
From Hidden Trenches to the Frontline: Positioning/Re-positioning Female Veterans through War Literature and Kristen Hannah's "The Women"

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Abstract: This paper explores the multidimensional trauma experienced by female Vietnam veterans through Kristin Hannah's novel *The Women*, using the theoretical frameworks of Cathy Caruth, Bessel van der Kolk, and Judith Herman. Focusing on the protagonist, Frankie McGrath, the paper argues that her psychological, physical, and sociopolitical trauma is not only a result of her wartime experiences but also the erasure and betrayal she faces upon returning home.

Caruth's theory of belated trauma, van der Kolk's concept of embodied suffering, and Herman's model of trauma recovery reveal how Frankie's healing is continually disrupted by institutional denial and societal silence. The paper also incorporates historical evidence—such as the manipulation of death counts and the delayed recognition of their service—to contextualize Hannah's fictional narrative within real-life systemic failures. Through Herman's three-stage model—safety, remembrance, and reconnection—the analysis traces Frankie's fragmented path to recovery and argues that collective acknowledgment is essential for healing. *The Women* ultimately functions as a corrective narrative, challenging national memory and restoring voice to the often-overlooked stories of women who served. The novel becomes a literary and political act of remembrance and resistance.

Key Words: Vietnam War, Female veterans, Trauma theory, Postwar erasure, Institutional betrayal, Sociopolitical trauma, Intersectional trauma, Gender and war.

Introduction: War doesn't end on the battle field; it follows you home, leaving scars that remain visible and memories that continue to haunt both soldiers and civilians who survive it. From soldiers in world war I to disillusioned veterans in Vietnam, literature has widely depicted their sacrifices and psychological burden they carried— particularly those of men but what about women? Their sacrifices and efforts have been largely overlooked in literature especially of female veterans.

Kristin Hannah's novel *The Women* fills this gap by narrating a story of a young woman named Frankie McGrath who serves in Vietnam war as a combat nurse and faces its horrors—only to return to a society who not only neglects her sacrifices rather erased them, claiming that women were not the part of the war. Through *The Women*, Hannah exposes the physical and psychological wounds of war and cost of social neglect paid by female veterans. Readers are forced to confront the hidden traumas of women in combat, revealing how war does not end when a soldier or nurse leaves the battlefield rather it stays with them—in their body, mind and memory.

By analysing *The Women* under Caruth Caruth's theory of unclaimed experience, Bessel Van Der Kolk's argument on the body's retention of trauma, this paper explores how the novel serves a powerful narrative of war trauma. Through Frankie's experience, the novel not only explores the physical and psychological effects of war but also highlights the unique challenges faced by female veterans by the neglect, erasure and lack of validation they receive from society and the government. This connects directly to Judith Herman's theory of trauma and recovery, which argues that social recognition and acceptance are the first steps toward healing for trauma survivors.

Frankie's journey was shaped by post-traumatic stress disorder (PTSD). She suffered from nightmares, flashbacks, anger and flinching at loud voices, all of which made it difficult for her to go back to the normal civilian life. Once a person returns from war, they do not go back to their old life—they have a new normal. Even during the combat zone Frankie had a 'new normal': life exposed to death and trauma, where after work parties and alcoholism became a coping mechanism to forget the horrors of the day rather than confronting them.

As a combat nurse, Frankie witnesses a lot of gruesome injuries, dying soldiers, all while feeling helplessness of not being able to save everyone. This cycle of suppressing trauma through distraction only deepened her psychological wounds, making reintegration into a society that refused to acknowledge her service even more painful. The outright erasure—people refusing to believe that women even served in Vietnam, forcing her to suppress her own suffering. As Bessel van der Kolk writes in *The Body Keeps the Score*, "Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives." (Van Der Kolk 101). Frankie's environment, both during and after the war, denies her that safety and connection, leaving her trapped in unresolved trauma and silence. Her story exemplifies how war trauma is not just about the battlefield itself but also about the psychological wounds inflicted by an uncaring society that refuses to acknowledge a veteran's pain.

Trauma studies provide a valuable lens through the work of Cathy Caruth as she suggests that traumatic experiences cannot be fully processed at the time they occur, causing them to return later in fragmented, disruptive ways. Frankie's intrusive flashbacks, difficulty speaking about her experiences, and emotional numbness align with Caruth's idea that trauma is an **unassimilated wound**, one that resurfaces unexpectedly through memory and

behaviour. Caruth argues that trauma survivors often experience their past as if it is constantly repeating in the present, making it nearly impossible to move forward (Caruth 45).

Similarly, in *The Body Keeps the Score*, Van Der Kolk argues that trauma is stored in the body, leading to physical symptoms such as insomnia, chronic pain, and heightened stress responses—physiological effects of trauma. He explains, trauma is not just an event that took place sometime in the past; it is also the scar left by that experience on mind, brain, and body (van der Kolk 21). Throughout *The Women*, Frankie struggles with nightmares, often waking up on floor without realising how, panics attacks and self-medication through alcohol all of which reflect van der Kolk's assertion that trauma is not just psychological but deeply embedded in the nervous system. She remains in state of hypervigilance even when she is safe. Her mind and body are still in the war zone which makes it hard for her to reconnect with family, maintain relationships, or find a sense of normalcy post-war.

Unlike male veterans, whose pain, though often misunderstood but was still acknowledged. Frankie's service in the war was actively denied and erased by those around her. When she returns home the outrage on her army uniform at the airport and her utter disbelief when people claim "women weren't in Vietnam" and the struggle of her to reach home with no available cab showed how dismissive people were. This refusal of validation further isolates Frankie, especially when it came from her family, making her feel as though her experiences were illegitimate or imagined. As Judith Herman argues in *Trauma and Recovery*, "recovery can only take place within the context of relationships; it cannot occur in isolation." (Herman 149). Without recognition and support, the survivor remains trapped in a cycle of silence and internalized suffering. Frankie's addiction to alcohol and social withdrawal are consequence of not only her war trauma but also the rejection she faces from society and lack of understanding to her changed behaviour, depriving her of the acknowledgment necessary to begin healing.

Internalized Gender Norms: Can Women Be Heroes? Frankie McGrath raised in a privileged and conservative household internalizes that heroism and war belonged to men. Her understanding of patriotism is shaped by a household that reveres military service—embodied in the "heroes wall," where men are honoured in uniform and women are remembered in wedding dresses. Coming from a family where father openly admired her brother's military role, Frankie never imagined or wanted to be part of the army. When Rye Walsh claims that "women can be heroes" (Hannah 8). She laughs it off but soon realises he is serious—reveals how deeply she has internalized gender norms that exclude women from narratives of valor. Her decision to join army was not her belief in her own power or want, but to make her father proud and claim a place within a masculine legacy of honour.

Once in Vietnam, Frankie sees herself as an outsider, unworthy of the identity she wears in uniform. This sense of unbelonging mirrors a broader cultural narrative that historically erases women's contributions to war. As Judith Herman notes, "the core

experiences of psychological trauma are disempowerment and disconnection from others” (Herman 149). Her alienation is not just a personal struggle but a reflection of the systemic denial of female agency in war and history.

However, her belief starts to unravel as she experiences the frontlines as an army nurse. The horrors she witnesses, the lives she saves, and the experiences she endures force her to recognize the courage and strength she possesses. She comes to understand that patriotism is not solely about taking lives in combat—but also about preserving them. In the chaos, Frankie and her fellow nurses hold dying soldiers in their arms, perform emergency surgeries in tents, and carry home a trauma that no one prepares them for. As Bessel van der Kolk explains trauma is not just about experiencing horror, but about the world’s failure to acknowledge that horror—through silence, shame, and denial (van der Kolk CH 6).

Frankie’s realization that women, too, could be heroes—but would not be recognized as such—marks a critical turning point in her identity. Judith Herman observes that trauma creates a “before and after” in survivors (Herman 195), and Frankie’s is profound: before Vietnam, she is obedient and conservative; after, she is disillusioned, angry, and burdened by truths society refuses to hear. By the time she returns home, Frankie no longer questions the legitimacy of female heroism—she has lived it.

Yet, her trauma is deepened by public narratives as they erase their part entirely. In a painful irony, she is still expected to perform femininity—stoicism, silence, normalization—while her story, and the trauma it holds, is negated. Despite her courage and service, Frankie is met with disbelief and mockery upon her return. Putting posters in front of her face and calling her a “nazi bitch and baby killers” (Hannah 128). This line echoes real accounts from memoirs like *Home Before Morning*, where nurses were frequently discredited or harassed upon returning home. (Van Devanter). This societal denial becomes a secondary trauma for Frankie, who is already struggling with PTSD, as it is argued in *Unclaimed experience*, trauma is not just a wound but a “response, sometimes delayed, to an overwhelming event.” (Caruth 14) Frankie’s trauma is not solely from the battlefield but from the erasure and invalidation that follow her return.

Despite women significant contributions as nurses, intelligence officers and support staff, they were largely overlooked in historical narratives. They received little to no recognition for their service, as society refused to acknowledge their participation in combat zones. Female veterans not only see erasure and hatred from society but also institutional betrayal from the government. They didn’t receive any healthcare and PTSD treatment as mostly veteran benefits were designed only for men. Medical professionals often attributed their distress to “hysteria” or personal instability rather than war-induced trauma. In *Trauma and Recovery* it is mentioned that:

“The term hysteria was so commonly understood at the time that no one had actually taken the trouble to define it systematically. In the words of one historian, “for twenty-five

centuries, hysteria had been considered a strange disease with incoherent and incomprehensible symptoms. Most physicians believed it to be a disease proper to women and originating in the uterus.” Hence the name, hysteria. As another historian explained, hysteria was “a dramatic medical metaphor for everything that men found mysterious or unmanageable in the opposite sex.” (Herman 20)

The treatment of female veterans in *The Women* mirrors these historical realities, demonstrating how war trauma is not only a result of battlefield experiences but also the neglect and rejection faced upon returning home. A policy was released by government—The Women’s Armed Services Integration Act of 1948 limited women’s roles in the military, capping their participation at 2% and excluding them from combat (*Truman Library Institute*). This contributed to the myth that women were not in danger as in not part of the war.

Government neglect was beyond medical treatment. The Vietnam Era Veterans’ Readjustment Assistance Act (VEVRAA) of 1974, while ostensibly promoting equality for returning veterans, was primarily modeled around male service experiences. Although the language of the act was gender-neutral, the job training programs and support mechanisms largely catered to male veterans (U.S. Department of Labor) Frankie experiences this first hand as she seeks help, only to be met with skepticism and even outright hostility. The policies did not deny care for women—they simply failed to accommodate their specific needs, rendering them invisible within the very systems that claimed to support veterans.

Frankie’s trauma was not just psychological or physical but sociopolitical. The betrayal she feels when she realises that the country she served did not only erased their contribution but also lied to the civilians about the war purpose, its progress and its outcome. While people participated in anti-war rallies, the dominant political narrative—propagated by the government—was one of virtue and victory. Frankie witnesses it first hand—the manipulation in death counts, the media coverage sanitized. Historical accounts confirm this manipulation. General Norman Schwarzkopf admitted, “Body count was a big lie. I was forced to participate in that lie,” highlighting the systemic pressure to fabricate enemy casualties (*Deseret News*). Reports from Operation Speedy Express further indicate that many “enemy” deaths were actually unarmed civilians.

Also U.S. government lied to public about its motive for entering the Vietnam War and the extent of its military actions. Daniel Ellsberg’s leak of classified information about U.S. policy in Vietnam to the press; The Pentagon Papers revealed that the primary objective was not merely to defend South Vietnam, but to contain China’s influence in Southeast Asia. Furthermore, extensive bombing campaigns, such as Operation Rolling Thunder, were conducted with questionable effectiveness and significant civilian casualties, contradicting official narratives (Gross). This betrayal exemplifies what Judith Herman identifies as a core dimension of trauma: the shattering of trust. For trauma survivors, the collapse of a coherent, trustworthy worldview is as devastating as the trauma itself (Herman 349–350).

Crucially, *The Women* also portrays how society—even groups that opposed the war—failed to support its returning soldiers. Anti-war sentiment did not translate into compassion for veterans. Protesters saw veterans as perpetrators rather than victims, and female veterans were often dismissed as irrelevant or complicit. Frankie is caught between two camps: those who glorify the war and those who condemn it—both of whom deny her reality. This sociopolitical isolation aligns with what Bessel van der Kolk describes as "relational trauma"—Trauma results in a fundamental disruption of attachment and a loss of the capacity to regulate emotions, which is only remedied by a relationship that provides safety and empathy." (Van der kolk 88-90) Frankie's sense of alienation is a direct consequence of the nation's failure to create a space for female veterans.

One of the striking aspects of Frankie's story was how she internalizes these societal messages. At start she didn't believe that women can be heroes. Yet with experiences and realisation; she performs surgeries under fire, holds hand of dying soldiers, surviving bombing. Redefining heroes in her own terms. She didn't lose her compassion even in darkest times. However, when she returns home and met with denial and indifference, her sense of self is shattered. Her journey exemplifies Cathy Caruth's assertion that trauma resists narrative closure. Survival alone is not sufficient; one must be heard (Caruth 4 5) and for much of the novel, Frankie's objections go unanswered. However, the novel's ending, offers a glimmer of hope. Frankie eventually finds community among other women veterans who validate her story. In this circle, she is finally seen and heard. This recovery aligns with Judith Herman's theory that healing requires the rebuilding of trust and connection. While trauma isolates, community restores. The act of naming her experiences, bearing witness with others who understand, becomes an act of resistance against the structures that silenced her.

Men Were Not the Enemy: Society Was: An essential element in Frankie's awakening comes from the relationships she has with certain men in her life, who serve as main sources of validation and understanding. Rye Walsh is the first to help her see that women can be heroes and changed her mind about the patriarchal thinking that women can be in war or combat. He recognized her courage and acknowledge her worth and her first real love relationship that gave comfort in most difficult times.

Then **Jamie**, her fellow nurse, with his quiet support, urges Frankie to stop fearing what the world thinks. In the novel when Frankie goes numb for her first surgery; it was the words of Jamie that kept her going "No Fear McGrath" (Hannah 147). This encouragement plays a vital role in Frankie's emotional recovery as later whenever she feels afraid, she remembers his words and keep going.

Finally, **Henry** offers validation in the most profound way: he listens to her, sees her scars, and acknowledges the horrors she lived through, validates that she was in Vietnam: even when the rest of society refuses to do so. His validation is a crucial moment in Frankie's

path to healing. When she has one of the episodes of flashback, rather than making her feel bad about it he takes care of her and lets her be.

However, while these men are supporters in her journey, their support highlights a critical theme in the novel: the betrayal is not individual but societal. **Men themselves are not the issue**—its society's patriarchal narratives and the political structures that erases the contributions of women. It's what dictates who is visible and who is erased, regardless of individual men's goodwill. Frankie's journey is thus both personal and collective—her anger is not directed at those who support her, but at the systemic forces that made her invisible, and continue to deny the reality of women's contributions in wartime.

Thus, Frankie's awakening is bitter and expensive, not a feminist realization. She moves from internalized acceptance of patriarchal myths to furious rejection of them—an evolution that mirrors Judith Herman's theory that recovery involves not merely remembering trauma but reconstructing the social world that allowed that trauma to be silenced (Herman 9). Frankie trying to remain silent and not talking about Vietnam to having an emotional outburst in front of her father and moving with other nurses speaks volumes. Frankie's growing anger is not pathology; it is a necessary response to systemic betrayal. Her rage at being told to "just move on," her despair at her father's lies about her service, and her decision to stand publicly with anti-war veterans all signify an important, if painful, reclamation of agency.

Frankie's initial belief that women could not be heroes—and her eventual realization that heroism itself had been narrowly and falsely defined—becomes a foundational layer of the novel's broader critique. *The Women* dedication speaks volume:

"This novel is dedicated to the courageous women who served in Vietnam. These women, most of them nurses and many of them raised on proudly told family stories of World War II heroism, heeded their country's call to arms and went to war. In too many instances, they came home to a country that didn't care about their service and a world that didn't want to hear about their experiences. Their postwar struggles and their stories were too often forgotten or marginalized. I am proud to have this opportunity to shine a light on their strength, resilience, and grit." (Hannah 4)

Intersection of trauma: The trauma faced by Frankie in *The Women* cannot be fully understood through a single lens; instead it is an intersection of body, memory and sociopolitical betrayal. Her suffering is psychological, physical and deeply shaped by gendered institutional neglect. To capture the complexity, this section interconnects the insights of Cathy Caruth, Bessel van der Kolk, and Judith Herman. Each theorist offers a distinct but complementary framework and together presents how Frankie's pain is not only internal but also structural enhanced and socially erased.

Cathy Caruth argues in *Unclaimed Experience* that trauma is defined by its belatedness—the idea that it is not fully grasped in the moment, but instead returns in

haunting, fragmented forms. For Frankie, this manifests in her inability to articulate or consciously process her pain when she returns home. She attempts to resume a “normal” life as asked by her family by suppressing her memories, assuming that silence might lead to healing. But trauma resurfaces in nightmares, self-loathing, and in the distance of her closest relationships. As Caruth notes, trauma often re-emerges not as narrative memory, but through repetition and repression (Caruth 4 5). Frankie’s internal struggle is thus not isolated; it mirrors a broader collective refusal to recognize the psychological wounds carried by women, intensifying her isolation.

This emotional hurt is made even stronger by what Bessel van der Kolk terms “embodied trauma.” In *The Body Keeps the Score*, van der Kolk argues that trauma is stored in the body, manifesting in physiological symptoms such as insomnia, chronic pain, panic attacks, and emotional numbness. Frankie’s breakdowns—her drinking, self-harm, and detachment—are not merely behavioural responses; they reflect her body’s ongoing trauma. She is hypervigilant, disconnected, and often physically numb, reflecting van der Kolk’s assertion that trauma traps survivors in a state of constant internal alarm. Importantly, Frankie’s embodied suffering intersects with Caruth’s theory: because her trauma is socially denied, her body becomes the only place where her pain is expressed. These overlapping theories show how memory and physiology combine to stuck her in a loop of unprocessed trauma.

Judith Herman’s *Trauma and Recovery* adds a critical sociopolitical layer. She emphasizes that trauma recovery requires recognition and relational support, warning that “recovery can only take place within the context of relationships; it cannot occur in isolation.” Herman outlines three stages: safety, remembrance and mourning, and reconnection (Herman 172 215). Frankie’s journey maps painfully onto this framework. She is denied safety from the outset—her family lies about her service, the VA rejects her as a veteran, and society insists “no women served in Vietnam.” Her attempts at remembrance are sabotaged by shame and suppression, until she finds solidarity in veterans’ rallies and begins to confront her pain. Yet reconnection proves fragile, because the institutions responsible for her trauma are never held accountable. Herman’s framework, layered atop Caruth and van der Kolk, demonstrates how recovery is never purely personal—it is always entangled with the social and political conditions that allow trauma to persist.

This intersectional approach reveals the full spectrum of Frankie’s trauma. It is psychological, marked by haunting memories and survivor’s guilt. It is physical, lodged in the body through insomnia, hypervigilance, and dissociation. And it is political—exacerbated by government denial, the absence of female representation in military, and the cultural narrative that renders her invisible. As Hannah shows, Frankie is not just fighting internal demons but also a system that invalidates her story at every turn. Kristin Hannah’s portrayal refuses reduction: it shows that to betray a soldier is not merely to wound their body, but to shatter their identity, their narrative, and their place in national memory. *The*

Women, through this multifaceted lens, becomes a powerful critique of both personal and institutional betrayal, which is also seen in its dedication:

Conclusion: Frankie's personal journey in *The Women* mirrors the experiences recorded by countless real-life women veterans, whose testimonies highlight the betrayal by the institutions that sent them to war yet erased their service afterward. Integrating evidence from actual memoirs and policy analysis deepens the understanding of Kristin Hannah's fictional depiction, confirming that the novel reflects a brutally accurate historical reality.

Kristin Hannah's *The Women* offers more than a historical account of female veterans in Vietnam; it reveals the layered, intersectional betrayals embedded within national memory, social structures, and even personal identities. Through Frankie McGrath's journey, readers witness a woman initially complicit in gendered assumptions—believing women were not heroes—slowly, painfully awakening to the magnitude of both her own courage and her society's systematic erasure of it.

Trauma, as Cathy Caruth explains, is not simply an event but a repetitive haunting that resists straightforward narration. Frankie's inability to discuss Vietnam, her constant anger, her experiences of disbelief and dismissal, all mirror Caruth's theory that trauma ruptures linear understandings of time and identity. Bessel van der Kolk's insights further show that Frankie's physical ailments—her insomnia, dissociation, and hypervigilance—are bodily inscriptions of unprocessed trauma. Judith Herman's model of recovery adds yet another dimension, emphasizing that healing demands recognition, remembrance, and collective acknowledgment. Frankie's return to protest, her reclamation of her voice, and the affirmation she eventually receives from people like Jamie, Walsh, and Henry, signify not just personal survival but political defiance against imposed silence. This research paper demonstrates how systemic betrayal was not an abstract injustice but a lived reality. In *The Women*, betrayal is a shared wound, cutting across gender lines, exposing a broader national failure to honor the sacrifices of all veterans.

Crucially, the novel and this analysis emphasize that healing cannot occur solely within the individual psyche. It requires a restructuring of collective memory, a willingness to confront uncomfortable histories, and an insistence on justice even when institutions refuse to offer it. Frankie's transformation—from silence to fury to activism—embodies the ongoing, unfinished work of trauma recovery. *"This novel is not imagining trauma—it is echoing it."* (my emphasis)

Ultimately, *The Women* is not just a story about war. It is a call to remember the forgotten, to validate the invisible, and to refuse complicity in erasure. In recognizing the full humanity of veterans like Frankie McGrath, readers are urged to participate in reconstructing a more truthful, inclusive historical narrative—one where gender, trauma, and political betrayal are faced, not forgotten.

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