek (1987) has offered an interesting sociological explanation for the same construct–the belief that femininity taints masculinity and must therefore be avoided by "real" (heterosexual) men.

Pollack is the gender theorist who has most explicitly linked the masculine gendered style with trauma. He has postulated that, partly as a result of gender identity issues for the very young boy, "there may be a developmental basis for a gender-specific vulnerability to *traumatic abrogation* of the early holding environment . . . an *impingement* in boys' development–a normative life-cycle loss–that may, later in life, leave many adult men at risk for fears of intimate connection" (1995, p. 41). In his later work (1998), Pollack has suggested that the vulnerable period for boys is around the time they begin school and are pushed out of the nest by their mothers. His emphasis upon the potentially traumatogenic nature of this premature separation is consistent with a number of clinical and research findings suggestive of a common or frequent blunting or dissociation of emotional longings in men. He feels that one result of these repressed yearnings in males may be "the creation of *transitional* or *self-object* relationships with mother substitutes that are meant to repair and assuage the unspeakable hurt of premature traumatic separation and simultaneously to deny the loss of the relational bond" (1995, pp. 41-42).

In my view, Pollack's point that boys tend to be more vulnerable to premature separation from their mothers, and that some of the characteristics of male gendered behavior are derivative of traumatic separations, is an extremely important one. Here I would like to present a simpler alternative to the Stoller/Chodorow/Greenson/Hudson and Jacot perspective that the more rigid interpersonal ego boundaries, fears of merger and less relational characteristics associated with masculinity derive from the fact that the boy is a different gender from his early caretaking figure and must repudiate his identification with mother and females in order to achieve masculine gender identity. This alternative perspective is: perhaps the trauma of maternal emotional abandonment is, itself, genderless; but since this happens more often to boys, and since masculinity becomes narcissistically invested with "superiority," the privilege of being so deprived becomes cherished, as part of the gender role. This hypothesis is consistent with the cognitive developmental theory of gender typing (Kohlberg, 1966), according to which gender identity precedes and organizes gendered behaviors (i.e., "I am a boy; therefore I do boy things," "Boys don't cry or get sad; I get mad–because I am a boy"). As noted earlier, the often compensatory narcissistic patterns, in addition to the dissociation of emotional vulnerability and attachment need are also components of stereotypical "masculinity" (Krugman, 1995; Levant, 1995; Pollack, 1995). This "male pattern" is more characteristic of males, but not specific to them. There are clinical and anecdotal reports of girls who have cut off their attachment longings, who exhibit some of the same characteristics of blunted emotionality, ragefulness, and narcissism.

The Coriolanus Complex: The Warrior

One important variant of this masculine pattern might be called the Coriolanus complex. Coriolanus, a fifth century, BC Roman patrician, was the tragic hero of one of Shakespeare's lesser known plays. In *Coriolanus*, the play, Corialanus personifies the warrior mentality. He was close to his mother, but was banished from her presence as a young child so that he would become the kind of man that she admired–a fierce, emotionally illiterate warrior. The tragedy is in how his banishment from the possibility of needing his mother (a woman incapable of loving her little boy and who used him as her narcissistic extension, her warrior), deforms his humanity: his need for attachment is dissociated, he becomes brutally narcissistic, and his emotionality/rage redirected into war. And he is once again, as an adult, banished from his city that

he needs and loves, because he had become so characterologically damaged. Stoller and Herdt (1985) offer a description of the Sambia, a New Guinea tribe, notable for its fierce warriors and its extreme devaluation and fear of femininity. The boys in this tribe spent their early childhood in extreme, perhaps "blissful" physical closeness to their mothers, only to be suddenly and forcibly ripped away, sometimes from their mothers' arms, to live in an all-male community. These men who were physically close, affectionate, and dependent upon their mothers and who were then traumatically separated from their mothers while still children, became fierce warriors, and misogynistic, heterosexual husbands. While Stoller and Herdt used this to support a specific argument, it also supports the more general one made here–that the premature, forced cut off of emotional longings can be traumatic, inducing a kind of blind rage that can be effectively redirected in war. And, males may be genetically predisposed to respond to trauma with aggressivity (Perry, 1999).

In sum, boys, like girls, are exposed to very high rates of trauma, including physical, sexual, and emotional abuse; but unlike girls, boys are often routinely deprived of one important means to deal with their trauma: emotional closeness with their mothers and/or other attachment figures. In particular, if they have blunted or cut off vulnerability and emotional neediness, which becomes part of their male gender role identity, they are limited in their ability to grieve, which is also necessary in resolving trauma and loss (Pleck, 1995). Thus, much of what appears normative gender may be posttraumatic. Perhaps it is not just socialization–learning, modeling, etc., but, importantly, also trauma, that contributes to the more problematic masculine attributes considered normative: the "give 'em Hell!" hyperaggressivity, the "no sissy stuff," and the narcissistic "big wheel."

Bruce Perry's Contribution to Evolutionary Theory

The last decade has seen remarkable progress in the understanding of the biological aspects of gender and gender identity (Breedlove, 1994; Colopinto, 1999; Diamond & Signumdson, 1997; Halpern, 1997; Hoyenga, 1993). Now we know much more than before about the undeniable impact of genes and hormones on much of sex-differentiated abilities and behavior. However, along with this has come a greater degree of sophistication such that the "either-or" model, or nature versus nurture, has generally been replaced with a psychobiosocial model in which determinism is understood to be highly interactive and in which specific, unitary causes are not always isolatable (Halpern, 1997; Schore, 1998).

Particularly exciting in this new wave of research-generated knowledge are Bruce Perry's (1999, 2000) findings with respect to the tendency of children's physiological responses to trauma to be sex-differentiated, suggesting differing biological predispositions for the form of posttraumatic physiological response. Perry describes how exposure to trauma affects neurodevelopmental processes: hyper- and hypoarousal responses become more pronounced with more early, severe, and chronic trauma. Perry found that while both sexes employ both kinds of responses, that boys' responses to trauma tend more toward hyperarousal than do girls', while girls and very young children exhibit hypoarousal, "dissociative" responses. The hyperarousal response involves "fight/ flight," which begins as a neurophysiological alarm reaction and continues with elevated heart rate, startle response, behavioral irritability, and increased locomotion. The vigilance for threat can increase the probability of aggression. Hypoarousal involves dissociative symptoms such as fugue, numbing, fantasy, analgesia, derealization, depersonalization, catatonia, and fainting. This defeat response, characterized by robotic compliance, glazed expressions, passivity, and decreased heart rates, is similar to "learned helplessness." Perry postulates an evolutionary basis for his findings. In his "environment of evolutionary adaptiveness," men caught in an enemy attack were more likely to be killed, while the women and young children were more likely to be captured. Men's best chance of survival would be to attack or flee, while women's and young children's would be in the dissociative freeze response, which is adaptive to immobilization or inescapable pain.

Adding Perry's information to what we know about the socialization process can be helpful. In particular, it underscores how the posttraumatic aggressivity of boys may appear indistinguishable from stereotypical "masculinity," disguising the trauma and pain underneath. It also underscores how girls' posttraumatic responses are more often dissociative and apparently passive (the freeze response). Both aggressivity and passivity are considered aspects of stereotypical gender, and therefore prescriptive. It is probably more adaptive for us today, to see the heightened gendered form of these responses, not as prescriptive, but as posttraumatic–symptomatic of unresolved pain, trauma, and grief.

The Reproduction of Pathological Gender

Gender is reproduced in many ways. It is elicited by social context, learned, internalized, socially constructed, reenacted, and so on. For

purposes of this paper, the primary emphasis is upon the reproduction of pathological gender via the cycle of abuse. While a number of studies have indicated that most perpetrators of violence and abuse were themselves abused (Finkelhor, 1990; Romano & de Luca, 1997), most victims do not go on to become perpetrators (Gartner, 1999; Lisak et al., 1966). Thus, the prevalence of abuse would decrease if it were not for the fact that perpetrators tend to have multiple victims and to be recidivists. One of the problems is the misreading of posttraumatic hyperaggressivity and violence as normative, a "boys will be boys" point of view. Intertwined with this is the tendency for the descriptive to become prescriptive. In this way, observed male behavior becomes the way males *should* behave. This "is to ought" fallacy needs to be repeatedly addressed, and we need more interventions to help hyper-aggressive males deal with their emotions.

Another pathway is via projective identification and mutual projective identification, whereby individuals and dyads, respectively, may project affects and states that are least gender "appropriate" into and onto others, as well as into other parts of the self. For example, if a woman projects her rage into an already hyperaggressive male, this may not only be immediately dangerous to herself, but it perpetuates the traumatogenic culture both in herself and in the others involved. Or a male may project gender "inappropriate" feelings of neediness into other individuals whom he then physically punishes for what he has disavowed in himself. Such aggression, then, may be traumatic to the others involved, reproducing gendered states in them. In his book, *The Batterer*, Dutton (1995) introduces another perspective on the phenomenon of near-universal mothering: "One reality that may differentiate boys from girls is that the former develop a stronger bond to an opposite gender person at an earlier developmental stage." (p. 107). In adult heterosexual relationships, the man's attachment figure is female, like his mother. If the boy has been intermittently abused in the context of his early attachment or if his security needs have otherwise been overly frustrated, his attachment needs are likely to be intensified, and the threat of separation is likely to produce very strong responses–often very terrified and angry ones. While the anger may be motivated by a desire for soothing, its violent expression can be devastating. This configuration is an important one in the reproduction of gender, especially since children may be witnessing this parental, male-female violence.

An additional problem is the all too frequent collective and individual denial and unwillingness to do what it takes to ensure the cessation of the abuse of children. Most perpetrators are male. One effect of the

patriarchal power structure is to give a covert license to abusive perpetrators of terror within our own culture. Since this confuses victims and bystanders, it gives added cover to perpetrators (Herman, 1981).

CONCLUSION

This article proposes that trauma contributes substantially to the creation of "gendered" states. With increasing psychological health and ability to grieve, these gendered states tend to become better integrated. It is my hope that the foregoing formulation–that much of the pathological gendered behavior (which is so endemic in our culture) has roots in trauma–may help us to better understand and reduce this kind of trauma in the future.

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