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ARTICLE

# Trauma as Cultural Capital: A Critical Feminist Theory of Trauma Discourse

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## Abstract

This essay theorizes a problem for feminism posed by a particular form of trauma discourse. Feminists have played an important role in developing cultural and clinical conceptions of trauma, but one result of the destigmatization of trauma has been that trauma discourse is sometimes used as a form of cultural capital to reinforce existing hierarchies. In a novel application of Pierre Bourdieu's theory of distinction, we show how, when instrumentalized as cultural capital, trauma discourse can be used to reinforce patriarchy and other systems of oppression. We trace a critical feminist history of the struggle to understand and treat trauma. Using examples from contemporary US popular culture, we illustrate the appropriation of trauma discourse to entrench existing structures of gender, class, and racial oppression. First, the misuse of trauma discourse as cultural capital can encourage the instrumental use of trauma claims for cultural power, ultimately reinforcing patriarchy. Second, it might erode the legitimacy of trauma, a conceptual tool pioneered by feminists and still essential to their political claims. This discussion has important implications for not only mental health practitioners and trauma survivors but also feminist theorists, trauma studies scholars, and those interested in deconstructing structural injustice and relations of inequality.

With increasingly open cultural attitudes toward talking about mental illness and therapy, especially among the young and privileged, stigma surrounding mental illness has decreased among younger generations in the United States in the twenty-first century (Pescosolido et al. 2021). These shifts have occurred alongside an increase in popular and scholarly discourse around trauma, both personal and political (Doss 2006). As historians and anthropologists have documented, the concept of trauma has expanded from a medical term referring to physical and psychological wounds to a cultural idea (Leys 2000; Fassin and Rechtman 2009).

With this expansion, trauma has entered the popular lexicon and has undergone “concept creep”—meaning it has come to be used to describe a wider variety of experiences (Haslam 2016; Haslam and McGrath 2020). Many of the ongoing discussions of

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the changing role of trauma discourse have focused on either problematizing (Kansteiner 2004; Haslam 2016; Haslam and McGrath 2020) or defending the benefits (Norman 2022) of trauma's concept creep.

In this essay, we do not continue the debate about trauma's concept creep. This has already been discussed in detail by theorists (Leys 2000; Radstone 2000), empirical researchers (Haslam 2016), and cultural commentators (Pandell 2022). Rather, we critically analyze a particular way that trauma discourse has been taken up, exploring this phenomenon within the longer historical and medical context to examine the broader stakes of this dynamic for feminism. We highlight the normative stakes of the use of trauma as cultural capital by the privileged and powerful to enhance their power and distinguish themselves from those without such cultural capital.

This paper combines insights from mental health research, feminist political theory, and cultural and literary trauma theory to add nuance to ongoing public conversations about the circulation of trauma discourse in the United States. After a brief feminist reading of the history of trauma in European and North American psychology, we draw on Pierre Bourdieu's work to critically reflect on the use of trauma as cultural capital, particularly the misuse of trauma claims as cultural capital by the powerful in ways that uphold patriarchy and other oppressive hierarchies. Drawing on three examples from contemporary political and cultural life in the United States, we then outline the implications of this use of trauma, arguing that it is a bastardization of the political goals of feminists and others fighting for better understandings of and treatments for trauma. Because of feminists' historical role in advocating for trauma to be taken seriously and their commitment to undermining gender-based and other forms of subjugation, feminists should be particularly wary of the appropriation of trauma discourse in ways that entrench rather than undermine existing inequalities. We argue that trauma can be misused in certain ways to supply the already-powerful with cultural capital that enriches them materially, allows them to evade accountability for abuse, and reaffirms hierarchies. Our analysis thus contributes an explicitly *feminist* analysis of trauma discourse, a perspective that is sorely missing both from cultural and literary trauma theory and from contemporary critiques of trauma's "concept creep." This discussion has important implications for those in the mental health professions and trauma survivors seeking to better understand trauma, for those interested in dismantling gender and other oppression, and for cultural and literary theorists of trauma.

### Cultural concepts of trauma

Although the physical conception of trauma has existed for centuries ("trauma" is the Greek word for "wound"), psychological trauma—or an individual's emotional response to a particularly distressing event—is a more recent concept. While often invisible to others, psychological trauma can have immediate or lasting mental, physical, and social effects. In this section, we detail current understandings of trauma in the mental health fields and outline the major debates and conceptual difficulties surrounding psychological trauma. The development of clinical understandings of psychological trauma came out of studies of hysteria, workplace accidents, shell shock, and sexual violence (Herman 1997 [1992], Leys 2000). The first and last of these periods were centered on the experiences of women, and all four movements reveal how the study of trauma is inextricably tied to power, gender, and the credibility of victims.

Between its first recorded use in English in the late seventeenth century and the late nineteenth century, trauma was understood to mean a physical injury (Bond and Craps

2020). Trauma and traumatic hysteria were first studied and defined in the late nineteenth century by psychiatrists, neurologists, and surgeons, most notably neurologist Jean-Martin Charcot and psychologist Pierre Janet (Kaplan 2005). Janet and Charcot identified causes of trauma as shocking external events such as sexual abuse or violence, rather than the conventional wisdom that symptoms were due to problems in the uterus (Fassin and Rechtman 2009). Sigmund Freud later built on this framework, studying hysteria by focusing on patients' physical responses to revisiting a traumatic event (Kaplan 2005; Ringel and Jerrold 2011). What Freud uncovered underneath hysterical symptoms was an epidemic of sexual abuse of women: he reported in 1896 that hysterical women were often victims of rape or incest (Freud 1953 [1896]). The result of this unprecedented attention toward hysteria was that "[f]or a brief decade men of [psychological] science listened to women with a devotion and respect unparalleled before or since" (Herman 1997 [1992], 12). However, this did not last. By the time Freud wrote his famous study of the hysterical patient Dora (Freud 1963 [1905]), he had decided that what was at the root of hysteria was not the childhood abuse itself—an explanation that would have required grappling with the social reality of widespread sexual abuse of girls—but rather patients' erotic excitement around memories of their abuse (Herman 1997 [1992]). Psychoanalysis and the Freudian "talking cure," and all the emotional abuse of women it later caused, emerged from this decision to focus on uncovering women's supposed illicit sexual desires rather than take seriously their experiences of sexual abuse. Feminist criticisms of Freudian theories of sexuality have often acknowledged a disconnect between psychoanalysis and women's lived experiences (Irigaray 1985 [1979]). One reason for this disconnect may be this shift by Freud and his followers away from domestic violence and toward women's purported sexual excitement around their abuse.

As Freud's psychoanalytic theories were taking hold, labor laws and workplace injury compensation gave rise to new conceptions of trauma in Europe and North America. German neurologist Paul Oppenheim created the trauma neurosis diagnosis for railroad accident victims in the late nineteenth century. Because railroad workers who experienced accidents and were diagnosed with trauma neurosis were often excused from work, workers were often suspected of lying to get workplace injury compensation and insurance payouts, a stigma that likely contributed to skepticism of trauma victims' credibility that persist today (Leys 2000; Fassin and Rechtman 2009).

When World War I produced an epidemic of "shell shock," the cultural and clinical conceptions of trauma changed again (Leys 2000; Grinker and Spiegel 1963 [1945]). During the war, doctors who were tasked with separating the "legitimately" wounded from deserters framed "trauma insanity" as a selfish escape from the ultimate sacrifice soldiers were expected to make (Fassin and Rechtman 2009, 43). Those whose trauma was recognized were mostly white European and American veterans. After the war, to treat the trauma of Holocaust concentration camp survivors, psychiatrists developed a theory of "survivor syndrome" (Koranyi 1969), in which survivors were seen as carrying a mental scar. This new framework expanded trauma from an individual, subjective experience to a social one in which trauma was a marker of the social evil collectively experienced by survivors of the Holocaust.

The modern study of trauma in the US emerged from Vietnam veterans and from feminists demanding that child and domestic abuse be taken seriously (Kaplan 2005; Sweet 2021). In 1980 the American Psychiatric Association (APA) first included Post-Traumatic Stress Disorder (PTSD) in its third *Diagnostic and Statistical Manual of Disorders (DSM-III)*, the leading diagnostic tool for mental health providers. This

definition included “recurrent and intrusive recollections” of the traumatic event in its list of symptoms, marking a departure from the psychoanalytic focus on suppressed memories (APA 1980, 328).

At the time, efforts to understand and treat PTSD were mostly focused on men and veterans. Feminist activists agitated for more inclusive conceptions of trauma, insisting that trauma arising from sexual violence was also valid. Women’s advocates such as physician Judith Herman (1997 [1992]) were instrumental in integrating the post-Vietnam approach to trauma with an approach that accounted for violence against women (Leys 2000). This movement of “feminist psychology” (Brown 2017) objected to the APA’s 1987 definition of trauma as “outside the range of human experience,” since sexual abuse of women was commonplace (Brown 1991). Feminist psychologists pushed back against the psychoanalytic view that women were somehow responsible for their own traumatization (Edkins 2003). They found that, despite the high costs of disclosing their trauma (Herman 1997 [1992]), women were telling the truth about childhood abuse and they uncovered how women’s trauma was often *exacerbated* rather than healed by psychoanalysis (Fassin and Rechtman 2009). Feminist claims that the personal was political rose together with therapeutic language in the late twentieth century, and both share common schemas such as listening to the experiences of women (Illouz 2007). This synergy between feminism and mental health awareness continues today, with feminist activists and clinicians contributing to conversations about mental health and sexual harassment of women in the #MeToo movement, mental health and caretaker burnout in the Covid-19 pandemic, and mental health and intersectional racial justice in the Black Lives Matter movement.

Drawing on these new frameworks of trauma as rupture, US deconstructionist literary theorists founded the modern field of cultural trauma theory (Bond and Craps 2020). The early work in this field drew on Theodor Adorno’s often-misunderstood claim that there could be no poetry after Auschwitz (Adorno 1998 [1959]) and on deconstructionist theories that arose in response to the Holocaust (Lyotard 1988; Derrida 1985 [1972]). In particular, literary theorist Cathy Caruth drew on psychoanalysis and deconstruction to argue that attending to the gaps and resistance of representation regarding trauma can paradoxically unveil some understanding of traumatic events (Caruth 1996), while literary theorist Shoshana Felman and psychoanalyst Dori Laub argued that literature and testimony can represent trauma and that witnesses (or audiences or readers) to trauma testimony can be as important as the testimony itself (Felman and Laub 1992). These early writings of trauma theory did not focus on feminism or sexual violence, drawing more from Holocaust studies and testimony.

Later writers have drawn on these foundational texts of “trauma studies” to critique an over-proliferation and misuse of trauma narratives and language. For example, historian Dominick LaCapra argues that work on trauma conflates real individual trauma with an abstract concept of absence, making “working through” trauma difficult (LaCapra 2014 [2001]). Similarly, literary critics Alison Landsberg (2004) and Gary Weissman (2004) identify how new mass media depictions of traumatic events can create what Landsberg calls “prosthetic memory,” a type of identification that Landsberg argues can create new possibilities for solidarity and that Weissman worries may lead to appropriative “fantasies of witnessing.”

Nevertheless, collective tragedies have come to be framed in psychological terms in popular discourse and theory alike, sometimes theorized as “cultural trauma” or “collective trauma” that includes both collective and individual responses to collective tragedies such as slavery (Eyerman 2001), the Holocaust (LaCapra 2014 [2001]), and the

September 11 terrorist attacks (Kaplan 2003). These frameworks include “racial trauma” (Helms et al. 2010), “national trauma” (Kaplan 2005), and “historical” and “intergenerational trauma” (Bombay et al. 2014). These ideas about collective trauma from trauma studies have been influential on the field of memory studies and the study of post-violence memorialization through concepts such as “collective memory” (Halbwachs 1980); “social traumas” (McIvor 2016, 57); and the “abuses of memory” (Ricoeur 2004).

Throughout this historical evolution of the concept of trauma in psychological, cultural and literary studies, trauma has always been about power, the political, and marginalization—from Freud’s dismissal of systemic sexual abuse, to widespread incredulity of the trauma of abused women and injured soldiers and workers, to feminists’ claims that personal trauma is political. The abuse of trauma discourse to reinforce oppressive structures should be especially concerning to feminists and others who work to undermine systematic injustice.

### Clinical understandings of trauma and PTSD

As the *cultural* conception of trauma broadened in the late twentieth century, clinicians began narrowing the *diagnostic* definition of PTSD. Here, too, feminists played an important role, from creating new diagnostic categories capturing women’s experiences of sexual trauma in the decade preceding the entry of PTSD into the *Diagnostic and statistical manual of mental disorders (DSM)* (Brown 2017) to coining the new diagnosis of “complex PTSD,” a result of prolonged and repeated trauma such as an abusive relationship (Herman 1997 [1992]). The term “PTSD” is sometimes used by laypeople interchangeably with “trauma” but refers to a particular psychological response that can arise typically within three months of a traumatic experience (Pai et al. 2017). The definition, symptom criteria, and methods for diagnosis of PTSD have evolved with each subsequent edition of the *DSM* after PTSD was first recognized in *DSM-III* in 1980 (van der Kolk 2000).

Under *DSM-IV*, three types of exposure to a traumatic event qualified: direct personal exposure to the event, witnessing another person experiencing the event, or indirect exposure to the event through a family member or close friend (Friedman et al. 2011). Critics claimed that this allowed medical professionals to be too liberal with their interpretation of “traumatic or stressful event” and thus too liberal with diagnoses of PTSD (US Department for Veterans Affairs 2019). In response, *DSM-V* replaced “traumatic or stressful event” with “actual or threatened death, serious injury, or sexual violence” (APA 2013, 271). *DSM-V* also added a fourth type of exposure to the three included in *DSM-IV*: extreme or repeated exposure to details of a traumatic event. Clinicians have also paid increasing attention to remote exposure to traumatic events, which was widely studied after 9/11 and continues with media coverage of mass shootings and videotaped police brutality in the US (Lowe and Galea 2015).

Mental health clinicians recognize and treat a wide variety of trauma symptoms (Barbash 2017). Those who have experienced a shocking or life-threatening event may experience PTSD and/or more diffuse symptoms like anxiety, anger, guilt, sleep disturbance, depression, stress, physical pain, cardiovascular disease, lower medication adherence, more rapid chronic disease progression, isolation, and difficulties maintaining interpersonal relationships (McFarlane 2010; Gaynes et al. 2015; APA 2019). Exposure to traumatic adverse childhood experiences (ACEs) is linked to a variety of negative effects into adulthood (Felitti et al. 1998).

Further, access to trauma treatment in the US is unequal. Stigma against mental illness is still widespread, especially in communities that may also have an elevated risk of experiencing or witnessing traumatic events, such as racial minority communities, areas with high rates of gun violence, or active-duty military personnel. Many of the communities most at risk of experiencing trauma also have the poorest access to treatment options (Ringel and Jerrold 2011).

### Critiques of cultural trauma

As the limitations of *clinical* frameworks were being debated, so too were *cultural* conceptions of trauma. Soon after the paradigm of cultural trauma was introduced in the humanities, some scholars and commenters began reacting against “what rapidly was seen as a kind of ‘faddish’ interest in trauma, or a collapsing of everything into trauma” (Kaplan 2005, 25). Much of this critique has been directed at “concept creep,” or the phenomenon of a definition being stretched to include other instances that previously were not included within its parameters (Haslam 2016). Not only has the clinical concept of “trauma” expanded over time to include more forms of *individual* trauma like emotional abuse, racial stress, divorce, and job loss (Barbash 2017), but it has also become a broader cultural metaphor for collective experiences. Some critics argue that trauma’s concept creep creates conceptual confusion that could dilute its meaning, claiming that the use of trauma as a metaphor for things like language’s failure to communicate (Felman and Laub 1992; Caruth 1996), for violent histories of slavery (Eyerman 2001), or for terrorist attacks (Kaplan 2005) can conflate individual and collective experiences of violence or stress, rendering both less meaningful (Leys 2000; Kansteiner 2004) and “flatten[ing] out the landscape of life events” (Haslam and McGrath 2020, 528). Other critics argue that trauma’s concept creep pathologizes everyday experience, encouraging an unproductive identity of victimhood. This cultural transformation of trauma has been theorized by psychologist Nick Haslam as “virtuous but impotent victimhood” (Haslam 2016, 1), by historian Dominick LaCapra (2014 [2001]) as “traumatropism” that may valorize victims and create martyrs, and by historian Wulf Kansteiner as a stance that turns “us all into accomplished survivors” (Kansteiner 2004, 203).

This essay does not intervene into the debate about whether trauma has become too expansive. Commenting on whether the cultural conception of trauma has expanded too widely can easily slip into delegitimizing the trauma of marginalized groups such as women of color. Thus, we are not interested in furthering debates around whose trauma can be rendered morally legitimate (Mowitt 2000). Rather, we suggest a critique that is missing from these discussions—the use of trauma discourse as cultural capital to uphold patriarchal power structures—and describe the stakes of this phenomenon for feminism. Specifically, we demonstrate how trauma discourse can be wielded to minimize the trauma of the less powerful, cause additional trauma, and gain social or economic capital.

### Trauma discourse as cultural capital

As we have shown, trauma’s concept creep has been thoroughly critiqued by scholars and commenters from a variety of disciplines. However, many of these scholars have not problematized the ways that trauma can act *politically* and in ways that reproduce power dynamics. Following Dominick LaCapra’s call to recognize that efforts to



diminish future trauma are often aimed at subverting class, gender, racial, and other inequalities (2014 [2001]), we turn our attention to the relationship between trauma and power—specifically patriarchy. We highlight a particular use of trauma talk in North America and Europe: the use of trauma as Bourdieusian cultural capital by the privileged to enhance their power and distinguish themselves from those without such cultural capital. Drawing on Pierre Bourdieu and feminist theory, we argue that certain uses of trauma discourse by those already in a position of power can emerge as attempts to bolster one's own social standing rather than to promote stigma-reducing dialogues about trauma. As such, these invocations of trauma can be misused to reproduce, rather than undermine, patriarchy and other structures of oppression.

French social theorist Pierre Bourdieu's theory of cultural capital helps illuminate the ways that the powerful often use cultural signifiers to further empower and enrich themselves by distinguishing themselves from marginalized people. In Bourdieu's social theory of class, there are four types of capital that demarcate class and confer power: economic capital (material and financial resources), social capital (power that comes from relationships and associations), cultural capital (familiarity with high culture or the tastes of higher classes), and symbolic capital (prestige, charisma, and authority, or the other forms of capital when they are seen as legitimate) (Bourdieu 1984 [1979], 1985). Individuals can have high levels of one source of capital but low levels of another, like a starving artist with high cultural capital (Bourdieu 1984 [1979]). Additionally, different types of capital can be more or less useful in gaining power and social position in different "fields," or social contexts (Bourdieu 1985).

For Bourdieu, individuals are socialized into classes through their upbringing, education, and background to embody their class through everyday habits and ways of life ("habitus") (1984 [1979]). Cultural capital is usually expressed through various mannerisms and signifiers like clothing, dress, educational credentials, and, most importantly for the present analysis, language (Bourdieu 1984 [1979]).

An important contribution of Bourdieu's theory of capital is the idea that the things people prefer and the ideas they invoke are not simply a matter of personal taste but are rather shaped by power and social structures—that the personal is political. It is ultimately a critical theory of how the powerful, who are socialized in particular ways, maintain their power by distinguishing themselves from lower-status groups and enhance their own power (1984 [1979]). One such form of cultural capital is language and terminology—what words individuals use can signal to others that they are "in the know" or in the right social circles.

Despite this acknowledgment that the personal is political (or at least power-enhancing), gender is not central to Bourdieu's analysis. Bourdieu does occasionally account for women in his theories of capital: he sees gender as not itself a type of capital (Moi 1991) but as a set of relations that help organize value (Skeggs 1997) or a secondary category by which other forms of category are organized (McCall 1992). Bourdieu analyzes gender *within* social and economic classes, including by tracking class differences in women's adherence to beauty standards (Bourdieu 1984 [1979]). Despite Bourdieu's failure to fully recognize the cross-cutting effects of gender across classes, feminist theorists have pointed to the utility of his framework for feminist analysis (McCall 1992) and for studies of socialization into or performance of femininity (Lovell 2000). However, feminist theorists writing on Bourdieu's theory of capital have mostly focused on its implications for women and the question of whether gender is itself a form of capital (Moi 1991; McCall 1992; Skeggs 1997; Lovell 2000; Reay 2005). In a novel application of Bourdieu's theory of cultural capital, we add to these feminist



readings of Bourdieu by showing how personal trauma can be used as a form of distinction or symbolic wealth to enhance or preserve power and ultimately reinforce patriarchy.

We are building on the work of sociologists Eva Illouz and Dana Kaplan on emotional capital (Illouz 2007) and sexual capital (Kaplan and Illouz 2022), which applies the concept of capital to the “private” sphere and argues that sexual and emotional capital often translate to economic capital. However, unlike these authors our intervention is more explicitly feminist. Illouz and Kaplan downplay the connection between these forms of capital and gender inequality, seeing emotional capital, or fluency in the emotional field and therapy talk, as “blur[ring] gender divisions” (Illouz 2007, 23) and concluding that the same basic process of using sexual empowerment for economic advancement is at work for both men and women (Kaplan and Illouz 2022, 57). We go further than these theories to highlight how these forms of power can be used to reinforce inequality, including gender inequality.

Trauma discourse poses interesting dilemmas for feminism. On one hand, feminist theorists and activists played an important role in ensuring trauma is taken seriously by mental health professions and have been the pioneers of taking the inner lives and household dynamics of women seriously while pushing to legitimate women’s trauma—from the consciousness-raising movement (MacKinnon 1989) to Black feminism (Collins 2000) to scholarly discussions of the politics of emotion (Ahmed 2013) to battles to recognize women’s traumatic experiences of sexual abuse (Herman 1997 [1992]). On the other hand, the use of trauma as cultural capital may inadvertently result in trauma talk being used to re-entrench, rather than dismantle, existing structural injustices. Below, we describe the stakes of this dilemma and outline the contours of a critical feminist theory of trauma. We argue that feminists should explore how cultural ideas of trauma might bolster their political claims while remaining wary of the misuse and appropriation of trauma claims by the powerful in a way that reinforces structural injustices. To illustrate this point, below are three vignettes.

### *Junot Díaz and trauma disclosure*

In 2018, the Dominican-American writer Junot Díaz was accused of attempted sexual assault, sexual harassment, and inappropriate sexual behavior by several female Latina, Black, South Asian, and multiracial writers, including at least two women who were graduate students while he was in a faculty position and, later, a Pulitzer Prize-winning author (Flaherty 2018). Díaz initially briefly apologized for his actions but later retracted this, writing in a statement, “I take responsibility for my past. That is the reason I made the decision to tell the truth of my rape and its damaging aftermath” (Alter et al. 2018). Moreover, in the month before the accusations emerged, Díaz had published a piece in *The New Yorker* publicly describing his experiences of childhood sexual assault for the first time (Díaz 2018). In the *New Yorker* piece, Díaz connects his childhood trauma with his behavior towards romantic and sexual partners as an adult. Díaz’s recounting of his childhood trauma in the same breath as his apology for his actions as an adult reveals the power of trauma in contemporary cultural discourse. He disclosed his own trauma to deflect from or excuse his infliction of trauma on women over whom he had power as a famous male writer and faculty member. While Díaz’s childhood sexual assault should by no means be minimized, many people with childhood traumas or adverse childhood experiences do not commit sexual misconduct as an adult.

This example is further complicated by the racial politics of sexual assault accusations, which are always colored by both race and gender (Crenshaw 1989). In the aftermath of the accusations and Díaz's trauma disclosure, several responses highlighted the tension between Díaz's traumatic experiences as a child and the trauma he caused for these women of color, many of whom were disempowered relative to Díaz. Shreerexha Subramanian was a graduate student in the department that Díaz had just joined as a faculty member when they met. Subramanian, a self-identified dark-skinned South Asian woman, was victimized by Díaz, and she explicitly notes that women of color often bear the disproportionate brunt of the unprocessed trauma of their male lovers. Subramanian writes, "One trauma does not and should not become an alibi for the other ... By accepting his narrative of trauma as the linear narrative that propels the carnage of love in his fifty odd years on the planet, he further legitimizes the networks of historical systems of erasures and structural violence in which the lives of black and brown women are always already mired" (Subramanian 2018).

In addition to the race and gender of Díaz's victims, Díaz's own race was the subject of public attention. The accusations against Díaz sparked a debate in literary and feminist circles over what behavior constitutes a "valid" reason for action against the accused who are racially marginalized. An open letter to the *Chronicle of Higher Education* signed by several prominent feminist scholars called for more attention to Díaz's racial identity, urging "a sustained attention to how the violence of racial hatred, structural poverty, and histories of colonialism extend into the most intimate spaces" (*Chronicle* 2018). A letter written in response to the *Chronicle* letter by women, gender non-conforming, and trans scholars of color responded that "in an effort to protect Díaz, a man who has undoubtedly faced colonial legacies of racism and endured victimization as a child himself, the signatories of the original letter imply that those enduring similar systemic violence, but who currently hold far less power than Díaz, not air the dirty laundry of our communities" (*Medium* 2018).

A critical feminist theory of trauma might interrogate Díaz's use of trauma in this situation not to invalidate his experiences of childhood trauma nor to fall into the retributive narratives around sexual assault that often disproportionately punish Black and brown men, but rather to critically examine Díaz's use of trauma discourse. In the contemporary landscape of trauma talk, in which trauma disclosures have become more common and victims are often seen as morally virtuous (Jordan and Kouchaki 2021), what are the repercussions of the use of trauma disclosure to gain or retain social power? In progressive literary circles, where trauma talk is relatively destigmatized and often even rewarded, trauma disclosure can work as cultural capital, redirecting attention away from the pain of Díaz's accusers and towards his own. Díaz might have hoped that his disclosure would protect him against further judgment.

A critical feminist theory of trauma discourse can acknowledge both the horror of Díaz's childhood trauma and his traumatization of women of color. Rather than adjudicate whose trauma is more legitimate, we suggest a critical interrogation of the *way* that trauma discourse was employed by Díaz: as a form of cultural capital that was wielded with the aim to exonerate him from the infliction of trauma on others. Díaz exchanged his trauma disclosure for this public exoneration, drawing on trauma discourse as a form of cultural capital that circulates among those "in the know" about the value of such discourse.

This vignette, in which a Latino man was accused of misconduct by Black and brown women, demonstrates that one can be part of a marginalized group and still use cultural or other forms of capital to establish a position of power over others. Bourdieu

emphasizes that lacking one form of power or social position can lead individuals from disempowered groups to seek power through another route (such as social or cultural capital). For example, the *nouveaux riches* lack the generational wealth of older wealthy families but use cultural signifiers to climb the social ladder (Bourdieu 1984 [1979]). Similarly, Bourdieu notes that women, who in conditions of patriarchy cannot gain power through their gender, are more likely than men to pursue distinction through cultural products such as proper language and pronunciation (Bourdieu 1991, 50, 101). These weapons of the weak do not automatically lead to empowerment, however, as different types of capital are more meaningful in different “fields” or contexts (Bourdieu 1985). However, in certain fields, deploying the correct language may be a ticket to inclusion and empowerment, which—as in the case of Díaz and his accusers—can reinforce rather than undermine hierarchies.

### *Brock Turner and competing trauma claims*

In 2015, Chanel Miller wrote a powerful victim impact statement detailing her sexual assault by Brock Turner at a Stanford fraternity party and its profound effect on her emotional, mental, and physical functioning. The statement was widely read and quoted in the media, and the details of the horrific assault made the trial a national news story. While Turner was on trial for causing severe physical and mental trauma for Miller, his statement to the judge and his legal team’s defense cited the potential for future traumatization of Turner, as his collegiate swimming career and bright future would be ruined by a conviction and had already been damaged by the public attention to the case. In his statement to the judge, Turner employed the language of trauma, disclosing debilitating feelings that “never leave my mind” and make him “shake uncontrollably,” render him unable to hold a conversation or sleep, and leave him “completely consumed” with the events of the assault and its aftermath (Levin and Wong 2016). Turner used trauma discourse as cultural capital to appeal to the presiding judge (who, like Turner, had been a white male Stanford athlete in a fraternity) and imply that his bright future would be wasted. This appeal worked, as the judge, who was later recalled by California voters, sentenced Turner to six months’ imprisonment, only three of which Turner served (Miller 2019).

In this example, Turner and his legal team used trauma disclosure as cultural capital to protect him from receiving the full legal consequences for his actions. Two important things distinguish this use of trauma as cultural capital from the Díaz example: Turner claimed to have been traumatized by the experience of being a *perpetrator*, and he claimed the potential for *future* trauma. Claims of future trauma are not inherently problematic (for example, domestic violence restraining orders are also a form of claiming future trauma), but this particular claim of future trauma by someone who holds virtually every form of social privilege reinforces, rather than undermines, patriarchal, racial, and class hierarchies. Nor are claims of perpetrator trauma necessarily problematic, although, as Dominick LaCapra (2014 [2001]) and others have argued, it is important to recognize culpability even while we recognize the possibility for perpetrating violence to traumatize perpetrators. Ultimately, the question should be whether trauma disclosure as cultural capital is being used to *undermine* or to *reinforce* patriarchal and other systems of oppression. Turner’s claims of perpetrator trauma, rather than advancing a nuanced understanding of trauma, followed a “tendency to discredit the victim or to render her invisible” (Herman 1997 [1992], 8) that is still characteristic of conversations around sexual assault in the contemporary United States.

Beyond reinforcing gender injustice in sexual assault cases, Turner's use of trauma disclosure also reinforced racial and class inequalities. His defense leveraged his social and cultural capital as a star athlete, a white man, and an Ivy League fraternity brother in combination with trauma discourse to obtain a much more lenient sentence than those with lower status—like Latinx and Black men—often receive in the United States criminal justice system. As Miller put it in her victim impact statement, Turner's attorney and the probation officer's consideration of his forfeited potential for a bright future served only to highlight the ways that cultural capital is used to enrich those who already have significant cultural, social, or economic capital (Miller 2019):

If a first-time offender from an underprivileged background was accused of three felonies and displayed no accountability for his actions other than drinking, what would his sentence be? The fact that Brock was an athlete at a private university should not be seen as an entitlement to leniency, but as an opportunity to send a message that sexual assault is against the law regardless of social class.

This connection between cultural capital, future economic capital, and inequality mirrors Bourdieu's original inspiration for the idea of cultural capital: his observation that educational institutions replicate rather than undermine existing inequalities in cultural (and therefore material) capital (Bourdieu 1986). Turner's use of trauma discourse as cultural capital seeks to ignore the cultural capital he already possesses, especially *vis-à-vis* Miller, while using trauma talk to further class distinction and reinforce race, class, and gender power structures within the criminal justice system.

Additionally, this appeal to white male victimhood at the hands of the #MeToo and feminist movements is part of a larger pattern of responses by the accused (Banet-Weiser 2021). In a media environment that tends to be skeptical towards survivors, sensationalize accounts of sexual assault, and sympathize with perpetrators (Herman 1997 [1992]; Aroustamian 2020), this has been an effective strategy to gain or retain cultural capital—especially for those who already hold high social status because of race, gender, education, and class. Moreover, this strategy minimized the severe mental and physical trauma the assault caused for Miller (Miller 2019), just as Díaz's use of his childhood trauma drew attention away from the trauma he was accused of causing. The message that the Turner and Díaz examples convey is that a perpetrator's past or future trauma can be called upon and used as cultural capital to empower them, often with the effect of downplaying and exacerbating the trauma experienced by survivors of the trauma that they themselves inflicted.

### *The Bachelor and trauma dumps*

Trauma used as cultural capital is not exclusive to response to sexual misconduct allegations; minor celebrities and social media influencers also use trauma disclosure to gain followers and exposure. As trauma talk becomes more widespread and socially accepted in the US, many American dating reality shows have begun to elicit "trauma dumps" from contestants for them to gain screen time and attention within the competition. This emphasis is stark on the dating competition television shows *The Bachelor* and *The Bachelorette*. For example, in the 2019 season of *The Bachelorette*, during a date between the show's lead Hannah Brown and contestant Luke Parker, Brown is clearly leaning toward eliminating Parker from the competition. Brown

confronts Parker and asks him to “open up,” implying she will eliminate him if he does not. Parker deflects and refuses to offer up information about his past and his emotions, leaving Brown dissatisfied. Brown returns to Parker and says she “needs more” and wants to know “the real stuff” about him. Later, at dinner, he reveals feelings of needing to be perfect, a halfhearted effort at the trauma disclosure that she and the show’s producers seek. He is soon eliminated from the competition.

On these shows, contestants typically advance in the competition through an on-camera “trauma dump” of a parent’s death or divorce, an adverse childhood experience, or a recent life-threatening event. In one extreme example on the 2022 season of *The Bachelor*, one contestant was eliminated for failing to reveal sensitive details about her past during an on-camera psychoanalysis session. Other contestants who have failed to follow this norm have been eliminated from the competition after displaying an inability to tell a sufficiently traumatic story. Sometimes contestants explicitly acknowledge the trauma dump requirement on camera; for example, in the 2020 season of *The Bachelor*, one contestant worried aloud that she would not advance to the next round without a sufficient “sob story” (Fallon and Gray 2022). The circulation of cultural capital is as much about access and exclusion as it is about distinction (Skeggs 1997)—and contestants who are “in the know” about trauma discourse have access to all the economic and social advantages that more screen time provides, while those who are not “in the know” or for whom a trauma disclosure would be too emotionally difficult do not. Thus, the trauma dump norm reinforces class and cultural distinction, as those “not in the know” or with too painful or personal a story to share on national television are often eliminated during the show’s “rose ceremonies.”

Moreover, the way that trauma discourse is deployed as cultural capital on these shows has important discursive power to shape viewers’ understandings. The “trauma dump” expectation conveys a problematic message to viewers: trauma disclosures are a tool for gaining social power, romantic attention, screen time, and possibly eventual fame. Further, the norms of the show encourage contestants to use medical and psychological terminology during their trauma dumps. As this terminology tends to give its speaker social authority (Conrad 1992), trauma is thus used as a form of cultural capital, in which those in the know can use this tactic to gain social and economic power. More trauma disclosure can lead to more screen time, which in turn leads to a larger social media following, and therefore potential brand partnerships, career advancement opportunities, a free diamond engagement ring, or other financial and social benefits. These contestants are thus using trauma disclosure as fungible cultural capital that can be converted into economic capital (Bourdieu 1986). Normalizing the use of trauma to enhance one’s own power—rather than to process traumatic experiences, seek mental health treatment where necessary, and destigmatize the healthy processing of traumatic experiences—reinforces existing power structures, including gender and racial power dynamics.

Unlike the Díaz and Turner examples, on *The Bachelor* trauma disclosure is used to advance future publicity, rather than explain prior behavior. However, in all three vignettes, trauma disclosures are used as cultural capital to increase or retain power, often with the effect of reinforcing structural inequalities. As reality television shows have discursive power to reinforce or resist stereotypes (Dubrofsky and Hardy 2008), the messages they send viewers can help shape collective understandings of things like trauma disclosure. If the message is that trauma disclosure is an effective form of cultural capital—perhaps a prerequisite to finding love, winning material rewards, or gaining fame—this may encourage the instrumentalization of trauma discourse, in

which it is used for personal advancement rather than destigmatizing or healing. This could in turn create setbacks for the feminist movements to take (women's) trauma seriously and to acknowledge the connections between traumatization and systemic (including gender) injustice: if trauma disclosure is seen as a hoop to jump through for personal gain rather than a genuine step toward healing, this may cause skepticism of trauma claims.

In these three instances, trauma disclosure is used as currency with exchange value to (1) maintain power and reduce reputational costs of sexual assault accusations (Junot Díaz), (2) evade criminal punishment and replicate racial and gender hierarchies (Brock Turner), or (3) gain material benefits and promote cultural distinction (*The Bachelor*). While these vignettes do not illustrate an exhaustive list of the ways that trauma discourse can be used as cultural capital, they show different ways that trauma as cultural capital can be used cynically for self-advancement and to uphold rather than undermine patriarchy and other forms of oppression. We argue that feminism should be able to critique when trauma claims are used in such ways.

### A critical feminist theory of trauma

What ideas of trauma are circulated in these stories? What uses are these figures making of trauma? What, by telling stories of trauma, are these individuals claiming? What advantages, material, social, and cultural, will they obtain? What is gained by the language of trauma, both for those who circulate it and for the idea itself? What is the effect of these uses of trauma on patriarchal, racial, and class hierarchies?

As discussed above, we are not interested in questioning the authenticity of claims of trauma, but rather critiquing their use and misuse. We argue that feminists should worry about the use of trauma discourse as cultural capital for two reasons: first, it encourages the instrumental use of trauma discourse to gain or retain cultural power, ultimately reinforcing patriarchal hierarchies, and second, it might erode and dilute the meaning and legitimacy of trauma, a conceptual tool pioneered by feminists and still essential to their political claims.

First, the use of trauma as cultural capital turns trauma discourse into instrumental rhetoric, a means to gain or retain cultural power and ultimately reinforce existing hierarchies. For those who already hold cultural capital (for example, those in elite educational institutions or literary circles or those "in the know" about what to say in a given context), trauma discourse can be instrumentalized to hold onto or gain more cultural cachet by signaling to others in the know. This can also, perversely, be used to undermine the political demands or legitimacy of the disempowered, or in Bourdieusian terms, to delegitimize the cultural capital of lower-status people by preventing their trauma disclosure from becoming symbolic capital (Skeggs 1997). This may occur if claims to trauma by survivors and the disempowered (like Chanel Miller) are overshadowed by claims to trauma by perpetrators or the relatively powerful (like Brock Turner). Because trauma is in a certain sense incomprehensible, it is difficult to establish a hierarchy of trauma (Edkins 2003). Therefore, once the trauma of a Brock Turner or a Junot Díaz enters a field already occupied by the trauma of a Chanel Miller or a Shreerexha Subramanian, it becomes difficult to judge these claims against each other. Similarly, when trauma disclosure is a prerequisite to advancing in a reality dating show, this not only advantages those willing or able to disclose trauma, but it also models for viewers the instrumental use of trauma disclosure on demand. Consciously or unconsciously taking advantage of trauma's flattening effect, individuals might appropriate trauma



discourse to protect their reputations, protecting the status quo and upholding existing hierarchies. This may have important implications for the ability of marginalized groups to make trauma claims, which should concern mental health practitioners and those working to dismantle gender, racial, and other forms of systemic injustice.

Second, the use of trauma as cultural capital might erode and dilute the meaning and legitimacy of trauma. The mainstream legitimacy of trauma was hard-won for feminists, sexual assault survivors, and others who advocated for the study and treatment of trauma and to include women's experiences of trauma. While normalizing the language of trauma has enormous potential to reduce stigmas around mental illness, the specific use of trauma disclosure as cultural currency might lead to the effacement of the idea of trauma and the dilution of trauma's conceptual power for the mental health experts who sorely need this concept in their scholarship and practice. This should be concerning to feminists who care about the mental health of people of all genders and about making political claims around trauma, emotions, and the personal.

The stakes of this dynamic are high. Scholars now speak of the 2020s as an "age of trauma" and refer to a "syndemic"—an epidemiological term referring to multiple pandemics (Covid-19, racial crises, economic inequality, etc.) that occur simultaneously and exacerbate socioeconomic and health inequality (Rosenbaum 2021). If the use of trauma as cultural capital might undermine the acute need for racially minoritized groups to make claims about and based on their experiences of trauma, then its diluting power should be concerning to intersectional advocates for gender/race/class justice.

We want to distinguish this critique from that of Frank Furedi, Susan Sontag, and other critics of "therapy culture." Furedi (2004) waxes poetic about a time before the vocabulary and framework of mental health were so deeply embedded in popular culture, when individuals had to rely on fortitude and stoicism rather than share their emotions. We do not share Furedi's concern about the destigmatization of mental illness and emotions; we are concerned that such a critique is both implicitly gendered and harmful to feminists' success in legitimating emotions and mental health in the mainstream. A feminist critique of the use of trauma as cultural capital does not mean that trauma should not continue to be used as a theoretical and psychological concept, nor that work to reduce stigma should cease. As E. Ann Kaplan puts it in a response to Susan Sontag (2001), "But was the therapy discourse really that inappropriate? Mightn't therapy talk be viewed as usefully included in public discussion in times like this ... isn't it interesting to see psychological issues being taken seriously by a press that has traditionally scorned such perspectives?" (Kaplan 2005, 16). Therapy talk can be appropriate in public discussions, but a feminist analysis ought to attend to the particular ways trauma is being used—using what ideas of trauma? To what ends? And to whose gain?

The critically informed theory of trauma discourse we have sketched out here is especially attentive to structures of power. Trauma discourse has been a powerful way for feminists, people facing racial and gender oppression, and other disempowered groups to articulate the obstacles they face. For example, a structural critique of the unequal rates at which people facing gender and other forms of oppression experience trauma can be the basis for political demands (Tseris 2013). However, one downstream effect of the proliferation of trauma discourse is that it has also been appropriated by the powerful and instrumentalized as a form of cultural capital to be circulated, upholding existing hierarchies and rendering trauma discourse less potent. A critical feminist theory of trauma can urge caution and thoughtful critique when encountering trauma as cultural capital.



Feminism's important role in exposing the emotional underbelly of political life—from claims that the personal is political to advocacy for domestic abuse victims—indicates that feminists have a particular interest in preserving the ability of the disempowered to make meaningful claims on the basis of trauma. The use of trauma as cultural capital often reinforces systemic oppression and threatens that ability, which should concern feminists, mental health advocates, and cultural trauma theorists alike.

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