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The Trauma Thesis: Medical and Literary Representations of Psychological Trauma in the Twentieth Century

Sarah Louise Eilefson
Loyola University Chicago, saraheilefson@gmail.com

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LOYOLA UNIVERSITY CHICAGO

THE TRAUMA THESIS:
MEDICAL AND LITERARY REPRESENTATIONS OF PSYCHOLOGICAL
TRAUMA IN THE TWENTIETH CENTURY

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Dedicated to my grandfather, Clifford “Bud” Emberg
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The contemporary discourse of trauma is well developed in scholarship and in popular culture. Few readers are unfamiliar with accounts of trauma as experienced in warfare or in daily life. As its popularity has grown, however, this discourse has become simplistic. Today it reduces a complex experience to a limited narrative, both widening the scope of what is considered to constitute trauma and narrowing the range of outcomes of traumatic experience. In my work I call this discourse the “trauma thesis.” According to the trauma thesis, many different events, incidents, or processes may cause psychological trauma, but they all produce a single result in the form of a damaged, debilitated, or devastated psyche unable to express or heal itself. This dominant narrative began taking shape after 1980 when Post-Traumatic Stress Disorder (PTSD) was included in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The influence of the DSM, now in its fifth edition, reaches far beyond medicine. Today, the DSM affects representations and interpretations of trauma in novels, film, and popular culture. Even though the basis and determinations of the trauma thesis are a matter of dispute and debate in psychology, the thesis pervades literary criticism, newspaper headlines, and references to trauma in many media.

By exploring trauma, its effects, and its representations in a variety of texts emerging from World War I (WWI), World War II (WWII), and the period between the wars, I propose to test the trauma thesis. I examine some of the best-known novels from
both wars, such as Erich Maria Remarque’s *All Quiet on the Western Front* and James Jones’s *The Thin Red Line*, as well as some overlooked novels, including William Faulkner’s *Soldier’s Pay* and William March’s *Company K*, to show a wide range of outcomes resulting from traumatic experience. I regard the trauma thesis as a limiting device for analyzing fiction about traumatic events and their consequences. There is a significant body of work, I aim to show, that rejects the basis of this thesis.

I have chosen the primary texts for this project from among hundreds of possible works using three criteria. First, by choosing both veteran and civilian authors, I attempt an even-handed exploration of traumas within the context of combat and in civilian spheres. Second, I have chosen texts by male and female authors in order to examine the relationship between gender and representations of trauma. These choices correspond to the divide between soldier and civilian, though they are not necessarily commensurate. Third, I prioritize authors who attempted multiple narrative representations of trauma. By comparing two novels by Virginia Woolf and two by William Faulkner, I explore the complexity of their experiences with trauma and the development of their representations. I include both American and British perspectives and one German point of view. *All Quiet on the Western Front*, by the German novelist Remarque, could not be omitted since it is easily the most influential novel about war in the twentieth century. Female authors include Katherine Anne Porter, Rebecca West, and Woolf.

Chapter one seeks to offset the simplifying effect of the trauma thesis. I draw on archival and primary source research to explore how trauma has been conceptualized since the late nineteenth century as a medical discourse and to examine its relationship to wartime traumas of soldiers and civilians. I distinguish the variety of terms used to
express psychological trauma, since what we now think of as PTSD has been known variously as neurasthenia, shell shock, soldier’s heart, battle fatigue, and commotion. I argue that the ways in which psychoanalysts and psychologists understand and write about trauma has a significant influence on authors and filmmakers. However, I show that this relationship is not one-sided. Rather, the representation of trauma in literature and film shapes public and medical understandings of the phenomenon.

In each chapter, I examine the circulation of influence between literature and the medical discourse of trauma, and I argue against the commonplace assumptions that trauma necessarily debilitates or silences and that art is inadequate for representing trauma. Chapters two and three focus on three novels by military veterans: Remarque’s *All Quiet on the Western Front* (1929), March’s *Company K* (1933), and Jones’s *The Thin Red Line* (1962). In chapter two, I examine the relationship between the experience of combat and the public reception of works by veteran authors. In chapter three, I show how each author imagines and represents the effects of trauma on soldiers in complex ways. In chapter four, I compare Woolf’s *Jacob’s Room* (1922) and Porter’s *Pale Horse, Pale Rider* (1939) to show how both of these texts set on the home front during WWI search for and make meaning from the war. In chapter five, I examine the soldier’s homecoming in West’s *The Return of the Soldier* (1918), Woolf’s *Mrs Dalloway* (1925), and Faulkner’s *Soldier’s Pay* (1926) and *As I Lay Dying* (1930). I conclude with an assessment of ways in which, by expanding approaches to literature beyond the trauma thesis, readers can engage more richly with trauma literature, see outcomes of trauma that include resilience and growth, and become better attuned to the stories veterans and survivors are telling about their trauma and their recovery.
CHAPTER ONE
THE TRAUMA THESIS

The novelists I discuss in this project would not have been familiar with what we call Post-Traumatic Stress Disorder (PTSD), a term that has been in wide circulation only since 1980. However, the concept of psychological consequences from trauma had been fomenting—in legal, medical, and popular spheres—at least since the rise of what is known as railway spine, an epidemic of nerve problems caused by train crashes in the 1860s. This chapter begins with a brief overview of the history of debating and defining psychological trauma with attention to the limitations and consequences of the diagnosis. In the second section, I examine current understandings of psychological trauma codified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) as PTSD. In the third section, I examine how the trauma thesis informs academic disciplines, specifically the work of scholars in the field of trauma theory and psychologists treating patients who have experienced trauma. I focus on the work of two especially prominent scholars: Cathy Caruth, a comparative literature specialist, and Judith Herman, a psychologist. Caruth and Herman have influenced a broad cohort of scholars and professionals whose work implicitly and explicitly endorses the trauma thesis. In my view, much of this work is seriously flawed in that it fails to distinguish between representational language and representative samples. In the fourth and final section, I explore the intermingling of the popular and medical discourses of trauma. I identify what I see as a double discourse that
engages both the consequences of medicine’s influence on literary criticism and what can be seen as literature’s influence on medicine.

**Historical Definitions of Trauma**

**Diagnosing Trauma: From 1860 to WWI**

Trauma and post-traumatic stress are complex and multifaceted experiences, yet many people today assume they understand the concepts. Whether they understand trauma or not, readers frequently rely on these beliefs in their analysis of literature that depicts traumatic events and their consequences. Knowledge of the genealogy and development of trauma is one safeguard against employing the concept as a proleptic or self-fulfilling device for reading fiction. As a psychological term, trauma developed out of Victorian-era incidents of railway spine in Britain in the 1860s as well as the rise of psychoanalysis in the 1890s. It was about this time that the word trauma shifted from describing wounds or injury to the body proper to include damage to the human psyche. However, most early diagnoses of psychological trauma were firmly rooted in the physical body. Shell shock, for example, was generally understood as the physical effects of proximity to an explosion throughout WWI (even as cases of shell shock consistently emerged in men who were not proximate to exploding shells). Awareness of trauma was dramatically accelerated, but not defined, by the effects of WWI.

The professional discourse of psychological trauma has been marked by disagreement since its inception. Debates among the medical community addressed whether responses were short-term or prolonged and how best to treat traumatized individuals, a concern particularly salient in the context of war. The medical discourse was especially colored by questions of causality—whether the cause of trauma was
physical, psychological, or both—and these concerns coincided with medical-legal aspects of trauma. In other words, a determination of a physical or psychological cause had implications on who would pay for it: whether it was a predisposition of the victim and therefore his or her fault or something the source, be it the railway, employer, or government, ought to be responsible for.

As Roger Luckhurst and Ben Shepard have shown, early diagnoses during the war years differentiated between soldiers suffering from hysteria and neurasthenia. Luckhurst notes that “[h]ysteria was understood as a short-term reaction to the extremity of a particular situation” (54). Although hysteria could be treated quickly, it was stigmatized as a sign of moral weakness (Luckhurst 54). By contrast, neurasthenia “was associated with officers and the upper classes and understood as a cause of nervous ‘wear and tear,’” especially from the responsibilities of command (Luckhurst 54). Neurasthenia was usually treated with rest and relaxation, or, in some cases, the same rest cure for bourgeois women made famous by the work of S. Weir Mitchell and by Charlotte Perkins Gilman in *The Yellow Wallpaper*.

These distinctions make it seem like wartime trauma had been codified and thoroughly understood in the period after WWI. However, the truth is that neither hysteria nor neurasthenia was yet a comprehensive diagnosis. As a result, traumatized soldiers were often left un- or under-treated both during the war and in the immediate post-war period. Even today, much remains to be learned and understood about trauma, although some scholars write as if the definition of trauma and its manifestations are established matters of physiology and psychology. In fact, the medical community remains divided on issues of the long-term effects of trauma and of traumatic memory,
among other issues, and questions about the treatment of trauma in the period after WWI remain unanswered as well.

As Luckhurst, Shephard, Ruth Leys, Michael R. Trimble, and Mark S. Micale and Paul Lerner have established, notions of psychological trauma originated from the rise of the industrial age, particularly by trains. In his 1866 treatise published from a series of lectures, “On Railway and Other Injuries of the Nervous System,” John Eric Erichsen acknowledges the modern nature of railway spine. “These Concussions of the Spine and of the Spinal Cord not infrequently occur in the ordinary accidents of civil life, but from none more frequently or with greater severity than in those which are sustained by Passengers who have been subjected to the violent shock of a Railway collision” (Erichsen 2). However, Erichsen is adamant that the source of the symptoms is physical, even when no wound or injury is visible. He declares, “My object in these lectures will be to direct your attention to certain Injuries and Diseases of the Spine arising from Accidents, often of a trivial character—from shocks to the body generally, rather than from blows upon the Back itself” (1). He employs the image of a dropped watch to explain how a wide variety of symptoms, including loss of bodily energy, mental capacity, business aptitude, physical decline, irritability, and fatigue, can stem from what appears to be a lack of incident (97). “A watchmaker once told me that if the glass was broken, the works were rarely damaged; if the glass escapes unbroken, the jar of the fall will usually be found to have stopped the movement” (94).

Newspapers as small and far-flung as the Davenport Daily Gazette in Iowa reported on Erichsen’s findings, suggesting his influence. Describing a seemingly undamaged survivor of a railway crash, the newspaper reports: “He is, in fact, suffering a
concussion of the spine—not merely of the bony case, but of the spinal marrow or chord
which it contains, and from which nerves of sensation and motion are sent to all parts of
the body. The concussion has shaken the nervous force out of him, just as, to use an
ingenious illustration of Mr. Erichsen, a magnet struck with a heavy blow of a hammer
loses its magnetic power” (“The ‘Railway Spine’”). According to Erichsen, the
psychological ramifications of the startling, unexpected, and oftentimes fatal railway
crashes could all be located in the body, despite a lack of visual or physical evidence for
physical damage.

Herbert Page and, later, Jean-Martin Charcot and Sigmund Freud represent the
opposite end of this early debate. While Erichsen argued that the affliction was caused by
organic factors, Page, a surgeon employed by the London and North Western Railway
Company, countered that the cause was not physical. Page rejected the notion that
concussions without physical effects or evidence could yield the symptoms associated
with railway spine. Page dismissed claims to the contrary as too vague and unsupported
by medical evidence, especially post-mortems. In his 1883 publication on the topic, Page
surveys the arguments of some of the most influential voices in the field, including Sir
Benjamin Brodie, John Abercrombie, Sir Charles Bell, Herbert Mayo, Alexis Boyer,
James Syme, and John A. Lidell to systematically dispute their claims that concussions
without physical evidence could cause the symptoms associated with railway spine. The
title of his treatise is therefore a bit misleading: *Injuries of the Spine and Spinal Cord
Without Apparent Mechanical Lesion, and Nervous Shock, In their Surgical and Medico-
Legal Aspects*. Indeed, Page spends the first three chapters methodically dismantling the
idea that the spine could be physically damaged (concussed) without physical evidence of
damage and concludes by introducing the idea that railway spine is a psychological, rather than physical, outcome of traumatic experience.

Page turns to John Furneaux Jordan to support his claim that a train incident is psychologically overwhelming. “The incidents of a railway accident contribute to form a combination of the most terrible circumstances which it is possible for the mind to conceive,” Jordan writes (Page 148). “The vastness of the destructive forces, the magnitude of the results, the imminent danger to the lives of numbers of human beings, and the hopelessness of escape from the danger, give rise to emotions which in themselves are quite sufficient to produce shock or even death itself. . . .” (Page 148). Again, the report from a small newspaper in mid-America is telling of the popular reception for psychological causes or railway spine as a precursor to both shell shock and PTSD. On September 29, 1885, the Indianapolis Evening Star included the following in an eclectic column of news from around the world: “In some recent lectures upon hysteria in man, an affection which appears to be far from rare, Prof. [Jean-Martin] Charcot states that many of those troubles, arising from railway collisions, which are now referred to as ‘railway spine,’ arise from a cerebral predisposition and are in fact, ‘hysteria, nothing but hysteria’” (“Scissors Gossip”).

**Codifying Trauma: WWI through 2013**

The question of causation raised by early diagnoses of railway spine remains unsettled today. It is also closely tied to concerns of responsibility, ranging from blame to liability, and the discourse of trauma has been marked by this concern since its inception. Codifying psychological trauma serves to validate the affliction and ensure the possibility of efficacious treatment. However, this codification also makes individuals and
institutions culpable and vulnerable to prosecution. Aware of these concerns, writers of early nomenclatures attempted to set themselves apart from these considerations, aiming instead to standardize the medical discourse in order to further research, treatment, and recovery.

A nomenclature is simply a “list of acceptable or approved disease terminology,” but its effects are wide-ranging and dependent on personal or political interests (Moriyama 5). Inclusion in a nomenclature validates a disease and its experience, while the act of defining a disease both articulates and limits the causes and symptoms that qualify for consideration. In 1869, Sir Thomas Watson sought government funding for the development of a nomenclature for the purposes of continuity of care among medical professionals and for more accurate statistics. In a letter published in The Lancet, Watson argued, “A uniform nomenclature of diseases . . . is plainly indispensible for the gathering in of trustworthy statistical information and knowledge respecting diseases. And it is to trustworthy statistics that we most of all look for learning what are the causes . . . of diseases in general; and for our best hope of discovering how to prevent, remove, or mitigate them” (342-43). However, as a brief history of the nomenclature of PTSD and its precursors show, the effects of codifying psychological stress are not as innocent as Watson’s petition suggests. In addition to providing common terminology and enabling statistical quantification, the nomenclature of psychological stress has also served to foreclose other possible outcomes following traumatic experience and encouraged a problematic belief that codification is understanding.

For example, the term shell shock, used during WWI to describe victims of psychological stress, was met with disapprobation from many quarters of the medical
field. Thomas Lumsden’s letter to the editors of *The Lancet* reflects the disagreements among medical professionals during the war. Lumsden laments the continued use of “shell shock” as “a misleading and bungling term, covering several different disorders which were familiar before the war” (34). Lumsden identifies these familiar disorders as neurasthenia, hysteria, malingering “of a purely conscious nature,” and “various combinations of above” to suggest that shell shock is both inaccurate and redundant (34). Lumsden concludes by rejecting the new terminology in order to avoid romanticizing a new disorder. “[I]t is well that the patients should recognize that they are not suffering from some new and wonderful disorder, but from common and curable diseases with which every physician has long been familiar. Appreciation of this fact will *per se* accelerate recovery” (34).

In *War Neuroses* (1918), John Thompson MacCurdy similarly rejects the classification of shell shock: “The term ‘shell shock’ has been adopted officially by the British War Office as the diagnostic term to cover all neuroses arising among officers and soldiers of the armies,” MacCurdy notes (1). “This term has an advantage in its picturesqueness that has helped to stimulate popular as well as professional interest, but it is a term which can be defended with difficulty from a purely medical standpoint” (1). MacCurdy identifies two central problems with shell shock as a diagnostic category. First, he notes, it is misleading. “[I]t implies a single etiology—the physical effects of high explosive shells on those subjected to bombardment, who suffer no external physical injury—and this is far from being even the main factor in the determination of the symptoms” (1). Second, its outcomes are far too diverse for a diagnosis to be meaningful, for patient or clinician. “[T]he clinical types covered by this blanket diagnostic term are
too various to be safely gathered into one heading” (1). By contrast, MacCurdy proposes the term “war neuroses” in order to accommodate the wide variety of symptoms demonstrated by affected soldiers and to maintain the focus of the condition on experiences “which come directly from warfare” without the misguided emphasis on exploding shells (1).

Neither shell shock nor war neuroses appeared in the first nomenclature published in the United States. Instead, *A Standard Classified Nomenclature of Disease*, approved by 22 national health institutions and first released in its official version in 1933, included three forms of “psychoses due to trauma” in its list of mental diseases: traumatic delirium, post-traumatic constitution, and post-traumatic mental enfeeblement (Logie 87). Although these psychoses suggest a psychological understanding to traumatic events, the entry for trauma in the index directs users to exclusively physical causes: “See under Region or Organ affected” (684). In the section of Etiological Classification, the entries for “diseases due to trauma or physical agents” are subdivided into three kinds of traumatic agents, all of which are physical, rather than psychological, in nature. The psychological element of PTSD as we understand it today is far removed from mid-twentieth-century understandings of trauma.

According to the editors of the original edition of the DSM, first published in 1951, the manual was the medical community’s response to the confusing and problematic differences in terms employed by the U.S. military during WWII. In the foreword to the first edition, George N. Raines notes that civilian nomenclatures were inadequate for the experiences on the battlefront. “Only about 10% of the total cases seen fell into any of the categories ordinarily seen in public mental hospitals. Military
psychiatrists, induction station psychiatrists, and Veterans Administration psychiatrists, found themselves operating within the limits of a nomenclature specifically not designed for 90% of the cases handled” (vi). Raines adds, “No provision existed for diagnosing psychological reactions to the stress of combat, and terms had to be invented to meet this need” (vii). In spite of these shortcomings, the first edition of the DSM did not have a diagnostic category for post-traumatic stress; instead, the DSM categorizes it as an anxiety disorder in response to “a danger signal . . . produced by a threat from within the personality . . . with or without stimulation from such external situations as loss of love, loss of prestige, or threat of injury” (31-32).

Rather than focus on post-traumatic stress as a generalized category, the original authors focused on more specific elements of the symptomology. “In recording such reactions the terms ‘traumatic neurosis,’ or ‘traumatic reaction’ will not be used; instead, the particular psychiatric reaction will be specified” (32). Notably, the original edition of the DSM did include a category for “gross stress reaction,” an entry that emphasizes the unusual and extreme nature of events considered stressors. “This diagnosis is justified only in situations in which the individual has been exposed to severe physical demands or extreme emotional stress, such as in combat or in civilian catastrophe (fire, earthquake, explosion, etc.). In many instances this diagnosis applies to previously more or less ‘normal’ persons who have experienced intolerable stress” (40). However, neither the terminology of gross stress reaction nor the release of the DSM-II in 1968 appeared to influence the popular discourse of post-traumatic stress.

When the DSM-III was released in 1980, the discourse surrounding psychological stress changed dramatically. DSM-III was the first edition to codify PTSD. The original
definition of PTSD focused on finite, identifiable, and significant stressors. The entry actively narrows what counts as traumatic, eliminating such “common experiences” as “simple bereavement, chronic illness, business losses, or marital conflict” (236). This edition further acknowledges that some potentially traumatic stressors are not traumatizing for everyone who experiences it. “Some stressors frequently produce the disorder (e.g., torture) and others produce it only occasionally (e.g., car accidents)” (236).

Under this first edition, a diagnosis of PTSD required three clusters of seemingly contradictory indications: reexperiencing symptoms (recurrent intrusive recollections, dreams, or “sudden acting or feeling as if the traumatic event were reoccurring”); numbing symptoms (blunted emotion, feelings of estrangement from others, loss of interest); and miscellaneous symptoms like hypervigilance for threat, enhanced startle response, sleep disturbance, survivor’s guilt, and memory and concentration impairment (238).

The revised third edition (DSM-III-R) published in 1987 expanded the diagnostic criteria significantly, allowing for learning about traumatic stressors rather than requiring direct personal experience. “In some cases the trauma may be learning about a serious threat or harm to a close friend or relative, e.g., that one’s child has been kidnapped, tortured, or killed” (248). The fourth edition of the DSM (1994) maintains the criteria of witnessing or learning about “unexpected or violent death, serious harm, or threat of death or injury as experienced by a family member or other close associate” (424).

Despite the increased scope of what counts as traumatic, the DSM-IV still suggests that PTSD is an uncommon disorder. As of 1994, the lifetime prevalence of PTSD in the general population ranged from one to four percent, while at-risk
populations (“combat veterans, victims of volcanic eruptions or criminal violence,” for example) experience PTSD at the rate of three to 58% over the course of their lifetime (426). The diagnostic criteria are essentially the same in the DSM-IV-TR (text revision) published in 2000, but in this more recent edition the prevalence rates for the general population was raised to eight percent and to 33 to 50% for at-risk populations over a lifetime.

Finally, in the highly disputed DSM-5, first published in 2013 and current today, PTSD underwent a number of revisions. First, it was reclassified from an anxiety disorder into a new category called “Trauma- and Stressor-Related Disorders.” Second, the range of potential outcomes were expanded and revised. “Psychological distress following exposure to a traumatic or stressful event is quite variable,” the editors note (265). “It is clear, however, that many individuals who have been exposed to a traumatic or stressful event exhibit a phenotype in which, rather than anxiety- or fear-based symptoms, the most prominent clinical characteristics are anhedonic and dysphoric symptoms, externalizing angry and aggressive symptoms, or dissociative symptoms” (265). The entry itself was lengthened significantly, but tighter limitations were placed on the traumatizing potential of events experienced by others. In the diagnostic criteria of exposure, the DSM states, “Learning that the traumatic event(s) occurred to a close family member or a close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental” (271). Later, the editors add parenthetically that “death due to natural causes does not qualify” (274).

The most striking feature of the DSM-5 is the elimination of “[e]motional reactions to the traumatic event (e.g., fear, helplessness, horror)” (274). Instead, the
DSM-5 focuses on four categories of “clinical presentation of symptoms” (274). Although the DSM employs new terminology, the categories are familiar: the fear-based responses previously described; numbness and dissatisfaction; arousal and hypervigilance; dissociation or detachment; or any combination of these four types of experience (274). Prevalence rates in the DSM-5 are projected at 8.7% for the general population over the course of a lifetime. No statistics are offered for at-risk populations, including “police, firefighters, [and] emergency medical personnel,” but the DSM-5 indicates that the “[h]ighest rates (ranging from one-third to more than one-half of those exposed) are found among survivors of rape, military combat and captivity, and ethnically or politically motivated internment and genocide” (476).

Even as the current DSM indicates that the qualifying standards keep loosening and the prevalence rates keep increasing, other medical experts are questioning its validity. In April 2013, shortly after the publication of the DSM-5, the National Institute for Mental Health (NIMH), the world’s largest institution focused on mental health research, announced its decision to move away from the DSM. According to Thomas Insel, director of the NIMH, while “[t]he strength of each of the editions of DSM has been ‘reliability,’” in that clinicians share a diagnostic vocabulary, “[t]he weakness is its lack of validity.” Allen Frances (who chaired the task force for the DSM-IV) claims that the DSM-5 board lowered the statistical criteria for acceptable standards of reliability and accepted agreements among raters that were “sometimes barely better than two monkeys throwing darts at a diagnostic board” (175). As I have shown, these divides are nothing new in the mental health field, but their effects are wide-ranging for patients and practitioners alike.
Language and diagnostic categories are powerful, and for all its complexity, the DSM ignores or fails to consider a multitude of potential responses to traumatic events, including resilience and growth. As the editors of the *Medical Legal Aspects of Medical Records* (2010) note, categories in the DSM are “descriptions, not explanations. One must guard against the tendency to think that something has been explained when, in fact, it has only been named. In other words, giving a condition a label does not explain or confer any reality to it other than the name itself and the cluster of behaviors subsumed under it” (Iyer 693).

**PTSD Today: A Diagnosis and an Interpretive Device**

In an editorial for the *Journal of the American Medical Association*, Jerome Kroll writes, “PTSD, like many other constructs, has been incorporated into social awareness in a simplified and exploitative manner that claims too expanded a territory and too broadened an explanatory principle. Not every ill that befalls a person is, or results in, PTSD and, conversely, many of the ills and sufferings that do befall persons cause much more than PTSD” (667). Kroll’s critique of pathologizing post-traumatic responses dates to 2003. The intervening decade has seen many scholars, psychologists, veterans, and veteran advocates move away from the trauma thesis. Nonetheless, what I call the trauma thesis, the belief that traumatic experience can have a multitude of causes but only a circumscribed number of outcomes, continues to dominate research. The medical field remains divided on questions of diagnosis and treatment of psychological trauma.

In my analysis of trauma and its cultures, I distinguish between trauma as an event, a limited and finite experience such as a firefight or a car accident, or what Dominick LaCapra might call a “historical trauma,” and trauma as a process, such as a
loss of innocence or a sustained period of onerous labor, like boot camp, not identifiable as one incident. I further distinguish between living through a traumatic event and being psychologically traumatized by an event. PTSD first appeared in the third edition (1980) of the DSM, which has been called the “Bible of psychiatry.” Since 1952, the mental health field has relied on the DSM for definitions, categorizations, and diagnostic standards of mental disorders, including trauma-related disorders. The original diagnostic category of PTSD attempted to establish the parameters for understanding psychological trauma as a “psychologically distressing event that is generally outside the range of usual human experience” (236). Today, however, the key restriction in the 1980 definition, “outside the range of usual human experience,” has been abandoned, and a wide variety of events and experiences that many would regard as ordinary are now presumed to contribute to psychological trauma.

Whereas one might assume that trauma is a term applied to the experience of a life-threatening episode, those who suffer disappointment or frustration may now be considered by a therapist to have been traumatized and to require treatment for PTSD. In a YouTube video entitled “What are some examples of PTSD,” Laila Narsi, a psychotherapist, acknowledges the criterion of trauma as life-threatening, then adds that “trauma can also be something more subtle that other people around might not know is traumatic for that person. For example, a child who does not get called on repeatedly in a classroom from the teacher may start to feel like ‘well, the teacher doesn’t like me and it’s because I’m not smart,’ and over time that can be traumatic for the child” (Narsi).

Narsi is not alone in widening the scope of what constitutes trauma. MedlinePlus, the National Institutes of Health’s website “for patients and their families and friends,”
defines traumatic events as “an experience that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one’s safety or to the stability of one’s world.” According to the National Institutes of Health, examples of traumatic events include a move to a new location, anxiety, divorce, fear, hospitalization, and loss of trust. A second consequence of the DSM on popular and scholarly representations of trauma is a false limitation on the potential outcomes of trauma. Although the list of symptoms of PTSD in the DSM has undergone several revisions since 1980, it necessarily focuses on negative or destructive consequences of trauma; it is, after all, the manual of mental disorders.

These undesirable influences of the DSM converge in popular discourses about trauma. As I will show, scholars and lay people alike write as though trauma encompasses an extraordinarily wide range of experiences and yet produces responses that are rarely other than debilitating and disabling. Moreover, some scholars write as if the definition of trauma and its manifestations are established matters of physiology and psychology. To the contrary, much remains to be learned. As I have shown, the medical community is divided on issues of the long-term effects of trauma, and many questions about the treatment of trauma continue to go unanswered. Not surprisingly, readers at many levels base their responses to fiction upon unfounded and problematic assumptions about trauma.

The trauma thesis limits the complexity of both the literary and the medical discourses of trauma. One powerful example of the tendency to pathologize surviving a traumatic experience is the diagnostic category of survivor’s guilt. Survivor’s guilt is a relatively recent addition to the discourse of psychological disorders. It first emerged as a
diagnostic criterion for PTSD in the DSM-III (1980). This original entry for PTSD in the DSM identifies “guilt about surviving when others have not, or about behavior required for survival” as one of six potential symptoms (two of which are required for diagnosis) (238). The association between PTSD and survivor’s guilt was maintained in some form or another through 2000. However, the DSM-III-R (1987) shifted this relationship from a diagnostic criteria to the “associated features” section, stating that, “In the case of a life-threatening trauma shared with others, survivors often describe painful guilt feelings about surviving when others did not, or about the things they had to do in order to survive” (249). The DSM-IV (1994) maintained this detail under “associated descriptive features and mental disorders” but revised the language, stating, “Individuals with Posttraumatic Stress Disorder may describe painful guilt feelings about surviving when others did not survive or about the things they had to do to survive” (425). This revision is maintained in the DSM-IV-TR (2000). However, the highly-debated DSM-5 (2013) does not describe survivor’s guilt directly, instead making a reference to “guilt” as one of five examples of a “persistent negative emotional state” (272). Today, survivor’s guilt, moral injury, and other moral or ethical issues resulting from surviving a traumatic experience are the subject of heated debate and passionate exploration in military and civilian settings alike. These shifts and revisions reflect the unsettled nature of medical conceptions of psychological trauma. Moreover, an undue emphasis on survivor’s guilt, whether associated with PTSD or not, overlooks and even precludes understanding responses to surviving traumatic experience that result in growth or resilience. These developments shape the ways in which trauma is understood by readers and by critics.

The tendency to pathologize dominates the discourse of trauma in both
psychological and literary spheres. This limiting approach can be seen in the work of two dominant influences on the field: Judith Herman, a psychiatrist and professor, and Cathy Caruth, a professor of English and Comparative Literature. Herman insists on the debilitating nature of trauma, asserting, “Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning” (33). Caruth also argues that the response to traumatic events is (necessarily) pathological and that traumas reveal themselves belatedly and through narrative impairments. She defines trauma as “an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations or other intrusive phenomena” (11). She maintains that trauma is an experience that exceeds the grasp or understanding of one who survives it, hence the title of her book: *Unclaimed Experience* (66).

Herman draws on research by Pierre Janet, one of the founding fathers of psychology, and Abram Kardiner, a psychoanalyst who worked with soldiers during WWII. However, her argument is supported by neither personal narrative nor military history. George A. Bonanno, a professor of clinical psychology, points to a central problem with Herman’s claims, which is that not every individual who experiences trauma is left powerless or overwhelmed. Bonanno argues, “[T]heorists working in this area have often underestimated and misunderstood resilience, viewing it either as a pathological state or as something seen only in rare and exceptionally healthy individuals” (20). Bonanno highlights the self-selecting nature of research on
psychological trauma. The large archive of cases consulted by Herman and others is comprised of the cases of individuals who have sought treatment. Richard J. McNally is a leading researcher on memory, anxiety, and trauma and the namesake of the McNally Laboratory at Harvard, a research facility focused on anxiety disorders, memory, trauma, and grief. McNally challenges the argument that trauma is defined by narrative gaps or aporias. He claims that, according to hundreds of clinical studies, “People remember horrific experiences all too well. Victims are seldom incapable of remembering their trauma” (McNally 2). In other words, emotional stress does not impair memory, but may actually enhance it.

Even though fundamental issues that inform the trauma thesis are still undecided, critics often write as if trauma were a settled question. Interpretations of literature are deeply affected by the limiting influence of the trauma thesis. Two kinds of readings, described as mimetic and symptomatic, are chief among those that tend to pathologize not just trauma as represented in various texts but also the authors’ experiences of trauma. I first address mimetic interpretations and then turn to symptomatic readings. In mimetic interpretations, readers seek a correspondence between authorial experience and literary narrative. The mimetic fallacy emerges in the popular and critical reception of *The Things They Carried* (1990) by Vietnam veteran Tim O’Brien, easily one of the most discussed war fictions of all time. Robin Silbergleid argues that “the book calls attention to its apparent basis in reality, reasserting what many readers take to be the central premise, or promise, of mimetic representation, that life will be mirrored in the book” (130). While a reader might not read the fictional account as fact based merely on the biographical or historical reality of O’Brien’s experience, the only way for the text to be
experienced as true is through the knowledge that the experience of the principal character, also named Tim O’Brien, might reflect the author’s own. In other words, the truth claims of *The Things They Carried* are dependent on O’Brien’s status as a veteran. Silbergleid argues that “the willingness of the reader to accept this fictional account as truth hinges less on its biographical or historical reality than on the credibility and suasive force of the narrator” (132).

However, as O’Brien himself observes in “How to Tell a True War Story,” the answer to the question “Is it true? . . . matters. You’d feel cheated if it never happened. Without the grounding reality, it’s just a trite bit of puffery, pure Hollywood, untrue in the way all such stories are untrue” (89). Indeed, as Tobey Herzog notes, the reading public remains deeply engaged with the mimetic possibility of O’Brien’s fiction. Specifically, in “Tim O’Brien’s ‘True Lies’ (?),” Herzog recounts an incident at a public lecture on O’Brien’s novel *In the Lake of the Woods*, which the author began with a so-called “‘personal war story’” but which was actually a “detailed summary” of “On the Rainy River,” the fourth chapter of *The Things They Carried* (894-5). The story is of the young Tim O’Brien’s internal conflict after receiving a draft notice. Herzog argues, “O’Brien told his story with such detail and emotion that those unfamiliar with his books were hooked, emotionally drawn into what they believed to be Tim O’Brien’s life” (894). At the story’s conclusion, members of the audience “nodded knowingly,” seduced into believing (895). Then, Herzog notes, O’Brien unraveled the illusion of his reading, confessing to the audience that his lecture was mostly fictional, reflecting his own lived experience only in part. “[T]he incidents . . . so realistically described, simply did not occur in O’Brien’s life” (895).
O’Brien’s anticipation that whether the story is true matters was borne out in the audience’s response to his confession. “[A]fter the reading,” Herzog writes, “some audience members expressed their frustration to me about O’Brien’s seemingly unnecessary lie. For example, a few veterans, who perhaps came with unrealistic expectations, felt manipulated by O’Brien’s presentation of this ‘personal war story.’ Wanting to bond with him, they expected their fellow veteran to share some of his actual war-related experiences” (895). Veterans were not the only audience members dissatisfied with O’Brien’s presentation, Herzog notes. Others “felt tricked without understanding the purpose for this deception. Their trust of him as a person and as an author was undermined” (895). Disappointed and deceived: the extremity of these responses reveal how important O’Brien’s veteran identity is to the popular success of his war-related narratives. Even in a situation so thoroughly contextualized as a public lecture on a piece of fiction, the audience assumes that the author’s lived experience will be reflected in the narrative. The implications for the mimetic fallacy on trauma narratives can hardly be overstated: readers who expect literature to correspond to the lived experiences of authors too often presume that representations of trauma reflect the experiences and psyches of their authors.

Mimetic readings project congruity between lived experience and representation. In contrast, symptomatic readings take “meaning to be hidden, repressed, deep and in need of detection and disclosure by an interpreter” (Best and Marcus 1). Within this model, war narratives are themselves seen as a symptom of their authors’ hidden psychological traumas. For example, Marianne Dekoven argues that discussions of high literary modernism overlook varying degrees of authors’ immersion in their historical
moments. Dekoven focuses on Melville’s relationship with slavery, Kafka’s with colonialism and class, and Woolf’s with the devastation of WWI. “But in fact,” Dekoven claims, “a good deal of modernist fiction generally considered to have escaped (repudiated, denied) history has instead suppressed it, thereby using one of the few feasible strategies, given the modernist disgust with history, for writing about it at all” (137). In other words, that which is not present in the text, in Woolf’s case WWI, is that which is most influential. Dekoven adds, “That [modernist] writer lived in the world, as we all do, and suffered its events. But the modernists, at least partly because of that suffering, decided to save the world through an art purified of history—an art conceived as the reinvigoration of human capacities blocked, thwarted, and denied by modern social existence” (138). According to Dekoven, the very act of appearing to write independently of their cultural moment reveals the modernist authors’ position in it. No author can escape their context, Dekoven argues, and sophisticated readers recognize the unconscious elements embedded in their texts.

Symptomatic readings look beneath the surface of the text for the author’s inherent, but hidden, meaning. Jane Robinett is one example of a symptomatic reader. In “The Narrative Shape of Traumatic Experience,” Robinett cites Caruth and Bessel van der Kolk, a psychiatrist, as arguing that traumatic experience “resists linguistic representation and in doing so, separates the writer from lived experience” (290). In other words, writers who have been traumatized cannot express their experience narratively. Robinett seeks to complicate their arguments by asking how, given the apparent impossibility of presenting traumatic experience, readers can “understand narratives that clearly bear a relationship to the writer’s lived experience” (290). In her examination of
All Quiet on the Western Front and Bao Ninh’s The Sorrow of War, Robinett
determines that the “correspondence between the form of the experience these novels
represent and the form of their narratives reveals a close correlation between the
experiences of Post-Traumatic Stress Disorder (PTSD) and narrative structure itself”
(292). For Robinett, then, writers with traumatic experience express themselves in
traumatized voices. Under the terms of symptomatic reading, creative writers are
presumed to be inadvertently embedding themselves, specifically their traumatized
psyches, in their writing. Literary devices become a clue to their psychological
backgrounds rather than techniques supporting their art or study. I argue that this practice
of expecting and diagnosing trauma in and through literary representation has a
foreshortening effect on interpretive possibilities and ignores authorial style, literary
techniques, and various uses of representational codes.

Jerome McGann’s notion of the social text is useful in understanding the power of
genre and the implications of symptomatic readings on war writing. For McGann, social
texts are those texts “produced and reproduced under specific social and institutional
conditions” (21). According to McGann, “a ‘text’ is not a ‘material thing’ but a material
event or set of events, a point in time (or a moment in space) where certain
communicative interchanges are being practiced” (21). In other words, forces—social,
political, medical, and more—influence a text’s production and reception. Yet these
factors and influences are often glossed over or ignored, especially in symptomatic
interpretations of texts. As Margaret Cohen asserts, a “symptomatic reading does not
sufficiently attend to how a work of literature’s representation of the historical
conjuncture is mediated by aesthetic considerations, by its poetic conventions, and by its
position in the literary system and the literary field” (58, emphasis in original). In other words, even narratives of traumatic experience written by military veterans need to be understood as written for a readership with clear expectations for what constitutes the genre of war literature. Generic expectations are powerful, whether expressed by the reading public who wants the story to be true or by critics who want narratives to comport with their notions of trauma and representation. In the following section, I trace the conflation of authors with their representations. Specifically, I focus on the misuse of representational language, which I define as the work of imagination or invention, as a substitute for representative samples, a statistically significant subset that accurately reflects the whole, in the work of medical professionals and literary scholars.

**Representational Language vs. Representative Samples**

Popular theories of trauma tend to rely on sources with representational language, usually literature and film. Representational language includes the rhetoric, devices, and imagery that authors, filmmakers, and survivors of traumatic experience employ to depict traumatic events and their effects. By contrast, trauma theorists seldom make use of representative samples. Representative samples are smaller units that accurately reflect the whole. In the case of trauma studies, this means a group of individuals whose experiences parallel those of the population under study. Typical methods of acquiring representative samples include surveys, case studies, and experiments conducted by psychologists, psychiatrists, and other medical professionals. Critical responses to *The Things They Carried* are one of the best examples of this phenomenon of relying on representational language rather than representative samples. As I have shown, many regard *The Things They Carried* as a historical war-based memoir rather than a collection
of fictional short stories. In addition, O’Brien’s fictional depiction is understood to reflect his personal experience and illuminate the experiences of other Vietnam veterans.

Failing to distinguish between representational language and representative samples is prevalent. As W. J. T. Mitchell notes, “It should be clear that representation, even purely ‘aesthetic’ representation of fictional persons and events, can never be completely divorced from political and ideological questions; one might argue, in fact, that representation is precisely the point where these questions are most likely to enter the literary work. If literature is a ‘representation of life,’ then representation is exactly the place where ‘life,’ in all its social and subjective complexity, gets into the literary work” (15). Mitchell’s observation that “life,” the social, political, and personal desires of the author, director, publisher, or producer, intervenes in “purely ‘aesthetic’” works is even more pronounced in seemingly realistic or documentary texts. Readers and viewers find texts compelling that appeal to preconceived ideas of what the reality of psychological trauma looks like, rather than those that actually correspond to the lived experience of trauma.

The distinction between representational language and representative samples is central to my argument. Louis Gianetti’s comments on film usefully distinguish between realism and persuasion. Gianetti claims that viewers value representations that move them over representations that might accurately reflect their subject matter. In Understanding Film, Gianetti argues that “people often praise the ‘realism’ of the boxing matches in Raging Bull. What they really mean is that these scenes are powerful, intense, and vivid” but not necessarily “realistic” (8). As he notes, Martin Scorsese’s 1980 film employs slow motion and other filmic techniques to persuade the viewer and does not
depict boxing matches accurately (8). The tendency to value what is perceived as compelling without concern for its veracity extends to documentary films as well. As Gianetti notes, documentary filmmakers “are not just recorders of external reality, . . . for like fiction filmmakers they shape their raw materials through their selection of details” (356). This is an important distinction: although some representational language may be compelling to the reader or viewer, it does not necessarily constitute an accurate version of the events it portrays. Those who read sources of representational language such as novels, short stories, and films as evidence of the reality of symptoms of PTSD overlook such elements in the field of cultural production as generic conventions and artistic license.

Both Caruth and Herman, authorities whose work I have discussed above, interpret literary and filmic sources—representational language—on the same plane as the medical discourse of trauma in spite of the inherent methodological problems I have raised. Caruth opens Unclaimed Experience (1996) with an extended reflection on Freud’s Beyond the Pleasure Principle. In this 1920 essay, Freud uses Torquato Tasso’s epic poem Gerusalemme Liberata (1581) as an example of unconscious repetition of trauma: the protagonist Tancred accidentally kills his beloved Clorinda then later slashes a tree containing her imprisoned soul, causing her to cry out. He has “killed” her twice. Caruth amends Freud’s analysis to argue that this scene represents “traumatic experience not only as the enigma of a human agent’s repeated and unknowing acts,” by which she means intrusive thoughts, an eventual diagnostic criteria for PTSD in the DSM (3). She also claims that Clorinda’s pain is evidence of “the enigma of the otherness of a human voice that cries out from the wound, a voice that witnesses a truth that Tancred himself
cannot fully know” (Caruth 3). Interpreting this scene as evidence that Tancred does not fully understand the site of trauma (his or Clorinda’s), Caruth claims that trauma is epistemologically unavailable to those who experience them. Caruth further insists on the supremacy of persuasion over veracity or authenticity. “It is the moving quality of this literary story,” she claims, “its striking juxtaposition of the unknowing, injurious repetition and the witness of the crying voice—that best represents Freud’s intuition of, and his passionate fascination with, traumatic experiences. If Freud turns to literature to describe traumatic experience, it is because literature, like psychoanalysis, is interested in the complex relation between knowing and not knowing” (3).

Freud uses Tasso’s epic poem as an example of the repetition-compulsion. Caruth, by contrast, employs the same narrative as evidence of Freud’s fascination with trauma. Caruth is not interested in exploring Freud’s research or evidence but rather his intuitions and passions. Moreover, her claim that “literature, like psychoanalysis, is interested in the complex relationship between knowing and not knowing” presupposes the answer. Caruth limits the work of psychoanalysis because her understanding of psychological trauma is based upon the presumption of a gap or disjunction between knowing and not knowing. McNally’s research archive, by contrast, suggests that trauma survivors know significantly more about their traumatic experiences than they are usually credited with. Caruth’s suggestion that literature itself “is interested” in something also overlooks the complex relationship among authors, editors, and publishers, that is, those parties that can actually have an interest in the subject of literature. In the remainder of Unclaimed Experience, Caruth evaluates literature and film, including Alain Resnais’s film Hiroshima Mon Amour (1959) and Sigmund Freud’s Moses and Monotheism (1937),
as evidence of the lived experience of psychological trauma that corresponds with her vision of the trauma thesis.

Caruth erroneously treats the literary archive as scientific evidence of the effects of trauma, but literature professors are not alone in making this mistake. Herman similarly treats representational language on the same plane as representative samples. In *Trauma and Recovery* (1997), Herman draws from sources including the poetry of Wilfred Owen and Siegfried Sassoon and the fiction of Doris Lessing, Tim O’Brien, and Virginia Woolf. When exploring the archive of female, noncombatant authors, Herman is careful to position their representations as precisely that. Indeed, she consistently applies the word “portrait,” defined by the OED as a “representation in speech or writing; *esp.* a vivid or graphic description” to narratives by female noncombatants describing the experiences of male soldiers. She cites “Doris Lessing’s portrait of her father, a First World War combat veteran,” which shows “the frozen and wordless quality of traumatic memories” (37). She also claims, “Virginia Woolf captures this inner devastation in her portrait of the shell-shocked combat veteran Septimus Smith” (52). A second reference to Lessing’s *Small Personal Voice* that examines the “diminished life, tormented by memory and bounded by helplessness and fear” faced by individuals with undiagnosed PTSD again refers to Lessing’s “portrait” of her father (49). As a final example, Herman insists, “The alienation and inner deadness of the traumatized person is captured in Virginia Woolf’s classic portrait of a shell-shocked veteran” (49).

While Herman is careful to distinguish writing by female authors from scientific evidence, she treats the combatants’ archive—including the fiction and poetry of writers like O’Brien and Sassoon—as somehow unmediated or authentic recordings of the lived
experience of trauma and as equivalent to scientific archives. Herman employs O’Brien’s *The Things They Carried* as evidence for her claims three times. These examples show how she slips from literary archive to scientific evidence. First, Herman invokes O’Brien’s narrative of Dave Jensen singing “Lemon Tree” in “How to Tell a True War Story” as an example of Robert Jay Lifton’s idea of the “ultimate horror,” an extreme traumatic experience. Lifton is a psychiatrist who is known for his psychohistorical work with survivors of the Holocaust, Hiroshima, and Vietnam. Lifton explores the notion of ultimate horror in many works, including *Death in Life*, which draws on interviews with 75 survivors of Hiroshima. Herman argues that “traumatic memories lack verbal narrative and context; rather, they are encoded in the form of vivid sensations and images,” and adds, “The intense focus on fragmentary sensation, on image without context, gives the traumatic memory a heightened reality” (38). Herman’s evidence of the heightened reality of the ultimate horror is O’Brien’s “memory” of retrieving Curt Lemon’s remains from a tree: “The gore was horrible, and stays with me. But what wakes me up twenty years later is Dave Jensen singing ‘Lemon Tree’ as we threw down the parts” (qtd. in Herman 39).

Two central issues complicate interpreting this incident as memory, especially traumatic memory that operates as Lifton and Herman describe. First, the incident is highly narrative, even to the point of providing an ironic “soundtrack” to the incident. Second, as with the rest of the book, the chapter “How to Tell a True War Story” is highly self-aware and actively seeks to complicate the reader’s interpretation. The subsequent paragraph to one of several iterations of this memory begins: “You can tell a true war story by the questions you ask” (O’Brien 89). Here, “true” is defined less by
accuracy or veracity than by its evocativeness or suasiveness. Indeed, as O’Brien has answered in numerous interviews and public lectures, *The Things They Carried* is a work of fiction. To take but one example, in a conversation with Judy Woodruff of PBS (2010), O’Brien states, “I wanted to write a work of fiction that would feel to the reader as if this had occurred or, in a way, is occurring as I read it. And, so, I would use every strategy I could think of, invention, and dialogue, and using my own name, dedicating the book to the characters, as a way of giving a reader a sense of witnessed experience” (“Looking Back”). O’Brien adds, “I was a soldier in Vietnam. But the stories in the book are, for the most part, invented” (“Looking Back”).

In a second example, Herman argues that emotional reactions like shame and doubt follow traumatic events and employs O’Brien’s veteran status to validate her claim. “The combat veteran Tim O’Brien describes this pervasive sense of doubt,” she observes, before quoting at length from the novel (53). However, the passage from O’Brien neither explores questions of shame nor reflects the kind of doubt, “the inability to maintain one’s own separate point of view while remaining in connection with others,” that Herman cites (53). Instead, the doubt O’Brien describes, “The old rules are no longer binding, the old truths no longer true. Right spills over into wrong. Order blends into chaos, love into hate, ugliness into beauty, law into anarchy, civility into savagery,” seems to interrogate ambiguity and uncertainty in war (qtd. in Herman 53).

As many military historians have noted, this ambiguity is a result of the conflict between moral codes of civilian life, where murder is outlaw, and the moral codes of war, where killing is not only lawful but requisite. As Richard Holmes observes in *Acts of War*, “Military training may find itself in conflict not only with an individual’s super-ego,
but also with a more conscious cultural norms” (58). Moreover, O’Brien’s sense of the limitations of description—“In war you lose your sense of the definite, hence your sense of truth itself”—holds true for both traumatic and nontraumatic events (qtd. in Herman 53). As Yuval N. Harari asserts, eyewitness testimony is limited by several factors: “The field of vision is always narrow, hence an eyewitness can never see (or hear, or smell) all the facts. Because the emotional turmoil of combat plays havoc with one’s sensory input, an eyewitness can never see the facts objectively. The passage of time between witnessing the event and giving an account of it ensures that an eyewitness will never remember the facts correctly” (215, emphasis in original). As misinformation studies have documented for decades, the inability to maintain one’s own separate point of view is true for nearly all acts of witnessing. As McNally notes, “Suggestive, misleading information provided after an event,” such as photographs, film, and narrative, “routinely distorts witnesses’ memory reports of the event” (69).

In A Trauma Artist: Tim O’Brien and the Fiction of Vietnam, Mark A. Heberle underscores the fictional nature of O’Brien’s writing: “Although closely resembling O’Brien’s autobiography If I Die in a Combat Zone in form and mode, Things is not a memoir. . . . O’Brien has called it simply a ‘fiction,’ and it is more appropriate to identify its twenty-two ‘fictions’ as ‘pieces’ or ‘sections’ rather than as chapters or stories” (179). Haberle’s technique for protecting against the reader’s tendency to collapse the identities of O’Brien the author and O’Brien the character, like Herman does, is to “refer to O’Brien’s persona as ‘Tim O’Brien’ or as the ‘narrator’ to distinguish him from the author” (179). Haberle also contributes a useful approach for thinking about the relationship between personal experience, which Herman privileges, and representational
language, which O’Brien emphasizes. Haberle argues, “The final section identifies O’Brien’s authorial role by making explicit the relationship between memory and fiction. . . . In remembering, the author re witnesses what the soldier had seen, so that the two selves also merge, like Tim the writer and Timmy the ten-year-old” (182). O’Brien writes from personal experience, but *The Things They Carried* is neither documentary evidence of his experience nor, despite Herman’s assumptions to the contrary, intended to be that.

In the third and final example, Herman employs *The Things They Carried* as support for her claims of “traumatic transference” (136). Traumatic transference is the idea that the relationship between patients with trauma syndromes and their therapists is colored by the traumatic experience and that the relationship is marked by a “life-or-death quality” where “the patient’s life depends on keeping the therapist under control” (Kernberg qtd. in Herman 136). Traumatic transference often results, Herman claims, in a patient’s fury with his or her therapist who fails to live up to idealized expectations. Here again the connection between her diagnosis and O’Brien’s writing is extraordinarily tenuous. Herman cites the eponymous character Tim O’Brien’s rage with a medic who failed to treat him for shock as equivalent to that of a patient’s rage with a therapist. Herman writes: “The traumatized person’s helpless, desperate rage at a rescuer who lapses even momentarily from her role is illustrated in the case of the Vietnam veteran Tim O’Brien, who describes how he felt after being wounded in battle” (137). According to Herman’s logic, the rage felt by the fictionalized Tim O’Brien for Bobby Jorgensen, the green medic who failed to treat Tim O’Brien for shock in “The Ghost Soldiers,” is equivalent to that of psychiatry patients to their therapists. Literature aside, there is a central difference between Tim O’Brien’s rage and traumatic transference: Bobby
Jorgensen, although inexperienced, was trained as a medic, and his failures at his job are concrete. He was scared, failed to identify a potential fatal threat, and did a poor job with his treatment. “[I]t took the son of a bitch almost ten minutes to work up the nerve to crawl over me. By then I was gone with the pain. Later I found out I’d almost died of shock. Bobby Jorgenson didn’t know about shock, or if he did, the fear made him forget. To make it worse, he bungled the patch job, and a couple of weeks later my ass started to rot away” (O’Brien 218). Bobby Jorgenson is not Tim O’Brien’s therapist any more than “The Ghost Soldiers” is a psychiatric case study.

Herman is not an outlier. Jonathan Shay’s *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (1994) is another influential example of the use of the trauma thesis in history and criticism. Shay is a PhD and MD who worked for the Department of Veteran Affairs for more than twenty years and received a MacArthur Grant in 2007. Shay frequently cites Herman in *Achilles in Vietnam*. A brief look at Shay’s text reinforces three central principles I have highlighted in Herman’s work. First, Shay demonstrates that O’Brien’s veteran status has cultural capital with readers; second, Shay privileges the affective power of literature over its accuracy or veracity; and third, Shay relies on representational language in lieu of representative samples.

O’Brien’s influence extends to the promotion of *Achilles in Vietnam*. On the front cover, the publishers include praise from O’Brien himself. According to O’Brien, Shay’s book is “clearly one of the most original and important scholarly works to have emerged from the Vietnam War. Beyond that, it is also an intensely moving work, intensely passionate, reaching back through the centuries to touch and heal.” O’Brien’s veteran status authorizes him to recommend Shay’s scholarship and positions him as an arbiter of
studies on the Vietnam War. Moreover, this passage underscores the same slippery slope of persuasiveness faced by Herman. O’Brien highlights the moving qualities of Shay’s work and intense passion, words that reverberate with Caruth’s estimation of Freud. Finally, Shay’s work is premised in his claim that “the *Iliad* can be legitimately read as a text concerning the human experience of combat” (97). He bases this view on a comparison of the epic poem with the narratives of an unquantified number of Vietnam veterans who see Shay in his capacity as a psychiatrist for their diagnosis of severe, chronic PTSD.

Although a number of Shay’s readings are persuasive, they typically fail to draw on military history and consistently invoke the power of representational language as above that of representative samples. Whenever Shay begins to consider the implications of the fact that the *Iliad* is an epic poem handed down in an oral tradition from a poet born three hundred years after the conflict it describes, he ends up resolving the conflicts and inconsistencies by invoking the power of the poem’s representational language. In one example, Shay acknowledges the interpretive challenges of literature, noting that “since . . . direct speech on the battlefield between enemies almost always reflects ‘mind games,’ i.e., attempts to manipulate the enemy according to one’s own agenda, direct speech may be skewed. . . . Keeping these reservations in mind, direct speech still has much to tell us” (107). In a later chapter, “What Homer Left Out,” Shay acknowledges, “The *Iliad* is a work of poetry, not sociological or historical scholarship,” and uses this observation to validate his exploration of “some things that Homer left out or drastically understated in his account of war” (121). In both cases, Shay avoids addressing the stakes and shortcomings of representational language. Literature functions on the same plane as
clinical studies so long as it corresponds to the arguments he intends to make. Rather than acknowledging that Homer falls short of making his point for him, Shay simply fills in the blanks. He fails to acknowledge that he is, as a matter of course, bending Homer’s text to his own purposes.

**Conclusion: Dramatic Conditioning as a Double-Edged Sword**

In distinguishing between representational language and representative samples, I am making two separate but related critiques of the sources employed by trauma theorists like Shay, Herman, Caruth, and the many writers that take approaches similar to theirs. First, these authors treat fictional narratives as accurate or truthful reflections of lived experience; this, by any standard, is a methodological error. Second, they fail to acknowledge that novels and other published texts are what McGann calls social texts, meaning that narratives are historically contingent and open to influence by forces including editors, publishers, and the reading and viewing public. Fictional texts are responsive to a variety of demands, including economic considerations and popular taste. The weaknesses I highlight in Herman and Caruth’s work form the basis for a more fundamental reservation about the approaches these writers take. In my view, their highly selective and limited grasp of trauma inevitably leads them to overlook representations of responses to trauma that are not debilitating or devastating. As I will show, research and medical study does not support a definition of trauma that encompasses nearly every kind of social challenge or personal threat and results consistently in debilitating or pathological responses.

The influence of the trauma thesis on interpretations of literature can hardly be overstated, yet its effect is often invisible. As Cohen asserts, “[W]hat has been called
close reading is actually reading from the perspective of a horizon of generic expectation that has become naturalized and hence seems intuitive” (58). I refer to this act of naturalization as dramatic conditioning. The subliminal and powerful training we receive from popular media such as literature and film has a powerful influence on our attempts to make sense of contemporary representations and understandings of PTSD. However, this dramatic conditioning stems not just from attempts to sell, the economic imperative facing writers and filmmakers, but also from fundamental disagreements and disorientation among psychiatric professionals, then and now. I have already shown how the medical community is, and has been, deeply divided on central issues relating to psychological trauma. I next focus on the divide between the popular and the medical discourse of trauma by using two familiar symptoms of trauma: flashbacks and multiple personality disorder.

In The Trauma Question, Luckhurst claims that “the cinema in fact helped constitute the PTSD subject in 1980, and that it has continued to interact with and help shape the psychological and general cultural discourse of trauma into the present day” (177). Luckhurst cites such films as The Pawnbroker from 1964 as providing a model of traumatic memory that reveals itself in flashbacks, noting that “the film appeared fifteen years before the arrival of PTSD,” and moreover, “the symptoms [of PTSD] did not initially include the traumatic flashback as a significant diagnostic element” (182). Luckhurst concludes, “Psychiatric definitions of traumatic flashbacks in fact mimic the cinematic representations of memory in films like The Pawnbroker” (182). Beyond this distorted chronology, what makes the notion of traumatic memories manifesting itself in the form of flashback so problematic is that it runs counter to the findings of hundreds of
studies. Simply put: even though flashbacks have been included in the DSM since 1980 as a symptom of PTSD, that form of intrusive memory is not supported by data. As McNally notes, citing the work of cognitive psychologist Dorthe Berntsen, “there is no special relationship between the intrusive or involuntary character of an autobiographical memory and its relevance to trauma” and, moreover, “even in people with PTSD, most involuntary memories are not recollections of the traumatic event and most flashbacks are not replays of the trauma” (107).

A second example showing how popular culture influences medical discourse comes from *Sybil*, the pseudonymous title of Shirley Mason’s narrative of multiple personality disorder. Multiple personality disorder, like PTSD, is understood as a stress disorder. After *Sybil*’s publication, multiple personality disorder became interconnected with traumatic experiences. In an article for NPR, Lynn Neary reports, “When *Sybil* first came out in 1973, not only did it shoot to the top of the best-seller lists, it manufactured a psychiatric phenomenon. . . . Within a few years of its publication, reported cases of multiple personality disorder—now known as dissociative identity disorder—leapt from fewer than one hundred, to thousands.” McNally notes that “before the 1980s, multiple personality disorder had been one of the rarest disorders in the history of psychiatry”; however, in the post-*Sybil* era, some psychiatrists suggested that between twenty and fifty percent of psychiatric inpatients suffered from it (11). The central problem with this dramatic shift in medical diagnosis and treatment is that Shirley Mason did not, in fact, have the disorder. According to Debbie Nathan, “Sybil’s sixteen personalities had not popped up spontaneously but were provoked over many years of rogue treatment that violated practically very standard of practice for mental health practitioners” (xviii).
Ultimately, *Sybil* was the product of an unethical therapist, an ambitious journalist, and a vulnerable patient who found herself unable to disentangle herself from her lie for economic, emotional, and other reasons.

Flashbacks and multiple personality disorder are extreme examples of popular culture’s potential for influencing the medical discourse of trauma. However, other forms of influence are no less insidious for being less obvious. Indeed, the medical community is well aware of the powerful influence depictions of trauma can have on popular imagination. However, fewer seem aware of the influence these representations can have on their own work. In her work on amnesia, Sallie Baxendell speaks to the implications of dramatic conditioning on patients’ responses to diagnoses they believe they understand. “Most amnesic conditions in film bear little relation to reality. Since movies both inform and reflect public opinion, doctors should be aware of the prevalent myths about amnesia. This could be invaluable when informing patients and their relatives of a diagnosis of an amnesic condition and its likely prognosis” (1480). In *Literary Medicine: Brain Disease and Doctors in Novels, Theater and Film*, Julien Bogousslavsky and Sebastien Dieguez concur, adding that popular culture affects doctors as well. “For most people, including neurologists and psychiatrists, the first contacts with brain disease and its consequences take place in reading novels or watching movies” (vii). Luckhurst adds, “Cinematic narratives don’t just mimic but help organize popular conceptions of what trauma does to subjectivity” (208). Tracey Loughran suggests that dramatic conditioning has a political as well as a medical element. “Since 1918, narratives of psychological pain as a timeless truth of combat experience have assumed an ever-more important place in our accounts of the war, whether literary, historical, or journalistic” (Loughran 97).
Loughran adds, “In a parallel and related movement, this suffering (usually described as ‘trauma’) is now often portrayed as an inevitable concomitant of any experience of war (all wars are necessarily ‘traumatic’), and the experience of shell shock in the First World War has become the model for all subsequent wars” (97). In other words, the interpretive possibilities of WWI (and subsequent wars) have been narrowed by the trauma thesis: psychological pain has been represented and therefore understood as an inevitable and defining experience of war. Experiences of growth or resilience, by contrast, have been excluded.

Representations of trauma can promote understanding of the trauma subject even as they are not true-to-life, are highly mediated, or are both fictionalized and mediated. I have already shown how the cinema helped shape the diagnostic criteria of flashbacks and intrusive thoughts. Conventional wisdom also suggests that trauma narratives are marked by gaps, aporias, or repressed memories, a failure to recall or inability to express often marked by narrative fragmentation. As we have seen, PTSD as a diagnostic category has long employed a set of contradictory symptoms ranging from the involuntarily re-experiencing of traumatic events to emotional numbing, hypervigilance, guilt, and memory impairment. However, perhaps the dominant approach to traumatic representations hinges on this last, catch-all criterion: the notion of the gap or aporia at the center of traumatic memories or the idea that trauma is so psychologically overwhelming that the mind defends itself by repressing the memories.

On many levels, an understanding of trauma couched upon the notion of a lack or absence in traumatic memories feels right. Trauma victims frequently have a hard time talking about their experiences, so assigning this to an inability to remember...
guilt and discomfort a listener may have about not wanting to explore traumatic experiences in any detail. Moreover, many literary and filmic representations bear out this idea of a missing piece of experience at the heart of trauma. For example, in *Under Fire*, written in 1916, Henri Barbusse, a combat veteran of WWI, asserts the delayed experience inherent to losing a comrade. “When you hear of or see the death of one of those who fought by your side and lived exactly the same life, you receive a direct blow in the flesh before even understanding. It is truly as if one heard of his own destruction. It is only later that one begins to mourn” (265).

However, the reasons behind this delayed or repressed memory are not necessarily a product of the trauma itself. Indeed, the diagnostic criterion of an “inability to remember an important aspect about the trauma (psychogenic amnesia)” was not added to the DSM until 1987, a full seven years after PTSD was first codified (DSM-III-R 250). Perhaps a better way of understanding the inability to remember aspects of trauma is put forward by Frederic Jameson. In “War and Representation,” Jameson opens with the declaration that “War offers the paradigm of the nominalist dilemma” (1532). In other words, its narration necessarily chooses between the big picture, a universalizing totality that abstracts the individual experience, or a narrow focus on the here-and-now of sensory confusion, a view from the ground (1532). This push-and-pull between the big picture of strategy and the narrow view of tactics is articulated in Remarque’s *All Quiet on the Western Front*. To an even greater degree than *Under Fire, All Quiet on the Western Front* shaped popular culture of the late 1920s and early 1930s, in both text and film. At one point in the novel, the narrator Paul Baumer is on leave from the front and engaged in a debate with civilians in a beer garden. One responds to Paul’s protest that
“the war may be rather different from what people think” with the dismissive: “‘The details, yes,’ says he, ‘but this relates to the whole. And of that you are not able to judge. You see only your little sector and so cannot have any general survey’” (167). As Holmes, a military historian, phrases it: “Tunnel vision is one of the consequences of stress” (152). The German civilian in Remarque’s novel was thinking of tunnel vision in a literal sense, but he made what would prove to be an important point about stress and the experience of combat.

McNally’s work also suggests that trauma focuses, rather than represses. McNally demonstrates how witnesses to violence generally fail to encode neutral or peripheral details, focusing instead on central details, and that emotional stress enhances memory for the central features of the stressful experience. In other words, stress does not impair memory; it strengthens it. For Paul in All Quiet on the Western Front, this intense focus manifests itself in the first man he kills in hand-to-hand combat, the Frenchman Gerard Duval. “So long as I do not know his name perhaps I may still forget him, time will obliterate it, this picture. But his name, it is a nail that will be hammered into me and never come out again. It has the power to recall this forever, it will always come back and stand before me” (Remarque 224).

A final example of the mediating influence of literature on the modern trauma subject is fragmentation. As Kirby Farrell observes, “In contemporary culture . . . trauma is both a clinical syndrome and a trope” (2). This is especially true in readings of fragmentation, by Caruth and others, as evidence of psychological trauma. Shay asserts that, “Severe trauma explodes the cohesion of consciousness. When a survivor creates a fully realized narrative that brings together the shattered knowledge of what happened,
the emotions that were aroused by the meanings of the events, and the bodily sensations that the physical events created, the survivor pieces back together the fragmentation of consciousness that trauma has caused” (182). One problem with this formulation is that in responding to trauma, survivors need not (and often do not) create “a fully realized narrative that brings together shattered knowledge of what happened,” in large part because there’s no “shattered knowledge” in the first place. As research by psychologists including McNally has shown, trauma survivors themselves—not being professional authors, that is—can furnish narratives of their experiences, albeit with varying degrees of coherence.

According to McNally, while “initial narrative coherence is related to recovery from PTSD, both narrative coherence and recovery may be results of a third variable such as cognitive ability” (136). Trauma survivors are not faced with a “fragmentation of consciousness,” as Shay claims, but rather face the challenge in grieving and making sense of and establishing a new worldview that accommodates the possibility of their trauma. Although many theorists writing on trauma assume that writers with traumatic experience express themselves in traumatized voices or reveal their traumatized psyches in an inability to speak, recent research suggests that a failure to represent the big picture or the production of narratives that are a pastiche of understandings does not necessarily indicate a fragmented memory, but rather a whole memory that forms a piece of a larger experience.

In the following chapters, I show how war-related fiction consistently exceeds the limitations of the trauma thesis that critics have used in interpreting these works. Among the victims of trauma frequently used to exemplify the workings of trauma are such well-
known figures as Septimus Warren Smith in Woolf’s *Mrs Dalloway* and Paul Baumer in Remarque’s *All Quiet on the Western Front*. In arguing against the simplifications encouraged by the trauma thesis, I attend to outcomes of trauma excluded by nomenclatures like the DSM, such as resilience, recovery, and growth. I address each author’s creative process, by which I mean both the imaginative task of literary production and the act of making meaning out of traumatic events. As I show, the literary devices and narrative choices of each author far exceed the limitations of the trauma thesis. The reality of life after experiencing traumatic stress is far more complex than the DSM allows and, consequently, more varied than most people believe.
CHAPTER TWO

WARRIOR WRITERS

In his survey of modern war literature, *The Soldiers’ Tale*, Samuel Hynes explains his process of selection by naturalizing the authority of experience. He urges that if we wish to “understand what war is like, and how it feels, we must turn away from history and its numbers, and seek the reality in the personal witness of the men who were there” (xii, emphasis in original). Hynes further argues that the place to start in considering war narratives is “with the assertion of the authority of ordinary men’s witness” (1). Reflecting on David Jones’s claim to a soldier’s authority, Hynes asserts: “It is true because he was on the field; if you don’t know that, you don’t understand anything” (1, emphasis in original). Hynes is not alone; the belief that combat is unavailable without direct personal experience and that veterans are uniquely qualified to represent war remains powerful, persuasive, and pervasive.

There is a large theoretical problem behind Hynes’s claims. Seeking reality in personal witness, as Hynes urges us to do, is asking representation to stand in for experience on an equivalent rather than analogous basis. The phenomenon of representation is far more complex than Hynes’s formulation allows, and this problem must be understood before we can assess the role of trauma in war literature, especially fiction that represents combat or trauma. In this chapter, I examine the phenomenon of representation and the authority of experience in three novels written by veterans: Erich
Maria Remarque’s *All Quiet on the Western Front* (1929), William March’s *Company K* (1933), and James Jones’s *The Thin Red Line* (1962). I begin by examining the narratological choices deployed by veteran authors that resist mimetic or symptomatic approaches to war and trauma narratives. In the second section, I analyze the military experience of these authors against their literary production and the public reception of their work.

**Reading War**

As we saw in chapter one, scholars in the field of trauma studies tend to oversimplify the representational function of narratives, especially of war stories. I have defined the trauma thesis as the expansion of the scope of what constitutes trauma and the narrowing of acceptable or expected outcomes. One of the most striking consequences of the trauma thesis is the tendency to identify narratives of trauma through their use of particular kinds of narrative strategies. In other words, because the trauma thesis leads us to expect that traumatic experiences yield traumatized individuals, authors who have survived trauma or who are writing about traumatic events are perceived to be expressing their trauma through the discourse of their narratives. Margaret Higonnet explores the tendency of critics, historians, and psychiatrists to “understand trauma narratives as authentically symptomatic testimony to the unspeakable conditions that precipitated psychological breakdowns” (93). These critics read war narratives as mimetic truth, as a direct truth statement about the experience of war. They do not allow for creative license, imagination, or the adaptation of lived experience in the pursuit of art or profit. According to this interpretive model, the author as artist is unimaginable and narratives of trauma occupy a unique space: the writing, even overtly fictional writing, is understood
as making direct reflection of the lived experience of trauma or somehow standing in for this experience.

This conflation of author, text, and experience has come to define the study of trauma literature. A central problem of this discourse is that readers and critics who look for evidence of trauma in narrative form consistently find it because their logic is based on petitio principia, or the circular logic that proves its conclusion by incorporating it into its premise. Specifically, the notion goes that traumatized individuals represent their experiences, even fictionalized experiences, in a manner that reflects their traumatized psyches. Literary devices and techniques, such as fragmentation and shifting focalization, are no longer tools of the literary craft but instead a reflection of the authors’ traumatized psyches. In Narratology: Introduction to the Theory of Narrative, Mieke Bal codifies this proleptic fallacy. Pointing out the discrepancies between memory and representations of memory (fabula), Bal asserts, “This discrepancy becomes dramatic and, indeed, incapacitating in the case of trauma. Traumatic events disrupt the capacity to comprehend and experience them at the time of their occurrence. . . . The incapability that paralyses the traumatized person can be situated on both story and text levels” (147). In other words, both the experience and its narrative are necessarily shaped by trauma.

This interpretive strategy also overlooks a vast archive of work by authors who have experienced traumatic events or been traumatized but whose work does not reflect an uncomprehending or incapacitated narrator. As I’ve shown in chapter one, trauma survivors neither forget nor fail to comprehend their traumatic experiences, but instead tend to focus on the central or most important details. Stress focuses rather than impairs. Moreover, trauma survivors are not categorically unable to narrate, describe, or report
their experiences. These facts of trauma notwithstanding, mimetic or symptomatic readings that seek trauma in the narrative form find what they are looking for. These predetermined and over-determined interpretations disregard the choices authors make and reduce the specific writing of authors, what Bal calls the text level, to merely another version of the story of the trauma thesis.

Narrative fragmentation and shifting focalization are among the most common narratological devices understood to reflect a traumatized writer, which is a reflection of the medical discourse as well. As Higonnet notes, “PTSD has offered literary critics a vocabulary to describe the symptoms of soldiers’ mental disturbances that may figure in memoirs and other autobiographical accounts: nonsequential memory, flashbacks, nightmares, and mutism or fragmented language” (92). However, literature occupies a very different space than testimony or therapy, even literature shaped by traumatic experiences and framed as testimonial or therapeutic. A close reading of the scenes of trauma by the three authors that are the subject of this chapter underscores the fallibility of symptomatic or mimetic interpretations of war novels, but it also upends the expectation of the trauma thesis that all traumatic experiences yield traumatized, damaged psyches. Their diverse experiences of war and combat notwithstanding, Remarque, March, and Jones all depict traumatic experience as meaning-making rather than destructive, empty, or meaningless.

Although war literature as a genre has porous and poorly defined boundaries, Fredric Jameson identifies eight forms employed by authors in what he considers “the impossible attempt” to represent war (1533). According to Jameson, these narrative structures include the existential experience of war; the collective experience of war;
leaders, officers, and the institution of the army; technology; the enemy landscape; atrocities; attack on the homeland; and foreign occupation (1533). In many respects, Remarque, March, and Jones engage with the topics that Jameson identifies. To this list, I would add two: first, the home front understood in opposition to the battle front; and second the moral and ethical distinctions that separate soldiers from civilians.

Perhaps one consequence of the contrast between the home front and the battle front is the view that war fiction is unavailable to civilian readers because the events of combat exceed civilian experience or comprehension. James Campbell articulates one vision of this gap between civilian and soldier, defining “combat gnosticism” as the belief that knowledge of war, particularly combat, is unattainable without direct personal experience. According to Campbell, combat is epistemologically unavailable except to combatants, and efforts to represent the experience necessarily and ultimately fall short. While Campbell generally restricts his investigation of this phenomenon to literary criticism of the trench poets (Siegfried Sassoon, Wilfred Owen, Robert Graves), this truism is frequently applied to war writing of all eras. Indeed, Jameson argues that war novels and films leave audiences with “the suspicion that war is ultimately unrepresentable” and adds that histories that detail dates and events do so at the expense of emotion and individual experience (1533). Focusing on narrative, Paul Fussell sees a yawning gap between “events and the language available—or thought appropriate—to describe them” (169). Similarly, although she speaks to aesthetics more generally, Margot Norris argues that “the census of the war dead [in twentieth-century conflict] resists and exceeds both representation and attempts at signification—particularly ontological signification” (3). All Quiet on the Western Front, Company K, and The Thin
Red Line all address the challenges of communicating the shared experience of veterans to veterans as well as the experience of veterans to civilians. In Remarque’s book, Paul is frustrated with his inability to communicate with civilians and rear-echelon soldiers alike. March’s novel concludes with one soldier’s observation upon reuniting with a comrade that, “We didn’t have anything to talk about, after all” (260). Similarly, Jones’s novel ends with a note of incommunicability: “One day one of their number would write a book about all this, but none of them would believe it, because none of them would remember it that way” (510).

While Jameson, Fussell, and Norris believe language is inadequate for representing violence, W. J. T Mitchell suggests that all language and art fails to encapsulate or replicate the object or experience being represented. As Mitchell observes, “Probably the most common and naïve intuition about literature is that it is a ‘representation of life’”; in other words, that literature is like a mirror that reflects lived experience (11). According to Mitchell, all representations have two areas for possible miscommunication: between the representational code and the thing being represented (the sign and the signifier) and between the artist and the beholder (the sender and the receiver). Using the metaphor of a visual artist, Mitchell identifies a central barrier to communication in the intersection of these two planes. In his example, the visual artist employs a dab of paint to stand for a stone. According to Mitchell, the axis of representation is the line that connects the representational object (dab of paint) to that which it represents (the stone). This line intersects with what he terms the axis of communication: the line that connects the maker (the artist) with the beholder (the viewer). It is in the intersection of these lines that challenges to communication and
understanding occur. According to Mitchell, “They present a barrier that ‘cuts across,’
as it were, our lines of communication with others, presenting the possibility of
misunderstanding, error, or downright falsehood” (12). Masterful representations, skilled
interpreters, and generic conventions all play a significant role in decreasing the
possibility of miscommunication; nonetheless, as Mitchell notes, representation is “a
problem that runs through the history of literary production” (17).

Campbell seems to believe that combat gnosticism creates an artificial divide
between war writing and civilian writing and between veterans and civilians. According
to Campbell, combat gnosticism has “promoted war literature’s status as a discrete body
of work with almost no relation to non-war writing” (203). Yet, this divide is not as
artificial as Campbell suggests. The fact that representational codes are employed across
all genres of writing belies the distinctions that do separate combat writing from other
kinds of war writing or writing in other genres. As Richard Holmes has noted, soldiers
are distinguished from civilians by the possibility of the use of lethal force (31). There are
moral, ethical, and legal distinctions between civilians and soldiers. I explore these
divisions and moral choices in greater detail in section two.

In addition to the thematic commonalities of home front versus the battle front
and the moral distinctions between soldiers and civilians, the novels by Remarque,
March, and Jones share a complex use of narrative voice. Attention to representational
form, especially narrative voice, is one safeguard against reductive understandings of
both the novels and their authors. Although there are many avenues worth exploring, I
focus on what Jameson calls the nominalist dilemma: the choice storytellers must make
between presenting the big picture or details; in other words, describing an “abstraction
from totality or the here and now of sensory immediacy” (1532). In many respects, in their representations of war in general and trauma in particular, Remarque, March, and Jones reject the nominalist dilemma as a false binary. They use narratives of individual experience as devices for making sense of the larger meaning of war. Remarque’s novel is narrated by and focalized through Paul up until the last page, when the entire construction of Paul’s narrative is cast into doubt. Although each chapter in March’s novel is presented from the perspective of an individual soldier and limited to his perspective, the novel as a whole is tied together by March’s surrogate, Private Joseph Delaney, who has presumably curated and organized their stories. Finally, Jones’s novel employs both a shifting focalization and a shifting voice; it concludes by situating the author as simultaneously within and outside the narrative structure. Delaney states the desire for universality directly: “This book started out to be a record of my own company, but I do not want it to be that, now. I want it to be a record of every company in every army. . . . With different names and different settings, the men of whom I have written could, as easily, be French, German, English or Russian for that matter” (13).

Through the majority of All Quiet on the Western Front, the experiences of a German private on the front lines in the novel are limited to only that which Paul can see. At times Paul imagines or projects the thoughts of others, but generally he reserves his report to that which he himself experiences or feels. For example, Paul points to his limited understanding of the French woman: “Her mouth speaks words I do not understand. Nor do I fully understand her eyes; they seem to say more than we anticipated when we came here” (148-9). However, Paul is insightful, and Remarque suggests a parallel between himself and his principal character. Early in the novel, Paul
muses, “It is strange to think that at home in the drawer of my writing table there lies the beginning of a play called ‘Saul’ and a bundle of poems” (19). With this detail, Paul’s narrative strategies can be read as a product of his literary ambitions. Paul is also not unable to interpret the motives of other characters. Trying to make sense of the French woman’s lack of concern at his imminent departure, Paul eventually realizes, “Yes, Leer is right: if I were going up to the front, then she would have called me again ‘pauvre garçon’; but merely going on leave—she does not want to hear about that, that is not nearly so interesting” (153). However, the final page serves to upend the convention of *All Quiet on the Western Front* as a first-person narrative that offers Jameson’s here and now of sensory confusion. The final paragraph, set apart in most editions on a following page, is written in the third person upon Paul’s death. This new voice challenges the narrative as Paul’s own construction, but also adds a survey of the big picture of Paul’s role in the war. “He fell in October 1918, on a day that was so quiet and still on the whole front, that the army report confined itself to the single sentence: All quiet on the Western Front” (296). The title, which is pulled from this last page, is often understood as Remarque’s ironic sense that Paul’s contribution to the war was insignificant and overlooked. However, it was actually G. P. Putnam’s Sons, the publishers, who decided on the English language title. In the original German, the phrase *Im Westen Nichts Neues* translates literally to “In the West, Nothing New.” Although this literal translation can still be read as ironic, it positions Paul very differently. “Nothing New” suggests that men’s deaths are part of the nature of war whereas “All Quiet” suggests that these deaths go unnoticed.

March’s novel similarly rejects the binary choice between the documenting war at
the level of experience and making sense of it as a whole. Although each of the 113
chapters is presented from the perspective of the character named in the title, the novel is
tied together by the chapter of Private Joseph Delaney. The second through final chapters
occur in chronological order, moving generally from basic training to transport overseas
via troopship to arrival and service in France through the soldiers’ homecoming and
reintegration in civil society. By contrast, Delaney’s chapter appears first in the book and
yet is set well after the war. With this narrative gesture, Delaney is established as both a
part of and apart from the rest of the company. Like Paul, he is a writer, and operates as a
stand-in for March. Delaney offers a meta-narrative on March’s representational code,
mulling over the choices he has made in his book about the experiences of a company of
American soldiers, presumably the narratives that follow. Delaney imagines an
alternative representational code to the words he has written. He pictures pinning each
narrative in a circle on a wheel. “Then I would like to spin the wheel, faster and faster,
until the things of which I have written took life and were recreated, and became part of
the wheel, flowing toward each other, and into each other; blurring, and then blending
together into the composite whole, an unending circle of pain. . . . That would be the
picture of war’” (13–4). Delaney’s desire for such a synesthetic and democratic
representation of the soldiers’ stories could only occur at the expense of signification.
Readers can only read one narrative at a time; listeners can only hear one speaker at a
time. The cacophony of war that Delaney describes would be impossible for observers to
understand.

Delaney underscores the challenges of narratological choices against the
expectations of readers in his report of his wife’s feedback on the book. His wife
encourages him to take out the part about shooting prisoners because, she says, “[It] is cruel and unjust to shoot defenseless men in cold blood. It may have been done a few times, I’m not denying that, but it isn’t typical. It couldn’t have happened often” (14). Substituting a “description of an air raid” would be “better” because “it happened many times, I understand” (14). For Delaney’s wife, there is comfort—albeit cold—in the knowledge that the aviator “cannot see where his bomb strikes, or what it does, so he is not really responsible” and that “[t]hat happened many times, I understand” (15, 14). Delaney himself, however, is not comforted by the promise that air raids are more humane for their frequency, nor convinced that Matlock’s orders to shoot the prisoners “merely because he was stupid, and thought the circumstances warranted that” were necessarily “crueler” than air raids (14-5).

The narrative voices in all three of these novels collapse the boundaries between outside observer and interior actor. In Remarque, the narrative voice shifts between Paul and the anonymous observer who concludes the novel; March’s novel implicates Delaney’s authorial intervention in the 112 chapters narrated by other soldiers. Similarly, Jones’s novel deploys a shifting focalization that offers each character’s description and understanding of the world. This free indirect discourse resists clear narrative boundaries, especially when read in light of the novel’s last sentence, that “One day one of their number would write a book about all this” (Jones 475). By establishing the narrative voice as a member of C-for-Charlie company, Jones, like March, rejects the nominalist dilemma. A soldier who has experienced war, Jones’s narrator suggests, can make sense of his experiences as well as the experiences of those around him. Indeed, the narratological choices of all three authors indicate that while veteran authors enjoy a
unique perspective on war, their status as first-hand observers of war does not control or define the reception of their representations.

The Authority of Experience

The veteran status of authors influences the reception of their war literature in powerful and sometimes invisible ways. As we examine representations of trauma in war narratives written by combat veterans, each author’s military experiences become a potentially salient source for his writing. In the preceding section, I examined briefly the representational styles of each novel. I now turn to an analysis of the wartime experiences of the authors. In the next chapter, I examine the representations of trauma in each of their novels.

Remarque, March, and Jones all served in the military, and their literary output is clearly shaped by that experience. On the one hand, those experiences gave them material and the vocabulary needed to express it; on the other hand, and equally importantly, their military experience informed the reading public’s reception of their work. I begin by examining the military service and experiences in World War I of Erich Maria Remarque and Arthur Wesley Wheen, who translated *All Quiet on the Western Front.* I turn next to another veteran of WWI, this time the American William Edward Campbell, who wrote under the pseudonym William March. His 1933 publication of *Company K* was a surprise success, especially given the influence of Remarque’s text published just four years earlier. Finally, I examine the military service of James Ramon Jones, who served in the U.S. Army from 1939 to 1944, against his popular and critical reception. Jones published his first novel, *From Here to Eternity,* in 1952 and the novel that is the subject of my examination, *The Thin Red Line,* in 1962. Although the differences between the
experience of servicemen between WWI and WWII can hardly be overstated, the experiences of Remarque, March, and Jones are nonetheless closely related: all three authors capitalized on a publishing system and a readership that expected and enjoyed war writing by veteran authors; all authors faced censure and censorship for the subjects and modes of representation; and all engaged deeply, if not necessarily overtly, with the causes and consequences of psychologically traumatizing experiences.

**Erich Maria Remarque**

Author of the most famous novel to emerge from WWI, Erich Maria Remarque was born in Germany on June 22, 1898 and conscripted on November 21, 1916 (“Erich Maria Remarque-Friedenszentrum”). By June 12, 1917, just days before his nineteenth birthday, he was fighting on the Western Front. His time at the front was shortened by a shrapnel wound—or two, or five, depending on which report is to be believed—at Passchendaele on July 31 of that same year. He served on the front for approximately six weeks (Tims 9, 13, 18). He spent most of the rest of the war convalescing in the hospital and was discharged on October 31, 1918, less than two weeks before the end of the war (Tims 18). In a career spanning fifty years, Remarque published fourteen novels, short stories, two plays, and a screenplay, some of which were highly successful. He died in 1970. In 1928, he submitted to his publishers the text that would alter his life dramatically: *Im Westen Nichts Neues*. Translated into English as *All Quiet on the Western Front*, the novel made Remarque an international sensation.

*Im Westen Nichts Neues* was serialized in the Berlin magazine *Vossische Zeitung* from November 10, 1928 through December 1928 and its popular reception in the periodical led to a book deal. The text was issued in book form in late January 1929.
The novel’s early success was due in part to a thoughtful media campaign. As A.F. Bance notes, the publicity efforts of Ullstein-A.G., the publisher, included facilitating the novel’s translation into fourteen languages and sending out “enormous numbers of review copies” as well as 2,000 Braille editions for blinded German veterans (Bance 359). Capitalizing on the novel’s unprecedented success, the German-born president of Universal Studios, Carl Laemmle, acquired the rights to adapt the novel to film. The film was put into production under the direction of Lewis Milestone that fall and released in 1930. John Whiteclay Chambers notes that the “powerful anti-war film . . . played to packed houses around the world in 1930 and 1931 and was re-released in 1934” (45). The film was soon available in more than one version. According to Chambers, “[A]n augmented version was released in the United States in September 1939, a shortened version was distributed worldwide in 1950 during the Korean War, and a color remake was produced in 1979 in the wake of the Vietnam War” (45). This later version was made for TV and directed by Delbert Mann. According to the Internet Movie Database (IMDB.com), a third adaptation of the novel is in production for late 2015.1

1 As with the novel, popular responses to the film hinged upon the public’s perception of its realism. Here, however, realism was not a product of personal experience but rather of production values. As Andrew Kelly notes, director Lewis Milestone could not direct from a stance of personal experience; he had “volunteered for action but never went near the front” (63). Perhaps as a result of this lack of personal engagement, the producers made several concessions to viewers’ expectations of realism. Kelly asserts that filming began at “eleven o’clock on 11 November 1929, exactly eleven years after the Armistice had been signed. This was a symbolic gesture by Carl Laemmle, although his mind, no doubt, was on the publicity value which could be generated. . . . The story was used extensively in subsequent press material” (Kelly 83). Kelly’s analysis of the film also underscores its gestures toward realism and its reception as realistic. On the one hand, the film was the first to represent the sounds of trench warfare, resulting in a film “so
The aura surrounding Remarque assisted with high sales. According to Bance, “The notoriety of the novel was a publisher’s delight, and Remarque, intentionally or not, seems to have aided it by playing the part of the mystery man. He declared that he had written *Im Westen* in order to free his mind from an oppression; that he never imagined it would become famous; that he would not discuss it or supervise the filming of the story; and that he might never write again” (359). Furthermore, Remarque’s personal experience of military service gave him credibility and made his writing seem authentic. An interview with Frédéric Lefèvre, Remarque’s friend and editor in chief of *Nouvelles Littéraires*, reveals Remarque’s determination to present the novel as an expression of experience rather than the product of artistic ambition. In “An Hour with Remarque,” Lefèvre records Remarque insisting to his friend on his personal, rather than political or professional, impetus for writing. “I am getting tired of telling you that I cannot believe that I have a literary vocation. If I wrote a book, it was done solely because I wanted to discuss seriously a problem that touches me personally. . . . I do not care to know whether the book I wrote is interesting or not. I only ask it to give me my own personal solution” (Lefèvre 345).\(^2\) In a later passage, Remarque reiterates the origins of the novel as realistic, in fact, that, according to Milestone, on the opening night two veterans stood up when they saw some of the wounded and shouted that they were going to bring them back in” (Kelly 84). On the other hand, the film was visually striking. Milestone “created such a realistic view of war that scenes from the film resemble newsreel (and have sometimes been used as such)” (Kelly 85).

\(^2\) Lefèvre begins the essay, “An Hour with Erich Remarque,” by simultaneously confirming and creating Remarque’s isolationism and silence. “Erich Maria Remarque, author of *All Quiet on the Western Front*, has never given an interview and never will give one. He has, however, repeated several times in a way that honors me and fills me with confusion that if he ever breaks his self-imposed rule it will be in my favor, but I do not believe that day will come” (344). Lefèvre continues by exposing the interplay
stemming from an evening of feeling isolated and unhappy. “I had the impression of being shut off, separated, amputated from some mystery I cannot define. Why was I alone, alone? I don’t know how long I kept asking myself why I was in this condition. I slowly sought back in my mind, and my memory led me to the time of the War and I realized that during the War I was not alone, I had comrades” (346).

The inspiration behind the novel was the knowledge that this closeness had sprung from shared experiences and not been stymied by the fact that “this feeling did not rest in any way on intellectual values shared in common” (346). Readers familiar with Remarque’s biography would have discovered a discrepancy in his description of his military service (and it is entirely possible that the fault lay with Lefèvre). Remarque insists, “If I was able to think back with a certain tenderness on what my life had been during the War, explain it by the fact that I was only seventeen and a half when I was mobilized. What a moving age! What does one think about at seventeen?” (346). In fact, however, he was conscripted at nearly eighteen and a half and mobilized shortly before his nineteenth birthday. The inconsistency in Remarque’s age is certainly minor, but it hints at a larger issue of authenticity and realism, particularly in light of the concerted efforts made to groom Remarque’s public image. C. R. Owen underscores the discrepancies in the public presentation of Remarque’s life in his bio-bibliography of

between Remarque’s desire to situate himself as operating outside the concerns of celebrity and success and his knowledge that he is debating this concern with someone both likely and in a position to broadcast this concern to literary readers. “In speaking to me, however, he regards me as a friend and not as the editor in chief of *Nouvelles Littéraires*, so that if I write down word for word one of our most recent conversations I am perhaps betraying his friendship and probably laying myself open to his vehement reproaches. But I am sure, in any event, that I am not betraying his thought” (344). Although Lefèvre is reporting Remarque’s speech rather than recording it, I maintain the quotations from the original text.
Remarque. According to Owen, “the publishers embarked on a concerted and wide-reaching advertising campaign, in which they did not shy away from ‘altering the truth’ to suit the purpose of selling a war novel” (12). Owen points to two central strategies for shaping Remarque’s image as a war hero: amplifying his wounds and his medals.

According to Owen, “He apparently was wounded twice, although many reports indicate that he was wounded five times” (12). Similarly, “In an advertisement they [Remarque’s publishers] reprinted an obviously erroneous report according to which Remarque had ‘returned at the rank of lieutenant (ret.) of the 91st Infantry Regiment, having been decorated with the Iron Cross 1st class and the Frederick – August – Cross 1st class’” (12).

These advertisements and misrepresentations had an effect on critics and readers alike. Early reviews focused on the novel’s realism as a testimony of Remarque’s personal experience, sometimes at the expense of the book’s literary merit. In an early review of the English edition, Richard Henry Little insisted in the *Chicago Daily Tribune* that, “It’s the realest, most terrifying, most gripping novel of the war we’ve ever read.” Edith Weigle, writing for the same paper’s *Books* section, assured readers that “because of its unvarnished truth, its ghastly, unrelenting, torturing realism, it will do more than ten books such as ‘The King Who Was a King’ to prevent another war.” In a review tellingly titled “War’s Horror as a German Private Saw It,” Louis Kronenberger of *The New York Times* wrote, “In Germany it must have recreated the war for a multitude of men; but it has an extraordinarily vividness for men who never saw the trenches. It is not a great book; it has not the depth, the spiritual insight, the magnitude of interests which make up a great book. But as a picture, a document, an autobiography of a bewildered young mind, its reality cannot be questioned.” Writing a few months later, a reviewer for South
Australia’s Recorder asserted that the novel had been hailed as the “greatest book of the war” and “is certainly the frankest. The author’s portrayal of wounds, suffering and death is not only pitifully graphic, but anatomical. No aspect of life in the trenches is too sordid for revelation, and in terms which came naturally from the lips of men, but look unsavory on the printed page” (“Grim War Book”).

The construction of Remarque’s veteran status not only influenced the work’s popular success but also its interpretive possibilities. Specifically, Remarque’s delay in writing is often understood through the symptomatic lens: the realistic representation of traumatic experience reveals the traumatic depths of Remarque’s personal experience. Remarque is thought to have needed time to process his traumatic experiences.

Remarque’s own statements support this diagnosis:

At that time I was brimming over with enthusiasm and animated, as all young Germans were, by a great feeling of patriotism. We were fighting for the salvation of the world and the salvation of civilization. I am now quite convinced that young Englishmen and young Frenchmen thought the same thing. But afterward, afterward! The war was too terrible and too long for me not to learn to think otherwise. After it was all over I saw all its hideousness, but there was one thing I could not accept; I saw my best friend lying in the mud, his abdomen torn open. That is what was really insupportable and incomprehensible and what is no less comprehensible is that it required so many post-war years and so much reflection for me to realize the full atrocity of these occurrences. (Owen 10-11)

Owen addresses this statement, arguing: “Actually it is not surprising, for the trauma was so severe that it took 10 years to become subjected by the consciousness to a degree sufficient to deal with it. And it is notable that every one of Remarque’s books dealing with war contains battle scenes in which both soldiers and animals are depicted with their intestines laid bare” (11-12). One of Remarque’s contemporaries similarly suggests this delay is necessary to understand the impact of the war, but for readers as well as writers.
“It would seem that now, ten years after the war, we are ready to write about it with the
dispersion, the collectedness, the impartial understanding that will put meaning into what
we say” (Kronenberger). These analyses do not correspond with the origin story
Remarque gave to Lefèvre, but they do underscore the importance of Remarque’s veteran
status in the success of the novel.

Arthur Wesley Wheen

The importance of veteran status in writing compelling, convincing war narratives
extended even to G. P. Putnam’s Sons choice of translator for the English-language
edition. Arthur Wesley (A.W.) Wheen was an almost exact contemporary of Remarque.
Born in New South Wales in 1897, he enlisted in the Australian Imperial Forces in
October 1915. He completed his basic training in Australia and was transferred by troop
ship to Egypt for an additional six months of training with the First Battalion (AIF). He
was then transferred to the 54th Battalion AIF and served as a signaler in France
beginning in June 1916. During his two years on the line, he was awarded three military
medals and injured twice. The first injury he described in a letter to his mother as “a very
slight flesh wound in the right hand. A fragment (infinitesimal) slid through the muscle. .
. Nothing whatever to worry about” (Wheen and Crothers 86). He was seriously
wounded by a German bullet in September 1918, after the capture of Péronne, and was
treated first at a convalescent camp near the front and eventually at London General
Hospital at Wandsworth. His medical treatment was lengthy, and he was not
recommended for discharge until July 1920. Shortly after his discharge, he was chosen
for a Rhodes Scholarship, entering Oxford University in 1920. He began working at the
Library of the Victoria and Albert Museum in 1924 and lived in England until his death.
in 1971 (Campbell 88).

Wheen admitted that he was chosen to translate *All Quiet on the Western Front* into English in 1929 as a result of his shared experience of war rather than his skills as a translator. In a draft of an article entitled “War Among the Children,” Wheen notes that his military service qualified him for translating the novel. “The manuscript was sent to me as being one able to understand it, and on reading I found that I understood it less by reason of my knowledge of German, which I have but imperfectly, than by virtue of having made the experience recorded in it” (Campbell 7). Indeed, as Brian Murdoch asserts, Wheen was fairly loose in his practice, prioritizing the sense of the words over their literal translation. “The first translation of Remarque’s *All Quiet on the Western Front* . . . is marked not by any inaccuracy in the sense (in which respect it is excellent), but precisely by a failure to imitate the style of the narrator, or (worse) the carefully differentiated speech-forms of his fellow-soldiers. Wheen tended to impose his own elevated literary style even on the demotic of North German peat-diggers” (281).

Wheen’s translation of *All Quiet on the Western Front* was first published in England by G. P. Putnam’s Sons in March 1929, and the first English edition in the

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3 Wheen’s article does not seem to have been published, and the text Campbell cites appears to be an eclectic editorial choice based on a handwritten manuscript version and an edited typescript version, both available from the National Library of Australia’s archives. The manuscript version reads: “It has been asked how I came to translate Remarque’s first book, *All Quiet on the Western Front*. The manuscript was sent to me as being one able to understand it, and on reading I found [indecipherable word or two] that I understood it less by reason of my knowledge of the language, which I have but imperfectly, than by virtue of having made all the experiences recorded in it.” The edited typescript reads: “It has been asked how I came to translate Remarque’s first book, *All Quiet on the Western Front*. The manuscript was sent to me as being one able to understand it, and on reading I found to my surprise that I understood it not so much by reason of my knowledge of the language, (which I had but imperfectly), as by virtue of having made the experience it tells of.”
United States emerged in June of that year as a selection of the Book-of-the-Month Club (Weeks). According to Herbert F. Jenkins, the then-vice president of Little, Brown, Wheen had a difficult time finding a publisher for his translation in America. Obscenity was a chief concern for one of the two publishers who turned down the novel (the other had recently printed a German war book) before Little, Brown chose it (“Volume Expurgated”). Therefore, prior to offering *All Quiet on the Western Front* to the Book-of-the-Month Club, Little, Brown made some revisions. Before adopting it for distribution, judges for the Book-of-the-Month club made additional “suggestions” for words and passages to be cut, which the publisher accommodated.

Upon its release in America, *All Quiet on the Western Front* enjoyed immense popularity in keeping with the British, French, and German response. The Book-of-the-Month Club had 100,000 subscribers at the time it ordered 60,000 copies for the June 1929 distribution (Eksteins 353). By the end of 1929, sales had reached “a million in Britain, France, and the United States together” (Eksteins 353). Despite the stock market crash of October 29, 1929, the sales for twelve of twenty known editions stood at about 2.5 million by April 1930 (Eksteins 353). By May 26, 1930, the United States alone reported sales of 325,000 editions (“‘All Quiet’ Sets Record”). The English translation of Remarque’s novel as published in America was thrice removed from Remarque’s original language: once by its translation into English, a second time by Wheen’s particular idiom and style, and a third time by issues of censorship. The challenge of finding an American publisher for Remarque’s novel would be compounded for other war writing following that novel’s success: William March, author of the successful WWI book *Company K*, found his work nearly unpublishable in the wake of the success of *All Quiet on the
William March

William March, the pen name for William Edward Campbell, was a veteran of the U.S. Marine Corps who served in every major U.S. operation in WWI. He was born in Mobile, Alabama on September 18, 1893. He registered for the draft on Registration Day, June 5, 1917 and enlisted with the U.S. Marine Corps on July 25, 1917. March completed his basic training at Parris Island and was first sent overseas in January 1918, arriving on French soil on February 24, 1918. On March 29, his company was assigned to Forty-third Company (Company F) and stationed near Verdun. March fought in the Battle of Belleau Wood from June 6 until June 9, when he was “wounded in the head and left shoulder by shrapnel, presumably from a German trench mortar” and hospitalized for three weeks (Simmonds 14). Following his discharge, he returned to his company (by way of a replacement battalion) and participated in the assault on Soissons, a costly battle, from July 18 through July 20. His company returned to the front on August 8 and enjoyed nearly two weeks in a quiet sector. March was appointed company clerk on August 18. His company participated in the Saint-Mihiel offensive commencing at midnight of the second day (September 2, 1918) and remained in the area through September 16 (Simmonds 16). March was promoted to corporal while off the front line and received another promotion, to sergeant, on October 1, the day before his division was assigned the task of capturing Blanc Mont, in the French Meuse-Argonne offensive. After five days’ fighting, Blanc Mont fell, at the price of 494 Marines killed and 1,864

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4 This biography is taken liberally from Roy S. Simmonds’ survey of March’s life and literary career, *The Two Worlds of William March.*
wounded. March was awarded the Croix de Guerre, the Distinguished Service Cross, and the Navy Cross for “extraordinary heroism near Blanc Mont,” where he may have wounded (qtd. in Simmonds 17). Conflict continued along the Meuse River, and March participated in offenses for four days commencing on November 4, 1918. On November 11, the war ended. March remained in Europe for detached duty at Toulouse University, studying journalism, until July 11, 1919, when he rejoined his Company and returned to America via troop transport. His company’s homecoming was marked with a parade along Fifth Avenue in New York and a review in Washington, D.C. by President Woodrow Wilson (Simmonds 20).

Little is known about the injuries March sustained during his service. In his 1984 literary biography The Two Worlds of William March, Roy S. Simmonds notes, “In later life, he admitted that the wounds he received at Belleau Wood had been superficial and did not amount to much” (24). Moreover, although he may have been exposed to gas poisoning, “there is no indication in his Marine records that he was on any occasion hospitalized as a result of gas contamination” (23). However, the military records may not reflect March’s total experience. In his later text, William March: An Annotated Checklist (1988), Simmonds adds details about two of March’s injuries, based likely upon correspondence held in personal libraries and interviews with March’s siblings, though he offers no citation for his sources. According to Simmonds, March’s first injury was following the “attack on Belleau Wood in early June. He was wounded there on June 9. As he wrote to an aunt: ‘They thought for a while that I would be a permanent idiot from the wallop I got on the head. The shrapnel tore my helmet to pieces and there was quite a bit of bleeding from my nose and ears. Everyone was surprised when I got back to
the company in such quick time”” (Simmonds, *William March* xiii). March was again wounded during the attack on Mont Blanc: “he left shelter to rescue wounded, then joined in the fighting, and, although he had been wounded, refused to be evacuated until the Germans had been repulsed. These wounds, from machine-gun fire, were, however, superficial” (Simmonds, *William March* xiii).

March’s psychological history is similarly scarce, though it is clear that March was highly attuned to potential psychological consequences of military service. March would eventually engage on an intellectual level with studies of trauma, but he originally experienced it himself. According to Simmonds, in a letter to his family, “William told them that he had not physically changed much, although he had lost some weight, and that he had witnessed sights he knew he would never be able to forget” (Simmonds, *Two Worlds* 19). March was inconsistent in his description of his experience of combat and often exaggerated his experiences and injuries, what Simmonds describes as “characteristic . . . embroidery” (Simmonds, *Two Worlds* 21). The unreliability of these descriptions notwithstanding, March later suffered from psychological breakdowns and symptoms related to his throat and voice that interfered with his business and personal life.

From his discharge through the military through his retirement 1937, March was employed by the Waterman Steamship Corporation. He began in their Mobile office (August 1919 through 1926) and was transferred to open new locations in Memphis (1926-1928), New York (1928-1932), Hamburg (1932-1934), and London (1934-1937) (Simmonds, *Two Worlds* 28-135). Following his retirement, March returned to New York, where he lived until his death in 1954. While in London, March sought medical
treatment for difficulty speaking or swallowing. Though March indicated that his symptoms were the result of being “gassed” in France, his physicians ruled out physical or organic causes for his suffering (Simmonds, Two Worlds 114). Eventually March would consult a psychoanalyst, Dr. Edward Glover. According to Glover, March’s symptoms were both psychological and self-willed. Simmonds suggests that the silence imposed by the throat issues enabled March to spend more time writing and notes that, “Although Glover maintained that the hysterical condition ‘wasn’t a very dramatic affair,’ March continued to play it up to maximum effect whenever he was recounting his experiences under analysis” (Simmonds, Two Worlds 114). March’s symptoms and recovery may seem like a textbook example of psychological trauma, but March himself had a far broader interpretation of his experiences. Citing March’s analyst, Dr. Glover, Simmonds reports that March “would occasionally give you a Company K reminiscence, but it wasn’t a dominating feature: ‘His reaction to the war was, “What do you expect of life?” It wasn’t cynical exactly. It was as if he said, “I know the worst. It’s unprintable, but there it is.”’ He filtered these disillusioned convictions through the osmotic filter of literary activity, combining it, however, with creative and reparative impulse’” (Two Worlds 71-2). According to Glover, March understood his military experiences as a matter of course, a fact of life. He used his experiences as a source of inspiration and his fiction as a device for making sense of those experiences.

March began writing short stories, including the sketches that would later comprise Company K, in the late 1920s. March originally envisioned Company K as a collection of 150 sketches, each in the voice of a single narrator. However, his idea was not well-received by publishers. Some were interested in publishing only a limited
selection of the sketches; others were likely entirely uninterested in publishing a war novel following the success of *All Quiet on the Western Front*. Remarque had not only saturated the market but also, it would seem, had said all that needed to be said. As Simmonds reflects, “The war book to end all war books . . . had been published only three years earlier, in 1929, and had seemed at the time a definitive statement, leaving nothing further to be written on the subject, at least not in the immediate future” (*Two Worlds* 62). While pursuing a publisher for his larger vision for *Company K*, March worked steadily on increasing his visibility. He published nearly two dozen stories in magazines like *Forum, Midland, Prairie Schooner, Pagany, Clay, and Contempo*, and his works were featured in *The Best Short Stories* and the *O. Henry Memorial Award Prize Stories* for both 1930 and 1931. In 1932, Smith and Haas agreed to publish *Company K* in much the same form March had envisioned. As with Remarque, March faced censorship concerns. Two sketches deemed too racy for their sexual content were withheld from publication (Simmonds *Two Worlds* 66-75). The total number of soldiers’ voices was reduced to 113 (down two stories from the 115 sketches submitted in the manuscript). Despite anticipated war fatigue among reviewers and readers, *Company K* was published on January 13, 1933 to both popular and critical success. The first printing of 1,000 copies quickly sold out, and the book sold more than 3,000 copies by the end of February. International publication quickly followed. In London, Victor Gollancz, Ltd. released the novel on March 20, 1933. On both sides of the Atlantic, March’s novel received praise and his notoriety grew. As with Remarque, March enjoyed a measure of celebrity both for his veteran status and for the details of his personal life.

Prior to making a book deal for *Company K*, March had published a series of
vignettes that explore the shooting of the Russian prisoners of war; this material forms chapters 58-63 of the novel. The vignettes appeared under the title “Nine Prisoners” in the December 1931 edition of *Forum*. Readers’ response to this selection was volatile and suggests how important March’s veteran status is in interpretations of his war novel. The February 1932 edition of the magazine includes two letters from readers, an editorial analysis of readers’ feedback, and March’s response to some letters from readers sent to him directly. One reader, James A. Plane, asserts, “It is easily seen that William March is one of those peace-at-any-price people who, having either never been a soldier at all or having been stationed at some camp during the war, believes himself an expert on the horrors of fighting.” Plane’s letter to the editor reveals a sense that non-normative representations of the war experience cannot be inspired by combat experience. According to Plane, the experience of combat veterans would inspire them to write a different version of war fiction. Roberts Williams’s letter to the editor echoes some of Plane’s concerns but adds an awareness of the different purpose of literature than simply mimetic reflection. Williams writes first of his own experience of war. “I wish to protest against William March’s story, ‘Nine Prisoners.’ I served in five battles as Chaplain of the Twenty-sixth Infantry, First Division, and I never saw or heard of German prisoners being shot down in cold blood after being disarmed. I never heard of an officer ordering such slaughter.” Williams then allows for the potential of March’s differing experience of war. “Mr. March may have been relating truthfully what he experienced, but I believe not one veteran in ten thousand among those who saw hard fighting ever had a similar experience.” Finally, Williams weighs in on the power of literature, especially war literature. “Mr. March’s tale may be good literature. I maintain it is utterly misleading if
it causes people to think its action at all typical of the experience of 99 per cent of the veterans who saw fighting. War is hell enough without what amounts to slander of the brave, and, on the whole, chivalrous men who fought.” “Nine Soldiers” was provocative and hit a nerve with the reading public of the early 1930s. The editor notes that, “Seldom has any FORUM story excited as much controversy. . . . Mr. March has received abuse for having ‘murdered the good name and good sense of millions of American soldiers,’ and praise for having written ‘the mightiest of mighty expositions of the inhumanity of war’” (“Nine Prisoners”).

In his brief letter, March responds to both of these extremes, but he also addresses the more complex questions of his veteran status and authorial intention. March opens by directly asserting his authorial license: “My story, ‘Nine prisoners,’ is, so far as I am aware, strictly fiction. I had hoped to make the men and their reactions universal in their implications, beyond military boundary lines, and there is, I think, nothing in the story to indicate that its characters are drawn from the Marines or the American Army at all.” He next moves into a defense of his veteran status against the implication that he lacks “either patriotism or physical courage.” The byline for his fiction in the December 1932 edition included no biographical information. In this letter, March takes the opportunity to invoke his veteran status:

To those who do imply such things, let me say that I enlisted, voluntarily, when war was declared; that I participated in all the action that my regiment saw; that I was discharged honorably with the highest possible rating for a Marine—a perfect 5, given, I understand, rarely. I was awarded for personal bravery under fire every decoration except the Congressional Medal of Honor, and as a result of the wounds I received in action, I shall never be entirely well again so long as I live. I dislike mentioning these things: I do so now merely to defend myself.

March concludes the letter with a critique of civilian readers by invoking a gulf that
separates veterans from non-veterans: “I have learned one thing: it is futile and it is hopeless for any man who has actually served on the line to attempt to make well-meaning, romantic folk share his knowledge; there is, simply, no common denominator.” This lack of common experience, which James Campbell would call combat gnosticism, is present in Remarque’s novel and reverberates throughout the response to Jones’s WWII novel as well. While March laments the impossibility of making civilian readers understand his experience in the war, the issue is significantly more complicated than that. Indeed, from the reader’s perspective, the author’s veteran status is the defining feature of the work: although presented as a fiction (or fictionalization) of military service, readers interpret the representation as fact; moreover, this slippage is made possible by the knowledge that the author is a veteran, which lends both authority and authenticity to the descriptions of trauma, combat, and war.

*James Jones*

James Ramon Jones was born in Robinson, Illinois on November 6, 1921. He joined the U.S. Army on November 10, 1939, three days after his eighteenth birthday, and well before the U.S. entered WWII by declaring war on Japan on December 8, 1941 and on Germany on December 11, 1941. He served in an infantry unit stationed in Hawaii and was on the island for the bombing of Pearl Harbor on December 7, 1941. He remained on the island until his unit was shipped to Guadalcanal. Jones fought on Guadalcanal from December 30, 1942 until he was wounded in the head by a mortar shell on January 10, 1943, twelve days in total. He served the remainder of his time on Guadalcanal as a company clerk. On March 15, 1943, he was declared unfit for the infantry and was hospitalized to treat a pre-existing ankle injury, convalescing until
August. When he was ordered to return to infantry duty, he went Absent Without Official Leave (AWOL) and would go AWOL again twice more before being sent to the neuropsychiatric ward on June 1, 1943. He was honorably discharged on July 6, 1944. Jones’s experiences in the service differ from Remarque and March’s for many reasons, but central among these are: his experience of WWII rather than WWI, having served in a peacetime army prior to the outbreak of war, and being discharged from the military for psychological causes.

The bombing of Pearl Harbor was a turning point for Jones’s perception of his military service. Following the bombing, Jones wrote, “I remember thinking with a sense of the profoundest awe that none of our lives would ever be the same, that a social, even a cultural watershed had been crossed which we could never go back over, and I wondered how many of us would survive to see the end results. I wondered if I would. I had just turned twenty, the month before” (MacShane 40). It was around this time that Jones suffered two shocks to his personal stability: his mother died of congenital heart failure on March 2, 1941 and his father committed suicide a year later (MacShane 33, 41).

Inspired by Thomas Wolfe, Jones aspired to be an author, and he put this desire into action in late 1942 by taking courses, including composition and American literature, at the University of Hawaii. When Jones was about to be mobilized to service in the Pacific Theater, he focused not simply on his own mortality but on the possibility that he might not ever be a writer. Saying goodbye to his instructors at the University of Hawaii, “He was overwrought, afraid that he would be killed and therefore never finish the great book he hoped to write” (MacShane 48).

Jones’s desire to write outweighed all other considerations for his future,
including the possibility of court martial for malingering or absenteeism. Following his return to Hawaii from Guadalcanal, Jones continually visited the army’s medical offices in pursuit of a discharge and was treated for appendicitis, for his ankle, and for psychological concerns including depression and psychoneurosis. In his biography of Jones, Frank MacShane notes that, “At the end of August [1943], Jones was examined again and released from Kennedy General as fit for duty. Hoping to be discharged from the army altogether, he was so cast down by this news that he went on a drunk. He also knew that his ankle was weak, and he therefore appealed for another examination and was recommended for noncombat service” (66). Dissatisfied with the prospect of going to Camp Campbell in Kentucky rather than being medically discharged, Jones went AWOL from November 23 to 25, 1943. Instead of reporting for duty, he visited his hometown of Robinson, where he met Lowney Handy, the woman who would support him financially and emotionally during the drafting and revisions of *From Here to Eternity* upon his eventual discharge. During his last year of service, Jones would go AWOL twice more: from February 24 to February 25, 1944 and again from May 19 to May 31, 1944. Following his lengthy May departure, Jones explained his motivations in a letter to his brother, Jeff, dated June 3, 1944:

What happened was very simple. I had stood the army as long as I could. You know about *They Shall Inherit*. For weeks I’d been trying to work on it after hours. All during the day, when I had work at clerking, ideas, sentences, whole paragraphs would pop into my head—& I wasn’t able to write them down. At nite [sic] I’d sit for hours trying to write & I couldn’t. The atmosphere in the army isn’t conducive to writing—*you* should know that. I’d write page after page and tear it up and throw it away. So I went over the hill. It was a force completely beyond my control. I could no more help what I did than I could help urinating if my bladder was full. I *had* to get that stuff out of me. If the same thing happens again, I’ll have to do the same thing. (Jones and Hendrick 43, emphasis in original)
In the same letter to his brother, Jones describes his efforts to get a medical discharge. “I told them everything I could: that I am a genius (altho [sic] they probably won’t believe that); that if they attempt to send me overseas again I’ll commit suicide; that if I don’t get out of the army I’ll either go mad or turn into a criminal—which is just next door to an artist anyway; that all I want to do is write, and that nobody and no thing [sic] means anything to me except writing” (Jones and Hendrick 43). Jones was highly attuned to military medicine’s preference for physical, over psychological, reasons for discharge. “I don’t know whether they believe me or not; I’m afraid they’ll [think] I’ve cooked up a story. . . . If my ankle were a wound instead of an operation as it is, I would have requested a discharge” (43). Jones was a frequent visitor to the medical station, for both physical and psychological complaints. His medical records are 102 pages long; twenty of which address his ankle issues while another seven, the earliest dated June 1944, are for Jones’s psychological complaints. Going AWOL for two weeks appeared to have steeled his resolve to get out of the Army.

Following the two weeks spent AWOL, Jones began to see medical professionals regularly. His medical records include such notes as “Pt [patient] says he has reached the point where he is completely fed up ē [with] Army. Feels he has done his share & wants out to write because of intense desire to express himself. . . . The force in him to write is overpowering & made him go AWOL he says” (Jones, Official Military Personnel File). Jones’s psychological symptoms included “disturbed dreams” and “memories of combat, blood, stench of dead & hardships” (Jones, Official Military Personnel File). In spite of his suffering, Jones was anxious to begin writing. The medical report concludes Jones’s
litany of symptoms with the assertion, “Feels it was valuable to him tho [sic] as background for his writing” (Jones, Official Military Personnel File). Eventually, Jones was diagnosed as “Psychoneurosis, mixed type. Anxiety & compulsion types ċ schizoid trends” (Jones, Official Military Personnel File). Finally, after a letter-writing campaign by his brother Jeff and mentor Lowney Handy, who had political connections, Jones was released from the Army. The report of board of medical officers on the certificate of disability for discharge, dated June 22, 1944, reads in part: “Diagnosis: Psychoneurosis, mixed anxiety and obsessive types, severe. Incapacitates because of severe anxiety and obsessive tendencies. Onset of symptoms: 1942, Guadalcanal. After this campaign soldier felt he could no longer be of service to the army. Patient feels that his career as a writer is now all important. Patient is tense, tremulous and tearful. Chest X-ray is negative” (Jones, Official Military Personnel File). Jones was discharged on July 6, 1944.

Psychological damage from the war became the media’s touchstone for understanding Jones upon the release of From Here to Eternity. Life magazine touted the “Unknown Story Behind From Here to Eternity” on the cover of its May 7, 1951 edition, and the lede of Jones’s rags-to-riches story underscores the complex nature of his veteran status. Following his discharge, Jones was described as “a beat-up war veteran with nothing left but an urge to write” (Whipple 143). Although this first reference to the challenges Jones faced following his demobilization is hardly explicit, the article suggests further interest in Jones’s psychology, twice describing him as neurotic. In the first of these references, Jones’s decision to go AWOL is understood through a medical lens. Following a brief survey of his combat experience, Life reports, “By the time he had reached the hospital at Camp Campbell, Ky. he was a whimpering neurotic. It was a bad
case of shellshock, complicated by all the long list of disappointments he had had since his earliest childhood. And when one more disappointment came, he could not take it” (Whipple 144). Here, Jones’s psychological state is unambiguously connected to the war neuroses by use of the diagnosis of shellshock, a term which had all but fallen out of favor in the medical discourse of psychological trauma. *Life* again references psychological damage when explaining a period of writer’s block Jones experienced while drafting *From Here to Eternity*: “But he was still the neurotic war casualty” (Whipple 149).

While *Life* magazine was concerned with Jones’s mental condition, Jones himself was more worried about the publishing landscape for his forthcoming novel. Jones had set a lofty goal for his writing: he wanted it to be compared with classic war novels such as Tolstoi’s *War and Peace* and Stendhal’s *The Charterhouse of Parma* (MacShane 85). One challenge in the drafting process was the representation of emotion. According to MacShane, for Jones, “‘It [was] a constant battle between a conservation of space and a desire to get things right.’ He had read the work of Erich Maria Remarque, who was able to write short scenes that were effective. Jones felt, however, that in being brief, Remarque ‘leaves out much, too much I think, to be left to the reader’s imagination. Consequently, his books are thin and do not stand rereading’” (84). Moreover, like Remarque, Jones was faced by a series of censorship concerns. Prior to its publication, editor Maxwell Perkins suggested a number of excisions ranging from expletives to sexually explicit acts.\(^5\) Finally, like March, Jones was about to release his book into a

\(^{5}\) Jones, Mitchell, and friends of Jones discussed a number of expletives and sexually explicit acts to be removed to avoid censorship at the time of the novel’s publication. In
publishing landscape marked by a popular and successful war novel. In this post-
WWII moment, Jones’s main competitor and point of comparison would not be
Remarque but Norman Mailer’s *The Naked and the Dead*. MacShane notes, “The
announcement of Norman Mailer’s *The Naked and the Dead* meant that his subject might
be pre-empted and make another war novel uninteresting” (97). The rapid outpouring of
critical and popular praise upon the publication of *From Here to Eternity* proved these
fears unfounded.

Set in Hawaii in the months leading up to the bombing of Pearl Harbor, the novel
explores the experience of military service and the dynamics between officers and
enlisted men rather than combat. Published in 1951, six years after the war’s end, it was a
critical and popular success; it was nominated for the Pulitzer Prize in 1951 and won the
Directed by Fred Zinnemann, the film featured popular actors Burt Lancaster,
Montgomery Clift, and Deborah Kerr and dominated the Academy Awards that year,
earning eight awards including Best Picture. The novel and its successful film adaptation
put Jones on the literary map and ensured his subsequent publications would be covered
in popular and literary media. The fiction citation for the National Book Award reveals a
complex relationship between lived experience and representation: his was “a novel of
scope and dimension which develops a major theme with passionate honesty and
profound feeling. Mr. Jones has given us a directly experienced and yet imaginative re-

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2012, Jones’s daughter Kaylie Jones and George Hendrick, his autobiographer and editor
of his letters, released a new digital edition of *From Here to Eternity* that reinstates the
censored words and passages, including some censored material that had not been
described in the publication of Jones’s letters.
creation of social circumstances that transcends the merely documentary” (MacShane 120).

The authenticity and authority with which Jones was understood to have drafted this first novel also informed his second novel, *The Thin Red Line*. While *From Here to Eternity* is set in the peacetime U.S. Army, *The Thin Red Line* begins with a company of American soldiers on a troopship en route to Guadalcanal. *The Thin Red Line* was first published in book form in 1962, seventeen years after the end of the war and of Jones’s discharge from the Army. Jones’s second novel did not enjoy the same commercial success as *From Here to Eternity*, but it did receive significant critical praise, especially in the first months of its release. It was also very popular with the reading public, spending several months on *The New York Times* best-seller list (starting September 30, 1962). Its serialization in *Playboy* garnered Jones a $1,000 check from the magazine upon its selection as the “Fiction Award Winner” for 1962. As with *From Here to Eternity*, *The Thin Red Line* was swiftly put into production for a Hollywood film. The first adaptation directed by Andrew Marton was released in 1965, three years after its publication. In 1998, Terrence Malick released a second adaptation, to a mixture of praise and critique.

The dominant view among readers and reviewers was that Jones’s military service made him uniquely qualified to describe combat. William Hogan at the *San Francisco Chronicle*, himself a veteran of WWII, celebrated the novel as a “major examination of men at work. A work of almost 500 pages, it is written precisely and well. And in it is some of the most shattering prose on men in combat since Hemingway was the acknowledged champ” (Nolte; Hogan). However, Hogan reifies the ideology of combat
gnosticism in his review by gendering the readership for Jones’s novel; although he seems to be drawing a distinction between combatants and noncombatants, he addresses women as the noncombatants. The title of his review, “A Man’s Novel with a Loud, Clear Answer,” is seconded by his assertion that, “This is essentially a man’s book, and preferably one for veterans of infantry combat. They will recognize the truths in it where women, I suspect, simply will not understand what Jones is talking about—and if they do, will suspect he is exaggerating.”

Hogan is not alone in privileging Jones’s experience. Orville Prescott of *The New York Times* also emphasized Jones’s authority to represent the war experience, drawing both on his personal experience of combat and his Purple Heart. In his review published on September 17, 1962, Prescott introduces the book in its historical context. “Twenty years ago today American soldiers and marines were fighting Japanese in their first and one of their most desperately contested campaigns of World War II, that for the Solomon Island called Guadalcanal. Although most Americans’ memories of that grim ordeal have faded, the young men who did the fighting there will never forget what they endured.” Prescott then situates Jones among the veterans who will never forget their experience: “One of those men was James Jones, who served on Guadalcanal for four months and was wounded there.”

For most reviewers, unlike publishers or censors, Jones’s choice of profane language was an inevitable result of his military experience and further evidence of his authority. Hogan describes the decision to use “the notorious Anglo-Saxon term for sexual intercourse” as an effort at both comedy and realism (28). “Jones’ use of the term is often very funny—again, as the term tended to become in that dreary military argot. . . .
In Jones, the term is used even in the middle of a single word, and hilariously. No, ladies, he does not exaggerate in this wildly naturalistic prose” (28). Similarly, a review in the *Sunday Gazette* opens by with the assertion: “James Jones doesn’t write for the squeamish, the pleasant folk who like pleasant tales” (“James Jones at Guadalcanal” 22). As to Jones’s word choice, the review concludes that Jones’s diction is not offensive for the sake of being offensive, but is a requirement for representing realistically the experience of combat veterans. “Its language alone is enough to bring the condemnation of the moralists, but anyone who has ever been in the armed service knows it’s the language of men among men. Its story is something else: each man with combat experience must verify or denounce it” (22m). Even John R. Breitlow’s review, which is otherwise negative (indeed, the review is entitled “Dull Aspects of War Become Tedium Reading”), asserts the value of profane language for the novel’s realism. “The Thin Red Line . . . is written with sensitivity and marvelous narrative clarity. Its language, while rough, is neither unduly vulgar nor obscene” (11). For many readers, Jones’s direct, profane, or vulgar language is an authentic representation of military experience and a testament to Jones’s authority. Profanity is the language of soldiering, as Breitlow asserts. “[T]he language [of *The Thin Red Line*] does not call attention to itself and readers have long since adjusted to the way soldiers talk, in or out of print” (11). It is not just Jones’s diction but his style overall that appear naturalistic for readers like Robert R. Kirsch of the *Los Angeles Times*. In his review dated September 30, 1962, Kirsch closes his positive review of the book with an analysis of Jones’s literary style and its relationship to his veteran status: “For the real value of this book is Jones’ amazing ability to forego the idea of emotion recollected in tranquility. . . . Jones brings us there to meet C-for-
Charlie and the men who make it up in the moment of their agonies: the men are real, the words are real, death is real, imminent and immediate” (M15). As the critical attention to profanity, experience, and realism suggests, part of the novel’s success stems from Jones’s personal experience with combat.

**Conclusion**

In many respects, these three veterans only share the experience of military service in the most general terms. Remarque was a draftee into the German army who spent six weeks on the front line and a lengthy convalescence in the hospital. March participated in every major U.S. engagement as a Marine over the course of nine months and was still overseas at the end of the war. Jones enlisted in a peacetime army, served for 12 days in a combat zone, and sought an early discharge from the Army. Despite their differences, Remarque, March, and Jones share a number of similarities in their professional and personal lives as a result of their veteran status. Each author capitalized on a readership that associates personal experience of military service with authenticity and authority to write about war; each faced challenges in the publication process, including censorship; and each engaged deeply with psychological trauma, with March and Jones addressing this issue in their personal life as well. In the next chapter, I explore how these same authors’ personal experiences with combat shaped what they knew about trauma and how they chose to represent it.
CHAPTER THREE
ART OF WAR, ART OF TRAUMA

In *The Thin Red Line*, John Bell, the novel’s most educated and insightful character, reflects on his war experiences as if they were part of a film. “In a movie or a novel they would dramatise and build to the climax of the attack,” he thinks (237).

When the attack came in the film or novel, it would be satisfying. It would decide something. It would have a semblance of meaning and a semblance of an emotion. And immediately after, it would be over. The audience could go home and think about the semblance of the meaning and feel the semblance of the emotion. Even if the hero got killed, it would still make sense. Art, Bell decided, creative art—was shit. (Jones 237)

For Bell, there is a great gap between representation and experience: representations can easily be given significance, experiences cannot. An attack in a film can be “satisfying” and the audience can be content to think about the “semblance” or outward appearance of meaning and emotion. By contrast, soldiers who carry out and survive such attacks, he believes, do not find them satisfying; after battle, men are often unable to make sense of their emotions or fathom the meaning of their experience. Bell resists the meaning-making function of literature and film.

Like viewers, readers too often assume a correlation between how vividly war is represented and how closely the representation approximates the reality of war. Promotions for both novels and films about war exploit this assumption, often claiming realism and accuracy for the work being sold. Book jackets and DVD cases are covered with examples. E.B. Sledge’s *With the Old Breed* (1981) is “A classic. . . . in all the
literature on the Second World War, there is not a more honest, realistic or moving memoir” (Ken Burns). Tim O’Brien’s *The Things They Carried* (1990) is said to be “a book so searing and immediate you can almost hear the choppers in the background.” *The Hurt Locker* (2008) is touted as “[p]owerfully realistic, action-packed, unrelenting and intense.”

These questions of representation form the basis of this chapter. In chapter one, I defined the trauma thesis as the popular and scholarly discourse that both widens the scope of what is considered to constitute trauma and narrows the acceptable range of outcomes of traumatic experience. I also distinguished between representational language, the work of imagination, and representative samples, the basis of medical and statistical analysis. In chapter two, I surveyed the relationship between the experience of combat and the public reception of works by veteran authors and showed how the tendency to equate representation with experience often influences the critical and popular reception of war literature. In this chapter, I examine the treatment of psychological trauma in Erich Maria Remarque’s *All Quiet on the Western Front* (1929), William March’s *Company K* (1933), and James Jones’s *The Thin Red Line* (1962) and correlate these representations with contemporary medical knowledge and analysis of trauma. I offer an alternative to interpretive models based on the trauma thesis by historicizing each novel in its particular moment and focusing on the discourses of trauma contemporary with it. By attending to the representational codes deployed by Remarque, March, and Jones as well as to the reception of each author’s work, I show how the representational rules of war narratives are neither unavailable to critical reading nor simply subject to them.
Re-reading War

Remarque: Representing Trauma in *All Quiet on the Western Front*

Although today *All Quiet on the Western Front* is generally read as a novel of tragic loss, of innocence and of life, Remarque’s engagement with psychological trauma is significantly more complicated than the disillusionment narrative allows. In my reading of the novel, Remarque is more invested in a narrative of resilience than of trauma. The novel explores six central traumatic experiences: the deaths of Kemmerich, Muller, Leer, and Kat; combat; basic training and mistreatment at the hands of Himmelstoss; the encounter with a young soldier that Paul protects then considers putting out of his misery; the Russian prisoners of war; and Paul’s killing of a French soldier in hand-to-hand combat. However, the novel’s representation of psychological trauma is limited to three brief examples, only one of which results in an institutional and therefore pathologizing response. The first example is the two recruits who have a fit during a bombardment: one is subdued by his comrades and the incident escalates no further; the second is killed upon running out of the dugout. In a second example, Paul tells the “mad story of Detering”: after being reminded of his home and farm by the cherry blossoms, Detering goes absent without official leave (277). Paul explains his behavior as rational, rather than as a psychological break: “Anyone might have known that his flight was only homesickness and a momentary aberration. But what does a court-martial a hundred miles behind the front-line know about it?” (277). Finally, Paul describes the death of Berger, who is wounded going after a messenger-dog in No Man’s Land. “Six months ago [Berger] would not have cared, he would have been reasonable. We try to prevent him. Then, as he goes off grimly, all we can say is: ‘You’re mad,’ and let him go. For
these cases of front-line madness become dangerous if one is not able to fling the man to the ground and hold him fast” (279). The only appearance of an institutional response to psychological trauma is the fleeting reference to one of their schoolmates in a casualty count of the war: “out of twenty, seven are dead, four wounded, one in a mad-house. That makes twelve” (84). Of the six central traumatic experiences I have identified, Remarque consistently frames them as opportunities for growth, as I will show.

As I demonstrated in chapter one, the trauma thesis limits the complexity of both the literary and the medical discourses of trauma. The attention paid to the damaging effects of post-traumatic stress precludes investigation of alternative neutral-to-positive responses to traumatic experience. In particular, resilience as an outcome of trauma is a relatively new field of study for psychologists. In a 2010 study, Michaela L. Schok, Rolf J. Kleber, and J. L. M. Gerty note, “In research on stress and trauma, there is a growing interest in the capacity to bounce back from adversity strengthened and more resourceful. As Walsh (2006) describes, resilience ‘. . . enables people to heal painful wounds, take charge of their lives, and to go on to live fully and love well’ (p. 5)” (qtd. in Schok 328).

Although resilience as a response to trauma has only recently been codified and examined by psychologists, All Quiet on the Western Front demonstrates multiple models of resilience in the wake of psychological traumas. As before, I distinguish between traumatic experiences (those accidents, events, or losses typically characterized as sudden, violent, extreme and/or disturbing and that threaten one’s physical or psychological well-being) and psychological trauma, a long-term, debilitating response to these experiences, including moral injuries. Given the antiwar rhetoric surrounding the novel, Remarque’s representation of WWI may appear devastating on land, body, and
mind, but the novel concludes with a rejection of psychological trauma as the inevitable outcome of the conflict.

The novel opens in media res with Paul’s significantly depleted company waiting for mess. The reader soon learns that of the 150 soldiers, only 80 survived a heavy bombardment, and the protagonist’s schoolfriend, Kemmerich, is in the field hospital with a leg wound that will kill him. Kemmerich is apparently the first of their core group of friends to be killed. Each grieves Kemmerich’s injury and death in his own way, yet they all share a sense of relief and happiness that they have survived. After receiving a letter from their schoolmaster Kantorek, who encouraged them all to enlist, Kropp reads aloud, “‘We are the Iron Youth’” (18). The passage continues, “We all three smile bitterly, Kropp rails; he is glad that he can speak” (18). So too, after Kemmerich’s death, Paul experiences gratitude for his survival by contrast with Kemmerich’s death. Leaving the hospital, Paul steps outside and becomes aware of the darkness and the wind as a deliverance. . . . My feet begin to move forward in my boots, I go quicker, I run. . . . The earth is streaming with forces which pour into me through the soles of my feet. The night crackles electrically, the front thunders like a concert of drums. My limbs move supplely, I feel my joints strong. I breathe the air deeply. The night lives, I live. I feel a hunger, greater than comes from the belly alone. (33)

Paul’s proximity to Kemmerich’s death, both metaphysically and literally, imbues him with a sense of vitality. The emphasis on mobility, on feeling supple limbs and strong joints, contrasts sharply with Kemmerich’s amputated leg and skeletal appearance. Paul is not alone in prioritizing his own self over Kemmerich. Reflecting on Muller’s desire for Kemmerich’s boots, Paul notes, “We have lost all sense of other considerations, because they are artificial. Only the facts are real and important for us. And good boots
are scarce” (21). In response to the traumatic experience of witnessing the suffering, amputation, and eventual death of a friend, all of the soldiers focus on the “fact” that they are still alive. The novel returns to the initial bombardment only briefly; more time is dedicated to exploring the soldiers’ response to their survival. In the extended latrine scene (the same one excised from early American editions of the novel), the men “often . . . lay aside the cards and look about us. One of us will say: ‘Well, boys. . . .’ Or ‘It was a near thing that time. . . .’ And for a moment we fall silent. There is in each of us a feeling of constraint. We are all sensible of it; it needs no words to communicate it” (10). Among the men themselves, an analysis of their experience is unnecessary. Having survived together, the men do not need to discuss its implications and no attempt is made to translate their thoughts for the reader.

Remarque explores the traumatizing elements of bombardment more complexly in a scene that follows. However, here again, he concludes with an appeal to survival. Following the first night of the bombardment, Paul comments on one of the observers who returns to the trench: “an older man of the new draft, sobs; twice he has been flung over the parapet by the blast of the explosions without getting any more than shell-shock” (106). This observer is not returned to again, though his impact on the recruits is significant: “The recruits are eyeing him. We must watch them, these things are catching, already some lips begin to quiver” (106). Paul again juxtaposes new recruits who are calmed by the promise of food against the old hands who know better. “That sounds reassuring. . . . Now the outside world seems to draw a little nearer: if food can be brought up, think the recruits, then it can’t really be so bad” (107). The veteran soldiers “do not disabuse them; we know that food is as important as ammunition and only for
that reason must be brought up” (107). Finding tasks to occupy their hands and minds enables the soldiers to bear their ordeal. Following significant shelling, the soldiers “[a]re buried and must dig ourselves out. After an hour the entrance is clear again, and we are calmer because we have had something to do” (107). Again, after the second night of shelling, Kat suggests a card game, prompting Paul to observe that “it is easier when a man has something to do” (111). In the morning after the third night, the bombardment ceases, and the hungry and exhausted German soldiers nonetheless emerge from their trenches resolved to fight for their survival. “The attack has come. No one would believe that in this howling waste there could still be men; but steel helmets now appear on all sides out of the trench, and fifty yards from us a machine-gun is already in position and barking” (112) Paul adds:

We have become wild beasts. We do not fight, we defend ourselves against annihilation. It is not against men that we fling our bombs, what do we know of men in this moment when Death is hunting us down—now, for the first time in three days we can see his face, now for the first time in three days we can oppose him; we feel a mad anger. No longer do we lie helpless, waiting on the scaffold, we can destroy and kill, to save ourselves, to save ourselves and to be revenged. (113)

The force that drives the soldiers is both resistance and resilience.

The resilience that enables them to defend themselves from annihilation comes from the camaraderie of their fellow soldiers, not their families or the civilian community. Indeed, Remarque explores in detail the soldiers’ sense of betrayal by their elders and their isolation from the civilian community. Considering the death of Joseph Behm, the only one of their classmates who hesitated before enlisting, Paul acknowledges, “Naturally we couldn’t blame Kantorek for this [Behm’s death]. Where would the world be if one brought every man to book? . . . And that is why they let us
down so badly” (12). Paul and his classmates scoff at Kantorek’s letter calling them the “Iron Youth”: “Yes, that’s the way they think these hundred thousand Kantoreks! Iron Youth! Youth! We are none of us more than twenty years old. But young? Youth? That is long ago. We are old folk” (18). Despite feeling betrayed by the Kantoreks of the world, those civilians who encouraged their martial spirit and sacrifice, Paul also acknowledges the self-sufficiency and resilience that results from their service. “While they continued to write and talk, we saw the wounded and dying. While they taught that duty to one’s country is the greatest thing, we already knew that the death-throes are stronger. . . . And we saw that there was nothing of their world left. We were all at once terribly alone; and alone we must see it through” (13).

Paul’s sense of isolation resonates in his behavior on leave and in his consideration of his family and the wider civilian community. During his first leave, Paul is simultaneously emotional and detached, weeping upon crossing the threshold yet refusing to discuss his experiences. He celebrates his mother’s silence, noting, “I am thankful that she asks nothing. What ought I to say?” while also acknowledging that this silence represents a failure to communicate or understand (159). Paul asserts “a sense of strangeness at being home . . . I am not myself there. There is a distance, a veil between us” (160). When pressed upon to discuss life at the front, Paul explores several reasons for this distance. In response to his mother’s sudden query, Paul reinforces his isolation, insisting that she could never—it would be impossible—and suggesting that she should never—that this knowledge is not appropriate. “Mother, what should I answer to that! You would not understand, you could never realize it. And you shall never realize it. Was it bad, you ask.—You, Mother,—I shake my head and say: ‘No, Mother; not so very.
There are always a lot of us together so it isn’t so bad” (160). When his father asks, Paul’s response suggests that speaking honestly of his experiences would be impossible because it would be morally devastating. “I realize he does not know that a man cannot talk of such things. . . . What would become of us if everything that happens out there were quite clear to us” (165).

Paul’s experience with the public reveal a similar failure to communicate and understand. An encounter with a civilian who identifies Paul’s tunnel vision that I discussed in chapter one prompts Paul to assert, “Besides, the war may be rather different from what people think” (167). Based on his personal experience, Paul believes that civilians have little understanding of the realities of war. Yet this same impression is carried both ways, as the civilian debating Paul in the beer garden invokes what Fredric Jameson would later term the nominalist dilemma: the idea that the narration of war necessarily chooses between the big picture, a universalizing totality that abstracts the individual experience, or a narrow focus on the “here and now of sensory immediacy and confusion,” a view from the ground (1532). Paul challenges the man’s strategy to end the war and extricates himself from the uncomfortable conversation. “I would like to know just how he pictures it to himself, and pour the third glass of beer into me” (167).

Reflecting on this encounter, Paul notes that:

I imagined leave would be different from this. Indeed, it was different a year ago. It is I of course that have changed in the interval. There lies a gulf between that time and to-day. At that time I still knew nothing about the war, we had only been in quiet sectors. But now I see that I have been crushed without knowing it. I find I do not belong here anymore, it is a foreign world. Some of these people ask questions, some ask no questions, but one can see that the latter are proud of themselves for their silence; they often say with a wise air that these things cannot be talked about. They plume themselves on it. (168)
Although Paul reifies the separation between his former, civilian-like self and his current, experienced soldier self, he nevertheless challenges those civilians who assert the insurmountable gulf. For Paul, those who both assume and create the gulf between veteran and civilian are performing rather than understanding. This same failure to understand occurs between veteran soldiers like himself and those non-combat soldiers who have remained on the home front. In the scene preceding that in the beer garden, Paul encounters a Major on the street who demands a salute. He puts Paul through the motions, demanding, “‘You think you can bring your front-line manners here, what? Well, we don’t stand for that sort of thing. Thank God, we have discipline here’” (163).

Paul carries these same notions of performance and lack of understanding, as well as an alternate look at survivor’s guilt, to his description of his encounter with Kemmerich’s mother. After a section break, Paul asserts: “I cannot write that down. This quaking, sobbing woman who shakes me and cries out on me: ‘Why are you living then, when he is dead’—who drowns me in tears and calls out ‘What are you there for at all, child, when you’—’—who drops into a chair and wails: ‘Did you see him? Did you see him then? How did he die?’” (180). In this scene, it is not Paul who feels guilty for surviving when Kemmerich has died; instead, Kemmerich’s mother’s grief makes her question why her son was lost and not another’s. Moreover, when Paul writes “I cannot write that down” then promptly describes the scene, he undercuts any easy sense of the inability to convey the experience. The conflation of inability to narrate with undesirability of being narrated is perhaps best stated by Paul Fussell: “The real reason is that soldiers have discovered that no one is very interested in the bad news they have to report. . . . We have made unspeakable mean indescribable; it really means nasty” (170,
emphasis in original). Paul understands the complexity of Kemmerich’s mother’s grief as well as his own unenviable position as messenger and survivor. In a surprising move, Paul determines that the lack of understanding is not Kemmerich’s mother’s, but his own: “When a man has seen so many dead he cannot understand any longer why there should be so much anguish over a single individual” (181). Paul’s experiences at the front have inured him to grief; as a result, Kemmerich’s mother’s sorrow and desire to learn more about her son’s death is inexplicable to him.

Paul’s confrontations and failures of understanding with the Major on the street, his German master in the beer hall, Kemmerich’s mother, and even his own family seem to confirm the vast gulf between veteran and civilian and lay the groundwork for contemporary critics to invoke the trauma thesis in interpretations of *All Quiet on the Western Front*. A more compelling and textually substantiated interpretation of these encounters is as a representation of the psychological transformation Paul is undergoing as a result of his military service. As Richard Holmes suggests, serving in the military is a transformative experience for military recruits and enlistees. According to Holmes, “However much sociologists might argue that we live in an age of ‘narrowing skill differentials,’ when many of the soldier’s tasks are growing ever closer to those of his civilian contemporaries, it is an inescapable fact that the soldier’s primary function, the use—or threatened use—of force, sets him apart from civilians” (31). In modern military life, this distinction is marked by a series of events that transform the civilian into a soldier, including an oath, physical metamorphosis (traditionally haircuts and uniforms), and basic training. Some of these features are, of course, prominent in Remarque’s narrative as well, including Paul’s basic training. Holmes continues, “There is a direct
link between the harshness of basic training and the cohesiveness of the group that emerges from it” (47). Indeed, Paul reflects on the severity of his basic training, especially the mistreatment at the hands of their drill instructor Himmelstoss, as a time of both challenge and resilience.

So we were put through every conceivable confinement of parade-ground soldiering till we often howled with rage. Many of us became ill through it; Wolf actually died of inflammation of the lung. But we would have felt ridiculous had we hauled down our colors. We became hard, suspicious, pitiless, vicious, tough—and that was good; for these attributes were just what we lacked. Had we gone into the trenches without this period of training most of us would certainly have gone mad. Only thus were we prepared for what awaited us. We did not break down, but adapted ourselves. . . . But by far the most important result was that it awakened in us a strong, practical sense of esprit de corps, which in the field developed into the finest thing that arose out of the war—comradeship. (26-7).

For Paul, esprit de corps is both practically and morally sustaining: it enables him and his comrades to withstand the physical demands of soldiering. This training also provides solace and comfort and helps them cope with psychological stress: it prevents them from going mad and enables them to adapt to their experiences at the front. This adaptation includes a moral element. Holmes argues that the essential element that distinguishes civilians from soldiers is the soldiers’ primary function, which he defines as the use, or threatened use, of force. In other words, part of the warrior ethos is the knowledge that soldiers will see and cause death. They are trained in the skills to use weapons offensively and defensively and have agreed to use these skills to preserve their own lives at the expense of the lives of the enemy. In the process of becoming a soldier, Paul has had to establish a new moral calculus, one that allows for the possibility, even promise, of taking another’s life.

In the modern military, soldiers who witness or come close to experiencing death
are often diagnosed with PTSD, but more recent research has begun to explore the other sides of trauma. Similarly, *All Quiet on the Western Front* suggests that not all traumatic experiences are necessarily psychologically traumatizing but can in fact be empowering. While Paul’s sense of isolation from the civilian perspective of war is partially measured by the difference in their experiences of war, the narrative tends to focus on the new set of scales by which Paul measures life and sacrifice. He has, in effect, adopted a new morality, a new moral calculus for weighing loss of life. The earliest knowledge the reader gets of Paul’s new soldier morality comes in the episode in which Paul shields a young soldier by placing his own helmet over the soldier’s exposed buttocks. Paul protects the new recruit in the first bombardment: “like a child [he] creeps under my arm” (61). He later finds the young man’s horrifically wounded body and knows that his injuries are so severe that he would not survive being carried out on a stretcher. Both Kat and Paul know that his future will contain only pain and suffering, and when Kat proposes “tak[ing] a revolver and put[ting] and end to it,” Paul agrees: “Yes, Kat, we ought to put him out of his misery” (72). It is only the appearance of other soldiers that prevents Kat and Paul from carrying out their mercy killing.

Paul’s revised moral calculus reappears in the scene with the Russian prisoners. On the one hand, Paul empathizes with the soldiers who feel guilt and anger, rather than compassion, in the presence of the Russian prisoners: “Occasionally, when they are too grovelling, it makes a man mad and then he kicks them. If only they would not look at one so—What great misery can be in two such small spots, no bigger than a man’s thumb—in their eyes!” (190-1). On the other hand, Paul knows he could empathize with the Russians if they had a more concrete identity for him. “I know nothing of them except
that they are prisoners; and that is exactly what troubles me. Their life is obscure and
guiltless;—if I could know more of them, what their names are, how they live, what they
are waiting for, what their burdens are, then my emotions would have an object and
might become sympathy” (193). However, Paul knows that being a good soldier means
avoiding this kind of identification, sympathy, and guilt. Until the war is over, the
Russians and the Germans are enemies. “And yet we would shoot at them again and they
at us if they were free,” he acknowledges (193). Failing to pull the trigger first might
result in his own death. Such considerations make him vulnerable; he cannot afford such
hypothetical considerations that distract him from watch. “I am frightened: I dare think
this way no more. This way lies the abyss” (194).

A final example of Paul’s revised moral calculus is the scene with the French
soldier, Gerard Duval. Paul stabs him when the French soldier accidentally falls into the
shell hole where Paul has been hiding. The newness of the experience is overwhelming
for Paul. “This is the first time I have killed with my hands, whom I can see close at
hand, whose death is my doing. Kat and Kropp and Muller have experienced it already,
when they have hit someone; it happens to many, in hand-to-hand fighting especially—”
(221). Paul then spends a day with the dying soldier, focusing intensely on his physical
appearance and imagining his civilian life. When Paul is finally rescued from the shell
hole, he hides his actions and guilt from his comrades, telling them nothing of his time in
the shellhole. “But by the next morning I can keep it to myself no longer. I must tell Kat
and Albert” (228). His friends respond with reassurance and validation. They confirm his
transformation from civilian to soldier through the use of force. “They both try to calm
me. ‘You can’t do anything about it. What else could you have done? That is what you
are here for.’ I listen to them and feel comforted, reassured by their presence. It was mere drveling nonsense that I talked out there in the shell-hole” (228). The scene concludes by Kat pointing out the enthusiasm for successful sniper fire by Sergeant Oellrich: “‘You don’t need to lose any sleep over your affair,’ nods Albert” (229).

Battlefield morality is relative, Kat and Albert remind Paul. Even though Paul thinks the events are distinct—he reacted defensively and in haste while Sergeant Oellrich enjoys killing and takes time to choose his targets—his comrades remind him that the choices made on the home front are measured by a different scale than those made on the battle front. Paul is in France to kill French soldiers.

The relativity of battlefield morality is underscored by the dispassionate description of the deaths of Muller and Leer. Kemmerich’s death comes early in the novel, before the soldiers have experienced much loss or suffering, and his death operates as an opportunity to explore the ramifications of a soldier’s death on the survivors that care for him. By contrast, the deaths of Muller and Leer come late in the narrative and are unaccompanied by any analysis of the effect of their loss on others. Muller’s death is presented without euphemism, and the depth of his suffering is stated directly. “Muller is dead. Someone shot him point-blank in the stomach with a Verey light. He lived for half an hour, quite conscious, and in terrible pain” (279). A Verey light is a type of flare gun, not intended as a weapon; Muller’s death is neither interpreted by Paul nor given significance by Remarque. Instead, Paul receives Muller’s boots (the same boots Muller received upon Kemmerich’s death) and asserts, “After me Tjaden will get them. I have promised them to him” (279). This promise is made neither in the tone of a young soldier who believes himself invincible nor in despair. The hereditary line of boots is presented
as merely part of the experience of war. Leer’s death is similarly described in an emotionless manner, as Paul employs a particularly impersonal metaphor to describe his wound. “[T]he same fragment [that hit their comrade Bertinck] has sufficient force to tear open Leer’s hip. Leer groans as he supports himself on his arm, he bleeds quickly, no one can help him. Like an emptying tube, after a couple of minutes he collapses” (284). Paul concludes by questioning the interpretive possibilities of his death: “What use is it to him now that he was such a good mathematician at school” (284).

The novel is often read as a narrative of disillusionment and devastation, and the death of Paul’s best friend and mentor Stanislaus Katczinsky (Kat) is central to this analysis. By contrast, I argue that the novel’s lasting impression is of resilience and possibility. Indeed, Kat’s death is not presented as inevitable: following a leg wound, Paul carries Kat on his back to the dressing station. Once he arrives, however, an orderly informs Paul that Kat is dead; Paul insists he has fainted and only suffering a leg wound, though he eventually discovers the head wound that killed his friend. The scene is extended as the orderly attempts to determine the relationship between Paul and Kat, since Paul is clearly taking Kat’s death poorly. “No, we are not related. No, we are not related. Do I walk? Have I feet still? I raise my eyes, I let them move round, and turn myself with them, one circle, one circle, and I stand in the midst. All is as usual. Only the Militiaman Stanislaus Katczinsky has died. Then I know nothing more” (291). It seems that Paul faints or loses consciousness, but the reader is not given the cause; it could be exertion, exhaustion, or being emotionally overwhelmed.

Although Kat’s death is the emotional core for many readers’ reactions, Paul concludes the novel with an alternative interpretation of the effects of war. In the final
numbered chapter, which takes place shortly before the Armistice, Paul explores his own mental state. He believes the armistice is coming, and considers going home. “Here my thoughts stop and will not go any farther” (293-4). For Paul, imagining a life at home is impossible: he can’t imagine finding employment or purpose in civilian society: “Now if we go back we will be weary, broken, burnt out, rootless, and without hope. We will not be able to find our way anymore” (294). Moreover, he imagines being forever misunderstood by the civilians at home. Those older than him will return to their occupations and families; those younger “will be strange to us and push us aside” (294).

Finally, however, Paul makes a turn to resilience and growth:

But perhaps all this that I think is mere melancholy and dismay, which will fly away as the dust. . . . It cannot be that it has gone, the yearning that made our blood unquiet, the unknown, the perplexing, the oncoming things, the thousand faces of the future, the melodies from dreams and from books, the whispers and divinations of women; it cannot be that this has vanished in bombardment, in despair, in brothels. (294-5)

The subject of the novel is the lived experience of war; that experience, Remarque says through Paul here, is not the depth and breadth of life. Instead, Paul prepares himself for the life to come after war.

I stand up. I am very quiet. Let the months and years come, they can take nothing from me, they can take nothing more. I am so alone and so without hope that I can confront them without fear. The life that has borne me through these years is still in my hands and my eyes. Whether I have subdued it, I know not. But so long as it is there it will seek its own way out, heedless of the will that is within me. (295)

Paul mourns the loss of his comrades deeply: he says he is so alone and so without hope that he can confront the coming months and years without fear. However, he also knows that the life that has borne him through these years, the will to live, to survive, and to thrive that has enabled him to get through four years of war, the loss of comrades, the
witnessing of loss of life, and the taking of the life of the Frenchman, will remain with him into the years after the war. In this contradictory passage, Paul affirms Kropp’s statement that, “Two years of shells and bombs—a man won’t peel that off easy as a sock,” but also asserts that a will to survive and overcome—resilience—is at his core (87). The novel’s final page, written in the third person by a character who presumably found Paul’s body and the contents of the novel, maintains a note of resignation, rather than disillusionment, as well: “Turning him over one saw that he could not have suffered long; his face had an expression of calm, as though almost glad the end had come” (296). Indeed, in an interview following the novel’s publication, Remarque argues that *All Quiet on the Western Front* “does not desire to preach resignation” but instead explores “the tenacity of the vital forces in the individual man faced with death and annihilation” (qtd. in “‘All Quiet’ Is Not Perfect” 5).

The novel begins with the epigraph, “This book is to be neither an accusation nor a confession, and least of all an adventure, for death is not an adventure to those who stand face to face with it. It will try simply to tell of a generation of men who, even though they may have escaped shells, were destroyed by war,” but concludes on a far different note. The epigraph suggests the book is a disillusionment narrative, but this claim is undermined both by the novel’s conclusion, and its emphasis on resilience and possibility, as well as by Remarque’s own personal trajectory. Far from being destroyed by the war, economically, physically, or psychologically, Remarque’s career resulted in individual and social meaning-making and commercial and personal success. The disillusionment of the epigraph has made *All Quiet on the Western Front* an easy candidate for inclusion in interpretations based on the tenets of the trauma thesis, but the
The novel itself does not accommodate this limited discourse.

The medical and popular discourses surrounding psychological trauma between 1914-1918 were rich and varied, but quickly forgotten or ignored after the war’s end. Remarque’s novel does little to revive the complexity of the narratives surrounding trauma, reflecting instead minimal engagement with the medical discourse of trauma and offering very few models of potential outcomes of trauma. He relegates to the periphery those models of trauma frequently understood through the diagnosis of shell shock. Both of the recruits who have a “fit” during the bombardment are promptly silenced: one is subdued, the other killed. Paul rejects the idea that Detering’s flight to his farm was a psychological break, but rather “homesickness and a momentary aberration.” Paul’s sole counterexample, and most insightful response to contemporary understanding of psychological trauma, is the passage regarding Berger, the large soldier who goes into no man’s land in the midst of a machine gun barrage to retrieve a wounded messenger dog. Paul explains his behavior as out of his control: “He is absolutely mad for he has to pass through the barrage; but this lightning that lowers somewhere above us has struck him and made him demented. It affects others so that they begin to rave, to run away—there was one man who even tried to dig himself into the ground with hands, feet, and teeth” (279). Paul then responds to critics and doubters of soldiers who experience psychological trauma: “It is true, such things are often simulated, but the pretence itself is a symptom” (279). For Paul, resilience in the face of traumatic events is normative; any other behavior, including feigning symptoms, is a rare, negative response to trauma. For Remarque, traumatic experience takes many forms, but in all cases the principal outcome is the model of resilience embodied by Paul.
March: Representing Trauma in Company K

Contemporary interpretations of March’s first novel Company K have been powerfully shaped by the trauma thesis. In The Last of the Doughboys, Richard Rubin asserts that March was a victim of psychological trauma and that the drafting of the novel was his “self-medication” (9). Rubin writes, “[T]he war haunted him; he was plagued by depression and anxiety. Today we would recognize that as posttraumatic stress disorder; back then, to a proud and decorated ex-Marine, it was just a shameful, inexplicable weakness” (9). However, like All Quiet on the Western Front, Company K offers a number of models of psychological trauma that upend the trauma thesis. Remarque and March’s novels share three central themes: not all life-threatening or life-taking experiences are psychologically damaging; proximity to death often brings a sense of life; and survivor’s guilt is not the only possible outcome. While Remarque gives very few models of responses to traumatic experiences in All Quiet on the Western Front, March’s Company K, by contrast, engages heavily with psychology in general and the psychology of trauma in particular.

Released just four years after All Quiet on the Western Front and drawing upon no particular surge in medical or popular interest in psychological trauma, March’s novel nonetheless provides a far more complicated vision of psychological trauma resulting from the war than Remarque’s does. This complex vision of trauma draws on March’s own personal experience with hysterical symptoms and his intellectual interest in psychology. As I’ve indicated, Private Joseph Delaney’s chapter is set off temporally from the rest of the book, and the character operates as a stand-in for March. March’s representational choice to offer 113 discrete chapters focused on and focalized through
particular soldiers stands in contrast to Delaney’s desire for a wheel with each narrative arranged in a circle, spinning the stories into a composite whole. For March, the sound of war is a cacophony of pain, laughter, tears, curses, and prayers and of falling walls, rushing bullets, and exploding shells (14). His understanding of psychological trauma resulting from war is similarly complex and discordant.

Unlike Remarque’s approach, which neatly catalogued and explored a variety of traumatic events to arrive at the dominant narrative of resilience, March’s narrative technique does not allow for systematic or sustained interrogation of either traumatic experiences or potential outcomes of trauma. Instead, each short vignette offers a glimpse at a single soldier during a discrete moment in time. The novel moves chronologically: in each chapter, a new soldier describes his experience in training, on a troop ship, arriving in France, participating in a variety of combat situations, and coming home and reestablishing a civilian life after the war’s end. March does not attempt to make sense of these various experiences of trauma nor arbitrate their justifiability. Instead, he provides a broad range of both potentially traumatizing events and potential outcomes to traumatic experience.

The first model of psychological trauma that Remarque and March share is the notion that not every traumatic experience results in a traumatized psyche. In the scene where Kat and Kropp assuage Paul’s guilt over killing the French soldier by looking to their company’s sniper, Kat suggests that Sergeant Oellrich is not only justified but also blameless for his actions, and Paul, by extension, should feel no guilt. Both men are simply doing their jobs. In a parallel scene, March develops the argument that physical distance from killing enables psychological distance from its effects. Sergeant Wilbur
Tietjen’s chapter is told from the perspective of the sniping sergeant and explores the sense of disembodiment he feels. After taking a shot, Tietjen notes that the act of killing was so far removed from reality as to be humorous. “He looked very comical from where I was—like a toy soldier which somebody had whittled being upset by the wind” (46). Tietjen continues, “In fact I never thought of them as men, but as dolls, and it was hard to believe that anything as small as that could feel pain or sorrow” (47). By virtue of his distance from the soldier his bullet kills, Tietjen is able to avoid emotional or psychological consequences for his actions. Delaney’s wife suggests that this distance is effective for readers as well. In her critique of the prisoners of war section of the book, his wife describes shooting someone in close proximity as “revolting” and more morally reprehensible than killing someone from a distance: “You see the aviator cannot see where his bomb strikes, or what it does, so he is not really responsible. But the men in your story had the prisoners actually before them. . . It’s not the same thing, at all” (15).

From the perspective of the snipers in both novels and of Delaney’s wife, distance precludes culpability, and therefore trauma. When Tietjen explains to Allan Methot how shooting soldiers at a distance seems to lack moral consequences for him, Methot responds by informing him that “a fellow had already used it in a book” (47). Methot’s reference to the Lilliputians of Jonathan Swift’s Gulliver’s Travels is meaningless to Tietjens, and he reveals his distrust of literary representation’s fidelity to his experience. His chapter closes his section with the assertion: “Well, it’s the truth, even if a book has been wrote about it,’ I said” (47). For March’s audience, however, the allusion is significant: just as the humanity of the tiny Lilliputians were imperceptible to the relatively giant Lemuel Gulliver, so too the humanity of those killed at a distance can be
avoided or overlooked, and thereby any negative psychological consequences avoided as well.

Private Wilbur Bowden’s chapter underscores March’s understanding that not every traumatic experience results in a traumatized psyche, providing a model that stands as the antithesis of contemporary understandings of survivor’s guilt. In this chapter, Bowden finds himself crawling into the same shell hole as a wounded man. In complete darkness, the man informs him he has been wounded and reluctantly states the wound is in his leg. Bowden insists on bandaging the wound before returning to the line. When they recover the man’s body, Bowden discovers that he was not wounded in the leg at all but instead suffered “a wound in his side that you could lay your fist in” (161). Bowden suffers some teasing from the other soldiers and is left to ponder the man’s inexplicable decision. “I’ve thought about that man a good many times, but I can’t make heads or tails of it,” Bowden concludes (161). “Did he really know where he was wounded? Or was it because he knew he was going to die, and my questions bothered him? Did he think it would be easier to let me have my way, and put on a bandage, since I insisted on it? I’ve thought it over a good many times, without coming to any conclusion” (161). Bowden is neither sorry he survived when the other soldier died nor wracked with guilt for his incompetent medical treatment; he is simply confused about the man’s reasons for refusing his assistance.

Moreover, March’s novel echoes Remarque’s suggestion that proximity to death often brings a sense of life. Two chapters in particular depict soldiers’ tendency to focus on life in the wake of proximity to death. Private Henry Demarest describes his transition to the hospital for wound that presumably requires amputating his leg: he enjoys a hot
bath, a clean shirt, cool sheets, the smell of lavender, and a view of the trees in the rain. He begins to cry, prompting a doctor to reassure him that his amputated leg can be replaced by a prosthetic. For Demarest, however, the tears are an expression of relief and gratitude. He explains his tears thus: “I was on the line for six months, and I expected to be killed every minute of that time... I never expected to come out alive” (70). Private Theodore Irvine expresses an even more extreme version of this form of survival and endurance in the wake of physical trauma. Irvine suffers from an infection of the bone that surgery cannot stop; for a decade he undergoes periodic amputations. Those around him, including his doctors and the civilian members of his family, cannot understand his willingness to endure: “My mother and my wife cannot bear the sight of my suffering any more. Even the doctors cannot bear it: they leave overdoses of morphine near me, a mute hint which I shall not take” (239). But for Irvine, being alive, even in pain, is better than the apparent emptiness and absence of death: “I cannot get well, but I’m going to live as long as I can. Just to lie here, breathing, conscious of life around me, is enough. Just to move my hands and look at them, thinking: ‘See, I am alive—I move my hands about,’ is enough” (240).

Certainly, the differences in narrative form between *All Quiet on the Western Front* and *Company K* contribute to their varying representations of psychological trauma. However, March’s fascination with psychoanalysis suggests a deeper understanding of and engagement with the experiences of psychological trauma and lent him authority to experiment with its representation. Ten of the 113 vignettes that form *Company K* explore psyches traumatized by experiences in the war, and March’s illustrations become more candid as the narrative progresses. His first example, the
narrative of Private Carroll Hart, gives an example of the guilt experienced by servicemen upon taking the life of another. In a close encounter, Hart shoots an unarmed German soldier for reaching into his coat. Although he was attempting to retrieve a photograph of his daughter, Hart assumes he was reaching for a grenade. That night, Hart can’t sleep for guilt. Sergeant Tietjens, the same soldier who feels no guilt over sniping enemy “toy soldiers,” urges him to let it go and reassures him of his lack of culpability: “It’s no use blaming yourself that way, fellow,’ he said; ‘anybody in the world would have thought he was going to throw a grenade’” (65).

The seemingly normative narrative of Hart’s guilt over killing an unarmed man is followed shortly by a pair of vignettes that undermine certainties of both morality and narratology in war. Private Christian Geils is ordered to come out of a shellhole by his superior officer, Sergeant Donohoe. Although Geils knows what he must do, he is physically unable to move his body. He describes his body as “jerking like a man with Saint Vitus’s dance. My hands were trembling and my teeth kept clicking together” (76). Geils’s desperation grows as the sergeant threatens him with a pistol, but he is unable to control his body. The chapter concludes:

I wanted to stand still.—I tried to stand still.—I kept saying to myself: “If I don’t stand still he’ll shoot me sure as the world! . . .” But I couldn’t: I kept backing away. There was a silence for a moment. I could hear my teeth clicking together, playing a tune. “Stand still!” I said to myself. “Stand still, for Christ sake . . . he’ll shoot you!” Then I turned and began to run, and at that instant I heard the crack of Sergeant Donohoe’s pistol, and I fell in the mud, blood gushing out of my mouth. (76-7)

In this passage, Geils appears to have a physiological fight-or-flight response he cannot control and the reader is offered the disconcerting vantage point of Geils’s interiority, even as he is presumably killed. His fear of fighting is more powerful than the direct
order from his superior officer, the threat of a raised pistol, or the knowledge that succumbing to his fear of combat will result in his death. The representation of his body language reflects contemporary understandings of shell shock. A 1918 article by Hamilton Holt describes “[a]nother splendid fellow working in the British Ministry of Information . . . [who] would tremble and shake as tho [sic] he had the St. Vitus dance” (425).

March does not allow the reader to internalize the truism that fear of death (or killing) in combat is greater than all other pressures. Instead, he contrasts Geils’s narrative with that of Private Oswald Pollard. Pollard’s chapter relates the tale of a man named Fallon who tried to commit suicide by jumping on the parapet in the line of German fire. When Fallon’s commanding officer sees what he is attempting to do, he shouts: “‘If you don’t quit committing suicide, I’ll kill you as sure as I’m a foot high!’” (146). The section concludes, “Instantly Fallon turned white and began to whimper. He jumped into the trench and got down upon his knees. ‘Don’t!’ he said. ‘Don’t kill me—please . . .’” (146). It is possible to read Fallon’s change of heart as a sudden realization of the consequences of his actions or of a fear of enemy fire. However, it is also possible to understand Fallon’s decision as an instantiation of the power of his commanding officer as an individual or the power of the military as an institution. When he is threatened by friendly fire, Fallon is both challenged for his insubordination and confronted with his cowardice. For Fallon, dying at the hands of the enemy would leave him the legacy of a soldier killed in action; if he were to be killed by his commanding officer, his legacy is far less assured. As Holmes has traced, fear of looking cowardly is a powerful force in motivating soldiers. “Most of the soldiers I interviewed acknowledged
that they were very frightened indeed before the battle started, and for many of them the greatest fear was not of being killed or wounded, but of ‘bottling out,’ of showing cowardice” (Holmes 142). Holmes adds, “This supports John Ellis’s comment on the Second World War that ‘the fear of showing fear was often more powerful than the fear of death itself’, and, in a deeper sense, echoes Montaigne’s assertion that: ‘The thing in the world I am most afraid of is fear’” (142).

Although March’s narrative frequently withholds interpretive certainty, several passages address psychological trauma head on, showing March’s deep engagement with the medical discourse of trauma as well as his complex understanding of its potential causes and outcomes. The first, of Private Leslie Westmore, draws directly upon common symptoms of psychological trauma during WWI: blindness. In this passage, Westmore is considering possible ways of malingering to get out of the war. As he contemplates his limited options, a voice suggests shooting himself in the knee, which he rejects for being too overtly cowardly. Next the voice suggests going blind: it runs in his family and is preferable to being killed. The voice is insistent: “‘Try it!’ said the voice.—‘It isn’t so bad. Your Uncle Fred was happy afterward, wasn’t he? . . . Shut your eyes and try it for a while! You’ll see it isn’t so bad” (99). Westmore then closes his eyes, pronounces himself blind, and opens them to find he can no longer see. His comrades circle around him, discovering his condition. As the chapter closes, Westmore, like Demarest, is grateful for his condition: “‘Then a feeling of relief came over me. I felt happier than I had in months. ‘The war is over for me’” (99). Responding to his fear of combat with an act of psychological will, Westmore causes himself the symptom of blindness. Paul’s understanding in All Quiet on the Western Front seems salient again: “It is true, such
things are often simulated, but the pretence itself is a symptom” (277-8). For Westmore, feigning blindness results in his actual blindness; his fear of combat is so stressful and psychologically overwhelming as to result in a symptom of psychological trauma. For March, then, psychological trauma can be self-willed or motivated, rather than resulting as a result of traumatic experience.

The pattern of feigning mental illness in order to avoid combat reoccurs in the narrative of Private Howard Virtue. Virtue’s section opens with a joke about mental illness, then moves into Virtue’s intention of finding a similar way to malinger: “‘I’ll do the same thing,’ I said; ‘my life is too valuable to be wasted on a battle-field’” (241). He feigns mental illness, sorting through leaves on the front line and talking to himself; once admitted to the hospital, he continues the ruse and is eventually transferred to a “madhouse” in the States. Here, however, Virtue’s narrative unravels, insisting the reader consider the power of pretense to shape symptoms. Back in the U.S., Virtue makes a direct address to the reader, asking how he can proselytize for Christ if he remains in an insane asylum. The next paragraph is a stream of consciousness rant of the ruins, damages, and destruction of war. The chapter closes with Virtue insisting, “I have told them over and over why it is necessary that I be released from this place, but the guards only stare at me and chew gum rhythmically with slow, maddening jaws” (242). Whether Virtue was only malingering and now speaks the truth; or whether he has, like Westmore, been taken in by his own ruse, remains uncertain. The choice of surname leaves the reader with two potential interpretations as well: read ironically, Virtue suggests judgment of Virtue’s ploy; read sincerely, March empathizes with his condition.

March offers the reader plenty of evidence to read Virtue’s institutionalization as
warranted, especially when read in light of the earlier narrative of Private Ralph Nerion. Nerion returns home from the war frustrated with his failure to earn a promotion during the war. His complaints about his treatment during his service are tinged with the tone of conspiracy theory, but the final paragraph of the section puts his mental stability into question. He suggests that his negative comments about the government in general and President Wilson in particular have placed him under continued surveillance. Certainly, the Espionage and Sedition Acts of 1917-18 were powerful forces, as March would have been well aware. His section concludes:

I didn’t mind it in the army, so much, but now that war is over why can’t they let me alone? Why don’t they stop following me home and calling me on the telephone, only to hang up when I have answered? Why do they write letters to my employer, trying to get me discharged? Who is that mysterious person my wife talks to down the air-shaft? . . . I tell you I can’t stand this continual persecution much longer. . . . (212)

Nerion’s paranoia demonstrates March’s awareness of the multiple manifestations of psychological illness as well as prefigures the psychological breakdowns of Private Everett Qualls and Private Manuel Burt.

Qualls was involved in the shooting of the prisoners of war first described as revolting in the opening chapter by Delaney’s wife. In this series of narratives, Captain Matlock gives Sergeant Julius Pelton the order to gun down a group of prisoners in the ravine. Corporal Clarence Foster, whose rifle squad is given the assignment, is open to the order. He draws on rumors of war to justify the killing: “I remember reading about it in the papers back home before I enlisted: The Germans send men over in droves, to give themselves up, and after a while there are more prisoners back of the line than soldiers. Then the Germans make an attack, which is a signal for the prisoners to overpower their
guards. . . . It’s an old gag!’” (126). Several soldiers contest the order, but Private Walter Drury is the only one to refuse it. Holding his rifle before the group of young prisoners in threadbare uniforms, he becomes weak and determines not to follow the order: “Then I saw the truth clearly; ‘We’re prisoners too: We’re all prisoners. . . . No!’ I said. ‘I won’t do it!’” (129). He throws aside his weapon then runs into the wood, knowing his desertion will not go unpunished. His section ends with his self-consolation that “‘Twenty years isn’t such a long time’” to serve for deserting. “‘I’ll only be forty-two, when I come out, and I can start life all over again. . . .’” (129). While Drury refuses to shoot the prisoners, Privates Charles Gordon, Roger Inabinett, and Richard Mundy all participate in the shooting.

These three narratives conclude the POW series, but each takes a different approach: Gordon is emotionally invested and devastated by the experience; Inabinett is hardened and looking to profit from the situation; and Mundy is haunted by the murdered prisoners. As a result of his emotional investment, Gordon is psychologically damaged by the incident. Gordon focuses on one blue-eyed prisoner in particular, hoping, it seems, to lessen his suffering, but ends up witnessing and describing that man’s death in graphic detail. His section concludes with a statement of Gordon’s loss of faith in religion and in humanity: “‘But the biggest lie of all are the words “God is Love.” That is really the most terrible lie that man ever thought of’” (132). By contrast, Inabinett is unperturbed by the experience. He stays behind unbeknownst to his squad to collect souvenirs from the prisoners’ corpses and only returns when he is discovered by Sergeant Pelton. In response to Pelton’s order to restore the stolen goods, Inabinett asks pragmatically: “‘What’s the sense in that? . . . We got more right to it than anybody else. If we don’t get it, somebody
Finally, Mundy’s section opens the door to considering the long-term psychological ramifications of their actions. Mundy’s narrative takes place immediately after the shooting. He cannot stop thinking about the incident, so he tries to busy himself by cleaning his rifle. “I decided to take my rifle apart and clean it thoroughly. I didn’t want to think about those prisoners any more, but as I sat there with my squad in the shallow trench, with the rifle parts scattered about me, I couldn’t help thinking about them” (135). He reflects on the other men who are working through their experience: one tried to play a harmonica but was stopped by a second; another passes out rations, causing a fourth to be physically sick. As the evening wears on, Mundy still cannot get the image out of his head: “I kept seeing those prisoners falling and rising to their knees and falling again” (136). Freud might have termed this pattern of re-visioning and reimagining “remembering, repeating and working through” while contemporary psychologists would likely consider it to be an example of intrusive thoughts. Mundy’s “irresistible desire” leads him back to the prisoners’ bodies, where a “peculiar feeling” he cannot understand overcomes him. The scene concludes with Mundy pressed to the ground, making a prayer of promise and guilt: “‘I’ll never hurt anything again as long as I live’” (137).

Mundy’s obsession with the shooting in the hours following the incident prefigures the psychological damage of Private Everett Qualls, the soldier who silenced the harmonica player. Qualls’s narrative occurs years after the war and describes his psychological decline and suicide as a direct result of his involvement in the killing of the prisoners. Qualls opens his narrative by describing the loss of all of his cattle and then his
crop to a mysterious disease; in both cases, he believes the loss was his penance for his role in the massacre. When Qualls’s baby falls victim to the same disease, the incident is foremost in Qualls’s mind. “I beat my breast and flung myself to the floor and that scene I had tried to crush from my mind came back again. I could see Sergeant Pelton giving the signal to fire and I could see those prisoners falling and rising and falling again. Blood poured from their wounds and they twisted on the ground, as I was twisting now on the floor” (222). The only solution Qualls can imagine, and affect, is his own suicide.

While Qualls tries unsuccessfully to ignore his memories, March provides an alternate model of traumatic memory in the narrative of Private Manuel Burt. Burt’s section begins, “I remember it as clearly as if it had happened yesterday, and not three years ago” (245). The incident Burt recalls is an encounter with a German soldier who he came across in the woods; they fire at each other and eventually engage in hand-to-hand combat. Burt places the soldier’s ring on his finger as a souvenir, but changes his mind when he realizes: “I shouldn’t have put on his ring,’ I thought; ‘that will tie us together forever’” (249). Burt forgets all about the incident for the remainder of his service, but the memories return after the war. “He came very gradually. At first I had a feeling that the ring I had taken was still on my finger, and I couldn’t get it off” (250). Burt’s memories escalate until he imagines the German with him in the daytime: “He was with me when I woke in the morning. He went with me to work. He followed me everywhere” (251). Burt loses his job, changes his name, and eventually experiences a full psychological break. He imagines the German in the room with him. “Then somebody, who was not myself, came into my body and began to shout with my voice, beating upon
the door with my hands. ‘I don’t know! I don’t know! I don’t know!’ he said over and
over, his voice getting steadily louder” (253).

As this brief survey of traumas and their effects in Company K has shown, March
had a complex understanding of psychological traumas and their representative
capabilities. One final narrative underscores March’s sense of the depth and breadth of
potential responses to trauma. Private Colin Urquhart’s section opens: “I saw much
during my thirty years as a professional soldier, and I have watched the reactions of many
men to pain, hunger and death, but all I have learned is that no two men react alike, and
that no one man comes through the experienced unchanged” (254). Whether that change
is resilience and growth or damage and self-devastation, March suggests that all of these
responses are an integral part of a full picture of war. In the next section, I read March’s
novel alongside Jones’s to illuminate some developments taking place in the medical
discourse of trauma between the wars and to explore Jones’s efforts to depict a
psychologically rich understanding of war.

Jones: Representing Trauma in The Thin Red Line

Like March, Jones explores a variety of backgrounds and psychological responses
to trauma in The Thin Red Line. However, Jones engages even more directly in the
discourse of psychological trauma, examining both short- and long-term consequences of
traumatic experience. From the bombing of the ships as the men arrive on Guadalcanal,
through their first experiences of combat, to the loss of comrades in an ill-advised
mission to set up a roadblock under the command of Band, Jones offers a multitude of
examples of, and alternate responses to, the traumas of war.

Jones draws a tenuous relationship between physical injury and psychological
trauma. In a lengthy scene describing the chaos of disembarking men and supplies on Guadalcanal from ships, the men of C-for-Charlie company watch from the beach while a bomb lands between a barge and a ship. The men wounded in the bombing stagger onto the beach. “A few were able to walk by themselves. But all of them were suffering from shock, as well as from blast, and the consummate tenderness with which they were handled first by their rescuers and then by the corpsmen was a matter of complete indifference to them and meant nothing” (45). Here, Jones suggests that the physical shock of their experience overwhelms their emotional and psychological responses. Jones does not immediately diagnose the men: they are not shell shocked, but shocked with an outcome yet to be determined. The next paragraph situates their changed behavior directly in terms of psychology, not physiology:

They had crossed a strange line; they had become wounded men; and everybody realized, including themselves, dimly, that they were now different. Of itself, the shocking physical experience of the explosion, which had damaged them and killed those others, had been almost identically the same for them as for those other ones who had gone on with it and died. The only difference was that now these, unexpectedly and illogically, found themselves alive again. (45)

This is not reminiscent of survivor’s guilt but instead of a psychological change, a break that will separate the men who survived the traumatic experience from others indefinitely. The shocking (unexpected) nature of the blast and their shock (violent shaking as well as surprise) both recalls and rejects a facile diagnosis of shell shock. On the one hand, the term was essentially defunct in the medical discourse of WWII; on the other hand, their experience is not necessarily pathological: the men “found themselves alive again.” As I’ve suggested, proximity to death can often incite a greater appreciation for life. Indeed, Jones depicts the men’s surprising survival of this traumatic experience
through the lens of combat gnosticism: “They had been initiated into a strange, insane, twilight fraternity where explanation would be forever impossible” (45).

Initiation is a recurrent theme in the novel, which exploits differences between those with combat experience and those without it. In particular, Jones uses the act of throwing a grenade as a device to show the variety of experiences and outcomes individual soldiers have relative to the promise of combat. The hardened veteran Welsh distributes grenades like footballs to lighten the mood, for himself and others. “All Welsh knew was that he was scared shitless, and at the same time was afflicted with a choking gorge of anger that any social coercion existed in the world which could force him to be here” and so he decides to issue the crated grenades himself, shouting “fresh eggs!” and treating the grenades as footballs (135). This same fear motivates another soldier in an entirely different direction. Crawling in the grass during an advance, Fife is “[t]errified by the aspect of one of them pulling off and igniting its three-second fuse underneath him, ashamed of himself for what he considered his cheap cowardice, but not so ashamed that shame could wash away the imagined picture, Fife unbuttoned his pocket flaps from over them and rolled them away from him” (144-5). For Dale and Doll, the grenade represents their entry into the warrior class, and each injures himself trying to perform that role. Dale wrenches his shoulder trying to launch one like a baseball, rather than lobbing it from his side, while Doll hurts his teeth trying to tighten the pins (235, 162). While Dale suffers only momentarily physical pain from his actions, Doll is undone by the ramifications of his pain and “lost his nerve” (162). “He remembered movies where men pulled the pins of grenades with their teeth, and realised with a shock of inadequacy that his teeth would never be able to stand it. In any case, he had waited too long” (162).
Jones describes the moment as a “traumatic experience” for Doll: he is undone by the realization that he was holding a live grenade and must throw it, even though “what he really wanted to do was simply drop it on the ground and turn and flee” (163). While Doll struggles with his fear of throwing the grenade, he knows he has no other option: if he drops it and runs, “[i]f it did not kill him, it would certainly kill the men around him” (163). The use of the grenade as a device for dividing the innocents from the experienced comes full circle in the death of Keck. Jones writes, “It was obvious what had happened. In the attack, perhaps because his Thompsongun (sic) was jammed, but at any rate not firing his rifle, Keck had reached in his hip pocket to pull out a grenade. And in the excitement, he had gotten it by the pin” (239). Keck admonishes himself for the mistake, saying only, “‘What a fucking recruit trick to pull’” (240). However, as the narrative makes clear, his decision to sacrifice himself was anything other than inexperienced and uninformed: “Keck had leaped back from the line and sat down against a little dirt hummock to protect the others. Then the grenade had gone off” (239).

Just as he allows for a variety of reactions to the power and killing potential of grenades, so too Jones allows for a wide variety of responses to other forms of traumatic events. Indeed, according to Jones, not every individual who is initiated into combat or killing is traumatized by the event. A principal example is the encounter between Bead and the Japanese soldier who surprises him with his pants down. Although Bead is initially horrified at what he perceives as a “disgraceful, botched-up” job, his comrades and commanding officer celebrate, validate, and justify the killing. Bead moves quickly from his guilt and embarrassment from killing his first enemy to acquiescence. He “listen[s] incredulously” to the counsel of Captain Stein, who assures him, “‘You had no
choice, and you mustn’t worry or feel guilty about it. You only did what any other
good soldier would have done, for our country or any other’’” (181). For Bead, the
experience and the responses of the other men seem too unreal to be traumatizing, and his
guilt is quickly replaced by feelings ranging from neutrality to a satisfaction bordering on
pride. “But he realized now, quite suddenly, that he could survive the killing of many
men. Because already the immediacy of the act itself, only minutes ago so very sharp,
was fading. He could look at it now without pain, perhaps even with pride, in a way,
because now it was only an idea like a scene in a play, and did not really hurt anyone”
(181-82).

The psychological breakdowns in response to traumatic experience of Storm and
McCron stand in counterpoint to Bead’s nascent acceptance. Storm’s trauma emerges
from two sources: his fear of combat and his regret over the treatment of the Japanese
prisoners of war. Indeed, Jones writes, “Storm had had some traumas and rude
awakenings of his own, but being wounded was not one of them” (367). Storm feels
guilty that he has deserted his comrades by being evacuated for a hand injury, but he is
simultaneously grateful for the release: “His rude awakening was an awakening to the
fact that he did not want any part of any more combat here or anywhere” (367). His
shame notwithstanding, Storm has no plans to return to the front lines. He informs Fife,
“I dont have to go back up there to the front with the compny, and I’m not going to. I’m a
Messergeant. I aint even supposed to be up there. Me and my cooks’ll get the kitchen as
close as we can, and I’ll get them guys up hot meals every time I can. . . . But that’s all.
No more volunteer fightin. I aint required to, I aint supposed to be, and I aint” (374).

Storm is at a loss, however, to respond adequately to his role in the mistreatment
of the Japanese soldier. Storm is initially able to avoid humanizing one of the sickest prisoners, thinking, “he looked more like some lower grade type of animal and really did not appear to be worth saving” (369). However, when Queen suggests killing the prisoner to avoid the trouble of carrying him to the rear, Storm stays out of the debate, finally confirming the decision of the corporal in charge only insofar as maltreatment might result in their own punishment: “‘Shorty’s sure to check up if one is missin. If we shoot him or lose him, he’ll be on our ass like a bullswhip, spittin and bitin. Might even court-martial our ass’” (370). Storm’s hesitation to wade further into the morality of the debate is emphasized by the narrative aside: “He did not add that he was a S/Sgt, and thus outranked Queen” (370). His refusal to pull rank on Queen in order to keep the prisoner alive will haunt Storm once he arrives at the rear and reflects on their brutal abuse of the eventually unconscious prisoner.

Storm . . . remembered everything in a state of agonized numbness which try as he would, he could not pull himself back up out of. His whole soul seemed anaesthetized as if shot with a massive hypo of some powerful drug. This scared him, but he could not shake it. How long ago had it been? that all that had happened? Only a couple of hours. And laughing. They all laughed. (372)

Storm’s trauma is both the abuse and the knowledge that he has betrayed his own moral code: “Storm had always thought of himself as a decent man. . . . Now he had to face the possibility that maybe he wasn’t so decent after all. And not only that, he who had always believed in never letting a friend down, was here preparing to try and use his hand to get him out of the company, out of the Battalion, out of the whole fucking combat zone. And what was more, he knew it was the only sane thing to do” (372). The effects of these traumatic experiences for Storm justifies abandoning his moral code, though Jones empowers the reader to understand his Storm’s cowardice and abrogation of his
responsibility as “sane”: as the best of a set of bad options.

The narrative and breakdown of McCron is the most fully articulated vision of psychological trauma in the novel. From the first mention of McCron’s name, Jones consistently emphasizes his nurturing nature and his attachment to his squad. Before disembarking from the ship, “Young Sergeant McCron, the notorious motherhen, went along personally checking each item of equipment of each man in his squad of nearly all draftees as if his sanity, and his life, depended on it” (5). Caring for his troops is his principal occupation. In a section focalized through Bell, McCron is described as “great when it came to looking after his draftee charges, but he knew next to nothing about tactics, and cared even less” (131). When it comes time to run the gauntlet as part of an advance, four members of McCron’s squad are shot at once before his eyes. “All of this was apparently too much for McCron, who had clucked over and mothered this squad of his for many months, and he simply dropped his rifle and sat down crying” (234). Stein evacuates the crying and hand-wringing McCron to the rear. When the narrative returns to Storm, McCron, and Stein at the rear, Jones notes that “McCron’s wound was inside” (380). This wound manifests itself in breakdowns, one of which is described in detail:

[N]o one was prepared for it when McCron suddenly threw himself down in the mud at the edge of the road and began to weep, whimper and howl, biting his clenched knuckles and staring over them at them with the wild eyes of a rabid animal, while he curled himself up into the tightest ball his body could make. When they rushed to him and tried to straighten him out and soothe him, he screamed at them half in incomprehensible gibberish, half in lucid phrases. When they first stood up Wynn screamed, ‘Oh my God!’ in a voice of terrible recognition with the blood spurting a foot from his throat, and had gone down. Nineteen. Only nineteen. Next to him Earl went down, in silence because his face had been torn open to a mass of red. He was twenty. Further to the left the other two Darl and Gwenne had gone down too yelling ‘I’m killed! I’m killed!’ All of them at once, in a matter of seconds. And then the others. All the others. He had tried to help them. He had tried to protect them. I tried. I tried. (382)
The narrative slips uneasily between interiority and expression: it is impossible for the reader to know where McCron’s “gibberish” and “half lucid phrases” end and his memories begin. The narrative switches between third and first person, and potential shouts are not set off by quotation marks, forcing the reader to face the powerful psychological consequences of the loss of his squad. The section concludes with the knowledge that his psychological trauma is long-term: “They were all of them sure McCron would be evacuated any day now. They were also sure that with his haggard face and haunted eyes he would feel guilty about going the rest of his life” (383). However, in a significant turn, Jones underscores that McCron’s trauma is not universal: “They were also sure that with his haggard face and haunted eyes he would feel guilty about going the rest of his life, though none of them would have” (383, my emphasis). By withholding certainty of the psychological consequences of trauma, Jones makes an important contribution to challenging and expanding the trauma thesis as it is employed today. According to Jones, not all traumatic experiences are psychologically traumatizing; some men may be traumatized by events that would not traumatize others.

In spite of Jones’s complex vision of psychological trauma in *The Thin Red Line*, he uses the character of Bell to question the ability of novels and film to give meaning to traumatic experiences in the passage that opened this chapter. By meaning-making, I refer both to having sense (what happened, how, and why) as well as having personal significance (Schok 358). Bell’s critique reflects Jones’s own concerns about the limitations of representation. The passage from Bell, in which he accuses a film or novel of providing merely “a semblance of meaning and a semblance of an emotion” and
enabling the viewer or reader to “make sense” of the hero’s death, is presaged in a letter Jones wrote to his brother on January 28, 1943 (237). “Even when he gets killed at the end of the book you sympathize, and in sympathizing, you feel a sadness you enjoy. But all that time while you are putting yourself into the hero’s place you still have the knowledge that after the hero dies you still will be around to feel sad about it” (To Reach Eternity 26).

The difficulty of making meaning from traumatic experience is central to the episode of Brass Band’s rogue mission to set up a roadblock. In this scene, Band has purposefully isolated himself from command and taken it upon himself to establish a roadblock on a trail used by Japanese forces to reinforce other positions. As a company of Japanese soldiers marches down the trail, twelve of the fourteen-man squad are killed. Bell and Witt are the only two to survive, and their survival is described as a matter of luck. Immediately after the incident, Witt rages at Band for his reckless decision and quits the company again. When a new commanding officer, Bosche, takes over, Bosche makes an impassioned speech to the soldiers about duty and family. Even the most hardened soldier in the company, Welsh, is taken by Bosche’s experience and authority. By contrast, Bell is suspicious, though whether of himself or of Bosche is left ambiguous. Following Bosche’s speech-making, “Bell suffered a sudden impulse to laugh out loud insanely and call out at the top of his voice: ‘Yes, but what does it all MEAN?’” (490). Bell cannot make sense of his experiences nor find significance in them.

Although Bell struggles to make meaning of his experiences, Jones’s novel seems to make sense of, and give significance to, Jones’s own experiences. Moreover, veterans as a cohort tend to be very successful at making meaning of their experiences. A 2008
review of scientific literature on meaning-making in war and peacekeeping missions establish the foundation for the assumption that “assigning meaning plays a crucial role in adaptation to stressful and threatening events” (Schok 358). This knowledge makes possible the broadening of “the scope to normal psychological adaptation instead of pathologizing the response to trauma” (Schok 358). Indeed, as Brad Larner and Adrian Blow argue, “In spite of this focus on mental health problems, most veterans have reported more positive than negative outcomes from their wartime experiences, and many who are initially distressed are able to overcome these difficulties and go on to live improved lives” (187). In other words, although the trauma thesis precludes narratives of traumatic experience that result in growth or development, these positive changes are prevalent; some studies suggest they are a dominant outcome.

Conclusion

In all three of these narratives, Remarque, March, and Jones represent trauma as meaning-making, not nihilistic. Although contemporary trauma theory emerged from the experiences and representations of WWI and WWII, the trauma thesis tends to have a very narrow focus on the negative or pathological responses to traumatic experiences to the exclusion of positive or psychologically healthy responses. All Quiet on the Western Front, Company K, and The Thin Red Line do not confirm the trauma thesis. Remarque emphasizes the potential for traumatic experiences to yield a stronger, more resilient individual. Although Remarque is aware of shell shock and cases of psychological trauma resulting from WWI, he is not invested in the medical discourse of trauma that tends to pathologize but instead focuses on resilience as a potential outcome of traumatic experience. Like Remarque, March and Jones depict resilience and growth as potential
outcomes of traumatic experience. However, and likely as a result of their personal experiences with psychological issues as well as with the medical community, March and Jones engage far more deeply than Remarque with possible negative or pathological responses to trauma.

The authors’ representations accord on four central issues: 1) traumatic experiences are those that are clearly life-threatening or morally injurious; 2) not every negative or challenging situation is potentially traumatizing nor equally traumatizing for all witnesses or participants; 3) traumatic experiences do not necessarily result in traumatized or psychologically damaged individuals; and 4) meaning-making is a possible result of traumatic experiences. In the next chapter, I again examine the relationship between representations of war and the trauma thesis, this time taking as my subject the civilian perspective of WWI and representations of trauma. I examine the literary device of watching a soldier prepare to go to war to establish my claim that there is a close relationship between the battle front and civilian proximity to traumatic experience, and that this experience is far more complex and varied than the trauma thesis allows.
CHAPTER FOUR
WOMEN AND WAR

In chapter three, I showed how Erich Maria Remarque, William March, and James Jones, all veteran authors, employ, to varying degrees, models of resiliency and meaning-making in their representations of trauma. Their novels provide examples that serve to overturn, rather than confirm, applications of what I have called the trauma thesis, which rests on the assumption that trauma has a multitude of possible causes but a limited set of effects. According to Remarque, March, and Jones, not all traumatic experiences damage or debilitate survivors. In this chapter, I expand my examination of trauma to include the home front and women’s perspective on war. I examine works by two women authors that pertain to WWI: Virginia Woolf’s 1922 novel *Jacob’s Room* and Katherine Anne Porter’s 1939 novella *Pale Horse, Pale Rider*. I argue that, as with the combatants’ novels I examined in chapter three, both texts upend the commonplace assumptions that all experiences of trauma debilitate or silence the survivor and that trauma is ultimately beyond the representational powers of art. Instead, as I show, both texts search for and make meaning from the war as experienced on the home front.

I position Porter’s novella against Woolf’s novel for four reasons. First, Porter was explicitly inspired by Woolf’s writing. Catherine Francis Belling notes that Porter “is quoted as saying that Woolf ‘never published a line that was not worth reading,’ and that she ‘pushed the light of the English language a little further against darkness’” (67).
Second, the form of *Pale Horse, Pale Rider* stems from innovative narrative techniques developed and mastered by Woolf and other early modernists. Again, to cite Belling, “It was possibly the freedom of modernist prose as Woolf and other writers of her time developed it—where narration tracks subjective, internal realities—that made possible the one first-hand literary account we do have of a single patient’s experience of pandemic flu, one in which the narration is sustained throughout most of the patient’s delirium” (64). That first-hand literary account of pandemic flu (that is, Spanish Influenza) is Porter’s *Pale Horse, Pale Rider*. Third, both are set during WWI and explore war as experienced on the home front. Fourth and finally, these texts by Woolf and Porter examine the representational possibilities of traumatic experience.

This chapter has three parts. In the first, I examine the war’s impact on the home front. I begin with a brief survey of psychological stress, which at the time was diagnosed as shell shock for soldiers and neurasthenia for civilians. I next explore Spanish Influenza, which killed more individuals than died as a result of military activity during the war years. I then look briefly at the materiality of war in *Jacob’s Room* and *Pale Horse, Pale Rider*. Both works are set on the home front and only represent the battle front obliquely. In the second section, I address the life experiences of Virginia Woolf with a focus on several key episodes, which I view as potentially traumatizing. I explore the implication of Woolf’s personal history on her representational choices in *Jacob’s Room* with a special emphasis on Woolf’s placement of the battle front in close proximity to the home front. I suggest that Woolf’s novel is actively attempting to make meaning of the war and that the efforts of other characters to understand Jacob can be read as an analogue for civilians’ attempt to make sense of the war. The third section focuses on
Katherine Anne Porter and parallels my examination of Woolf, including tracing the ways in which Porter places the battle front in close proximity to the home front. Here, however, I show how assumptions about Porter’s realism and the novella’s autobiographical nature foreclose the rich interpretive and meaning-making possibilities of the novella, of Spanish Influenza, and of the war. In each of these sections, I argue that the authors’ representational choices establish a close relationship between the home front and the potential for traumatic experience. Both Woolf and Porter are searching for the traumatic potential of the home front and the representational possibilities of traumatic experience, and neither text serves to confirm the assumptions of the trauma thesis.

**WWI on the Home Front**

As Tammy M. Proctor has noted, “Civilians in the First World War were not immune from the violence of war, nor were they uninvolved in sustaining it,” despite the rhetoric that suggests that civilians are “a protected category of people who live apart from war” (4). The notion that civilians, frequently understood to mean women and children, are exempt from the experiences of war dominates both literary and political representations of war. Indeed, women’s experiences are often excluded from the canon of war literature, as James Campbell, Sayre P. Sheldon, and Sandra M. Gilbert and Susan D. Gubar note. A central and valid explanation for this fact is that women have not historically participated in combat. However, most collections of war literature that exclude women do not do so definitionally. Indeed, editorial prefaces to war anthologies seldom state explicitly the editors’ intention to present war exclusively through the experience of combat. Instead, war becomes another term for combat, and experiences of
war that fall outside the scope of combat are ignored or made invisible.

As I established in chapter three, the distinction between soldiers and civilians is not arbitrary. Soldiers are trained for the possibility of taking the lives of enemies and are usually legally and morally absolved from responsibility for these deaths. In addition, soldiers in war zones live every day with the possibility of an attack, a bombing raid, or other lethal violence; civilians on the home front do not. However, it is worth noting that only a minority of soldiers engages in combat operations. Even in current conflicts, the majority of soldiers in a war zone is in noncombat positions of support or has never deployed to a combat zone. In many respects, therefore, the civilian experience of war is not too far removed from that of the noncombatant and itself represents a significant portion of the war experience. Moreover, distance from the experience of combat does not necessarily signify either a protection from or ignorance of the fears, suffering, loss, or other salient experiences of war. Wars, loosely defined as a state of armed conflict occurring on an international or intranational level, affect both the battle and the home front. My exploration of *Jacob’s Room* and *Pale Horse, Pale Rider* focuses on two central elements of WWI that affected both the battle front and the home front: the rise and development of new diagnostic categories for psychological stress and the outbreak of Spanish Influenza.

**Soldiers, Civilians, and Psychological Stress**

One of the defining features of WWI was the rise of a new diagnostic category for psychological stress: shell shock. As I explored in chapter one, shell shock was a politically loaded term employed on the battle front to codify experiences of psychological stress that included “loss of memory, blindness, and paralysis” (Shephard
3). Shell shock was the combatant’s version of neurasthenia, a diagnosis familiar to middle- and upper-class civilians since the late nineteenth-century and a precursor to the 1980 formation of Post-Traumatic Stress Disorder. Although naming conventions make these experiences seem disparate and unconnected, medical professionals on the battlefield frequently moved between military and civilian spheres. Moreover, the treatments for shell shock and neurasthenia, which ranged from rest cures to talking cures to electroshock therapy, were the same.

Both of the authors that are the subject of this chapter were well-versed in the medical discourse of psychology of their time. Despite the twenty years’ difference between the dates of publication, neurasthenia remained for both Woolf and Porter a principle diagnosis for the ill-defined collection of symptoms associated with psychological stress. Woolf was familiar with neurasthenia and its various cures for both personal and professional reasons. Throughout her life she was treated for mental health concerns by a series of psychoanalysts and other medical professionals. After her stepsister Stella’s death in 1897, Woolf had a breakdown for which the family doctor, David Elphinstone Seton, prescribed Woolf with a version of the rest cure: a “ban against reading and writing” (Trombley 80). Following her father’s death in 1904, Woolf had her second recorded breakdown. She attempted suicide by “jumping out of a low window at Violet Dickenson’s house” (Trombley 307, fn4). Jean O. Love offers insight to Woolf’s symptoms, as well as a context for this event: “She attempted suicide by throwing herself from a window so close to the ground that she did herself no serious harm, according to Quentin Bell. Headaches, sleeplessness, and other physical symptoms were once again present” (311-12). As a result, Woolf was again prescribed a rest cure by Sir George
Henry Savage, the second of four primary mental health professionals that would treat Woolf (Trombley 108). According to Stephen Trombley, this treatment was considered successful and, “In early 1905, Savage declared Virginia ‘cured’” (81). However, this cure came at a price. Thomas C. Caramagno notes, “The old family doctor, George Savage . . . reinforced the neurotic-genius model in Virginia’s mind by diagnosing her illness as ‘neurasthenia,’ the same label he had earlier put on [her father] Leslie’s complaints” (11).

During his treatment of Woolf, Savage recommended the first of several stays she would make in a rest home. Accordingly, Woolf spent July 25, 1913 to August 11, 1913 at Burley, a nursing home (Trombley 110). Shortly after her release, Woolf met with her third doctor, Henry Head. That evening, she attempted suicide by taking an overdose of veronal, a barbiturate used as a sleeping aid prescribed to her by Savage. Following this attempted suicide, Woolf was cared for by Maurice Craig, a doctor who would serve as a member of the War Office Committee on Shell Shock during the war. In addition to her significant personal history with mental health concerns and treatment, Woolf was also exposed to the medical discourse of her time through her family. Trombley notes that her brother and his wife “both became medical doctors who pursued psychoanalytic training under Freud in Vienna” (182). Moreover, Woolf was directly involved in bringing Freud to an English-speaking audience. The Hogarth Press published a translation of Freud, and her husband Leonard reviewed The Psychopathology of Everyday Life (Trombley 182).

Woolf’s personal and professional engagement with psychoanalysis notwithstanding, she remained unimpressed by Freud in particular and psychoanalysis in general. According to Trombley, “Virginia ridiculed her brother and his wife, and James
and Alix Strachey, for their devotion to psychoanalysis. She wrote to Janet Case in 1921, ‘The last people I saw were James and Alix [Strachey] fresh from Freud—Alix grown gaunt and vigorous—James puny and languid—such is the effect of 10 months psycho-analysis’ (Letters, 2, p. 482)” (182). In her 1920 essay, “Freudian Fiction,” Woolf reflects on “the new psychology” of Sigmund Freud and his contemporaries. In the essay, she expresses her concern that contemporary applications of the Freudian model of psychoanalysis were simplistic and reductive. Woolf is not persuaded by psychology’s determinism. As a result of her skepticism, she distinguishes between the ethical responsibilities of medical professionals and those of creative writers. “The triumphs of science are beautifully positive,” she writes ironically. “But for novelists the matter is much more complex; and should they . . . possess a conscience, the question of how far they should allow themselves to be influenced by the discoveries of the psychologists is by no means simple” (152-53). The task of novelists, she argues, is to write rich characters that reflect the diversity of lived experience rather than case studies that mirror the findings of the medical profession.

Like Woolf, Katherine Anne Porter was also suspicious of psychology, at least by the time of a 1962 interview with Barbara Thompson published in The Paris Review. In this conversation, Porter describes the power of connotation to give “words that had good meanings once upon a time have come to have meanings almost evil—certainly shabby, certainly inaccurate” (19). She then asserts that such a decline has occurred to the word “psychology”: “It has been so abused. This awful way a whole segment, not a generation but too many of the young writers, have got so soaked in the Freudian and post-Freudian vocabulary that they can’t speak—not only can’t speak English, but they can’t speak any
human language anymore. You can’t write about people out of textbooks, and you can’t use a jargon” (19). Porter, then, as with Woolf 42 years prior, rejects the tendency of psychology, especially as employed in literature, to reduce characters to a limited script.

Porter’s suspicions of psychology were based on a personal trajectory similar to Woolf’s. Throughout her life Porter had engaged with the discourse of psychology, particularly as it related to traumatic stress. Joan Givner offers a broad survey of Porter’s self-diagnoses in her later life based on her study of psychology as well as Porter’s self-analysis. According to Givner, Porter “suffered all her life from melancholy and depression and often wondered if these states had their origins in the early tragedies she could not remember” (43). Givner notes that Porter had read and annotated Joseph Grasset’s *The Semi-Insane and the Semi-Responsible* (1907). In her copy, Porter “marked the statement that what a child has experienced and not understood by the time he has reached the age of two he may never remember again, *except in his dreams*” (Givner 43, emphasis in original). For Porter, these unremembered but potent traumas included the death of her mother and her older brother. Her undated marginalia in this textbook reflect her sense, at some point, at least, that her life was strongly shaped by childhood trauma: “So my horror and pain here and now from that old terrible time” (Givner 43). Porter not only diagnosed herself as having “an unstable set of nerves” but also neurasthenia proper (Givner 43). Furthermore, Porter underlined symptoms associated with neurasthenia: “incredible sense of smell, a feeling of presence, intuition of others’ thoughts, mad agonies and disturbances without cause” and added the marginalia, “That’s me, from my first memory . . . except I think I had causes” (Givner 62).
In addition to their personal experiences with neurasthenia, both authors were acutely aware of its role in shaping the aftermath of the first global conflict of the twentieth century. Three years after the publication of *Jacob’s Room*, Woolf would finish *Mrs Dalloway*, whose central character, Septimus Warren Smith, is a veteran of the war suffering from shell shock. Like the titular character, Clarissa Dalloway, and Woolf herself, Septimus is prescribed a rest cure. While Septimus’s suffering is presented sympathetically, his experiences with the medical professionals are not, as I explore in chapter five. Similarly, although Porter did not reflect on shell shock as a condition facing veterans in particular, she invokes the diagnosis in a draft of a letter dated October 21, 1932. Porter responds to the news that her friend Hart Crane had committed suicide (in April 1932). She invokes her personal experience of psychological shock twice: “The news of Hart’s death, or rather, the manner of it, was a shock. . . . He used to frighten me half to death by threatening to cut his throat, or to jump from our roof, but even in my nervous shock I felt he would not really” (Bayley 83). Later in the letter, Porter adds that his behavior prior to his suicide was disturbing enough to cause her psychological stress. “In Berlin, and even afterward in Paris, I was like a person suffering from recurring shell-shock. When I remembered even one of all the numberless nightmarish things [he had said], I would sweat and turn sick and go to bed for a day” (Bayley 85). Like many of their contemporaries, both Woolf and Porter had a sense of the causes and effects of psychological stress, whether diagnosed as neurasthenia or as shell shock.

**Spanish Influenza**

Shell shock was not the only consequence of WWI affecting the home front. In addition, during the last year of the war, civilians, soldiers, and sailors faced the
devastating effects of Spanish Influenza. The connection between the war and the pandemic is not just temporal. According to Alfred W. Crosby, Spanish Influenza may have been carried from the United States to Europe by American soldiers. Crosby situates the emergence of the disease in March 1918 in the United States. “It is possibly significant that the first cases of epidemic influenza in the spring in the American Expeditionary Forces (AEF), which were among the very earliest in all Europe, appeared at a camp near Bordeaux, one of the chief disembarkation ports for American troops” (Crosby 25). In addition, Crosby describes the U.S. military as the “foci from which the civilian population received the disease” and adds that “the belief that the nation’s protectors were now the sources of its greatest immediate danger was common enough for some civilians to regard the military with fear” (Crosby 56). Civilians associated Spanish Influenza with the war effort.

The effects of Spanish Influenza can hardly be overstated. Indeed, illness in the form of Spanish Influenza claimed more lives across the globe than WWI did. WWI caused approximately eight and one-half million military deaths. The British Empire mobilized nearly 9 million men, of whom more than a tenth (908,371) died (“World War I”). The United States declared war in April 1917. Battle deaths and other military deaths reached 116,516 of the more than four and a half million serving in total (Chambers 849). By contrast, by the time Woolf began to write Jacob’s Room, 25 million individuals, especially young adults like Jacob and the women who adored him, had been killed worldwide by Spanish Influenza. The epidemic raged from approximately January 1918 through December 1920. In Great Britain, “the three British waves of the disease lasted just 46 weeks and killed an estimated 228,000 people” (Honigsbaum 145). Spanish
Influenza hit the United States extremely hard. Crosby estimates that “the number of Americans who died of Spanish Influenza and pneumonic complications in the ten months from September 1918 to June 1919 is 675,000” (206). Within the military, the number of deaths as a result of Spanish Influenza rather than military deaths is particularly striking. “The sum of American sailors and soldiers who died of flu and pneumonia in 1918 is over 43,000, about 80 percent of American battle deaths in the war” (Crosby 206). A significant portion of these deaths took place on the home front, as Spanish Influenza devastated the ranks of boot camps and training facilities across the nation. Spanish Influenza was unusual in that young men and women, the demographic traditionally resilient to contagious diseases, were especially susceptible to dying as a result of contracting the disease. However, no one was exempt from the threat of Spanish Influenza. Even Woodrow Wilson fell ill during his presidency (Crosby 289).

Woolf and Porter were both aware of the scope of Spanish Influenza and were themselves no stranger to illness, including influenza. Woolf’s mother Julia died of rheumatic fever, and her siblings Vanessa and Thoby returned from Greece ill with typhoid, though her sister would survive. As Belling notes, “Influenza recurs throughout Woolf’s public and private life and writing. . . . Woolf herself was repeatedly bedridden by it” (64). In July 1918, Woolf acknowledged the proximity of Spanish Influenza to herself and her home. Her diary entry for 2 July 1918 reads, “Influenza, which rages all over the place, has come next door” (163). Again, a week later, she notes, “Rain for the first time for weeks today, & funeral next door; dead of influenza” (165). Similarly, Porter survived two of the most serious illnesses of the early twentieth century: tuberculosis and Spanish Influenza. Porter stayed in a sanitarium for tuberculosis from
December 1915 to September 1917 and, in October 1918, at age 28, nearly died of Spanish Influenza, an experience that informs *Pale Horse, Pale Rider* (Stout 8).

**Reverberations of War: Seeing the Battle Front on the Home Front**

One of the challenges of writing about the war as represented by Woolf and Porter is the fact that both narratives take place exclusively on the home front. However, both authors consistently contextualize their stories against the traumas and devastation of WWI. Yet war, for Woolf and for Porter, is not merely a backdrop. Woolf’s novel traces the coming-of-age of Jacob Flanders and ends with his mother and good friend taking care of Jacob’s affairs in the wake of his death in the war. *Pale Horse, Pale Rider* is set in Denver in the last year of the war and focuses on a young journalist, Miranda, who has both fallen in love with an American serviceman awaiting deployment and fallen ill with Spanish Influenza, which kills him.

Both novels, then, are about the experience of watching a soldier prepare to go to war. However, both authors also represent the war, although they accomplish this indirectly rather than through scenes of combat. Woolf invokes the war through Jacob’s surname, which suggests John McCrae’s 1915 poem “In Flanders Field” and the Second Battle of Ypres in northern Belgium earlier that year. War is made present in small references throughout the novel. For example, Jimmy and Helen’s burgeoning romance fails in the wake of the war: “‘now Jimmy feeds crows in Flanders and Helen visits hospitals’” (107). The politics of war emerge in a conversation between the knowledgeable Mr. Bowley and the sheltered Clara Durrant about Sir Edward Gray’s presumably pro-war policies as well as in the procession of a pro-war march down Whitehall (146, 150). Jacob is described as “fighting for his country,” and while he is
overseas, his mother Betty hears a “dull sound, as if nocturnal women were beating great carpets”; these distant sounds are likely gunfire coming across the channel from France (154). War is present in *Pale Horse, Pale Rider* through a multitude of references, events, and emotions. Miranda is harassed at work to buy War Bonds by Lusk Committeemen; she volunteers for the Red Cross to do her part in the war work; and she sits through speeches by Four Minute Men while at the theatre. She is being courted by a young soldier, Adam, and worries for his fate. As part of her illness, she suffers hallucinations that include seeing her doctor as a German soldier, and she is still hospitalized when the Armistice occurs. In both of these texts, therefore, it is clear that the war is a principal issue even as it is often represented obliquely. I take up the challenges of representing war and its traumas in the sections that follow.

In chapter two, I argued that narrative voice in fiction written by combat veterans complicates the notion that war novels are a direct reflection of the author’s war experience. By attending to representational form, readers can safeguard against reductive interpretations of war novels as well as naïve understandings of the authors’ experiences. I continue this line of interrogation by drawing attention to the narrative voice that ostensibly watches a soldier prepare to go to war in both *Jacob’s Room* and *Pale Horse, Pale Rider*. In the following sections I show how Woolf and Porter draw upon their personal experiences of trauma and resilience to depict both the traumatic potential of the home front and the representational possibilities of traumatic experience in *Jacob’s Room* and *Pale Horse, Pale Rider*.

**Virginia Woolf and the Trauma Thesis**

Woolf was born Adeline Virginia Stephen on January 25, 1881 and had a
complex family, social, and psychological life. She grew up in an upper middle class family and was the third child of Sir Leslie Stephen and Julia Duckworth Stephen. Each had been widowed and brought children from their previous marriages. Woolf’s blended family included Julia’s children George, Stella, and Gerald; Leslie’s daughter Laura (who would later be institutionalized); and the children they had together: Vanessa, Thoby, Virginia, and Adrian.

Woolf’s life was studded with significant episodes of trauma. As we might expect, the life and experiences of trauma in Virginia Woolf’s biography are often understood to have influenced her writing about trauma and war, particularly in *Mrs Dalloway*, *To the Lighthouse*, and *Between the Acts*. According to Louise De Salvo, her difficult childhood mirrored those of her parents. “Virginia Stephen was raised in a household in which incest, sexual violence, and abusive behavior were a common, rather than singular or rare occurrence, a family in which there is evidence that virtually all were involved in either incest or violence or both, a family in which each parent had lived through childhood trauma” (1). Suzette Henke and David Eberly describe the events of Woolf’s early life as a “daunting catalogue of traumas” (1). These traumas include the loss of her mother and a half-sister when she was young and her father and a beloved brother, Thoby, when she was in her mid-twenties. She was sexually abused by her half-brothers, George and Gerald, and was diagnosed with neurasthenia and experienced nervous breakdowns in her adolescence and adulthood. She also suffered long periods of depression and committed suicide on March 28, 1941.

Critics have long tended to use Woolf’s state of mind as an interpretive lens for her writing, drawing frequently on her familiarity with Freud and other approaches to
psychology and mental health. However, too often these critics attempt to use her work as the basis for a medical diagnosis. As Michael Cunningham suggests, the medical profession of her time was unprepared to diagnose or treat a variety of illnesses, psychological or physical. “She lived at a time when doctors treated mental disorders by extracting teeth (she herself had several pulled), in the belief that an infection of the teeth could somehow poison the brain” (xxxiii). Her mother died of rheumatoid fever, her brother of typhoid, and she herself was bedridden with influenza (Belling 64). More than twenty years ago, Caramagno petitioned critics to avoid reductionist analysis of Woolf as a neurotic. He urged restraint and greater contemplation, noting, “Neurosis readily provides coherence for biographical data, but in past Woolf criticism it has often been a reductionist order that points backward, emphasizing the infantile and evasive in art rather than the adult and adaptive. Inevitably, the critic plays the role of the adult and casts the artist as the sick child” (9). Caramagno cites the opinions of Woolf’s friends and contemporaries to counter this tendency to pathologize. According to Rosamund Lehmann, “She had her share of griefs and bore them with courage and unselfishness. It is important to say this in view of the distasteful myths which have risen around her: the conception of her as a morbid invalid, one who ‘couldn’t face life’, and put an end to it out of hysterical self-pity. No. She lived under the shadow of the fear of madness; but her sanity was exquisite” (qtd. in Caramagno 10). Another member of the Bloomsbury Group, Clive Bell, rejects the model of Woolf as “gloomy malcontent”: “Let me say once and for all that she was about the gayest human being I have known and one of the most lovable” (qtd. in Caramagno 10). Despite Caramagno’s caution, the temptation to diagnose Woolf in ways that were unavailable to contemporary medical professionals
remains powerful for many critics, and these diagnoses function as Caramagno has predicted: they are simplistic and reductive, and they foreclose alternative interpretations of Woolf’s experiences and writings.

**Representing Trauma in Jacob’s Room**

*Jacob’s Room* (1922) is Woolf’s third novel and her first sustained experiment with narrative form. The novel operates something like a bildungsroman, tracing the life and development of a young boy, Jacob Flanders, through early adulthood. Unlike traditional bildungsromans, however, *Jacob’s Room* rarely examines the consciousness of its central character. Jacob and his two brothers are raised by their mother, Betty, following their father’s death. She is likely supported economically by her married suitor, Captain Barfoot, and relies on the generosity of other men, including another suitor, the clergyman Andrew Floyd, for her sons’ education. Mr. Floyd tutors the boys in their youth, while Captain Barfoot enables Jacob to attend university at Cambridge. As a young man, Jacob uses a small inheritance to take a trip to Italy and Greece and returns to London shortly before Britain’s declaration of war. The novel ends with an oblique reference to his death in the war. A large portion of Jacob’s development revolves around his relationships with women, including a socially prominent Clara Durrant, a prostitute Florinda, an impoverished artist’s model Fanny Elmer, and a married older woman Sandra Wentworth Williams.

*Jacob’s Room* has been seen as incorporating two of the principal traumas of Woolf’s life in its narrative: the experience of living through WWI and the death of her brother Thoby. Therefore, the text is usually understood either as a war novel or as Woolf’s elegy for her brother. Under both of these symptomatic interpretations, the
narrative form, especially its fragmentation and the recurrent theme of absence, is understood to reflect the traumatic loss of Jacob and Thoby for Betty and for Woolf herself. In other words, the absences surrounding Jacob are said to reflect the traumatized psyche of Betty or of Woolf, both of whom fail to make sense of their loss. Drawing on each of these lines of interpretation, my argument analyzes Woolf’s conception of the relationship between the political and the personal. Jacob is surrounded by people—his mother, his tutor, his various girlfriends—who struggle to understand him and capture his attention. I see these women and men, those who try to understand Jacob, as analogues to the civilians who try to understand war. Jacob refuses to be intimately known by any of the multitude of characters that desire his confidence. I see this as Woolf’s way of saying that war itself, like Jacob, is impenetrable and unavailable to civilians who are unable to see or personally participate in it.

However, even as Woolf suggests the impossibility of knowing another person, such as Jacob, or of understanding the experience of war from the limited perspective of a civilian, she nonetheless reminds the reader at nearly every turn of the meaning-making power of narrative and the possibility of making something out of nothing. In other words, Woolf emphasizes the human and humanist drive to make sense of absence rather than totalizing the meaning of absence. This meaning-making function operates on two levels. First, within the narrative, we see Jacob’s mother, lovers, beloved, and best friends create a version of Jacob. Second, external to the text, those civilians who lived during WWI and those readers engaging with Jacob’s Room today can also be seen as creating a vision of the war based on the scraps of experience and bits of representation they encounter.
As is often the case with Woolf, the novel’s narrator has a complex relationship with her subject. The events of Jacob’s life are presented in a generally linear manner, although several prolepses allude to the novel’s conclusion, a scene in which Betty and Jacob’s close friend, Richard Bonamy, are cleaning Jacob’s room subsequent to his death. For example, Jacob and his classmates, those young men of a socioeconomic status likely to enlist upon the outbreak of war, are described as entering church with “great boots” under their gowns (24). Several analepses similarly serve to connect past events in Jacob’s life with the impending declaration of war. The narrative takes the form of limited free indirect discourse, a formal device often understood as both capturing and defining the modernist mode. The narrator is gendered female, which the reader learns midway through the novel when she compares herself to Jacob: “Granted ten years’ seniority and a difference of sex” (81). Like most observers of Jacob, the narrator seems both to appreciate him for some unstated appeal while also criticizing him for what she perceives as his male privilege, his awkward and often inconsiderate behavior, and his willing participation in the culture of the early twentieth century that enabled a conflict like WWI. The narrative never offers the reader any of Jacob’s interiority, tending instead to privilege the perception people have of him, including the narrator. The reader’s engagement with Jacob is based almost entirely on other characters’ self-centered assumptions about him. Woolf’s experimental narrative style upends both convention and certainties about Jacob.

While many critics understand Jacob’s Room as a novel of absence and the incommensurability of art to trauma, I see the case as quite different. Woolf begins the novel with a gesture to the representational possibilities of traumatic loss. Ostensibly
penning a letter to her suitor, Captain Barfoot, Betty Flanders is also reflecting on her late husband Seabrook and watching Mr. Connor’s yacht sail in the bay. Her eyes fill with tears, though their cause is not directly stated. Betty may be ruing the lost potential relationship with Captain Barfoot, impeded by his still-living but invalided wife, or mourning her lost husband, who died two years ago, leaving her widowed with three small boys. These potential griefs are actualized in Betty’s concern for Mr. Connor. Looking at the yacht, Betty had “the illusion that the mast of Mr. Connor’s little yacht was bending like a wax candle in the sun” (3). She blinks to clear her vision, then thinks, “Accidents were awful things” (3). The reader later learns that Betty has personal experience of such a “terrible thing.” In later correspondence to Captain Barfoot, Betty muses “about Morty, her brother, lost all these years—had the natives got him, was his ship sunk—would the Admiralty tell her?” (78). Significantly, however, Betty has not been witnessing an accident. She imagines the possibility of a “terrible thing” in the midst of her reflection on other real, terrible things. This reference to the War Office’s refusal to elaborate on Morty’s status also recalls to the reader the limitations on communication between soldiers at the front and their families at home during the war. Letters and field postcards from the front were subject to both self-censorship and official scrutiny to control sensitive information and maintain morale.

While Betty is able to clear her vision to make sense of what she sees in the bay, the novel is dominated by the inability of other characters to see Jacob plainly. In an early scene exploring Jacob’s penchant for bug collecting, Jacob stays away from his home well into the night, frightening his mother both with his absence and with his return. “The tree had fallen the night he caught it. There had been a volley of pistol-shots suddenly in
the depths of the wood. And his mother had taken him for a burglar when he came home late” (17). Betty is not the only woman to misrecognize Jacob as having a potential for danger and violence. Mrs. Norman, upon Jacob’s entry to her railway carriage, suddenly evaluates her best options for self-defense, asserting, “Nevertheless, it is a fact that men are dangerous” (23). She eventually answers “the question of safety by the infallible test of appearance” (23). In other words, she scrutinizes Jacob superficially before judging him “nice, handsome, interesting, distinguished [and] well built” (24). Mrs. Norman is joined by a number of female characters who determine that Jacob is distinguished because of his appearance.

Based on their observations and preconceived ideas of what a young man in his apparent station must be like, the characters that surround Jacob attempt to make sense of him. While visiting the home of his friend Timmy Durrant, Jacob catches the attention of Timmy’s sister, Clara. “‘He is extraordinarily awkward,’ she thought, noticing how he fingered his socks. ‘Yet so distinguished-looking’” (50). Clara’s mother Mrs. Durrant concurs with Clara’s assessment. “‘Distinction’—Mrs. Durrant said that Jacob Flanders was ‘distinguished-looking.’ ‘Extremely awkward,’ she said, ‘but so distinguished-looking’” (59). Fanny Elmer similarly assesses Jacob based on his appearance and her conceptions of modern masculinity: “She thought how little he said yet how firm it was. She thought how young men are dignified and aloof, and how unconscious they are, and how quietly one might sit beside Jacob and look at him. And how childlike he would be, come in tired of an evening, she thought, and how majestic; a little overbearing perhaps” (101). Even the married and worldly Sandra Wentworth Williams justifies “the extreme shabbiness of his trousers” by declaring him “very distinguished looking” (127).
The novel engages with the challenges of making interpretations of others based on limited resources and information. In an early passage, the narrator acknowledges the impossibility of a “profound, impartial, and absolutely just opinion of our fellow-creatures” (60). She next questions our tendency to reduce characteristics to binaries: “Either we are men, or we are women. Either we are cold, or we are sentimental. Either we are young, or growing old” (60). She then acknowledges that in spite of these obstructions to understanding, we nonetheless can come to feel inspired to understanding and to communion with those who are close to us, though the moment is fleeting. The narrator concludes that this fleeting understanding is inevitable: “Such is the manner of our seeing. Such the conditions of our love” (60). The narrator returns to the shortcomings of character-mongering through binaries near the novel’s conclusion. “After all,” she asks, “what does it matter—that Fanny Elmer was all sentiment and sensation, and Mrs. Durrant hard as iron?” (135). In the section’s conclusion, the impossibility of making sense of another’s character from observation is related directly to Jacob. “‘That young man, Jacob Flanders,’ [the gossips] would say, ‘so distinguished-looking—and yet so awkward.’ Then they would apply themselves to Jacob and vacillate eternally between the two extremes” (135-36).

Among those who observe Jacob, only Julia Eliot acknowledges Jacob’s principal shortcoming and the one with the greatest potential for disastrous personal consequences: his inability to express himself. In the scene where Clara Durrant attempts to record her feelings for Jacob in Mr. Lett’s shilling diary and finds herself censored by lack of space, Julia notes Jacob’s silence and reticence. Julia’s concern for Jacob’s inability to express himself is humorously juxtaposed against the image of Jacob telling an indecent joke to
his friends. However, Julia’s comment is given additional weight in light of the impending war and its political ramifications. The narrator reports: “Then Julia Eliot said ‘the silent young man,’ and as she dined with Prime Ministers, no doubt she meant: ‘If he is going to get on in the world, he will have to find his tongue’” (59).

All of the characters in the novel, including the narrator, struggle to understand Jacob: they identify a few of his superficial qualities, make assumptions about his personality and virtues, and fail to grasp his complexities, needs, desires, or fears. Critics have tended to use these gaps and absences as evidence that the traumas of war are unspeakable and unknowable. Tammy Clewell offers the epitome of this line of interpretation. Clewell notes that the novel is “[f]ramed between two images of loss,” specifically Archer’s plaintive call for his missing brother while on the beach as the novel opens and the concluding scene where Jacob’s friend Bonamy and his mother Betty go through his room (199). Clewell argues that as a result of this frame, “the novel thus unfolds in the very form of an absence” (199). Critics like Clewell, E.L. Bishop, Kathleen Wall, and Brad Bucknell emphasize the aporias and gaps in the novel in interpretations that unquestioningly uphold the basic tenet of the trauma thesis: the misconception that traumatic experience exceeds or precludes understanding and results in narrative impairments. Bishop, for example, argues that “the lacunae in the text can be taken both as emblems of the bullet holes that riddled the young men of Jacob’s age, shattering comfortable notions of self and society, and, in a broader sense, as emblems of the ‘chasms in our ways’” (132-33). However, just as the characters who surround Jacob make interpretations based on limited evidence, so too, I suggest, these sites are opportunities for the reader to do the same: to engage in the process of making meaning.
from bits and pieces. Indeed, a closer examination of the scene Bishop quotes suggests the opposite interpretation is no less plausible. When Woolf’s narrator invokes the “chasms in the continuity of our ways,” she is referring to the life-altering potential of choices we make in our daily lives. In her example, if one were to engage with “the old man with the white beard, the silver medal, and the cheap violin” rather than “brushing past” him, one might end up in any number of scenarios. Woolf’s narrator describes one version of how the encounter may end, but concludes: “fill in the sketch as you like” (82). In other words, she may well be suggesting, make meaning of this as well as you can.

One of Woolf’s devices for encouraging the reader to make meaning of the war as experienced by civilians is her consistent reminder that militarism and violence are part of the fabric of civilian life, not a separate sphere of experience available only to soldiers. From the outset, Betty and her children are surrounded by men who have served. She notes that Captain Barfoot “was lame and wanted two fingers on the left hand, having served his country” and reflects on “the importance of Dods Hill” whose inhabitants have “only left it once to fight in the Crimea” (18, 110). At the Durrants’ party, Miss Edwards explains that her holiday plans depends on whether her brother “gets his leave” (73). Mr. Calthrop learns that Miss Edwards’ brother is in the Twentieth Hussars then suggests, “Perhaps he knows my brother,” indicating that both of their siblings are serving in the British Army (73). While on his travels, Jacob witnesses “[a] motor-car full of Italian officers running along the flat road and keeping up with the train” and considers the effects “when the ships in Piraeus fire their guns” (118, 130). Acknowledging the close proximity of the battle front to the home front effectively asks the reader to make sense of the war through the experience of civilians.
Not only does Woolf acknowledge the military’s presence in civilian life throughout the novel, but she also focuses on the role of violence in everyday civilian life. Some of the violence Woolf describes is accidental or otherwise unintentional. For example, Betty tells her boys “the story of the gunpowder explosion in which poor Mr. Curnow [Mrs. Pascow’s nephew] had lost his eye” (6). Other incidents reflect human volition behind the violence, whether intentional or not. The reader’s introduction to Jacob is of a “small boy” who feels “rather heroic” for climbing a rock in pursuit of an opal-shelled crab (5). Jacob’s other souvenir from his day at the beach is a cow’s skull. The chapter concludes with a filmic pan through the Flanders’ rented house and into the yard where Jacob’s crab has been left in a bucket. Inside, “opal-shelled crab slowly circled round the bottom, trying with its weakly legs to climb the steep side; trying again and falling back, and trying again and again” (9). The crab will surely die trapped in a bucket collecting rainwater.

As a final example of how the novel offers, rather than withholds, the meaning-making potential of war by emphasizing a close relationships among civilians, violence, and militarism, I turn to an incident focalized through Bonamy’s housekeeper, Mrs. Papworth. Jacob and Bonamy are in the midst of a philosophical debate. Their tempers begin to rise, and Jacob becomes more aggressive (“‘He don’t give Bonamy a chance,’ Mrs. Papworth thinks”) (88). Eventually the two resort to childish violence, pushing each other and knocking things over. Mrs. Papworth enters the room to find them “like two bulls of Bashan driving each other up and down, making such a racket, and all them chairs in the way” (88). Jacob and Bonamy separate once they realize they are being witnessed, and Bonamy states that “he was teaching” Jacob (88). By comparing Jacob
and Bonamy to the bulls of Bashan, Mrs. Papworth is presumably referencing Psalm 22, a psalm of David, which states, “Many bulls have compassed me; Strong bulls of Bashan have beset me round. They gape upon me with their mouth, As a ravening and a roaring lion” (*American Standard Bible*, Psalm 22.12-13). Biblical commentaries generally understand the bulls as metaphors for Christ’s conspirators, and the rich pasture of Bashan is reflected in the well-fed livestock of the conspirators. However, Bashan is also mentioned as the site of the battle at Edrei, an Old Testament massacre. Numbers and Deuteronomy both describe the battle at Edrei, when Moses led the Israelites to Bashan. “So they smote him [King Og of Bashan], and his sons and all his people, until there was none left him remaining: and they possessed his land” (*American Standard Bible*, Numbers 21.35). Mrs. Papworth’s knowledge of her allusion aside, her simile positions Jacob and Bonamy’s debate alongside the military advances of Moses. The escalation of their philosophical debate to a physical might suggest to the reader Carl von Clausewitz’s observation that war is merely the continuation of policy by other means (87). Clausewitz suggests that war is a viable solution to conflict or to disagreement when dialogue and compromise fail, and Woolf situates this potential for escalating verbal disagreement to physical violence in civilian as well as military life.

As we can see, Woolf is not merely engaged in a project of situating elements of the war—soldiers, gunpowder, gunshots, death, and violence—on the home front. She is also deeply engaged in the process of interrogating the relationship between violence and its representation. However, Woolf does not limit representations of war to the experience of combat. Instead, for Woolf, the war is measured by the experiences of all those, soldier and civilian, who live through it. Here, Paul Fussell’s observation that one
theme of the Great War is “of the ironic proximity of violence and disaster to safety, to meaning, and to love” is particularly apt (69). In Woolf’s case, the experiences of civilians and future soldiers alike, even those only partially understood, operate as potential models for making meaning.

Perhaps the most obvious example of the proximity of the home front to the battle front emerges at the end of the novel, when Woolf draws the parallel directly by placing the nation on the brink of war. The narrator zooms through the Reichstag, Milan, Constantinople, and finally Whitehall, watching each nation’s politicians determine their country’s fate. Most critics seem to focus on the passage where the narrator surveys the country’s leaders and determines “altogether they looked too red, fat, pale or lean, to be dealing, as the marble heads had dealt, with the course of history” (152). The narrative then offers a paragraph which focuses mostly on Timmy Durrant but also situates Jacob in London: Jacob “rose from his chair in Hyde Park, tore his ticket to pieces, and walked away” (152). The reader has already seen Jacob in Hyde Park, overpaying for the ticket, in a short passage situated between the confirmation that Florinda is pregnant and Fanny’s love for Jacob is unrequited (149). These events are not far apart chronologically nor within the logic of the narrative. As Wall notes, this moment in Whitehall, a meeting in which England prepares to vote to go to war, is also positioned alongside the scene very early in the novel where Mr. Floyd has left Scarborough and later sees Jacob in Piccadilly. The first encounter reads: “Meeting Jacob in Piccadilly lately, he recognized him after three seconds. But Jacob had grown such a fine young man that Mr. Floyd did not like to stop him on the street” (16). The second encounter occurs nearly at the end of the novel: “‘Now I know that face—’ said the Reverend Andrew Floyd, coming out of
Carter’s shop in Piccadilly, ‘but who the dickens—?’ and he watched Jacob, turned round to look at him, but could not be sure— ‘Oh, Jacob Flanders!’ he remembered in a flash” (152-3). However, Jacob’s former Latin tutor does not address him. “But he was so tall; so unconscious; such a fine young fellow. ‘I gave him Byron’s works,’ Andrew Floyd mused, and started forward, as Jacob crossed the road; but hesitated, and let the moment pass, and lost the opportunity” (153). The novel asks us to understand Jacob’s youth and adolescence alongside the seeming inevitability of his military service and death in the war.

The scene at the opera house also serves to position the consequences of war squarely in the home front. Woolf writes, “But no—we must choose. Never was there a harsher necessity! Or one which entails greater pain, more certain disaster; for wherever I seat myself, I die in exile” (57). Like Mr. Floyd’s encounter with Jacob, this event recurs at the end of the novel. In the first encounter, “Clara Durrant said farewell to Jacob Flanders, and tasted the sweetness of death in effigy; and Mrs. Durrant, sitting behind her in the dark of the box, sighed her sharp sigh”; Mr. Whortley, another character, otherwise unknown to the reader, is present as well (57). In the second opera scene, which occurs in the same paragraph as the second scene with Andrew Floyd, the same characters are present. “Mrs. Durrant, sitting with Mr. Whortley in a motor-car, was impatient less they should miss the overture. But Mr. Whortley, always urbane, always in time for the overture, buttoned his gloves, and admired Miss Clara” (153). The passage continues by putting Clara again in the position to “taste . . . the sweetness of death in effigy,” if Jacob’s absence is understood to prefigure his death. “‘I don’t know—really,’ said Clara, looking at the blazing windows. She started. She saw Jacob. ‘Who?’ asked Mrs. Durrant
sharply, leaning forward. But she saw no one” (153). The windows in London cannot, of course, actually reflect the events of France; yet these blazing windows subtly position the battle front on the home front, acting as a mirror for the fighting across the Channel. Curiously, it seems as though Clara said, involuntarily, “Jacob,” prompting her mother’s query. Jacob has been mobilized with a mass of men for the war effort; similarly, Clara looks for, and fails to find, an individual in the mass of anonymous pedestrians on a busy city street.

Woolf examines the possibility of making meaning of the war indirectly, as with the scenes from Jacob’s past positioned alongside Britain’s entry to war or Clara’s unrequited love for Jacob as a soldier at war. Woolf also interrogates the function of direct representations of war. In one of the most analyzed scenes in the novel, and one of the least well-understood, Woolf describes a site of conflict.

The battleships ray out over the North Sea, keeping their stations accurately apart. At a given signal all the guns are trained on a target which (the master gunner counts the seconds, watch in hand—at the sixth he looks up) flames into splinters. With equal nonchalance a dozen young men in the prime of life descend with composed faces into the depths of the sea; and there impassively (though with perfect mastery of machinery) suffocate uncomplainingly together. (136)

Most critics interpret this passage as a simulation of an official after action report (for which it would be far too wordy) or Woolf’s critique of the social structures that enabled and even encouraged the conflict. Nancy Topping Bazin and Jane Hamovit Lauter, for example, understand the scene as echoing the “great boots” reference. “Marching into church, the young Cambridge men will soon march as unquestionably, composedly and passively to their deaths, fulfilling their functions in a larger plot they must accept. Late in the novel, after so many images of order and composure in Jacob’s world, the narrator
quietly interrupts with a scene from the war” (Bazin and Lauter 121). Two points illuminate Woolf’s militaristic report. First, this paragraph is not a “scene from the war,” as Bazin and Lauter suggest, but rather Woolf’s highly ironic and muted representation of the war. In combat, men do not go passively to their deaths and suffocate uncomplainingly; they fight and suffer and struggle. Woolf may not have seen friends or family killed by violent acts, but her knowledge of suffering from illness as well as her awareness of world events would have told her this much and more. A second, related, point is the way in which Woolf represents this scene. The passage continues with an equally muted vision of war: “Like blocks of tin soldiers the army covers the cornfield, moves up the hillside, stops, reels slightly this way and that, and falls flat, save that, through field-glasses, it can be seen that one or two pieces still agitate up and down like fragments of broken match-stick” (136). Here, however, Woolf draws attention to the frame of the viewer’s vision. “[T]hrough field-glasses,” the reader would see the soldiers’ struggle to live; at a distance (whether physical or emotional) the scene has little impact. Upon closer look, the war scene is more complex than it appears. At first the soldiers seem like toys; but when they are cut down, presumably by machine guns, they become real, dying men.

The scene with Clara Durrant and Julia Eliot each observing the runaway horse similarly serves to make sense of absence rather than totalize the meaning of absence. In its first appearance, the runaway horse terrifies Clara, who is out for a walk with her older companion Mr. Bowley and her pet terrier. Clara has been thinking about Jacob and wondering why he ceased courting her. Bowley sees that Clara is love-sick though he does not know the object of her affections (“Bonamy, Jacob—which young fellow was
it?”) and apparently very unstable (146). Mr. Bowley draws her attention to a pedestrian who has raised his hat to her. “She started; acknowledged Mr. Lionel Parry’s bow; wasted on him what had sprung for Jacob” (147). In the midst of her concern for Jacob and their interrupted relationship, “a horse galloped past without a rider” (147). “‘Oh, stop! Stop it, Mr. Bowley!’ she cried, white, trembling, gripping his arm, utterly unconscious, the tears coming” (147). For Clara, then, the riderless horse invokes an absence that is traumatizing, closely linked to Jacob and his military service. The rider has presumably been thrown off, and the horse’s presence serves to signify the rider’s absence. Following the incident with the rider, Mr. Bowley expresses his disapproval with the “comment that was profound enough, though inarticulately expressed”: “‘Tut-tut!’” (147). The narrative does not make clear the object of Mr. Bowley’s chastisement: the danger presented by the runaway horse, Clara’s tears, or the way in which the riderless horse evidently operated for Clara as a surrogate for her absent beloved. By contrast, Julia rises “from her seat to watch the end of the incident, which, since she came of a sporting family, seemed to her slightly ridiculous” (147). The incident is not traumatizing for Julia nor does it recall Jacob for her. Instead, she anticipates the rider’s presence, and, “Sure enough the little man came pounding behind with his breeches dusty” (147). Julia’s interpretation of the scene is confirmed by her “sardonic smile” as she turns away to continue her errand (147). While Clara is overwhelmed by the experience, the pragmatic Julia takes the event and its signification in stride.

I have shown that, far from using WWI as a tool for representing absence and aporia, Jacob’s Room offers many models of meaning-making. Two elements of the novel’s textual history support my view. The first stems from the parallels between her
brother Thoby and Jacob. *Jacob’s Room* is frequently read as Woolf’s elegy for Thoby, and Woolf is consistently understood as employing the novel to “work through” her grief in the manner Freud advised in his 1914 essay, “Remembering, Repeating and Working Through.” Cunningham calls the novel “[Woolf’s] elegy for her brother Thoby” as do Alex Zwerdling and Kathleen Wall, among others (xxxii). Trombley argues that Woolf never recovered from her brother’s death. “The deaths of Julia and Leslie Stephen were traumas which led to immediate and drastic consequences for Virginia. Thoby’s death, on the other hand, plunged Virginia into a state of mourning from which, it may be argued, she never completely emerged” (83). Woolf underscores the relationship between Thoby and Jacob in her initial draft of the novel. The final pages of the manuscript include a quote from the poet Catullus intended for his deceased brother “Atque in perpetuum, frater, ave atque vale.” Woolf refers to that quotation and then adds: “Julian Thoby Stephen (1890-1906).” The Latin phrase translates to “And forever, brother, hail and farewell.” As Rebecca Nicholson-Weir notes, “Woolf opted to leave this explicit tribute to her brother out of the published novel” (49). Withholding the reference to Thoby has three principal effects. First, it enables the novel to operate on a more universal and universalizing level. Second, it reflects the novel’s engagement with the traumas of WWI as well as her brother’s premature death. Third, it confirms Woolf’s adaptive redeployment of a traumatic event in her life. She is not silenced in the wake of the loss of her brother but instead uses that experience as an opportunity for creation and meaning-making.

A second element of textual history that suggests Woolf’s interest in establishing the novel’s meaning-making function emerges on the novel’s final page. The image of
tears or grief intervening in Betty’s perception of Mr. Connor’s yacht, as well as with the reader’s engagement of Betty’s experience, originally occurred at the novel’s conclusion. In the manuscript stage, the novel ends:

‘What is one to do with these, Mr. Bonamy?’
She held out a pair of Jacob’s old shoes.
[They both laughed.]
[The room waved behind her tears.]

Bishop argues that moving the image in these last two lines to the beginning of the novel “introduces the united themes of perception and mortality” (130). Here again, Fussell’s notion of proximity, rather than totality, is encouraged by Woolf’s narrative strategies, including her form of stream of consciousness and the novel’s persistent temporal jumps. Throughout the narrative, Woolf reminds the reader of the influence of soldiering and violence in and on civilian life and, as in the scene with Betty’s tears, of the relationship between representation and violence. The characters, men and women who surround Jacob, are trying, unsuccessfully, to make sense of his character based on scraps and pieces and on indirect representations. However, this war novel also suggests that attempts at understanding war based on representation and intimation is often the only opportunity available to civilians who experience the war indirectly. The novel foregrounds and confirms attempts at meaning-making, even as it withholds certainties; the trauma thesis, with its emphasis on gaps and silences, is inadequate for understanding the potential and possibilities of Jacob’s Room. The novel presents readers with its key challenge at the end: we get war, insofar as Jacob represents the war, in bits and pieces. Betty must decide what to do with his shoes just as the reader must resolve to make something of Jacob, and thereby the war.
Katherine Anne Porter

Virginia Woolf and her writing, as we can see, have together been the subjects of numerous evaluations and diagnoses. Katherine Anne Porter’s experience of psychological trauma and its influence on her writing, in comparison, are seldom examined. Porter is best known for her seemingly autobiographical representation of life in the United States during the Spanish Influenza outbreak of 1918 in *Pale Horse, Pale Rider* (1939) and her allegorical novel *Ship of Fools* (1962). Darlene Harbour Unrue and Joan Givner, her principle biographers, demonstrate that a factual report of Porter’s life cannot be constructed. Unrue summarizes the problem: “Biographers, critics, and journalists have contributed to the construction of a false history by outright errors, mistakes of interpretation, or simply reiteration of inaccurate information” (xxii). Porter herself was inventive and deceptive in describing her past and facilitated these incorrect histories. What can be determined is that Porter was born Callie Russel Porter in rural Texas on May 15, 1890. She was the fourth child of Harrison Boone Porter and Mary Alice Jones Porter. She had an older sister, Annie Gay, and an older brother, Harry Ray. Her mother’s third child, Johnnie, died in infancy of influenza, and Porter’s mother would die after giving birth to Porter’s younger sister, Mary Alice (Givner 38-9). Mental illness was present in her family, as it was in Woolf’s. Her maternal grandmother, Caroline Lee Frost Jones, was declared insane and institutionalized (Unrue 5). According to Unrue, Porter would later speculate that her grandmother suffered from “melancholia” (4).

Porter’s early life was marked by unconventionality and strife. She married John Koontz at age 16, despite his family’s reservations. Though they were married from 1906
to 1915, their relationship was one of violence and infidelity on Koontz’s part (Givner 90). Givner acknowledges that the divorce petition signed in 1915 may have been exaggerated to ensure its approval by the courts, but the catalogue of abuses is both lengthy and specific. Givner publishes the text of the divorce petition which states that defendant (Koontz) “threw plaintiff down a stair way of their home, breaking her right ankle and severely wrenching and lacerating her right knee; that thereafter in the month of July, 1909, while still residing in the City of Houston, that defendant struck plaintiff in the temple with a clothes brush, knocking her down and rendering her unconscious for a space of three hours” (90-91). The petition continues with a third example of physical violence and a general statement of verbal abuse before addressing Koontz’s infidelity. “Plaintiff further says that . . . defendant abandoned her and lived in adultery with five different women at different periods of time between March, 1907, and February 25, 1913” (91). All critics and biographers agree on her initial marriage to Koontz and her last two marriages to Eugene Pressly from 1930 to 1938 and to Albert Russel Erskine, Jr. from 1938 to 1942. However, some biographers indicate she may have been married as many as three more times. If the second, brief marriage to H. Otto Taskett actually occurred in 1915 as Unrue suggests, it was kept a secret from her family and friends, as was her possible third marriage to Carl Clinton von Pless from 1916-1917 (54, 257). She may also have been married from 1926-1927 to Ernest Stock (Givner 172). Porter herself only acknowledged her first and last two marriages and the legal records for her other marriages are incomplete or unavailable.

Porter contributed to a complex and contradictory personal mythology, and her stories about her experiences establish her as a survivor of multiple (and multiple kinds)
of traumatic experience. Like Woolf, Porter was well aware of the dangers of illness. Porter survived a bout with tuberculosis and stay in a sanitarium in 1917, when she was 27 years old, and was in Denver working for the *Rocky Mountain News* when the Spanish Influenza outbreak occurred in the United States (1918-19). These episodes, we will see, inform *Pale Horse, Pale Rider*. Although the editor sent for a doctor and ensured Porter received a bed in the hospital, her prognosis was so poor that “the *Rocky Mountain News* set Katherine Anne’s obituary in type” (Unrue 62). The consequences of the disease were physically devastating. According to Unrue, “She was crippled from phlebitis in her left leg, her right arm had been broken in a fall, and she was bald”; “she had to type with her left hand and wore turbans and hoods to hide her baldness”; and her “short hair [was] now white instead of its original black” (63). The next year, Porter’s beloved niece Mary Alice Holloway would die of spinal meningitis (Unrue 64).

Again like Woolf, Porter was familiar with and subject to a number of personal traumas. She saw several women in her family, including her mother and at least two of her aunts, die as the result of complications of pregnancy or childbirth (Unrue 42). Porter’s other experiences with trauma may include the birth of a stillborn child, a hysterectomy as a result of a sexually transmitted disease, and a sexual assault (Givner 175, 222-23; Unrue 107; Stout 33). These events have not been independently corroborated and may be exaggerated or even invented, but Porter reported each of them at some point. In her 2005 biography of Porter, Unrue asks, “Does it finally matter whether [Porter] had the three husbands she acknowledged or the five that can be documented? Are their identities and histories significant? Does it matter whether she lost babies? And whether to miscarriage, abortion, or stillbirth? Does it matter that her
maternal grandmother was institutionalized in a ‘lunatic asylum’?” (xxv). Unrue answers this question in the affirmative, arguing that Porter’s life and artistry are deeply entwined. In what follows, I confirm Unrue’s conclusion but do so for reasons different from hers. Indeed, although my project traces the novella’s autobiographical nature and seeming realism, I show how applications of the trauma thesis and assumptions about the novella’s verisimilitude only serve to limit interpretations of the text. Instead, I suggest, Porter was neither silent nor silenced in the wake of Spanish Influenza or the war but instead used her craft to make meaning of and give significance to these traumatic experiences.

**Representing Trauma in *Pale Horse, Pale Rider***

*Pale Horse, Pale Rider* (1939) was the eponymous text in a collection of three short novels that also included *Old Mortality* and *High Noon*. *Pale Horse, Pale Rider* is set in 1918 and is focalized through Miranda Gay, a twenty-four year old journalist working in Denver. From the opening paragraph, Miranda’s physical and psychological well-being is cast into doubt. The text begins with a fever dream that jumps between third and first person narration before identifying the principal character as Miranda. The reader then learns that Miranda has just met and fallen in love with her neighbor in her rooming house, a soldier named Adam Barclay. The narrative documents three distinct time periods: the two days prior to Miranda being bedridden with Spanish Influenza, an evening of extreme illness where she is cared for by Adam, and a lengthy convalescence in hospital. Miranda is still hospitalized when the Armistice is announced, and the novella concludes with her discovery that Adam has died of Spanish Influenza, which he likely contracted while caring for her. In the first part of the novella, before the reader is
aware of the gravity of her illness, two sustained analepses describe the events of the day before the day of narration; after Miranda falls ill, the remainder of the narrative unfolds in chronological order.

Porter’s depiction of Spanish Influenza and life in America during WWI is generally hailed for its realism. Janice P. Stout declares that Porter “depicted with striking vividness and accuracy the disease itself and the way in which it swamped the health care system” (29). According to Laurel Bollinger, Porter “recreates the social landscape of the era” with “effectiveness and care” (370). Bollinger continues, “[H]istorian Alfred Crosby describes the novella as ‘the most accurate depiction of American society in the fall of 1918 in literature. It synthesizes what is otherwise only obtainable by reading hundreds of pages of newspapers’ [318]. Porter offers similarly precise descriptions of the impact of the flu, both on her own body and on the victims who surrounded her” (369). Caroline Hovanec concurs, arguing that Porter was likely informed by the resurgence of interest in the Spanish Influenza pandemic during the years she was drafting the novel. Hovanec cites the field of virology, which was “created in 1926 when Thomas Rivers defined the difference between viruses and bacteria,” the findings of which were appearing in medical and popular publications (162).

Evidence of Porter’s insightful engagement with the medical profession during the Spanish Influenza pandemic appears in a casual comment made by the nurse who cares for Miranda in the hospital. Miranda, like the rest, has been a challenging patient. Suffering from hallucinations in her fever dreams, she believes these visions to be true and speaks and behaves accordingly. She has hallucinations of Dr. Hildesheim, with his conspicuously German name, as a German soldier. She envisions her doctor “carrying a
naked infant writing on the point of his bayonet . . . and a huge stone pot marked Poison in Gothic letters” (309). Upon waking, she hears “the foul words accusing Dr. Hildesheim tumbling from her mouth” but cannot stay conscious long enough to apologize (309). In a rational state, Miranda knows better than to believe the anti-German propaganda that represents German combatants as waging war on noncombatants: killing babies and poisoning civilians. However, with her defenses down, the extent to which she has internalized these images is made apparent. She also asks her nurse not to touch her. “‘I know those are your hands,’ she tells Miss Tanner, ‘I know it, but to me they are white tarantulas, don’t touch me’” (310).

In addition to a persuasive vision of what the hallucinations caused by Spanish Influenza were like, Porter also accurately reflects the division of labor in the medical field necessitated by Spanish Influenza. According to Crosby, one of the principal challenges of the pandemic was a shortage of medical professionals, specifically nurses. “Since there were only palliatives for flu and pneumonia, doctors weren’t the essential ingredient in fighting them” (Crosby 51). Upon Miranda’s recovery, Miss Tanner looks affectionately at the “salvaged creature before her, the silent ungrateful human being whom she, Cornelia Tanner, a nurse who knew her business, had snatched back from death with her own hands. ‘Nursing is nine-tenths, just the same,’ Miss Tanner would tell the other nurses; ‘keep that in mind’” (314). Miss Tanner accurately evaluates the importance of nursing care in the face of the pandemic.

As with her depiction of the medical experience of Spanish Influenza, so too Porter’s analysis of the social conditions of 1918 corresponds with other contemporary accounts. Indeed, Porter is incisive in her critique of the war’s unprecedented limitations
on freedom of speech. According to Porter, America during WWI was the site of great intranational conflict as well. Stout writes, “Beyond its literature accuracy, moreover, she developed the atmosphere of epidemic into a metaphor for spiritual illness associated with the nation’s aggressively patriotic entry into the war. Not only physically, but emotionally and in its art and in its very language, American society in the World War I days is seen as a sick and corrupted one” (29). Specifically, Stout is referring to the Espionage Act of 1917 and the Sedition Act of 1918, both of which severely limited American citizens’ opportunities for dissent and protest. According to David M. Kennedy, “Cries for undiluted loyalty and full-blown Americanism came from many lips during the war” (73).

Miranda’s 100 percentism is challenged twice in the novella. In a first example, two Lusk Committeemen visit her at her office to inquire why she has not yet purchased a Liberty Bond. “‘We’re having a war, and some people are buying Liberty Bonds and others just don’t seem to get around to it,’” one says to her (272). According to the Committeeman, her “pledge of good faith” would show “that she was a loyal American doing her duty” (273). In a scene that immediately follows her encounter with the Committeemen, Miranda goes to volunteer with the Red Cross at a temporary troop hospital. After a silent, but hostile, encounter with a patient, Miranda leaves the hospital, vowing never to return. She meets another volunteer who also looks dissatisfied with their war work. The girl expresses her frustration, stating, “‘I don’t know what good it does, really. Some of them wouldn’t take anything at all. I don’t like this, do you?’” (277). Miranda responds bluntly: “‘I hate it’” (277). Then, as if realizing the potential for their words to be used against them, the girl retreats from her earlier statement: “‘I suppose it’s
all right, though,’ said the girl, cautiously” (277). The scene concludes with Miranda withdrawing as well. “‘Perhaps,’ said Miranda, turning cautious also” (277). Though Porter may be overstating the danger of two women expressing their frustration with the value of their volunteerism, the climate of oppression and repression was very real in the last years of the war. Congress passed the Espionage Act in June 1917, shortly after the U.S. entry to war. As Kennedy notes, the March 1918 Sedition Act, an amendment to the Espionage Act, was “a landmark of repression in American History” (80). The act prohibited “‘any disloyal, profane, scurrilous, or abusive language’” about the U.S. government, Constitution, flag, or uniforms, as well as “any language that might bring those institutions ‘into contempt, scorn, contumely, or disrepute’” (Kennedy 80).

Despite the apparent realism of Porter’s novella, it is worth noting that it carries traces of the author’s tendency to embellish or invent aspects of her personal history. Specifically, Porter frequently insisted that Adam and Miranda’s doomed romance was borrowed from her own experience. However, Givner and Bollinger urge caution in reading Adam or the romance as true to life, especially since the name Porter gives for the man who cared for her when she was ill, Alexander Barclay, “is that of the translator into English of [Sebastian] Brandt’s Ship of Fools,” a satire published in 1494 and the inspiration for the title of Porter’s 1962 novel (Givner 128). According to Givner, “It would seem safe to conclude . . . that if a young man did help Porter in the early stages of her illness, he was a casual acquaintance and not a suitor or lover” (129). Instead of understanding Adam as a real figure in Porter’s life, Givner suggests that “[t]he lifelong devotion to the young man, which was so dear to her heart, should properly be seen as the love of a writer for a favorite character, the love of an artist for a created object” (129).
Despite Givner’s caution, David A. Davis cites this version of events: “When she fell ill, Porter had been seeing a young soldier, Lieutenant Alexander Barclay. While she was hospitalized, he contracted influenza and died [Givner 124-130]” (57). The dangers of reading Porter’s novella as a historical document, rather than a literary one, are many. My interest, however, is in examining the tendency to make sense of the novella through the lens of the trauma thesis. Drawing on the purported parallels between Adam Barclay and Alexander Barclay, for example, Davis asserts that, “Pale Horse, Pale Rider’ thus testifies to Porter’s own personal trauma narrative” (57). Davis is joined by a number of contemporary critics in interpreting Pale Horse, Pale Rider symptomatically. Specifically, critics tend to perceive the novella as reflecting a voice silenced, or at best fragmented, by trauma.

The assumption that traumatic experience necessarily yields a kind of traumatic representation, embodied by the idea that “[Porter] transfers her personal experience of trauma onto the text,” recurs throughout the critical responses of Belling (2009) and Davis (2011) (Davis 71). In an essay entitled “Overwhelming the Medium: Fiction and the Trauma of Pandemic Influenza in 1918,” Belling argues that, “A profound cultural and ethical aspect of all major epidemics (and other mass disasters) is the loss of access to personal narratives” (56). Drawing on the tendency of public health agencies to privilege the interests of the collective over the individual, Belling asserts, “The imagination can inhabit the meaning of a single human calamity, but multiply it across an entire population and the mind is overwhelmed” (56). To support her leap from the interests of health professionals to prioritize the welfare of many over a few, she invokes Joseph Stalin’s platitude that “a single death is a tragedy; a million deaths is a statistic”
According to the central tenet of the trauma thesis, the effect of traumatic experience on narrative form is silence. Belling suggests that “[n]arration falters” in the face of mass trauma and that “the silence that surrounds the 1918 pandemic may not only have been due to selective memory’s normal erasure. There may also have been a refusal or inability to describe a trauma that might still have haunted its survivors” (57).

Although Davis does not reference Belling, in many respects his work draws directly upon the same misconceptions about trauma, memory, and representation. His article, “The Forgotten Apocalypse: Katherine Anne Porter’s ‘Pale Horse, Pale Rider,’ Traumatic Memory, and the Influenza Pandemic of 1918” suggests that *Pale Horse, Pale Rider* is a “form of traumatic memory” (55). As evidence, he cites Givner’s report of Porter’s impetus for writing the novella. While living in Switzerland in 1932, Porter “‘looked out at the Swiss mountains [and] . . . was reminded of her experience in Denver, Colorado, in the last months of the First World War . . . and she began the story that would eventually become ‘Pale Horse, Pale Rider’” (Givner qtd. in Davis 57). Based on this origins story, Davis concludes, “Her silence about the pandemic up to that point suggests that she tried, either consciously or unconsciously, to repress the memory, but the memory clearly did not vanish” (57).

Davis aligns himself with the work of Caruth and others in identifying a pattern of “repression and recovery of . . . traumatic memory” (61). Like Belling, Davis believes that Spanish Influenza overwhelmed narrative: “When everyone has an experience of trauma to share, unburdening can be unbearable. For Americans in 1918, talking about the pandemic and the war was nearly impossible” (61). Indeed, Davis explains the
absence of Spanish Influenza from most literary and medical records through the lens of the trauma thesis. According to Davis, “The silence that surrounds the 1918 pandemic may not only have been due to selective memory’s normal erasure. There may also have been a refusal or inability to describe a trauma that might still have haunted its survivors. Perhaps the flu overwhelmed language in ways that war did not” (57). Davis’s analysis relies on three faulty assumptions of the trauma thesis that I discussed in chapter one: 1) that the experience of trauma necessarily yields traumatized individuals; 2) that traumatic memory is unique in that traumatized individuals both repress parts of their experience and replay parts involuntarily; and 3) that trauma narratives have a particular form, generally seen as fragmented or marked by aporias, gaps, and silences.

In her 2013 essay, “Trauma, Influenza, and Revelation in Katherine Anne Porter’s ‘Pale Horse, Pale Rider,’” Laurel Bollinger reviews and rejects a number of reductive readings of Pale Horse, Pale Rider. Much in the same manner as Caramagno exhibits with Woolf, Bollinger reverses the trend set by such critics as Belling and Davis. According to Bollinger, “To see ‘Pale Horse, Pale Rider,’ only as autobiography, strictly as a personal record of communal trauma, is to miss the extent to which it is also a carefully constructed work of fiction—a hybridized genre, to be sure, in that it fuses generic conventions, but nonetheless shaped as a response, not a reaction, to experience” (386). Heeding Bollinger’s caution, I now turn to those elements of Pale Horse, Pale Rider that exceed the representational strictures of the trauma thesis.

Many critics writing about Porter’s work promote the symptomatic approach that suggests that there is a mode of representation that not only reflects but is, in fact, the product of traumatic experience. According to Davis, “traumatic experiences challenge
ordinary narrative forms,” while Belling asserts that “literary accounts can illuminate
the real horror that data too-readily conceal in the transformation of tragedy into
statistics,” an illumination made possible through absence, the “textual gaps” that provide
“evidence of writers’ difficulty in articulating the pandemic’s traumatic core” (Davis 64-
65; Belling 59). Just as I endorse Bollinger’s caution against autobiographical readings of
_Pale Horse, Pale Rider_, I agree with Robert H. Brinkmeyer that Porter was actively
engaged in a process of meaning-making for the historic events detailed in her novel.
Brinkmeyer insists, “For Porter, . . . literature was a means to bring if not strict order than
at least recognizable coherence to the sprawling mess of existence” (7). One technique
Porter employs for making sense of the devastation wrought by both WWI and Spanish
Influenza is her tendency, as with Woolf, to situate the battle front on the home front.
However, as I show, Porter’s project goes far beyond mere coherence to offer a model for
meaning-making in the wake of the related traumas of WWI and the Spanish Influenza
demic.

Porter consistently places the battle front on the home front by representing death
from battle in close proximity with death from Spanish Influenza. One element of this
proximity is accomplished through Miranda, who constantly relates her civilian life to the
war and its concerns. Upon waking from a fevered sleep, she thinks immediately of the
war. “A single word struck in her mind, a gong of warning, reminding her for the day
long what she forgot happily in sleep, and only in sleep. The war, said the gong, and she
shook her head” (270-71). She shakes her head to negate or erase the reminder of war but
is unsuccessful. Indeed, external reminders of the war follow her throughout her work
day, as embodied by the Committeemen who sit on her desk to intimidate her into buying
Liberty Bonds she believes she cannot afford. Following her unwelcome visit from the Committeeen, Miranda goes to perform her war work of visiting invalided soldiers at a Red Cross hospital. She encounters a sullen patient who is disillusioned with both the war and the false enthusiasm of the Red Cross volunteers. His attitude matches her own, and Miranda leaves disgusted. “Never again will I come here, this is no sort of thing to be doing,” she resolves (277). However, Miranda’s military encounters for the day are far from over. “At this point Miranda decided there was no good in thinking of yesterday, except for the hour after midnight she had spent dancing with Adam” (277). Adam is a Second Lieutenant on leave prior to being sent to overseas, and he and Miranda have been courting since his arrival ten days prior.

Porter not only places elements of the battle front on the home front but also, in some cases, metaphorically and literally equates the two. In the scene with the Committeeen, one asks, “‘Look here . . . do you know there’s a war, or don’t you?’” Miranda is at a loss for how to respond (“Did he expect her to answer that?”) and finally says, “‘Oh, the war’” (272). Miranda is disdainful toward “all of those selected to do the war work at home” like him, and her seeming indifference to the war is undermined by the reader’s knowledge that the war gong is constantly reverberating in her mind (272). This scene also connects Miranda as a victim of the war. One Committeeen invokes the “Huns overrunning martyred Belgium” as a reason Miranda should buy war bonds (273). Miranda does not empathize with the civilians in Belgium but instead reflects on her own sense of persecution. “Miranda, desperately silent, had thought, ‘Suppose I were not a coward, but said what I really thought? Suppose I said to hell with this filthy war? Suppose I asked that little thug, ‘What’s the matter with you, why aren’t you rotting in
Belleau Wood? I wish you were”’” (273). The Battle of Belleau Wood, fought from June 1-26, 1918, was an important engagement for the U.S. Marine Corps. According to Miranda, “the worst of war” is experienced on the home front: it is “the fear and suspicion and the awful expression in all the eyes you meet” (294). This scene is complicated by Miranda’s sense that the Committeemen are shirkers performing war work at home to avoid military service overseas. Moreover, the reader knows that Miranda’s suffering and her judgments upon the Committeemen for shirking their duty run along gendered divides: as a woman, Miranda herself is not under any obligation to put her own life at risk as a combatant.

Porter offers a complex vision of Spanish Influenza as an element of war, accomplished through the rumormongering of the news and through Miranda’s suffering. Miranda’s colleagues at the newspaper, Chuck Rouncivale and Mary Townsend, who is nicknamed Towney, make fun of the belief propagated in newspapers and supported by civilians that the flu is part of a military attack. Towney mocks the reports that Spanish Influenza “is really caused by germs brought by a German ship to Boston” (284). To give ironic credence to this possibility, she adds that it was “a camouflaged ship, naturally, it didn’t come in under its own colors” (284). Chuck joins her in her amusement, suggesting, “Maybe it was a submarine . . . sneaking in from the bottom of the sea in the dead of night. Now that sounds better” (284). Chuck, Towney, and Miranda find the observations and reports that connect the outbreak of Spanish Influenza to military tactics amusing and unbelievable. Ironically, however, their idea is close to the truth: we have already seen that Spanish Influenza was likely carried overseas by a troopship, but from the United States, rather than into Boston Harbor. Although the conversation at the
newspaper is carried out in jest, Miranda herself draws a relationship between Spanish Influenza and the war in a brief passage following a bath. “While she dressed she tried to trace the insidious career of her headache, and it seemed reasonable to suppose it had started with the war. ‘It’s been a headache, all right, but not quite like this,’” she reflects (274). The headache also operates as another clue to the reader that Miranda has been struck by Spanish Influenza since the night of her fever dream, though she does not yet know it herself.

However, Porter does not equate every element of the home front with soldiers on the battle front. For example, a number of civilians are differentiated from those like Miranda for their inability, perceived or real, to understand the consequences of war. Women like Adam’s mother are maligned for not recognizing the personal costs of war. Adam explains his decision to join the Army as an engineer rather than follow his dream of joining the Air Force as a way of placating his mother. “[H]is mother had hysterics every time he mentioned it. She didn’t seem to realize that dog fighting in the air was a good deal safer than sapping parties on the ground at night” (284). Some men who are physically unable to serve are also the subject of the novel’s critique, as with Miranda’s disdain for the Lusk Committeemen. Adam asks Miranda if she knows the life expectation for a sapping (trench-digging) party. She responds, “Something speedy, I suppose to which he answers ‘Just nine minutes’” (283). She asks who calculated that life expectancy, and Adam responds, “‘A noncombatant,’ . . . ‘a fellow with rickets’” (283). In other words, only a man whose life would not be at stake could make such a determination. Similarly, Miranda suggests, “It was a noncombatant saw that cloud” of Spanish Influenza brought in through ship or submarine (285). By contrast, some men
unable to participate in the war are met with a measure of sympathy. Specifically, Miranda is compassionate toward men like Chuck, who has bad lungs “and fretted a good deal about missing the show” (286). Responding to Chuck’s bitterness about the war, she thinks, “All the rejected men talked like that. . . . War was the one thing they wanted, now they couldn’t have it. Maybe they had wanted badly to go, some of them. All of them had a sidelong eye for the women they talked with about it, a guarded resentment which said, ‘Don’t pin a white feather on me, you bloodthirsty female. I’ve offered my meat to the crows and they won’t have it’” (290). This passage positions those “bloodthirsty females,” women who don’t understand the stakes of war and expect men to choose service enthusiastically, against women like Miranda who do understand its consequences, who “wish it were over and . . . wish it had never begun” (290). With these rejected men facing scornful women, Porter emphasizes her sense of the home front divided against itself.

Miranda’s understanding of the war is not based on ignorance or pacifism, but rather on the sense that she is an active participant in the war, one who is experiencing it in equal, albeit different, terms as soldiers. Three striking passages serve to equate Miranda the civilian with Adam the soldier. In the first, Miranda compares her unhealthy habits with Adam’s. “Adam kept unwholesome hours too, or had in the ten days they had known each other, staying awake until one o’clock to take her out for supper; he smoked also continually, though if she did not stop him he was apt to explain to her exactly what smoking did to the lungs. ‘But,’ he said, ‘does it matter so much if you’re going to war, anyway?’” (280). In response, Miranda adds, “it matters even less if you’re staying at home knitting socks. Give me a cigarette, will you?” (280). Neither of them can foresee
a future for themselves as a result of the war. In the second example, Miranda worries over her conviction that Adam will be killed in the war. “She wanted to say, ‘Adam, come out of your dream and listen to me. I have pains in my chest and my head and my heart and they’re real. I am in pain all over, and you are in such danger I can’t bear to think about, and why can we not save each other?’” (296). Miranda’s pain is every bit as real as Adam’s danger; asking that they save each other connects her suffering from Spanish Influenza to the presumption that he will be killed in war. A final example comes during Miranda’s nightmare shortly after she arrives at the hospital, during the worst of her hallucinations. Miranda imagines herself facing death as if on the battle front, albeit a battle front as reflected in propaganda and newspaper reports rather than perceived through personal experience. “The road to death is a long march beset with all evils, and the heart fails little by little at each new terror, the bones rebel at each step, the mind sets up its own bitter resistance and to what end? The barriers sink one by one, and no covering of the eyes shuts out the landscape of disaster, nor the sight of crimes committed there” (209). She next explicitly positions herself on the battle front, in the hallucination of seeing her doctor wearing a German helmet and “carrying a naked infant writing on the point of his bayonet” (309). As we saw with the Committeemen invoking the innocents in Belgium, the image of the “Hun” as a child-killing monster was a fairly common representation in propaganda of the time. Miranda understands her experiences not just in light of the war but also as a part of the war experience.

The close relationship between Adam’s and Miranda’s experiences does not mean, however, that Adam and Miranda face adversity and trauma in the same way. Miranda insists on a model of psychological trauma, arguing, “It’s what war does to the
mind and heart, Adam, and you can’t separate these two—what it does to them is worse than what it can do to the body”’ (294). In other words, Miranda believes that the psychological and emotional impact of war is of greater consequence than its effect on the physical body. Adam resists her analysis, arguing instead for a model of psychological resilience. In response, “Adam said soberly, after a moment, ‘Oh, yes, but suppose one comes back whole? The mind and the heart sometimes get another chance, but if anything happens to the poor old human frame, why, it’s just out of luck, that’s all’” (294). For Adam, then, one can recover from psychological wounds of war more easily than from the physical devastation caused by the new weaponry.

Porter and Miranda share a sense of the potential consequences of traumatic experience. Porter knows that trauma can devastate, as she later acknowledged in her interview with Barbara Thompson following the publication of Ship of Fools. “I have no patience with this dreadful idea that whatever you have in you has to come out, that you can’t suppress true talent,” Porter states (10). “People can be destroyed; they can be bent, distorted, and completely crippled. To say that you can’t destroy yourself is just as foolish as to say of a young man killed in war at twenty-one or twenty-two that that was his fate, that he wasn’t going to have anything anyhow” (10, emphasis in original). Porter, at least in 1963, knew that traumatic experiences could have disastrous consequences. However, Porter also acknowledges that the consequences of trauma are not necessarily debilitating. In the same interview, reflecting on the biographical events that inspired Pale Horse, Pale Rider, Porter states, “It just simply divided my life, cut across it like that. So that everything before that was just getting ready, and after that I was in some strange way altered, ready. It took me a long time to go out and live in the
world again. I was really ‘alienated,’ in the pure sense” (10). Her near-death experience marks a turning point in her life. Porter adds, “Now if you have had that, and survived it, come back from it, you are no longer like other people, and there’s no use deceiving yourself that you are. But you see, I did: I made the mistake of thinking I was quite like anybody else, of trying to live like other people” (10). Her experience of trauma, rather than traumatizing her, made her reflect on her approach to life and reconsider her priorities. Well aware of life’s brevity, Porter spent the remainder of her life disdainful of the limitations of convention and tended to seek out people, parties, and pleasure.

Indeed, despite many critics’ insistence to the contrary, *Pale Horse, Pale Rider* reflects the representational possibilities of trauma, not the impossibility of making sense of or narrating traumatic experience. As Porter repeatedly warns readers, media are powerful and their influence is seldom innocent. Miranda can see the possibility for a second world war in the chaos of the present one. She tells Adam, “‘I mean to live on boiled cabbage and wear shoddy [fabric made from shredded rags] from now on and get in good shape for the next round. No war is going to sneak up on me again’” (281). By contrast, Adam is convinced that the Great War is the war to end all wars based on media reports: “‘Oh, there won’t be any more wars, don’t you read the newspapers?’ asked Adam. ‘We’re going to mop ’em up this time, and they’re going to stay mopped, and this is going to be all’” (291). Although Adam is set up to be wrong about his assessment of the war’s consequences, he otherwise has insight into the power of representation. He admits to Miranda that his inexperience is outweighed by the representations he has encountered: “‘I don’t know a darned thing about it, really, but they make it sound
awfully messy. I’ve heard so much about it I feel as if I had been there and back. It’s going to be an anticlimax,’ he said, ‘like seeing the pictures of a place so often you can’t see it at all when you actually get there’” (282).

Although Miranda is the survivor and protagonist, her understanding of psychological trauma is not the novella’s final word on the issue. Instead, as the title suggests, individuals are responsible for the stories they tell about their traumatic experience. The source of the novella’s title is referenced at the point in the story when Adam has realized the extent of Miranda’s illness and is attempting to care for her in her room. She and Adam have a conversation about their aborted future (“‘Let’s talk. Let’s tell each other what we meant to do’”), then Miranda brings up an “old spiritual” that she remembers (302, 303). She recites the line, “Pale horse, pale rider, done taken my lover away” and Adam says he knows the song as well (303). The song is an invention of Porter’s that invokes the pale horse of Revelations: “And I saw, and behold, a pale horse: and he that sat upon him, his name was Death, and Hades followed with him” (American Standard Bible, Revelations 6:8). Adam reminds her that there are “‘about forty verses, the rider done taken away mammy, pappy, brother, sister, the whole family besides the lover—’” at which points Miranda interjects, “‘But not the singer, not yet. . . . Death always leaves one singer to mourn” (304). The spiritual leaves one singer, an artist, with the responsibility of remembering those he or she has lost. The singer is neither silenced nor impotent in the face of the trauma but instead tasked with the role of meaning-making and of memorializing.

The novel concludes with Miranda steeling herself to face the post-war world without Adam. She requests her battle dress from Towney: “‘One lipstick, medium, one
ounce flask Bois d’Hiver perfume, one pair of gray suede gauntlets without straps, two pairs gray sheer stockings without clocks” (316). As the novella closes, Miranda is preparing to leave the hospital. “No more war, no more plague, only the dazed silence that follows the ceasing of the heavy guns; noiseless houses with the shades drawn, empty streets, the dead cold light of tomorrow. Now there would be time for everything” (317). While many critics interpret the last line as reflective of Miranda’s traumatized emptiness, it also invokes another Bible passage, this time from Ecclesiastes. “For everything there is a season, and a time for every purpose under heaven: a time to be born, and a time to die; . . . a time to kill, and a time to heal; a time to break down, and a time to build up; . . . a time to weep, and a time to laugh; a time to mourn, and a time to dance; . . . a time to love, and a time to hate; a time for war, and a time for peace” (American Standard Bible, Ecclesiastes 3:1-8). Although Miranda is mourning Adam’s absence and must find a new way to occupy a world without him in it, she is not broken, fragmented, or silenced. Instead, she now faces the task of filling the time enough for everything, including healing, building up, laughing, dancing, and loving.

**Conclusion**

Contemporary criticism of Woolf’s writing that draws on her biography tends to construct a vision of Woolf as a traumatized individual, which leads to understanding her writing as reflecting, refracting, or otherwise working through these traumas. The same is true for Porter, including some very recent critical responses to *Pale Horse, Pale Rider*. In both cases, a narrow focus on the traumas of the authors’ lives precludes readings or interpretations of their works that observe an acknowledgment and acceptance of violence and loss into the fabric of life. In Woolf’s case, the emotionally and
psychologically unavailable character of Jacob can be a device for making sense of
the experience of WWI on the British home front. Similarly, given Porter’s biography
and realistic writing, *Pale Horse, Pale Rider* seems more like a history than a work of
fiction. However, by attending to the inventive or genre-defying elements of both texts,
the reader can be reminded of their function as literature. Biographical criticism has its
place, to be sure, but biographical readings informed by the trauma thesis tend,
regrettably, to follow the same patterns: reducing experience and representation of
traumatic events to the debilitating and devastating. Both of these texts, by contrast,
illustrate the meaning-making function of art and the representational possibilities of
traumatic experience.
CHAPTER FIVE

THE WAR COMES HOME

In chapter four, I examined Virginia Woolf’s *Jacob’s Room* and Katherine Anne Porter’s *Pale Horse, Pale Rider*, two texts that use the perspective of women to understand trauma on the home front. I argued that their novels do not adhere to the assumptions of what I call the trauma thesis, which expands what is understood to constitute trauma while limiting the potential outcomes of traumatic experience. As I showed, these novels do not sustain the commonplace assumptions that all experiences of trauma debilitate or silence the survivor or that trauma is ultimately beyond the representational powers of art. Instead, both texts attempt to make meaning of traumatic events as experienced on the home front during WWI.

In this chapter, I look at four novels that explore what happens when the soldier comes home: Rebecca West’s *The Return of the Soldier* (1918), Virginia Woolf’s *Mrs Dalloway* (1925), and William Faulkner’s *Soldier’s Pay* (1926) and *As I Lay Dying* (1930). Each of these four texts was written by a noncombatant. West and Woolf were civilians; Faulkner joined the British Armed Forces but never saw active service. In each narrative, the soldier’s homecoming is marked by the perception of psychological stress. Chris in *The Return of the Soldier* and Donald in *Soldier’s Pay* are explicitly described as having shell shock while Septimus in *Mrs Dalloway* and Darl in *As I Lay Dying* are treated for madness. My exploration focuses on the ways in which each author represents
trauma and its effects in the context of the veteran experience. I attend to the fact that West wrote during the war, while Woolf and Faulkner wrote in the decade following the war.

I argue against interpreting these novels as reflections of the medical understanding of psychological stress, especially the diagnostic category of shell shock, contemporary with each author. As I show, their representations of post-traumatic psychological stress are better understood as literary devices designed to achieve effects outside the scope of the medical knowledge of trauma. I also take exception to readings of these works that see them as exemplifying modern understandings of trauma or of the trauma thesis. The representations of traumatic experience and psychological trauma in each of these novels are not limited to the devastating or debilitating. Instead, each author provides a vision of trauma as offering possibility and potential.

This chapter is divided into two parts. In the first, I show how the trauma thesis has conditioned and controlled dominant interpretations of each of these novels and artists, reducing the narratives to a handful of critical commonplaces that deny the power of art to represent trauma. I also offer a methodological framework for reading West’s work against Woolf’s and for comparing Faulkner’s first novel with his fifth. In the second section, I propose an alternative interpretive model to the trauma thesis for each of these novels.

**The Trauma Thesis and Homecoming Narratives**

As I argued in chapter one, the principal weakness of the trauma thesis is its tendency to flatten interpretive possibilities of literary texts, particularly with its insistence that any number of diverse experiences necessarily result in a limited number
of traumatic narratives. I believe that the trauma thesis causes readers to overlook important representational devices, including literary fragmentation and the trope of the “missing center” as purposeful techniques. Instead, these devices are often interpreted as evidence of traumatized speakers who are unable to generate meaning or agency (within or external to the text). For example, advocates of the trauma thesis often perceive fragmented narratives as “reflections of a clinical condition” rather than as a literary technique (Rizzuto 8). The missing center, one of those techniques, is an important example. In her 1916 critical study on Henry James, West describes his “technical trick,” wherein “if one had a really ‘great’ scene one ought to leave it out and describe it simply by the full relation of its consequences” (West 96). Under the trauma thesis, this missing center is often interpreted symptomatically as evidence of a failure of language or the overwhelming nature of traumatic experience. Aporias and absences in the text are not acknowledged as literary devices but are instead presumed to betray a silenced speaker or an unspeakable act.

The foreshortening effects of the trauma thesis can be seen in recent criticism on each of the four texts that are the subject of this chapter. I begin by reading *Mrs Dalloway*, Woolf’s fourth novel, against West’s first novel and the analysis of *Jacob’s Room* I offered in chapter four. In pairing Woolf and West, I draw on Wyatt Bonikowski’s recent assertion, found in *Shell Shock and the Modernist Imagination*, that “in literary works following the First World War, especially those written prior to the flood of war books, the shell-shocked soldier is often placed in relation to a woman or women who must negotiate the troubling effects of his return home” (7). I suggest that in *Mrs Dalloway*, which in many respects is the archetypical representation of a shell-
shocked soldier, Woolf is continuing her project of making meaning from psychological stress. I contrast her attempt to make sense of trauma by relating it to the representation of shell shock as experienced by the protagonist Captain Chris Baldry and the response of the civilians that surround him in *The Return of the Soldier*. In *The Return of the Soldier*, I argue that rather than providing an effective or accurate vision of the disorder, West uses shell shock as a device to underscore the dearth of options for men of a certain socioeconomic status in Britain during WWI.

Because of its characterization of Septimus Warren Smith, a young veteran of WWI, *Mrs Dalloway* is frequently interpreted as representing with clarity and accuracy the effects of psychological trauma. Diagnosing Septimus as a shell shock victim relies on four principal assumptions. First, that Septimus’s experiences parallel recent symptomologies of PTSD; second, that Septimus’s primary treatments (of bromide and, eventually, a rest cure) correspond to early twentieth-century medical treatments of psychological disturbances; third, that Woolf is qualified to describe the experience of shell shock because she herself had been treated for psychological breakdowns; and fourth, that Septimus’s post-war mental state and eventual decline correspond with the nature of psychological stress.

After the death of his commanding officer, Evans, and the end of WWI, Septimus experiences a variety of symptoms including a loss of connection to others, an inability to taste food, hallucinations, and intrusive thoughts (22, 86, 24, 65). Septimus is treated for his failure to reintegrate to civilian society by two doctors, Dr. Holmes and Sir William Bradshaw, but ultimately kills himself rather than accept the rest cure Dr. Bradshaw proposes for him. Septimus’s suffering and suicide correspond precisely with the trauma
thesis, which allows for a multitude of causes of psychological stress but a limited set of outcomes.

The persuasiveness of Woolf’s depiction can be seen in the response of some members of the medical community. For example, Judith Herman, a psychiatrist, claims, “The alienation and inner deadness of the traumatized person is captured in Virginia Woolf’s classic portrait of a shell-shocked veteran” (49). This correspondence is the basis for a number of critical readings of the novel. Karen DeMeester asserts, “Modernist literature is a literature of trauma: in the 1920s, it gave form and representation to a psychological condition that psychiatrists would not understand for another fifty years” (649). DeMeester cites Mrs Dalloway as her first example of war trauma and the traumatic silencing of victims. DeMeester’s nuanced observation that “Septimus’s death is the result of his inability to communicate his experiences to others and thereby give those experiences meaning and purpose” is occluded by her determination that “the modernist literary works written in the decade after World War I constitute a literature of trauma: their forms often replicate the damaged psyche of a trauma survivor and their contents often portray his characteristic disorientation and despair” (65). By privileging the fragmentation of Septimus’s communications, DeMeester confirms the bias of the trauma thesis: “Woolf’s form is particularly well-suited for depicting trauma . . . and . . . ill-suited to depicting recovery. Modernist literature defines the post-traumatic condition, but the task of giving individual and cultural meaning to the suffering falls to later generations of artists” (652). According to DeMeester, the very form of Mrs Dalloway prevents it from presenting a narrative that upends the expectations of the trauma thesis.

Other readings of Mrs Dalloway based on the trauma thesis include Margot Norris
and Nancy Topping Bazin and Jane Hamovit Lauter. In *Writing War in the Twentieth Century*, Norris claims, “As much ‘home front’ literature of the First World War attests—Virginia Woolf’s *Mrs. Dalloway* is a premiere canonical example—war invades the home front both at the time of its duration and in its aftermath, as veterans carry their wounds and their trauma home and infect their families, communities, and institutions, by whatever invisible or dramatic forms their symptoms take” (32). For Norris, all veterans are presumed traumatized and their trauma is contagious. Similarly, Topping Bazin and Hamovit Lauter argue that “obviously the stress created by the war continues to mar the daily lives of Woolf’s characters long after the battles have ended . . . reflect[ing] how World War I continued to impinge on Woolf’s consciousness long after it was over” (19). Here again, Woolf’s stylistic choices are seen to reflect her own preoccupations.

Although the trauma thesis is persuasive, twenty-first century definitions of psychological stress, specifically the diagnostic category of PTSD, fail to account for Septimus’s condition for two principal reasons. First, PTSD and other diagnostic categories of psychological stress are historically contingent. Ahistorical applications of PTSD overlook a host of historical and cultural factors that inform previous eras’ experiences of trauma. As Tracey Loughran argues, “[W]e might say that pain exists in nature, without being named, but ‘shell shock’ and ‘PTSD’ are discrete and bounded (if still amorphous) entities which exist only in history and culture” (104). Second, PTSD as a diagnostic category is tenuous as best. The revised symptomology between the third through the fifth editions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) suggest that PTSD is a moving target yet to be fully understood. In 2013, the National Institute for Mental Health elected to move away from the DSM because of its
statistical uncertainty, a further indictment of the limitations of PTSD as a diagnostic category.

Although *Mrs Dalloway* has long reigned as the dominant modernist representation of shell shock, *The Return of the Soldier* has also attracted significant critical attention, especially from scholars whose work is informed by the trauma thesis. In 1998, Misha Kavka published “Men in (Shell-)Shock: Masculinity, Trauma, and Psychoanalysis in Rebecca West’s *The Return of the Soldier*” in *Studies in 20th Century Literature*. Kavka’s essay has become a touchstone for critics writing on the novel. At the heart of her argument is the belief that trauma is inexpressible. According to Kavka, traumatic experiences cannot be described: “the novel enacts without naming an impasse produced in the culture at large by the very intractability of trauma to articulation” (2). By contrast, she claims, *The Return of the Soldier* offers a feminist alternative in its refusal to describe the site or occurrence of Chris’s trauma. “In refusing to provide a narrative etiology of Chris’s trauma, the novel as a feminine text recognizes that trauma is precisely that which resists articulation; it is a linguistic bypass, so to speak” (17). Kavka’s argumentation hearkens back to the work of Cathy Caruth that I discussed in chapter one, especially Caruth’s idea that traumatic experience exceeds representation and “must, indeed, also be spoken in a language that is always somehow literary: a language that defies, even as it claims, our understanding” (5). The notion that traumatic experience exceeds representation reverberates in the work of Steve Pinkerton, who claims, “The scene of Chris’s cure, then, cannot be written,” and borrows from Kavka in his explanation of the recovery of Chris’s memory in a confrontation that “‘bypasses language altogether’” (9).
The idea that nearly every experience can be traumatic informs a multitude of interpretive models for *The Return of the Soldier*. According to Nicole Rizzuto, “the key to Chris’s amnesia . . . remains the site of narrative contestation. This uncertainty has enabled critics to locate the cause of trauma in war and shell shock, or outside of history and representation, or where the plot situates it by providing a cure to amnesia: the death of Chris’s son” (27). Other critics locate the novel’s trauma in Chris’s wife Kitty or in his cousin Jenny. Rebecah Pulsifer claims that Kitty ought to be understood as a trauma victim in her own right because her husband’s amnesia is a “shocking event that reasserts for her the trauma of [their son] Oliver’s death” (37). Drawing on the work of Caruth, Pulsifer argues that “Kitty’s detachment and short temper more closely resemble the state of being haunted by recurrent traumatic memories” (38). She equates Chris’s and Kitty’s traumas, asserting that the novel “plac[es] men’s and women’s traumas alongside one another” (38). Similarly, Bonikowski compares Chris’s trauma to that of his cousin, Jenny. Bonikowski asks how the novel relates the experience of the battle front to that of the home front and, secondarily, how Jenny makes sense of Chris’s shell shock. According to Bonikowski, “West answers these questions by making Chris’s return the occasion of a domestic trauma, a shattering of the domestic space comparable to the shattering of a soldier’s mind. Jenny, by experiencing the shock of Chris’s return, is able to relate her trauma to his” (108). For those persuaded by the trauma thesis, trauma can be found nearly everywhere, including in the reader’s experience, as Rizzuto suggests. “The text therefore positions not only Jenny, but readers, as participants in bearing witness to trauma” (Rizzuto 15). According to readings influenced by the trauma thesis, trauma in *The Return of the Soldier* is simultaneously inexpressible and unavailable (as
evidenced by its lack of representation) yet universally applicable and available to all.

Fewer critics have approached Faulkner’s novels *Soldier’s Pay* and *As I Lay Dying* as evidence for the trauma thesis. Critics focus instead on Faulkner’s personal history as a lens for reading trauma in his writing, including these novels. Faulkner’s potentially traumatizing experiences include his rejection by his adolescent sweetheart, Estelle Oldham; his purported rejection by the recruiting station in his attempt to become a pilot during WWI; and the fact that he never saw action after he joined the Royal Air Force in June 1918 (Mintner 30, Wulfman 29). David Mintner writes, “Rejected by lover, parents, and local recruiting station,” Faulkner falsely presented himself as a British citizen and “enlisted for pilot training in the R.A.F.” in Toronto (30-31). Under these symptomatic interpretive models, Faulkner’s biography is often presented as a history of anxious masculinity. However, there is no evidence that Faulkner was rejected by the local recruiting station; there is no evidence that he attempted to enlist at all. He did, however, forge the paperwork to join the Royal Air Force in Canada. He trained for five months but was still stationed at the School of Military Aeronautics when the Armistice was signed (Mintner 30).

Criticism of Faulkner’s war fiction is now dominated by the sense that these rejections were traumatic for him. In her assessment of the “disillusionment and dissatisfaction expressed in American First World War fiction,” Mary Condé suggests that “America’s late entry into the war, itself the subject of intensive and misleading propaganda. . . . had forced into foreign armies young writers anxious to buy their fictional material at a fair price” (47). In her survey of the young American men seeking military service to justify their literary expression, Condé notes that Faulkner was “a
cadet in the Royal Canadian Air Force” (47). Clifford Wulfman concurs, arguing that, “Faulkner simultaneously departed and stayed at home; he returned, but from a trauma he had merely fabricated. His elaborate and changing tall tales about his war service suggest this lack of combat experience provoked a need to realize a scar—to establish the reality of his fabrication by referring to it, situating it, and making it visible” (29).

The sense that Faulkner had to buy or invent his authority to write about war occurs most egregiously in Keith Gandal’s *The Gun and the Pen*, which focuses on Ernest Hemingway, F. Scott Fitzgerald, and William Faulkner. Gandal argues that “the ‘quintessential’ male American modernist novelists were motivated, in their celebrated postwar literary works, not so much, as the usual story goes, by their experiences of the horrors of World War I but rather by their inability in fact to have those experiences” (5). Gandal adds, “The famous sense of woundedness, diminishment, and loss in these works, the sense of mourning for fallen worlds . . . stems, not principally from the disillusionment or the alienation from traditional values brought on by the crisis of the Great War . . . but instead from personal rejection by the U.S. Army” (5). In his attempt to redirect attention from the traumas of war to the trauma of missing the war, Gandal employs the very basis of the trauma thesis: the idea that any number of experiences can be psychologically traumatizing. According to Gandal, rejection by the U.S. military was a trauma for Hemingway, Fitzgerald, and Faulkner (6). Thus Gandal reads Benjy in *The Sound and the Fury* as a reflection of Faulkner’s “absolutely traumatic experience of rejection by the U.S. military” (157). Literary critics are not the only scholars to identify the sense of missing the show as a source of trauma for young men. To take but one example, historian Steven Trout compares an artist who is “haunted by the war that he
narrowly missed” to “many men of his generation—including, for example, F. Scott Fitzgerald and William Faulkner” (208).

The conflation of biography with literature informs many aspects of Faulkner criticism. Some compare Faulkner with the veteran Donald Mahon in Soldier’s Pay for reasons romantic and military. James G. Watson claims, “Faulkner has Mahon abandoned by Cecily Saunders as he had been abandoned himself the previous spring when Estelle married Cornell Franklin” (26). Similarly, Wulfman correlates Donald’s military service with that of Faulkner, arguing, “If Faulkner experienced a fictional departure and a real return, Donald Mahon experiences a real departure but a fictional return” (34). Jordan Call’s application of Faulkner’s biography to his interpretation of As I Lay Dying is similarly instructive for its conflation of authorial biography and literary subject. According to Call, the Bundren family represses the trauma of Addie’s death as evidenced by the reticence in Cash’s chapters, among other clues. Citing John T. Irwin, Call insists, “Though Faulkner himself denies Freud’s influence, Freudian theory cannot be ignored in the reading of Faulkner’s work” (16). Irwin’s analysis of Faulkner’s narrative style prefigures contemporary readings made under the influence of the trauma thesis. According to Irwin, “Faulkner himself seems to have understood the oscillating relationship between a narrator and his story, between a writer and his book, as embodying ‘the always deferredness’ of meaning—a kind of Freudian Nachträglichkeit, in which the act of narration, as a recollection and reworking, produces a story that almost makes sense but not quite” (8). It is this same afterwardness or belatedness that Caruth and Herman invoke as central to traumatic experience and traumatic representations. However, the notion of a gap at the center of traumatic memory is
unsupported by research, as I showed in chapter one, and the Freudian concept of
belatedness has long been considered “antiquated and irrelevant” by psychoanalytic
professionals (Rauch 1155).

Fewer critics connect the representation of war and its consequences in *As I Lay
Dying* to Faulkner’s biography. Instead, readings of the novel that address its relationship
to war do so only in the most general terms. For example, in his introduction to the
collection of essays in *Faulkner and War*, Noel Polk asserts that “war is one of the
touchstones triumvirate, lodestones even, central to William Faulkner’s works and to the
combustible age which he chronicled so intensely. His life was framed by war—by the
cultural memory and the still-regnant physical scars of the Civil War on the one end” and
by Vietnam on the other (vii). While Polk is right to situate Faulkner between the
aftermath of the Civil War at the time of his birth and on the verge of the Vietnam War at
his death, Polk is influenced by the trauma thesis in his subsequent claim. “The twentieth
was a century . . . suffocated,” he says, “by language refracted to meaninglessness by the
screaming of howitzers and the weeping of children; by human displacement and turmoil,
by ceaseless fragmentation and despair” (vii). Another contributor to the collection,
James G. Watson, adds a similar claim about war’s influence on Faulkner’s style.
“Initially a *subject* of his writing, by which he might measure and when necessary revise
and reconstitute images of himself and his circumstances in the actual world, the Great
War also modeled for him a *means* of written expression” (25, emphasis in original). A
final example from this collection presents the same vision of traumatic experience as a
controlling force for Faulkner’s representations of trauma. John Liman argues for a
“thematics and stylistics of traumatized memory,” one that takes place “when the
memory is your own but not quite the trauma” (47). In all of these cases, Faulkner’s biography is understood as traumatic, and his traumas are seen to influence his writing in both form and content.

An Alternate Approach to the Trauma Thesis

The trauma thesis tends to reduce representations of traumatic experiences to precipitators of psychological trauma. Even things that do not happen, such as not seeing combat, are sources of trauma. In contrast to this approach, I draw on the original definition of traumatic stressors as those events “outside the range of usual human experience”: those physically or psychologically threatening accidents and losses that are sudden, violent, extreme, or disturbing. I further distinguish psychological trauma as the long-term and debilitating response to those experiences. When critics conflate narratives of traumatic experience with psychological trauma, I believe, they ignore representations of resilience, recovery, and growth.

In arguing against the reductive tendencies of the trauma thesis, I show how each of the four texts discussed in this chapter explores a multitude of possible outcomes of the traumas of the modernist moment. I begin by arguing that Woolf continues the meaning-making process she began in *Jacob’s Room* by presenting two oppositional outcomes of traumatic experience in *Mrs Dalloway*. I next examine the potentially liberating effect of trauma as experienced by the protagonist Captain Chris Baldry in West’s *The Return of the Soldier*. I conclude the section with readings of Faulkner’s first novel, *Soldier’s Pay*, as an example of meaning-making in the wake of traumatic experience, and his fifth, *As I Lay Dying*, as a divergent take on potential outcomes of trauma.
Eudaimonia (sometimes “eudemonia”) is a term originally employed by Aristotle to signify an “activity of the soul in accordance with virtue” (Ryff 3). Today, eudaimonia is understood as “the extent to which an individual’s life is characterized as enacting virtue or organismic values, engagement in meaningful pursuits, or authentic expression of the self. . . . Eudaimonia might be measured by an individual’s commitment to intrinsic values or dedication to a life of meaning” (King and Hicks 125). I employ this concept of eudaimonia to expand the interpretive possibilities of Mrs Dalloway, Virginia Woolf’s fourth novel.

Mrs Dalloway is set in June 1923 and juxtaposes one day in the life of Clarissa Dalloway, a prominent London socialite, against that of Septimus Warren Smith, a lower middle class veteran of WWI. The two never meet, but the characters operate as foils: each has experienced the trauma of losing someone they loved and each is treated by medical professionals for post-traumatic psychological suffering. Their stories are brought together when one of Septimus’s doctors, Sir William Bradshaw, attends Clarissa’s party in the evening and brings with him the news that one of his patients, Septimus, has committed suicide. The free indirect discourse of the narrative allows readers to penetrate the thoughts and experiences of a multitude of characters. The narrative style emphasizes the ways in which people are perceived by others and examines how past experience, including traumatic experience, colors the present. As Peter Walsh, Clarissa’s friend and former suitor, muses, “The compensation of growing old [is] . . . that the passions remain as strong as ever, but one has gained . . . the power of taking hold of experience, of turning it round, slowly, in the light” (77).
As I’ve shown, critics tend to focus on Septimus, a veteran suffering from shell shock, in their interpretations of *Mrs Dalloway*. By contrast, in my reading I examine Clarissa’s response to a traumatic event in her youth to argue that she practices a kind of eudaimonia. In psychological studies of the human response to trauma, eudaimonia reflects the act of “finding meaning in situations of dramatic adversity as well as in using their hardship to fuel realization of personal capacities” (Ryff 2). While Septimus loses his grasp on reality and succumbs to the civilizing forces of the medical profession as represented by his doctors, Holmes and Bradshaw, Clarissa refuses those limitations and embraces an alternate philosophy that corresponds with Aristotle’s eudaimonia. I begin with a brief summary of the novel’s relationship to WWI. I next examine the effect of Woolf’s experiences with the medical profession in her representation of Holmes and Bradshaw, the two doctors who treat Septimus. I then show how Woolf takes an expansive view of psychological trauma and its possible outcomes in her representation of modernity and of Clarissa’s response to her sister’s death. I conclude with an examination of meaning-making in the novel to show how *Mrs Dalloway* offers a complex vision of the human condition, of trauma, and of recovery.

The consequences of the Great War pervade Woolf’s 1925 novel. Early in the text, the narrative voice asserts, ironically, “The War was over, except for some one like Mrs Foxcroft at the Embassy last night eating her heart out because that nice boy was killed and now the old Manor House must go to a cousin; or Lady Bexborough who opened a bazaar, they said, with the telegram in her hand, John, her favourite, killed; but it was over; thank Heaven—over” (4). These examples of exceptions, of civilians for whom the war is anything but “over,” are in fact the rule. The conflict may be over, but
its consequences reverberate. Many influential readings of *Mrs Dalloway* locate trauma in the novel as springing from the war and tend therefore focus on Septimus Warren Smith. Karen L. Levenback, for example, sees that “[t]he distance between civilian and combatant experience is explored in *Mrs Dalloway* where in postwar London the reality of a politician’s wife, Clarissa Dalloway (and others who, like Woolf herself, had ‘seen’ the war from the street) is juxtaposed with that of a combat veteran, Septimus Warren Smith—a less privileged Jacob Flanders who had, nonetheless, survived the war” (47). Similarly, although Suzette Henke acknowledges Clarissa’s personal experience with trauma, she still situates the novel’s focus on Septimus and the war: “*Mrs Dalloway* is dominated by the shell-shocked ravings of Septimus Smith, a psychological casualty of World War I, and by the shadow of trauma cast by a shockingly brief allusion to the death of Clarissa Dalloway’s sister, Sylvia Parry, killed by a falling tree” (556).

Woolf was no stranger to psychological trauma, as we saw in chapter four. Indeed, she had both professional and personal experience with the medical discourse of her time. In her childhood, Woolf was the victim of sexual abuse at the hands of her stepbrothers and was significantly affected by the early deaths of her mother, step-sister, and father. Throughout her lifetime, she was treated by a number of psychoanalysts and other medical professionals for psychological instability and breakdowns, as Stephen Trombley, Thomas C. Caramagno, and others have traced. Though she was skeptical of the medical profession, her treatments involved a variety of medicinal and rest cures, which are echoed in her portrait of the treatments offered to both Septimus and Clarissa.

Septimus and Clarissa are distinct for a multitude of reasons, including gender, age, veteran status, and class, but their psychological struggles are drawn in parallel.
Septimus was an early volunteer motivated by his infatuation with his teacher, Miss Isabel Pole, and the nationalism she inspired in him: he went to war for “an England which consisted almost entirely of Shakespeare’s plays and Miss Isabel Pole in a green dress walking in a square” (84). Septimus’s wartime experiences are offered in the briefest of terms: “There in the trenches . . . he developed manliness; he was promoted; he drew the attention, indeed the affection of his officer, Evans by name” (84). His relationship with Evans was strong, and Septimus appeared to take Evans’s death in stride. “They had to be together, share with each other, fight with each other. But when Evans . . . when Evans was killed, just before the Armistice, in Italy, Septimus, far from showing any emotion or recognizing that here was the end of a friendship, congratulated himself upon feeling very little and very reasonably” (84). However, Septimus’s attempt to repress his grief works too well. He became engaged to the Italian-born Lucrezia “one evening when the panic was on him—that he could not feel” (85).

Woolf contextualizes the medical response to psychological stress as strongly influenced by social class. Indeed, Septimus’s treatment at the hands of two doctors, Holmes and Bradshaw, and Bradshaw’s discussion with Clarissa’s husband Richard regarding legislation on “the deferred effects of shell shock” offer a contemporary perspective on the handling of the leftover psychiatric cases in the post-war moment (179). Septimus originally seeks care from Holmes, a general practitioner. When Holmes’s efforts prove ineffectual, he begrudgingly refers them to the specialists of Harley Street, suggesting that “if they were rich people” and “had no confidence in him,” then specialists like Bradshaw, who predominately treat wealthier patients, might be their only option (91). Bradshaw is equally antagonist to his medical counterpart. “Prescribed a
little bromide? Said there was nothing the matter? Ah yes (those general practitioners!
thought Sir William. It took half his time to undo their blunders. Some were irreparable)”

(93).

The general practitioner Holmes seems pitted against the specialist Bradshaw, but
the novel is in fact critical of both. In a parenthetical aside, the narrative reports on
Holmes’s dismissive advice to Lucrezia in caring for Septimus: “For Dr. Holmes had told
her to make her husband (who had nothing whatever seriously the matter with him but
was a little out of sorts) take an interest in things outside himself” (21). Similarly, the text
reflects ironically on Bradshaw’s sense of proportion. “To his patients he gave three-
quarters of an hour; and if in this exacting science which has nothing to do with what,
after all, we know nothing about—the nervous system, the human brain—a doctor loses
his sense of proportion, as a doctor he fails” (96). Clarissa also identifies Bradshaw’s lack
of compassion and understanding. “Yet—what she felt was, one wouldn’t like Sir
William to see one unhappy. No; not that man” (178). Clarissa speaks from personal
experience. As with those of the upper class, her psychological needs would be met by a
specialist like Bradshaw; indeed, Clarissa indicates that she had accompanied someone to
meet with Bradshaw for a consultation (178). More importantly, Clarissa has herself been
prescribed a modified version of the rest cure. Richard enforces “[a]n hour’s complete
rest after luncheon” upon her because, she says, “a doctor had ordered it once” (117).
Clarissa accepts Richard’s ministrations, but reflects ironically on his “adorable, divine
simplicity”: “It was like him to take what doctors said literally” (117). The novel presents
Clarissa’s treatment as a response to a discrete illness, though it never directly states the
source of her suffering. Scrope Purvis notes that she has “grown very white since her
illness” (4). Similarly, in a passage focalized through Clarissa, she acknowledges Richard’s insistence that “after her illness . . . she must sleep undisturbed” (30). The rest cure was often prescribed to women suffering psychological disturbances, especially the psychological trauma codified as hysteria, and meant mental and physical isolation. Ultimately, Woolf imagines medicine in the immediate post-war moment as ineffectual at best and destructive at worst. Neither general practitioners nor specialists nor legislators appear to have any understanding of the “deferred effects of shell shock” to be addressed in Richard and Bradshaw’s proposed bill (179).

Septimus’s symptoms and his treatments suggest a valid and realistic representation of the effects of shell shock. However, Woolf challenges medical and political understandings of shell shock by indicating that the sociocultural changes of modern society, including the war, are factors informing Septimus’s experience of psychological stress. According to Woolf, not only was the battle front influenced by modern technology, but these same advances, such as motorcars and machinery, shape Septimus’s psychologically damaged responses on the home front as well. The “pistol shot” of an automobile tire makes Septimus freeze; “unable to pass,” he looks apprehensive: “The world has raised its whip; where will it descend?” (13, 14). Again, later, Septimus’s reaction to Lucrezia’s tears is distinctly one of the machine age, “he compared it to a piston thumping,” and his next move is made “mechanically and with complete consciousness of its insecurity” (88).

Woolf critiques modern medicine’s approach to psychological stress and expands her vision of psychological stressors to include elements of the modern world. However, she also suggests that individual responses to traumatic stressors can vary. A passage
focalized through Lucrezia suggests that traumatic events are commonplace. “But such things happen to every one. Every one has friends who were killed in the War” (64). Characters like Mrs. Foxcroft and Lady Bexborough support Lucrezia’s claim. The problem with Septimus, according to Lucrezia, is that, “Septimus let himself think about horrible things, as she could too, if she tried” (65). Lucrezia suggests that surviving the sorrows of the modern age requires resilience and self-control. “This late age of the world’s experience had bred in them all, all men and women, a well of tears. Tears and sorrow; courage and endurance; a perfectly upright and stoical bearing” (9). Lucrezia’s analysis of potential responses to the traumas of the war prefigure contemporary studies on post-traumatic growth, “how individuals are able to make sense of their difficult experiences and grow in spite of it” (Larner 187).

Clarissa’s response to the trauma of her sister’s death reinforces Lucrezia’s vision of post-traumatic growth and establishes a general model of resilience in the wake of traumatic experience. Henke is correct to note that Clarissa’s sister’s death appears to be but “a shadow” in the text (556). The only reference to it appears in a passage focalized through Peter Walsh. Peter has come to London to procure a divorce for his intended bride. He visits Clarissa in the morning and is brought to tears by the memory of their youthful romance. As he departs, she invites him to her party that evening. Peter then spends much of the day reflecting on their past, their choices in romantic partners, and Clarissa’s philosophy of life. In his reflections, Peter criticizes what he perceives as Clarissa’s superficial attention to others. “The obvious thing to say of her was that she was worldly; cared too much for rank and society and getting on in the world—which was true in a sense; she had admitted it to him” (74). He is especially harsh in his
assessment of Clarissa’s support of her husband, Richard. “With twice his wits, she had to see things through his eyes—one of the tragedies of married life,” he thinks. “These parties for example were all for him, or for her idea of him,” and yet, he acknowledges, “She made her drawing-room a sort of meeting-place; she had a genius for it” (75).

Upon continued reflection, Peter identifies the source of Clarissa’s attention to people and pleasure. He notes the guiding principal of her behavior is an insistence that, “Those ruffians, the Gods, shan’t have it all their own way—her notion being that the Gods, who never lost a chance of hurting, thwarting and spoiling human lives, were seriously put out if, all the same, you behaved like a lady” (76). In other words, for Clarissa, the only viable response to the vicissitudes of life is by being decent and focusing on comfort and care. As I will show, her philosophy echoes Aristotle’s eudaimonia precisely. For Aristotle, eudaimonia is “the highest of all human goods” and reflects the “activity of the soul in accordance with virtue” (Ryff 3). Peter notes that Clarissa’s philosophical shift “came directly after Sylvia’s death,” an incident Clarissa saw first-hand, and he acknowledges the traumatizing potential of witnessing the fatal accident (76). “To see your own sister killed by a falling tree (all Justin Parry’s fault—all his carelessness) before your very eyes, a girl too on the verge of life, the most gifted of them, Clarissa always said, was enough to turn one bitter” (76). However, Clarissa did not turn bitter. Instead, “she evolved this atheist’s religion of doing good for the sake of goodness” (76).

Like Lucrezia, Clarissa does not dwell on her traumatic experiences. Instead, Clarissa’s response to the potentially traumatizing experience of witnessing her sister’s
death can usefully be seen in the light of recent work in trauma studies, especially the concept of post-traumatic growth. Post-traumatic growth is defined as “interpersonal growth or positive change resulting from struggling with trauma and growing in spite of it” (Larner 187). As I discussed in chapter three, researchers have recently turned their attention to the human capacity to recovery from adversity. Eudaimonia is one model of post-traumatic growth, or psychological well-being in the wake of psychological stressors. Carol D. Ryff enumerates six qualities of eudaimonia: self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery (specifically, the “capacity to choose or create a living environment suitable to one’s needs”), and autonomy (4). Clarissa can be seen to embody each of these attributes.

Clarissa’s ability to make meaning of the deaths of her sister and of Septimus contrasts sharply with Septimus’s inability to communicate his loss, a failure to relate that precipitates his suicide. At the novel’s conclusion, Sir William Bradshaw and his wife arrive late to Clarissa’s party. Bradshaw immediately begins discussing proposed legislation on the “deferred effects of shell shock” with Richard (179). Lady Bradshaw then tells Clarissa of Septimus’s suicide. “[J]ust as we were starting, my husband was called up on the telephone, a very sad case. A young man (that is what Sir William is telling Mr. Dalloway) had killed himself. He had been in the army”” (179). Clarissa’s response occupies the novel’s next four pages. She first is taken aback by their indelicacy. “Oh! thought Clarissa, in the middle of my party, here’s death, she thought” (179). Clarissa next has a visceral reaction to the news of the suicide. “Always her body went through it first, when she was told, suddenly, of an accident; her dress flamed, her body burnt. He had thrown himself from a window. Up had flashed the ground; through
him, blundering, bruising, went the rusty spikes. There he lay with a thud, thud, thud in his brain, and then a suffocation of blackness. So she saw it” (179). By imagining the fence as “rusty spikes,” Clarissa invokes WWI and bayonets in her understanding of Septimus’s suicide. Imagining the “thud, thud, thud” in Septimus’s brain puts herself inside his consciousness, suggesting her perceptiveness and empathy with his death, as well as the sound of a piston pumping, further underscoring the relationship between Septimus and the machine age.

Clarissa contemplates the reasons for and consequences of Septimus’s suicide before accepting his decision. She acknowledges that she has been cautious in her life. “She had once thrown a shilling into the Serpentine, never anything more” (180). By contrast, “he had flung it away” (180). Clarissa values Septimus’s spendthrift with his life as an act of rebelliousness. “A thing there was that mattered; a thing, wreathed about with chatter, defaced, obscured in her own life, let drop every day in corruption, lies, chatter. This he had preserved. Death was defiance” (180). Although she acknowledges the vast differences between her life and Septimus’s suicide, she nonetheless identifies with him, making his choice part of her understanding of herself. “But what an extraordinary night! She felt somehow very like him—the young man who had killed himself. She felt glad that he had done it; thrown it away. The clock was striking. The leaden circles dissolved in the air” (182). By drawing attention to the clock, a device employed throughout the novel to connect characters and organize the plot’s development, Woolf also suggest life’s inevitability: time marches on. Notably, Woolf revised this passage differently for the edition published in Great Britain than she did for the U.S. version. In the American edition, she added, “He made her feel the beauty; made her feel the fun” (182).
Many readers are made uncomfortable by Clarissa’s apparent act of making meaning out of Septimus’s suicide. Indeed, a number of critics accuse Clarissa of appropriating Septimus’s suffering. To take but one example, Molly Hite argues that the added sentence is “especially disconcerting”: “The thing thrown away is Septimus Smith’s life,” Hite writes. “Clarissa’s response is to be ‘glad’—most evidently because of the contrast to her own life and her party. But . . . glad? Made her feel the beauty? Made her feel the fun?” (252, emphasis in original). Hite adds, “Although this reflection, which applies both to Clarissa and Septimus, defies the modern medical professionals whose business is ‘forcing your soul,’ Septimus’s extreme suffering is hardly comparable to Clarissa’s empathetic ‘disgrace’ at hearing of his suicide, or to any other setback in Clarissa’s life” (252). And yet, Clarissa’s model of meaning-making in the wake of her sister’s death anticipates and explains her response to Septimus’s suicide. In the same section focalized through Peter Walsh, the narrative reflects on Clarissa’s impetus for “doing good”: “As we are a doomed race . . . as the whole thing is a bad joke, let us at any rate, do our part; mitigate the sufferings of our fellow-prisoners . . . decorate the dungeon with flowers and air-cushions, be as decent as we possibly can” (76). This desire to do good in the wake of traumatic experience informs Clarissa’s role as the consummate hostess. In the scene where she takes her prescribed hour’s rest, Clarissa can be understood to preempt her judges. She thinks, “But—but—why did she suddenly feel, for no reason that she could discover, desperately unhappy?” (118). She wracks her brain before discovering the source of her discontent. “Her parties! That was it! Her parties! Both of them criticized her very unfairly, laughed at her very unjustly, for her parties. That was it! That was it!” (118). During her enforced isolation, Clarissa realizes that
Richard and Peter have underestimated the value of her parties. She then situates her parties within the context of her philosophical worldview. “What she liked was simply life. ‘That’s what I do it for,’ she said, speaking aloud, to life” (118).

Contemporary psychological research validates Clarissa’s pursuit of pleasure in her parties as part of a pattern of recovery and growth following trauma, and this same pursuit of pleasure illuminates the seeming callousness of her response to Septimus’s suicide. As P. Alex Linley and Stephen Joseph note, “In a general sense, people will have a more positive outcome if they are able to somehow incorporate their traumatic experience into their existing global meaning system without discrepancy or make adequate changes to that system as a result of those experiences” (Larner and Blow 188). This is Clarissa. Significantly, Clarissa knows it. If she hadn’t accepted the life as the politician’s wife and the responsibility to be the consummate hostess, she understands that she would have ended up disillusioned and unhappy. “Even now, quite often if Richard had not been there reading the Times, so that she could crouch like a bird and gradually revive, send roaring up that immeasurable delight, rubbing stick to stick, one thing with another, she must have perished” (Mrs Dalloway 180). The reader knows that without her passion for life she would have ended up like Septimus, but the text continues by making the link explicit. In the British edition Woolf adds: “She had escaped.” Both editions conclude with the contrast in the trajectories of the lives of Septimus and Clarissa: “But that young man had killed himself” (180).

At this point, it is easy to suggest that Septimus failed to make meaning in the wake of trauma while Clarissa adapted, recovered, and grew. However, Septimus did in fact attempt to make meaning out of his traumatic experiences, but was ultimately unable
to incorporate his traumatic experience into his regular life, to adjust his philosophy of life in ways that correspond with societal expectations, or to avoid the institutional powers represented by Drs. Holmes and Bradshaw. The reader is first introduced to Septimus with the device of the car backfiring that connects Clarissa to other pedestrians on Bond Street and eventually to Septimus. Several characters offer their interpretation of the sound. The narrative focalized through Clarissa suggests the sound is of “a pistol shot in the street outside” while Miss Pym knows it is from a motorcar (13). Once the car has the pedestrians’ attention, the passers-by attempt to explain its significance by determining who was inside. “Was it the Prince of Wales’s, the Queen’s, the Prime Minister’s?” (14). The narrative then turns to Septimus, and from the reader’s first introduction to him, he is positioned outside the social order. “The world has raised its whip; where will it descend?” (14). Like the other passers-by, Septimus examines the car for meaning. However, Septimus’s attempt at meaning-making is far more inward-looking than the others. He sees upon the car “a curious pattern like a tree . . . and this gradual drawing together of everything to one centre before his eyes, as if some horror had come almost to the surface and was about to burst into flames” (15). He then feels as if he is “blocking the way” and wonders, “Was he not being looked at and pointed at; was he not weighted there, rooted to the pavement, for a purpose? But for what purpose?” (15). Septimus’s attempt at meaning-making is both disparate from the others and embarrassing to Lucrezia: “People must notice; people must see” (15).

The scene with the skywriter further distinguishes Septimus’s attempt to make meaning of his experiences from the rest of society. While people in the park attempt to spell out the letters of an advertising campaign, Septimus understands himself as
receiving a private message from an unnamed source. “So, thought Septimus, looking up, they are signaling to me. Not indeed in actual words; that is, he could not read the language yet; but it was plain enough, this beauty, this exquisite beauty, and tears filled his eyes as he looked at the smoke words languishing and melting in the sky” (21). Just as the rusty spikes connect Septimus’s suicide to the bayonets, so too the novelty of the skywriter and the newness of airplanes invoke the war. However, Septimus is notably not traumatized by its appearance in the sky; instead, he understands the message as one of care-taking and aesthetic beauty. The skywriters “bestow . . . upon him in their inexhaustible charity and laughing goodness one shape after another of imaginable beauty and signaling their intention to provide him, for nothing, for ever, for looking merely, with beauty, more beauty! Tears ran down his cheeks” (21). Here again, he embarrasses Lucrezia with his nonconformity: “‘Septimus!’ said Rezia. He started violently. People must notice. ‘I am going to walk to the fountain and back,’ she said” (22).

Lucrezia tries unsuccessfully to draw Septimus’s attention to people and things that surround him, but he is focused on communicating with a spiritual or psychological force that exists outside social convention. “Look the unseen bade him, the voice which now communicated with him who was the greatest of mankind, Septimus, lately taken from life to death, the Lord who had come to renew society, who lay like a coverlet, a snow blanket smitten only by the sun . . . but he did not want it, he moaned, putting from him with a wave of his hand that eternal suffering, that eternal loneliness” (25). Septimus speaks out loud in response to his thoughts, again to Lucrezia’s embarrassment. “‘Look,’ she repeated, for he must not talk to himself out of doors” (25). Maisie Johnson, a young
girl newly in London, notices Septimus’s failures to conform and makes meaning out of his behavior. “Maisie Johnson positively felt she must cry Oh! (for that young man on the seat had given her quite a turn. Something was up, she knew.) Horror! horror! she wanted to cry. (She had left her people; they had warned her what would happen.)” (26).

Septimus embarrasses Lucrezia in public a final time in the scene right before Septimus is set to meet with Bradshaw for the first time. Believing he is receiving messages to be delivered to the Prime Minister, he begins “mutter[ing], gasping, trembling, painfully drawing out these profound truths which needed, so deep were they, so difficult, an immense effort to speak out” (66). While Septimus is convinced that “the world was entirely changed by them for ever” in fact no one around him hears or understands his message (66).

The final scene before Septimus’s suicide complicates the interpretive stance that he failed to make meaning of his experiences or emotions or that he failed to communicate his changed worldview with those around him. There is no denying, as I have shown, that he makes a constant effort to do so. As we’ve seen, Septimus became engaged to Lucrezia “one evening when the panic was on him—that he could not feel” (85). In this later scene, Septimus indicates that the panic he felt was of isolation: “That was the doom pronounced in Milan when he came into the room and saw them cutting out buckram shapes with their scissors; to be alone forever” (142). For a time, Lucrezia notes, Septimus was able to go through the motions of conformity: “She had never seen him wild or drunk, only suffering sometimes through this terrible war, but even so, when she came in, he would put it all away” (143). Septimus chooses Lucrezia as his wife for her ability to make something out of what is, for him, nothing: “He asked Lucrezia to
marry him, the younger of the two, the gay, the frivolous, with those little artist’s fingers that she would hold up and say ‘It is all in them.’ Silk, feathers, what not were alive to them” (85). However, the fear of isolation at being taken away to a rest home against his will not only provides the impetus for a moment of clarity and connection with Lucrezia but also establishes the basis for his eventual suicide.

In their final dialogue at home, Lucrezia is making a hat for her neighbor, Mrs. Peters. Neither Septimus nor Lucrezia like her, in part due to Lucrezia’s story that Mrs. Peters had occupied their apartment to listen to their gramophone. During this story of their violation, Septimus makes a direct connection to the real world. He cautiously opens his eyes to make sense of that world and makes a comment to which Lucrezia notes, “For the first time for days he was speaking as he used to do!” (139). Septimus then begins entertaining Lucrezia by making fun of Mrs. Peters. They connect, as a unit, in ways previously unavailable to them. “Not for weeks had they laughed like this together, poking fun privately like married people” (139). Septimus then joins Lucrezia in her creativity, asking for supplies from her workbox to design Mrs. Peters’s hat himself. Lucrezia notes his aesthetic sense, his ability to make meaning out of disparate pieces, even as he lacks the practical skills. “He began putting odd colours together—for though he had no fingers, could not even do up a parcel, he had a wonderful eye, and often he was right, sometimes absurd, of course, but sometimes wonderfully right” (140).

Septimus also makes absurd sense out of the world in his papers, which he asks Lucrezia to burn in anticipation of being taken away for his rest cure. To the narrator and the reader his drawings appear meaningless. “Diagrams, designs, little men and women brandishing sticks for arms, with wings—were they?—on their backs; circles traced
round shillings and six-pences—the suns and stars; zigzagging precipices with mountaineers ascending roped together, exactly like knives and forks; sea pieces with little faces laughing out of what might perhaps be waves: the map of the world” (144). So too his writings are incomprehensible. “[H]ow the dead sing behind rhododendron bushes; odes to Time; conversations with Shakespeare; Evans, Evans, Evans—his messages from the dead; do not cut down trees; tell the Prime Minister. Universal love: the meaning of the world” (144). Although Rezia is unable to make meaning of his papers, she is unwilling to silence him. She instead preserves his communication. “But Rezia laid her hands on them. Some were very beautiful, she thought. She would tie them up (for she had no envelope) with a piece of silk” (144). He may be unable to communicate his sense, but throughout the novel Septimus is presented as making meaning of Evans’s death and his own survival.

The novel’s final words underscore the complexity of the human condition. Peter presumably senses Clarissa’s return to the party and his long-awaited opportunity to speak with her. She enters the room unbeknownst to Peter. “What is this terror? what is this ecstasy? he thought to himself. What is it that fills me with extraordinary excitement? It is Clarissa, he said. For there she was” (190). In allowing Peter’s pleasure at Clarissa’s presence to include terror, Woolf acknowledges the possibility of two extreme psychological experiences contained in one. Just as Peter feels both terror and ecstasy in Clarissa’s presence, so too Clarissa takes satisfaction in Septimus’s suicide. Her awareness of his death makes her acutely more aware of her life and her choice to live for pleasure. She makes meaning of his suicide as both an affirmation of his autonomy (“death was defiance”) and as a reminder of the beauty in her own life (180). She could,
as Lucrezia states it, let herself “think about horrible things” but instead she chooses
the eudaimonic pleasure in her parties (65). Clarissa makes meaning of her life in spite of
everything: the traumatic experience of losing a sister, the dissolution of her courtship
with Peter, and the eradication of passion in favor of a stable marriage and life with
Richard. While Septimus fails to articulate the meaning of his experience, Woolf offers
Clarissa as the exemplary meaning-maker. By drawing the reader’s attention to Clarissa
at the novel’s close, Peter not only acknowledges the pleasure of her presence but also the
power of her eudaimonic approach to life. The representation of trauma and its effects in
*Mrs Dalloway* are far richer and more complex than the trauma thesis suggests.

**Trauma as Liberation in The Return of the Soldier**

Rebecca West’s first novel, *The Return of the Soldier*, is often described as one of
the earliest novelistic representations of shell shock. As a novel of manners, the book
seeks to depict the conventions of a given social world, using details to trace its customs,
values, and mores (“Novel of Manners”). First serialized in *The Century* magazine in
February and March 1918, the slim text was revised and published in book form in March
1918. Set in England in 1916, the novel is narrated by Jenny, an unmarried woman who
lives with her beloved cousin Chris Baldry and his beautiful, ambitious wife Kitty.
Following his father’s death, Chris became the family’s reluctant provider. As the novel
begins, Captain Chris Baldry is serving in the British Army in France. The novel unfolds
generally chronologically through six chapters. The only exception is the third chapter, in
which Jenny re-tells Chris’s narrative of his courtship with Margaret Allington, the
lower-class daughter of an innkeeper, fifteen years prior. Margaret is now married to
William Gray, a man of her same socioeconomic background, and the couple lives in a
shabby London suburb. I begin my analysis with a brief summary of the novel and its current critical reception. Next, I examine West’s representation of shell shock against her knowledge of the medical discourse of psychological stress. I then explore two of West’s literary techniques: the missing center and shell shock. I show how shell shock itself functions as a device in the novel by attending to West’s critique of media representations of war and of the medical professionals treating Chris’s amnesia. I conclude by showing how the novel presents trauma as having multifaceted effects.

Kitty and Jenny first meet Margaret when she brings them the news that Chris has been hurt on the front and transferred to a Red Cross hospital. When Chris returns home, all three women learn that he is amnesic and does not recall any details of the last fifteen years of his life. His retrograde amnesia has eliminated his memories of his courtship of and marriage to Kitty; the fact that he and Kitty had a son, Oliver, who died as a small child; and most of his military service. His last memory is from shortly before the dissolution of his relationship with Margaret, and so he believes he and Margaret are still romantically involved. Kitty is ashamed at the revelation and abhors Margaret’s presence at Baldry Court. Margaret, herself married, nonetheless visits Chris daily during his convalescence while Kitty suffers in the background. Chris is treated by a series of medical professionals, all of whom are unsuccessful at restoring his memory. Ultimately, upon learning that both she and Chris lost their children at a young age, Margaret determines a method to cure Chris of his amnesia. She brings him mementos of his dead son and thereby restores his memory, his identity as a soldier, and his sense of duty to the war effort. The novel concludes with the presumption that Chris will return to the front.

The dominant critical response to the novel today is to employ Chris’s amnesia as
a site of trauma that is transferrable among other characters. For some critics, Chris’s trauma at the front invokes Kitty’s trauma of losing their son, Oliver, as well as her traumatizing humiliation and neglect from her husband upon his return. For others, Chris’s suffering explains Jenny’s experience of nightmares over her cousin’s deployment as well as her suffering when he returns dissatisfied with the life he encounters. Just as trauma operates on multiple levels in *Mrs Dalloway*, so too *The Return of the Soldier* provides a complex vision of the causes and consequences of psychological trauma. I argue that West presents two sides to trauma and upends conventional expectations of its consequences. On the one hand, according to West, trauma can be liberating: it frees Chris to pursue an otherwise inappropriate relationship. On the other hand, recovering from trauma can have negative consequences: recovering his memory forces Chris to return to an unhappy marriage and to the front.

In making sense of West’s complex vision of psychological trauma and its outcomes, it is important to note that West never intended for her novel to inform readers of the real experience of psychological trauma occurring in or as a result of the war. Well after its publication, she said she employed modern medicine as a device to further her larger theme of choice and constraint in this novel of manners. In 1928, she responded to a review of a play based on her novel. The reviewer claimed that West’s “novel was, in brief, a modern Tract for the Times; it was brilliant journalism” because of its attention to and representation of psychoanalysis (Hutchinson 67). In her response, West is unequivocal. She asserts that the novel was not intended as a case study nor even as a serious engagement with psychoanalysis. She further responds critically to the claim that her work encapsulated the psychoanalytic movement. “[M]y novel has fundamentally
nothing to do with psycho-analysis. I introduced a psycho-analyst as an unimportant device” (Hutchinson 68). She repeats her claim at the end of her response: “[psycho-analysis] was introduced [in my story] as an unimportant technical device, and it ought to have been criticized as such” (70).

West’s lack of interest in accepting the characterization of her novel as a psychological case study has three principal explanations. First, in many respects, West’s text is a novel of manners and an exploration of what kind of events might inspire an otherwise respectable married and middle-class man to engage romantically with a woman beneath his social status. Second, West had little experience or authority for representing a realistic vision of psychoanalysis or of shell shock. As a medical diagnosis, shell shock was new, appearing first in the medical literature in 1915 and entering the popular lexicon against the advice of numerous medical professionals, as I discussed in chapter one. West asserts in her 1928 response to the reviewer that she did not intend to engage with the medical discourse of psychological stress, specifically its treatment of psychoanalysis. Challenging the assessment that The Return of the Soldier was “brilliant journalism” reflecting modern medicine, she writes, “[I]t was not written in anything like these circumstances. To begin with, the story was complete in my mind in the middle of 1915 and complete in typescript, except for a few corrections, not very much later; and at that time not one per cent of London’s intellectuals or any other class of the community had heard of psycho-analysis” (Hutchinson 67). On the contrary, psychoanalysis had been popularized through the media and among London’s intellectual class since the 1890s; the newness of psychoanalysis that West refers to is likely its application to soldiers at war. Indeed, at the time West began conceptualizing the novel,
shell shock was a term only familiar within the military. It had just entered the medical discourse with the February 1915 publication of Charles S. Myers’s article in *The Lancet*.

Following Myers’ article, shell shock and its associated terms soldier’s heart, battle fatigue, and commotioned quickly became popular. The reading public was fascinated with the causes and consequences of traumatic stress, understood both physically and psychologically, on soldiers. West’s representation even parallels that of a then-contemporary media report. In October 1915, the Associated Press distributed a story from London titled, “Word ‘Mother’ Restores French Soldier’s Reason.” The article’s byline reads: “Proves to be key to his memory after strain of war had made him insane” (“Word Mother” 3). The man in question was in fact a British soldier serving on the front in France. He is described as one “whose mind has been left a blank by shell shock” (3). He “came out of a bombardment not only blind but almost an idiot. He could understand nothing, babbled meaninglessly and had to be treated like an infant” (3).

Despite the extent of the “nerve shattered” soldier’s symptoms, his cure was facilitated by “a concert party [who had] gone over from England to cheer up the sick” (3). One of the songs was “Mother Macree,” and the soldier “caught at” the word “mother,” which is repeated in the song’s lyrics (3). “When the song was finished, he was still muttering the word to himself,” the journalist reports (3). The soldier’s recovery parallels that of Chris’s. Like Oliver’s clothing and toys, the word mother “proved the key to his memory. He began to recall detached incidents about himself and later recovered both his mind and his sight” (3). Although West may not have known it, the issues she raises in *The Return of the Soldier* were present in the medical and popular discourses of her time. A
third explanation for West’s disinterest in associating *The Return of the Soldier* with the medical discourse of psychoanalysis is closely related to the second. West avoids representing Chris’s experience of war in general and the event that leads to his amnesia and its cure in particular. As I previously suggested, West may be employing the same narrative trick she described in the work of Henry James: the “missing center.” She omits the “really ‘great’” scenes of Chris’s injury and of his recovery and instead “describe[s] it simply by the full relation of its consequences” (West, *Henry James* 96).

The fact that the precipitating event for Chris’s amnesia is not represented directly complicates efforts to understand his memory loss in medical terms. Chris’s amnesia may be organic in nature, which Richard J. McNally defines as “caused by events, such as a blow to the head, that produce memory loss by damaging the brain,” or it may be psychogenic, which means it was “caused by events whose psychological or emotional meaning produces memory loss without damaging the brain” (186). Chris’s injury is never described directly, so it is impossible to know whether his condition was physical or psychological in origin. In the version published in *The Century*, Frank Baldry’s correspondence to Jenny is set apart from the text and framed as a letter with a salutation and closing. Frank writes, “Last Thursday I got a wire from Chris, saying that he had had concussion, though not seriously, and was in a hospital” (35-36). Both the form and the details are revised for publication in the novel. In the later version, Frank’s letter is incorporated into the main narrative, and Frank presents Chris’s condition as shell shock directly. “‘Dear Jenny,’ it began, ‘I am sorry to have to tell you that Chris has been disabled. He has had shell-shock and although not physically wounded is in a very strange state indeed’” (40). Today, readers generally encounter the latter representation of
Chris’s condition.

The only other vision of Chris’s injury is at the conclusion of his story about his affair on Monkey Island and, like the rest of the novel, is filtered through Jenny. In this chapter, Jenny explicitly acknowledges her ownership of the narrative of Chris’s courtship of Margaret. “I have lived so long with the story which he told me that I cannot now remember his shy phrases. But this is how I have visualized his meeting with love on his secret island. I think it is the truth,” she confesses (70). Jenny’s report of Chris’s story of his forbidden love for Margaret ends abruptly. In Jenny’s version, Chris lowers Margaret from an altar where he placed her. “And as he spoke, her warm body melted to nothingness in his arms. The columns that had stood so hard and black against the quivering tide of moonlight and starlight tottered and dissolved. He was lying in a hateful world where barbed-wire entanglements showed impish knots against a livid sky full of booming noise and splashes of fire and wails for water, and the stretcher bearers were hurting his back intolerably” (86). Jenny’s vision of Chris’s last memory emphasizes the physical relationship between Margaret and Chris. That his next memory is of the front indicate that the gap in Chris’s memory includes most of his war experience, including his officer training and the majority of his time in France. His memory is restored only at the point in which he is already at war and wounded. The reader can only imagine the trauma that caused his amnesia, whether it was an act of witnessing or a physical experience or some combination of both.

Just as the onset of Chris’s trauma is scarcely described, with West instead attending to the effect his memory loss has on the women who surround him, so too she withholds from the reader the scene of Chris’s recovery. Margaret gathers up Oliver’s
jersey and ball and, after some hesitation, takes them out to Chris on the lawn. They are gone for a long time, out of sight of both the reader and the women of Baldry Court. Kitty waits impatiently for his return, imploring Jenny repeatedly to look out the window. Finally, in the twilight, Jenny dimly sees “a figure mothering something in her arms” (186). Just as night falls, “[w]ith his back turned on this fading happiness Chris walked across the lawn” (186-87). Kitty then pronounces him cured while Jenny anticipates how Chris will behave upon his return. The novel concludes without depicting Chris’s actual return, to Baldry Court or to the war.

Shell shock was a new diagnostic category of both emotional and physical injuries at the time of the novel’s publication. West employs a nuanced use of the term in the novel. Tellingly, however, the editors of *The Century* understood West’s text as engaging directly with the discourse of shell shock, presumably to capitalize on readers’ fascination with the condition. In a synopsis provided above the second installment of the novel, to remind readers of the story’s plot, the editors state, “Captain Christopher Baldry has gone to the war, leaving his pretty wife, Kitty, and Jenny, his cousin and childhood playmate, in England. He is injured mentally by shell-shock, and his memory of the last fifteen years is wiped out” (705). Indeed, West herself uses the term to make sense of Chris’s condition. After receiving a wire from Chris, Margaret brings the news of his condition to his wife and cousin. Well aware of their socioeconomic divide and the impropriety of Chris contacting her rather than his wife, Margaret is nervous and awkward in delivering the news to his family. Kitty and Jenny are not receptive to her visit and believe her story is an attempted fraud. Despite her discomfort, Margaret is measured in her explanation for the cause of Chris’s evacuation to the Red Cross
hospital. By contrast, Kitty has no frame of reference for psychological wounds.

“‘[H]e’s hurt,’ [Margaret] gently said. ‘Wounded, you mean?’ asked Kitty” (27). “‘I don’t know how to put it. . . . He’s not exactly wounded. . . . A shell burst. . . .’ ‘Concussion?’ suggested Kitty. . . . ‘Shell-shock,’” Margaret concludes (29). This encounter is the same in the novel as it is in the serialization.

Although Margaret and the editors of *The Century* diagnose Chris’s condition as shell shock, the novel undermines any easy understanding of Chris’s amnesia. Indeed, Jenny understands Chris’s military service almost exclusively through its representation in media. The novel begins with Jenny pining for Chris’s safety in France: “like most Englishwomen of my time, I was wishing for the return of a soldier” (13). Jenny has nightmares about him, all inspired by the representations of the war that she has seen at the movie theater. “By night I saw Chris running across the brown rottenness of No Man’sLand,” she reports (13). “[N]ot till my dream was packed full of horror did I see him pitch forward on his knees as he reached safety, if it was that. For on the war-films I have seen men slip down as softly from the trench parapet, and none but the grimmer philosophers could say that they had reached safety by their fall” (14). Jenny’s mediated understanding of Chris’s experiences in the war gestures to the very interpretive model I want to question: the authenticity and reliability of popular culture representations of war and of psychological trauma.

While West may have had many reasons for refusing the characterization of her novel as engaging with psychoanalysis, it is nonetheless often read for its intervention and construction of a model of shell shock and psychoanalysis emerging from the war. As I’ve suggested, interpretations of the novel as engaged with the medical discourse of
traumatic stress are strained at best. Jenny’s version of Chris’s story, which describes
the stretcher bearers as “hurting his back intolerably,” suggest that Chris suffered
physical injury and that his memory loss may therefore be organic in nature. However, as
McNally notes, “in organic amnesia memories return gradually, if at all. Organic memory
loss is far less likely to be restored” (188). Therefore, the cure for Chris’s amnesia
proffered by Margaret, in which she used formerly familiar objects to jog his memory,
suggest that Chris’s amnesia is psychogenic in nature. Here again, McNally’s judicious
insight is useful. McNally insists that “psychogenic amnesia is extremely rare despite its
frequent portrayal in films and novels” (186). In her 1928 letter to the editor of The Observer,
West acknowledges how far-fetched her representation of recovery would
seem to medical professionals. “This is not by any means orthodox psycho-analysis; in
fact, I doubt if any psycho-analyst would believe in a cure so sharply effected”
(Hutchinson 68).

By withholding from the reader an explanation of the providence of Chris’s
amnesia, West refuses to contribute to a diagnostic or explanatory representation of shell
shock. The Return of the Soldier is not a scientifically useful representation of
psychological trauma or of shell shock, and West did not intend it as such. Instead, as she
suggests, shell shock and its cure is better understood in this novel as a device to
underscore the coercive and limiting nature of military service for men of the propertied
class in Britain during WWI. Moreover, although readings of the novel made in line with
the tenets of the trauma thesis find evidence of the debilitating nature of trauma on the
home front as well as the battle front, I argue that the novel is actually making a far more
complex point about trauma. By positioning the frigid and unforgiving Kitty against the
compassionate power of Margaret’s love, which is understood both emotionally and physically, West sets up an alternate understanding of trauma. According to West, Chris’s trauma and the amnesia it causes together liberate him to pursue his socially unacceptable relationship with Margaret, both for its sexual expressiveness and for its defiance of class boundaries. West further suggests that the seemingly positive moment of his recovery from trauma is in fact a negative outcome. Once he is cured, Chris the soldier must return to two potentially debilitating places: first to the suffocating life at Baldry Court and second to the Western Front.

The trauma thesis is further undermined by the novel’s attention to the fallibility of popular representations of shell shock. This unreliability is underscored in the medical understanding of Chris’s symptoms put forth by Jenny and by Chris’s doctors. Jenny sees Chris’s amnesia as an opportunity to cast off the constraints of his class status, including his responsibilities to his wife, household, and country. When Margaret considers not curing Chris, Jenny is overjoyed. “I felt an ecstatic sense of ease. Everything was going to be right. Chris was to live in the interminable enjoyment of his youth and love” (180). Indeed, Jenny is initially judgmental of Margaret’s poverty but comes to admire her as one who “champions the soul” once she realizes that his continued amnesia will prevent him from having to return to the front (134). Margaret stands in opposition to the materialistic Kitty, “the type of woman that makes the body conqueror of the soul,” and who would encourage Chris to return to the front (134). In the novel’s principal irony, Margaret ultimately facilitates Chris’s return to the front.

Jenny is critical of the medical professionals treating Chris, especially their techniques and their goals. His first doctors focus on hypnosis to restore his memory, but
Jenny scorns their temporary achievements. “[U]nder its influence [he] had recovered his memory and his middle-aged personality, had talked of Kitty with the humorous tenderness of the English husband, and had looked possessively about him,” she notes (138). However, his recall of the past fifteen years is short-lived. “But as his mind came out of the control he exposed their lie that they were dealing with a mere breakdown of the normal process by pushing away this knowledge and turning to them the blank wall, all the blander because it was unconscious, of his resolution not to know” (138-39). Jenny also understands Chris’s amnesia as a justifiable opportunity to avoid the remainder of his military service. Chris can hardly believe what he learns of the horrors of WWI. “Only that morning as I went through the library he had raised an appalled face from the pages of a history of the war. ‘Jenny, it can’t be true—that they did that—to Belgium? Those funny, quiet, stingy people. . . .’ And his soldierly knowledge was as deeply buried as this memory of that awful August” (147, emphasis in original). So long as his amnesia is medically incurable, Jenny knows he can avoid service at the front. Jenny reflects, “No more did I see his body rotting into union with that brown texture of corruption which is No Man’s land. . . . While her spell endured they could not send him back into the hell of war. This wonderful kind woman held his body as safely as she held his soul” (147). The war is only made real to Chris through the mediation of the printed word. The soldier who cannot remember his experiences in the war instead learns about the conflict in the same manner as his civilian cousin: through media representations. The irony of this scene is striking. West invokes the power of media representations even as she questions their veracity and effects.

Dr. Gilbert Anderson, the final doctor Chris sees and the one who facilitates his
cure with Margaret, locates Chris’s amnesia as psychogenic, employing the terms of a Freudian conflict. Dr. Anderson asserts that Chris’s amnesia is caused by the force of his id, his instinctual desires, overwhelming his super-ego, his sense of responsibility. “‘His unconscious self is refusing to let him resume his relations with his normal life, and so we get this loss of memory’” (163). Kitty agrees, insisting that Chris could recover his memory “‘if he would make an effort’” (163). Dr. Anderson is quick to reject Kitty’s theory that Chris’s amnesia is willful as a simplistic understanding of the medical discourse of human psychology. “‘You’ve been stuffed up when you were young with talk about a thing called self-control—a sort of barmaid of the soul that says, “Time’s up, gentlemen,” and “Here, you’ve had enough.” There’s no such thing. There’s a deep self in one, the essential self, that has its wishes’” (163). Ultimately, Dr. Anderson suggests that Chris’s life at Baldry Court did not make him happy and that his subconscious is suppressing his memory of married life for a time when he was truly contented. With Dr. Anderson’s diagnosis, West draws a parallel to the effects of the war. According to West, just as Chris’s trauma helped him see the real life before him, not just the class-related vision his education and familial responsibilities had bestowed upon him, so too war frees the essential self to express itself.

The idea that Chris’s trauma liberates him from the constraints of his class is brought to the fore in the scene where Margaret, like Jenny, questions the doctors’ treatments to restore Chris’s memory. When she realizes that Dr. Anderson might be the doctor best equipped to cure Chris’s amnesia, she voices her concerns directly. “‘Doctor,’ she said, her mild voice roughened, ‘what’s the use of talking? You can’t cure him.’ She caught her lower lip with her teeth and fought back from the brink of tears. ‘Make him
happy, I mean. All you can do is to make him ordinary’” (168). Here, Margaret’s use of the word “ordinary” conveys multiple meanings. At one level, she might be implying that Chris’s recovery will restore his memory of his choice to abandon the lower-class Margaret over a suspected flirtation and turn instead to his socially acceptable partnership with Kitty. In this case, becoming ordinary means returning to the socially conventional choices. It also means the ordinariness of returning to war, as men of Chris’s status were expected serve in the British Army, particularly in the officer corps. She may also be questioning the medical imperative to return men to fighting condition. As Ben Shephard notes, for psychiatrists at the front, “The problem . . . was that they could not simply respond to their patients’ suffering and tease out the intellectual puzzles they posed: they were also supposed to send them back into battle. They were military doctors, there to ‘conserve the fighting strength,’ to help win the war” (xviii). Dr. Anderson is not a military doctor, but Margaret understands him in this context. Preparing Chris to meet with Dr. Anderson, she asserts, “‘It’s not right to keep a doctor waiting in these times . . . so overworked they are, poor men, since the war’” (149). West creates a kinder model of medicine in Dr. Anderson than Woolf does with Holmes and Bradshaw. However, by curing Chris, Dr. Anderson will facilitate, even force, his return to the front.

Chris’s treatment and eventual cure suggests that his memory loss is psychogenic. If so, this information would support readings of the novel based on the trauma thesis. Margaret realizes that Chris can be cured by using mementos of the traumatic loss of his son. “I know how you could bring him back,” she says, “A memory so strong that it would recall everything else—in spite of his discontent” (168). Upon this realization, Margaret uses the metaphor of a physical handicap to weigh her options. “‘If my boy had
been a cripple—he wasn’t; he had the loveliest limbs—and the doctor had said to me, “We’ll straighten your boy’s legs for you, but he’ll be in pain all the rest of his life,” I’d not have let them touch him’” (179). Her calculation mirrors that of the trauma thesis: specifically, the tenet of the trauma thesis that posits that all experiences of trauma result in devastated or debilitated individuals. However, this analysis is not Margaret’s final view, and the novel as a whole fails to sustain the trauma thesis. Whereas the trauma thesis might suggest that Chris’s experiences with personal trauma—whether understood as his lost relationship with Margaret, the death of his son Oliver, or whatever happened to him at the front—will necessarily yield a traumatized psyche, Chris’s recovery is presented pragmatically. The Return of the Soldier suggests that duty and responsibility can overpower both desire and trauma.

In Chris’s case, Margaret ultimately determines that restoring his memory, even with the pain and suffering that his memory will contain, is preferable to allowing him to live in a fantasy state. The dissolution of Chris’s affection for Margaret, which he claimed “would persist if she were old or maimed or disfigured” prefigures the other difficult choices he will make (78). Tellingly, two of the challenges he foresees to their love, maiming and disfigurement, were far more likely to occur to men serving in the war than civilian women on the home front. Just as Chris cannot maintain his love for Margaret against the pressures of their class differences, so too Margaret knows she cannot maintain their love in the fantasy made permissible by his amnesia. To keep his memory from him would diminish him: “He would not be quite a man,” Jenny acknowledges (183). Indeed, it is Kitty’s suffering that Jenny says “somehow remind[s] us of reality”; in other words, of the demands of society as measured both by their
neighbors and by their nation (182). Chris must return to his respectable marriage and he must return to the front. His relationship with Margaret is untenable. Even in the war period, such violations of convention are unthinkable. His cousin Frank points to the limits of social permissiveness when he first learns of Chris’s affection for Margaret. “I know the war is making some of us very lax, and I can only ascribe to that the shamelessness with which you admit the existence of a long-standing intrigue” (43).

Restoring Chris’s memory restores both his sense of propriety and his sense of responsibility.

Jenny’s interpretation of Chris’s recovery is a critique of these social forces. Watching him return from his final meeting with Margaret, Jenny notes, “He walked not loose limbed like a boy, as he had done that very afternoon, but with the soldier’s hard tread upon the heel” (187). He has turned his back on the relationship with Margaret and returns to his life at Baldry Court with its concomitant promise of continued military service. Jenny then imagines his return to the front, “that flooded trench in Flanders, under that sky more full of flying death than clouds, to that No Man’s Land where bullets fall like rain on the rotting faces of the dead” (187). For Jenny, Chris’s recovery is a tragedy. By contrast, Kitty is overjoyed to learn of his recovery. “‘Jenny! Jenny! How does he look?’” Kitty asks. “‘Oh,’” Jenny pauses. “—how could I say it—‘every inch a soldier’” (188). Kitty is elated and “suck[s] in her breath with satisfaction. ‘He’s cured!’ she whispered slowly. ‘He’s cured!’” (188). For Kitty, then, Chris’s recovery restores both her standing as his wife and returns her husband to his socially acceptable position. The novel offers no insight from Chris directly in response to his recovery of memory. Jenny reports that upon returning to the house, “He wore a dreadful, decent smile; I knew how
his voice would resolutely lift in greeting us” (187). In other words, Chris would
make the best of his knowledge, of his trauma, and of his position as a captain in the
British Army. Far from being psychologically disturbed by his traumatic experiences,
Chris prepares to return once more into the breach. *The Return of the Soldier* is ostensibly
about Chris’s return to England, but the novel resolves itself with the intimation that he
will return to war. While this return may be tragic, it is not, in fact, traumatic. Indeed, as
Jenny knows, Chris will adapt. “I found comfort in remembering that there was a
physical gallantry about him which would still, even when the worst had happened, leap
times to the joy of life” (185).

Chris’s amnesia enables him to upset the expectations of the patriarch of Baldry
Court and to enjoy the kindness of his beloved but socially marginal Margaret. According
to Jenny, “His very loss of memory was a triumph over the limitations of language which
prevent the mass of men from making explicit statements about their spiritual
relationships” (133). In other words, Chris’s amnesia makes possible what propriety
prevents: Chris’s articulation of emotion and devotion to a woman of a lower class than
himself. Amnesia, and along with it the trauma it is part of, free him to be himself. Jenny
connects Chris’s amnesia to his disavowal of classed obligations in a later passage, as
well. Jenny argues, “The deep internal thing that had guided Chris to forgetfulness had
guided her to poverty so that when the time came for her meeting with her lover there
should be not one intimation of the beauty of suave flesh to distract him from the
message of her soul” (146). Margaret’s poverty and lack of beauty, which would
previously have put off a man of Chris’s station, are elevated to the status of desirability
once Chris’s amnesia permits their relationship. Through her vision of trauma, West
releases Chris to pursue his individual desires. She identifies possibility in the war experience in general and the reality of psychological stress. Although class and tradition triumph when Chris returns to Baldry Court and the war, the value of this trauma for Chris’s temporary happiness effectively repudiates readings of the novel that see it validate the trauma thesis.

In *The Return of the Soldier* and *Mrs Dalloway*, West and Woolf present trauma as a complex agent of change rather than a definitive harbinger of destruction or debilitation. In *Jacob’s Room*, Woolf suggests that trauma can create the conditions for meaning-making. Trauma victims are not necessarily silenced or fragmented in the wake of traumatic experience but instead, as in other life events, can make explanations for and make meanings of those experiences. In *Mrs Dalloway*, Woolf develops this idea further. Septimus appears to conform to the determinations of the trauma thesis because of his inability to make meaning of Evans’s death in the war and his failure to communicate himself to those who surround him. He is ultimately unable to adapt to the expectations of his doctors and kills himself rather than accept their treatment. However, as in *Jacob’s Room*, Septimus continually attempts to make sense of his experience, and he is not the novel’s only vision of trauma. Instead, Woolf depicts Clarissa as a masterful meaning-maker. She transforms the traumatic experience of witnessing the death of a family member into a positive force that guides her approach to life and her practice of eudaimonia. Indeed, for Clarissa and for Chris in *The Return of the Soldier*, trauma is liberating. Rather than reducing Chris to a victim as it does Septimus, trauma transforms him into a man who is briefly freed from social constraints. However, Chris’s freedom eventually collapses under the weight of societal forces. His freedom is temporary,
merely a suspension of his social contracts. Chris must be made to remember who he is, and when he does, he must return to his conventional life and his responsibilities at the front. While West and Woolf are not writing case studies, their complex depiction of psychological trauma and its effects suggest that trauma is far more complex than the trauma thesis allows. In the section that follows, I draw on West and Woolf’s expansive understandings and representations of psychological trauma and its effects to argue that Faulkner expresses a similarly multifaceted vision.

**Through Struggles to the Stars in Soldier’s Pay**

In many ways, Faulkner’s first novel, *Soldier’s Pay* (1926), and his fifth, *As I Lay Dying* (1930), share a central thematic concern: the condition and reception of veterans returning home from war marked with some kind of psychological stress. The earlier text reflects a Faulkner few readers know, while the later one shows him fully in possession of the narrative strategies we now think of as Faulknerian, such as his complex sentence structure and use of stream-of-consciousness. In this section, I address *Soldier’s Pay*. I begin by offering a summary of the novel and of current critical readings influenced by the trauma thesis. Next, I examine Faulkner’s use of both psychological stress and the missing center as literary devices. I show how the novel ironizes the titular “soldier’s pay” and conclude with a close reading of the ending to show how Faulkner’s inconsistent vision of trauma enables a multitude of interpretations, ranging from disillusionment to hope.

*Soldier’s Pay*, published in 1926, is set in spring 1919 as the process of demobilizing American servicemen following WWI continues. A young air cadet, Julian Lowe, meets the older veteran Joe Gilligan while on the train, and the two take a
wounded and silent officer who flew in the British Air Force, Donald Mahon, under their protection. A fourth traveler, Margaret Powers, who has lost her husband in the war, joins their party. Joe and Margaret encourage Julian to return to his mother in San Francisco, and he appears in the rest of the novel only through his letters courting Margaret. Donald is returning to Charleston, Georgia to be with his father, Joseph Mahon, a widowed rector; Emmy, the household servant who is in love with Donald; and Donald’s betrothed, Cecily Saunders, who is now romantically involved with the civilian George Farr. Cecily and Emmy are being pursued by Januarius Jones, a sexually aggressive young man who has accepted Joseph’s hospitality. An uneven novel, *Soldier’s Pay* reflects Faulkner’s early experiments with narrative form, including several epistles, play script, and a section demarcated by time passing. It also reflects, in part, Faulkner’s service in the Royal Air Force.

The novel takes place over the course of several months. During this time, Joseph denies the evidence that Donald is going blind and dying; Margaret and Joe attempt to reintegrate Donald to his civilian life and facilitate his marriage with Cecily; and Cecily vacillates between keeping her promise to Donald and her desire for George. Ultimately, Cecily elopes with George, and Margaret marries Donald, who dies shortly thereafter. The novel contains a few elements of a novel of manners but also presents a narrative of clashes within families and across class boundaries, as much of Faulkner’s later work would do. In a significant parallel with West, Faulkner pairs two women, Cecily and Margaret, to explore two sides of the veteran’s experience. Cecily is like the beautiful, but cold, Kitty, and the two Margarets correspond in their warmth and compassion. Similarly, Faulkner uses male characters in pairs. George and Januarius Jones are similar
in their civilian status and in their aggressive and sexualized pursuit of Cecily, comparable with Donald’s pre-deployment sexual affair with Emmy. Upon his return, however, Donald is aligned more closely with another veteran, Joe, who desires an emotional connection and marriage to Margaret.

In many respects, Soldier’s Pay appears a good fit for readings based on the trauma thesis. Donald’s “soldier’s pay,” represented by his ill-understood physical and emotional conditions and his broken engagement with Cecily, suggest Faulkner’s critical view of civilians’ treatment of veterans. The narrative hinges upon an insuperable gap between soldiers and civilians; it positions both generalist and specialist alike as incapable of treating Donald’s condition; and it concludes, like Mrs Dalloway, with the shell-shocked soldier’s death. However, Donald’s condition has little to do with the medical discourse of trauma, then or now. Even as Faulkner presents the traumas of war as embodied by Donald as little more than a device to explore the lack of understanding and appreciation faced by returning veterans, he does not sustain this vision throughout the novel. Instead, like the novels by West and Woolf, Soldier’s Pay offers a conclusion that ultimately upends readings of the novel based on the trauma thesis.

Faulkner uses Donald’s condition as a device to separate soldier from civilians. Donald is introduced to the reader in the midst of a scene of conflict between veterans and civilians. As Joe and Julian drink moonshine on the train, their conversation and behavior turn raucous, forcing the conductor to try to bring them under control. He insists, “I can’t bring a train into Chicago with the whole army drunk on it,” but Joe feels like this scolding reflects a general negative attitude toward veterans (8). “‘Men,’ he said solemnly, ‘he don’t want us here. And this is the reward we get for giving our flesh and
blood to our country’s need. Yes, sir, he don’t want us here; he begrudges us riding on his train, even”” (8). The conductor attempts to show solidarity with the soldiers, noting that he has a son at the front. “Sixth Marines he is. His mother ain’t heard from him since October” (9). Whether inspired by drink or by actual feelings of isolation, Joe insists on escalating the conflict with the conductor, going so far as to encourage another veteran to jump out the window of the moving train, a move that would certainly result in his death. This extreme scene helps focus the reader on the divide between civilians and veterans in the postwar moment. It also foreshadows the divided response Donald will experience upon his homecoming. The few details the novel provides about Donald’s medical state emerge only slowly, and each element of his condition serves as a device to reiterate, and, perhaps, reify, the division between soldiers and civilians.

When Joe and Margaret take Donald under their protection, he is in poor physical shape. He is going blind, is scarred on forehead and hands, can barely communicate, and seems not to understand the world around him. The reader learns these details only incrementally. Upon meeting Donald, Julian keeps trying to ask him questions, but Joe silences him. “‘Hush. Let him alone. Don’t you see he don’t remember himself? Do you reckon you would, with that scar? Let the war be’” (25). Joe’s analysis of Donald’s condition is upheld as authority throughout the novel, and all the characters avoid speaking directly about Donald’s condition. Finally, at a party, another soldier who knew Donald before the war identifies Donald’s malady bluntly: “‘Got his in the head. Don’t remember much’” (197).

In a way similar to West’s use of the missing center in *The Return of the Soldier*, Faulkner also withholds the specifics of the incident that precipitated Donald’s condition.
The narrative addresses the origins of his afflictions only twice. Once, early in the novel, the rector acknowledges that his son was “shot down in Flanders last spring” (41). The majority of characters who knew Donald presumed him dead, suggesting that the official report on Donald’s combat encounter was not accompanied by updates on his survival or treatment. The only other reference to Donald’s condition occurs late in the novel. Joe and the rector are sitting outside and believe they hear Donald call out. In the next chapter, Donald appears to relate the events of the day his plane was shot down, though the narrative tone suggests that Donald is having a dream or occupying a dreamlike state rather than conveying the details of his experience to another character. The chapter begins, “Donald Mahon lay quietly conscious of unseen forgotten spring, of greenness neither recalled nor forgot” (288). The several pages that follow describe what is presumably Donald’s last flight as a fighter pilot. He spots two German airplanes but determines he does not have enough fuel to engage them. “Then, suddenly, it was as if a cold wind had blown upon him” as he comes under attack (290). He sees five contrails miss him, “then he felt two distinct shocks at the base of his skull and vision was reft from him as if a button somewhere had been pressed” (290). Donald flies blindly and returns fire by instinct. He regains his vision long enough to see bullet holes across the cockpit and to discover that he has been hit. “Then he felt his hand, saw his glove burst, saw his bared bones” (290). The scene concludes with Donald facing his father’s visage. “‘That’s how it happened,’ he said, staring at him” (290). However, it does not appear that Donald in fact describes this event to his father directly, but instead seems only capable of conveying this experience in his dreams.
As with the injuries of Chris in *The Return of the Soldier*, Donald’s injuries and experiences are explained through a complicated mixture of organic and psychogenic causes. His physical and psychological trauma is compounded by psychogenic factors related to his engagement with Cecily. When a specialist visits Donald, he indicates that the effects of Donald’s injuries exceed their physical causes. Mr. Saunders asks Margaret what the doctor told her about Donald’s condition, and she responds, “‘Nothing definite, except that he remembers nothing that happened before he was hurt. The man that was wounded is dead and this is another person, a grown child. It’s his apathy, his detachment, that’s so terrible. He doesn’t seem to care where he is nor what he does. He must have been passed from hand to hand, like a child’” (114). Mr. Saunders presses her for more information. “‘I mean, about his recovery.’ She shrugged. ‘Who can tell? There is nothing physically wrong with him that surgeons can remedy, if that’s what you mean’” (114). Like West, Faulkner withholding a veracious representation of Donald’s condition.

Margaret’s view that surgeons can remedy nothing could be interpreted as suggesting that Donald’s maladies exceed the ability of doctors to treat him bodily; however, a later passage indicates that his problems are not limited to the physical. Speaking with a specialist visiting Donald from Atlanta, Margaret asks, “‘You think there is no hope for him, then?’” (149). The doctor is pessimistic. “‘Frankly, I do not. . . . He is practically a dead man now. More than that, he should have been dead these three months were it not for the fact that he seems to be waiting for something. Something he has begun, but has not completed, something he has carried from his former life that he does not remember consciously. That is his only hold on life that I can see’” (150-51). In other
words, Donald’s physical injuries are so devastating that he should already have died. The only explanation for his continued survival is psychological: he must still believe he has something to live for. As the specialist notes, “[A]ll that has been done for him, or he would never have been released from any hospital” (151). According to Margaret, Donald is waiting to be married, and so she tries to encourage first Cecily and then Emmy to marry him. Cecily cannot stand the sight of his scarred face and refuses. Emmy had a sexual relationship with Donald before he went to war. Hurt by Donald’s failure to recognize her upon his return, she also refuses. As a result, Margaret marries him herself. As in The Return of the Soldier, trauma operates as a device to explore desire and the unconscious self; Cecily is like Kitty, cold and withholding, while Margaret in Soldier’s Pay mirrors Margaret in The Return of the Soldier. By marrying Donald, Margaret liberates him from his grasping hold on life, Faulkner suggests, freeing him to die.

The title Soldier’s Pay refers to the novel’s inquiry into the recompense given to soldiers for their service. Here, Margaret and Cecily function as foils that articulate aspects of Faulkner’s negative view of the soldier’s reception. The effect is similar to that achieved by West. Cecily became engaged to Donald in the heady romance of the war. Joe admits to Margaret that he read Cecily’s last letter to him, providing the reader with a glimpse into Cecily’s motives for their engagement. “Why, I tell you I seen that letter: all the old bunk about knights of the air and the romance of battle” (37). Joe predicts that Cecily’s feelings for Donald will change upon seeing his injuries. “‘Trouble is, he probably won’t die soon enough. . . . And do you know what she’s going to do when she sees his face?’” (36). Cecily is like Kitty, desiring Donald only when he corresponds with her ideal of a soldier. Similarly, Margaret and her husband were married in the lead-up to
the war after a three-day romance. Once he is overseas, Margaret realizes that their marriage is ill-advised and writes to him for a divorce. Her message coincides with the news that her husband, Lieutenant Powers, was killed in action (32).

While Cecily and her parents try to find a way to extricate her from her betrothal to Donald, Margaret invests in Donald as though he were her husband, much as Margaret does with Chris in *The Return of the Soldier*. Mrs. Saunders draws a moral distinction between promises made in war and those made in peacetime. “Well, an engagement in war time and an engagement in peace time are two different things. Really, I don’t see how he can expect to hold her to it” (94). For Mr. Saunders, what matters is whether Donald has returned whole from the war: “By the way, he ain’t lame or badly hurt, is he?” he asked quickly” (95). Mrs. Saunders does not entertain the possibility that Donald can return intact from the service. She criticizes his social status, then argues that her daughter should not marry “a man who has nothing and who may be half dead, and who probably won’t work anyway. You know yourself how these ex-soldiers are” (95). For Mrs. Saunders, then, Donald’s veteran status conforms to a number of negative stereotypes. By contrast, as Joe notes, Margaret does the exact opposite. He calls it a “funny world,” one in which a “[s]oldier dies and leaves [her] money, and [she] spend[s] the money helping another soldier die comfortable. Ain’t that funny” (40). However, none of them—Joe, Margaret, Cecily, her parents, or Donald—are laughing. Margaret explains her attempt at penance for asking for a divorce simultaneously with her husband’s death to Joe directly. “You see, I feel some way that I wasn’t square with him. And so I guess I am trying to make it up to him in some way” (160). Even as Faulkner
criticizes the reception of soldiers as embodied by Cecily, he allows Margaret to make reparations for her ostensible desertion.

Donald dies likely never understanding that he has been married or to whom, suggesting that the novel ends on a note of disillusionment. However, Faulkner also makes possible the interpretation that Donald’s personal trajectory and that of the novel exceed the disillusionment narrative. In one of the only times Donald is communicative, he indicates that he is ready to be freed from the confines of his broken body and mind. He gets Joe’s attention, then asks, ‘When am I going to get out?’ ‘Out of what, Loot?’” Joe asks. “But he was silent, and Gilligan and Mrs. Powers stared at each other tensely. At last he spoke again: ‘I’ve got to go home, Joe’” (168). Donald stops responding to Joe’s questions, knocks his glasses off of his face, and returns to his regular, noncommunicative self. “Then he said: ‘Carry on, Joe’” (168). Shortly thereafter, in the dreamlike section narrating Donald’s final flight, Donald describes himself as occupying a liminal state, suggesting the threshold between life and death, as we’ve seen. “Donald Mahon lay quietly conscious of unseen forgotten spring, of greenness neither recalled nor forgot. After a time the nothingness in which he lived took him wholly again, but restlessly. It was like a sea into which he could neither completely pass nor completely go away from. Day became afternoon, became dusk and imminent evening” (288). As Donald slips out of consciousness, Faulkner offers the reader an alternative way of making sense of Donald’s damage and death. “And suddenly he found that he was passing from the dark world in which he had lived for a time he could not remember, again into a day that had long passed, that had already been spent by those who lived and wept and died, and so remembering it, this day was his alone: the one trophy he had reft
from Time and Space. *Per ardua ad astra* (289). *Per ardua ad astra* is the motto of the Royal Air Force, with which Donald flew. It translates to “Through Struggles to the Stars” (Royal Air Force). The fact that his one trophy is the motto of his military unit and that it is both temporally and physically unbound suggest that his soldier’s pay exceeds the grasp of civilians. The novel’s title is not just an ironic critique of Cecily’s treatment of Donald. It also reflects military service as a trophy, an honor bestowed by the military and untainted by civilian opinion or disregard. By allowing Margaret to make up for her treatment of her husband by marrying Donald, Faulkner suggests that soldier’s pay may come in unexpected forms. Donald’s narrative also suggests that a soldier’s pay includes the strength to struggle, through grave physical devastation and emotional desertion, to a higher place. Many critics perceive bitterness and trauma in Faulkner’s failure to see combat during his service with the Royal Air Force. However, in Faulkner’s vision, Donald was indisputably traumatized in the war, but the fact of his service is presented as validating and redeeming. Donald’s service gives meaning to his life, his loss, and his suffering.

Although the novel’s central thematic concern appears to be the “soldier’s pay” bestowed by civilian women, the novel’s conclusion similarly suggests that what seems significant at one time may eventually diminish in importance. In the end, Faulkner appears to soften his sharply critical stance to allow for adaptation and recovery. After Donald’s death and Margaret’s departure, Joe confesses to the rector his love for and rejection by Margaret. The rector comforts him, telling him, “Circumstance moves in marvelous ways” (313). Joe questions the rector’s doctrine, but the rector reiterates his
philosophy of resilience. “The saddest thing about love, Joe, is that not only the love cannot last forever, but even the heartbreak is soon forgotten” (314).

The novel’s final vision is one of inevitability, acceptance, and even hope. In order to give Joe time to recover from losing Margaret, the rector encourages him to stay, but Joe declines. The two men then take a long walk and come across an isolated African-American church. As they listen to the congregants sing, they see “the shabby church become beautiful with mellow longing, passionate and sad” (315). The ramshackle church is given significance and value by its congregants’ belief and by the rector and Joe’s witness. “Then the singing died, fading away along the mooned land inevitable with to-morrow and sweat, with sex and death and damnation; and they turned townward under the moon, feeling dust in their shoes” (315). Soldier’s Pay no more endorses the trauma thesis than it offers a portrait of shell shock. Instead, the novel acknowledges life’s tribulations and each character’s capacity to suffer or make meaning from his or her experiences. As the rector tells Joe, “We make our own heaven or hell in this world” (313). In other words, our suffering has less to do with the specificity of our experience and more with our response to it.

Faulkner’s inconsistent vision of psychological trauma in Soldier’s Pay sets the stage for a far more developed and consistent vision of trauma and its consequences in As I Lay Dying. Soldier’s Pay is didactic, even moralistic, in its critique of civilians and the challenges facing returning veterans. However, like West and Woolf, Faulkner does not reduce the consequences of psychological trauma as experienced in the war to merely the debilitating. Instead, he suggests, albeit unevenly, that traumatic experience can be overcome by the attitudes we have toward our experiences.
Trauma and Agency in *As I Lay Dying*

By the time of his fifth novel, Faulkner shifted both his technique and his subject matter. After *Soldier’s Pay*, Faulkner published *Mosquitoes* (1927), *Sartoris* (1929), *The Sound and the Fury* (1929), and *As I Lay Dying* (1930). In *As I Lay Dying*, Faulkner interrogates the role of perception on understandings of psychological stress and presents a far different vision of its consequences. In this novel, psychological stress serves to broaden the perception of its survivors and enables a new subject position. While the trauma thesis insists on silence, aporias, and victimization, Faulkner depicts a world where trauma yields the possibility of power, agency, and control.

Usually understood as a journey or quest narrative, *As I Lay Dying* is a complicated look at family relations and social class in rural, post-war America. The novel is divided into 59 chapters focalized through fifteen different narrators, which includes each member of the Bundren family as well as a number of neighbors and individuals the family encounters on their journey. The diction and tone of each chapter generally reflects the speech patterns and motivations of the narrating character, with some exceptions. The story centers on the Bundren family. Addie, the matriarch, lies dying in her home and is attended to by her lazy and self-serving husband, Anse, and their five children. Cash, the eldest, is a skilled carpenter. Their second, Darl, is a WWI veteran who makes people uncomfortable with his ability to know things he shouldn’t. The fact of Darl’s service is withheld until nearly the end of the novel. The third, Jewel, is Addie’s illegitimate son and favorite child. Dewey Dell, the only girl, is pregnant and trying to both hide and terminate the pregnancy. The youngest, Vardaman, is the hardest hit by losing their mother.
Upon Addie’s death, the family undertakes her last wish: to be buried with her people in Jefferson, Mississippi some forty miles from their home. Cash has built her a coffin, and the narrative focuses on the family’s troubled attempts to cart her to her final resting place. The setbacks are continuous. After heavy rains flood the river, they attempt to ford the river against their neighbor’s counsel. As a result, Cash breaks his leg and they nearly lose the coffin. Further along their journey, the body starts to decompose and stink. However, Anse refuses to bury her anywhere but Jefferson as he promised her, though, as the reader later learns, he has ulterior motives for completing the trip. In response to the humiliation and disrespect to Addie’s body, Darl sets fire to a barn in an attempt to burn the casket. When they finally reach Jefferson and bury Addie, Anse and Cash have Darl taken to an insane asylum as recompense for burning the barn, and Anse returns with a set of dentures and a new Mrs. Bundren.

Unlike *Soldier’s Pay*, Faulkner’s 1930 novel is not at all engaged with issues facing veterans’ homecoming and reception. Indeed, the fact of Darl’s military service is noted rarely and only obliquely. It is not until the novel’s conclusion that the reader learns definitively that Darl has served in the military. In a chapter focalized through Darl after he has been arrested for setting the barn on fire, Darl acknowledges in the third person, a formal shift reflecting his madness, “Darl had a little spy-glass he got in France at the war” (254). Yet this reference is all the reader needs to begin to see Darl’s oddness, his deep dissociation from his family and neighbors, as a manifestation of trauma. Earlier hints in the novel of Darl’s difference include his comment, a third of the way through the novel, “How often have I lain beneath rain on a strange roof, thinking of home” (81). Later, Darl compares Jewel’s tattered hat to a knight’s helmet, suggesting Darl’s travel
and exposure to cultural knowledge: “he looks through it like through the visor of a helmet” (94). Darl also describes the coffin in the doorway of the burning barn as looking “like a cubistic bug,” a hint at his knowledge of European modernism (219). These references suggest that Darl has seen more of the world than the rest of the Bundren family, who presumably have never left the confines of Yoknapatawpha County.

In _Soldier’s Pay_, Donald, as a shell shock victim, is depicted as without agency. He is blind, uncommunicative, and unable to make sense of or engage with his surroundings. By contrast, in _As I Lay Dying_ Faulkner offers a very different vision of trauma. At first glance, the novel appears to epitomize the assumptions of the trauma thesis. Addie’s infamous linguistic theory that “words are just a shape to fill a lack” parallel the notion that trauma silences its victims (172). Similarly, Darl’s madness could be understood as a product of his military service, suggesting that trauma has debilitated him. This reading is made possible by Faulkner’s juxtaposition of the spyglass Darl got in the war, Darl’s description of himself in the third person, and Darl’s ultimate institutionalization. However, I suggest that Faulkner presents trauma as a powerful instrument of change: it neither redeems nor silences characters, but instead inspires a greater understanding of the world’s machinations and empowers its survivors to take agency over their own narratives. The novel presents Darl as an extraordinarily powerful agent, manipulating Addie alive and dead, keeping Jewel from his mother’s deathbed, and exerting his knowledge as power over his family and neighbors.

Unlike Chris in _The Return of the Soldier_ and Donald in _Soldier’s Pay_, Darl is not associated with any evidence of a physical trauma. Darl is more closely related to Septimus in _Mrs Dalloway_ in that Darl’s trauma, like Septimus’s, has psychogenic
origins. Here again, however, there is no evidence that Darl was involved in a traumatic incident in the front. Instead, Faulkner provides the reader only with the spyglass that depicts illicit sex in the form of bestiality as evidence for his traumatization. Darl would have been familiar with violence from his mother, but was otherwise likely an innocent young man protected from the world and its capacity for infidelity and sexuality. In his survey of the origins of the sexual revolution of the 1920s, Gandal situates the “watershed” moment in the context of WWI (29). “By collecting millions of American men and redistributing them by the thousands across the Eastern half of the country in military camps, and by large-scale American male contact with European mores, the war transformed a small and marginal tendency [of greater ‘sexual latitude’] into a mainstream movement” (29, 28). In his final chapter, Darl indicates that his exposure to new sexual knowledge is the tipping point of his trauma. As he is on the train to Jackson to be admitted to an insane asylum, Darl describes the spy-glass with its pornographic vision, then asks himself, “‘Is that why you are laughing, Darl?’” before answering “‘Yes yes yes yes yes yes’” (254).

Further evidence for the war as an agent of change in Darl is introduced through Anse. Anse is frustrated by institutional powers, especially those unnamed forces that took his son to war as part of the draft. Anse begins his first chapter by saying, “Durn that road” (34). He adds, “A-laying there, right up to my door, where every bad luck that comes and goes is bound to find it” (35). The bad luck that has found the Bundren family is presumably the draft for WWI. In the period of WWI conscription, which began when the Selective Service Act was signed into law on May 18, 1917, Cash would have been the most eligible for the draft (Kennedy 148). However, perhaps because of his carpentry
skills, Anse negotiated to keep him at home and send Darl in his place. In a decontextualized passage, Anse reflects on bad luck, specifically an injury Cash sustained performing carpentry work on a roof. He adds, “And Darl too. Talking me out of him, durn them” (36). As David M. Kennedy notes, Anse would likely have been visited by local officials to encourage the draft-eligible men of the family (between age 21 and 30) to register voluntarily (150). Anse further suggests that Darl changed during his deployment. “I says to them, he was alright at first, with his eyes full of the land, because the land laid up-and-down ways then; it wasn’t till that ere road come and switched the land around longways and his eyes still full of the land, that they begun to threaten me out of him, trying to short-hand me with the law” (36-37).

Once he returns, Darl is markedly different from the rest of his family and his community in Yoknapatawpha County. Anse himself, who is often the subject of his neighbors’ gossip and critique, acknowledges the public perception of Darl. Finally setting out from their home to take Addie to Jefferson, the family leaves without Jewel, who has been prohibited from riding his horse. Anse describes Darl’s response to seeing Jewel arrive on horse back against Anse’s orders. “Darl begun to laugh. Setting back there on the plank seat with Cash, with his dead ma laying in her coffin at his feet, laughing. How many times I told him it’s doing such things as that that makes folks talk about him, I dont know” (105).

Faulkner shows how far the rule of public opinion has stretched in the section focalized through other characters. Samson describes Darl as “the second one, the one folks talks about” (113). Their self-righteous neighbor, Cora, articulates the change noticed by others, insisting, “I always said Darl was different from those others” (21).
Cora defends Darl, perhaps out of deference to her two marriage-age daughters, but she also reports the gossip of others. “It was Darl, the one folks say is queer, lazy, pottering about the place no better than Anse” (24). Cora’s husband Tull similarly attempts to make sense of the change in Darl following his service and positions Cora’s opinion of Darl against her desire to see her daughters married. “I have said and I say again, that’s ever living thing the matter with Darl: he just thinks by himself too much. Cora’s right when she says all he needs is a wife to straighten him out” (71). Tull means there is nothing physically wrong with Darl that he or anyone else can see. As with Donald, Darl’s suffering seems to be all in his head.

Unlike Donald, Darl’s difference is not trauma in any accepted medical sense. Instead, Darl’s difference emerges from his uncanny ability to see through people to their socially unacceptable desires and their darkest secrets. Dewey Dell, who is nearly ten years younger than Darl and was likely only a child when Darl deployed, notes that upon his return they can communicate “without the words” (27). Tull articulates why Darl’s perceptiveness is so disconcerting. “He is looking at me. He dont say nothing; just looks at me with them queer eyes of hisn that makes folks talk. I always say it aint never been what he done so much or said or anything so much as how he looks at you. It’s like he had got into the inside of you, someway. Like somehow you was looking at yourself and your doings outen his eyes” (125). Darl sees through people; he now understands their transgressions and secrets.

The origins of Darl’s intuition can be traced back to the spyglass. In a passage focalized through Darl, he states, “Darl had a little spyglass he got in France at the war. In it it had a woman and a pig with two backs and no face. I know what that is” (254).
The spyglass Darl brought back from France is not a telescope but rather a pornographic device that shows the viewer a secret, forbidden vision of sex. John T. Irwin uses the spyglass as a device for interpreting Faulkner’s *The Sound and the Fury*, but Darl’s understanding of the spyglass also alludes to Shakespeare’s *Othello* (54). Iago insinuates to Desdemona’s father that she is fornicating with Othello, stating, “I am one, sir, that comes to tell you your daughter / and the Moor are now making the beast with two backs” (I.1.126-27). Darl’s spyglass is a pornographic gimmick, but it is also a way of representing and seeing the world, one that would have been seconded by the education he received in the military. In training camps and in France, the U.S. Army educated soldiers in a “campaign against sexual vice,” that Kennedy notes “had substantial influence on postwar life” (186). Darl’s discovery and military education was likely buttressed by the activities and stories of the men he served with. Darl acquired not only the spyglass in France but also a new way of seeing the world, one far exceeding the boundaries of his upbringing.

Darl’s invasive new understanding of the world helps him understand and manipulate his family. Specifically, following his deployment, Darl realizes that Jewel’s father is not Anse and that Dewey Dell is pregnant out of wedlock. The first introduction the reader has to Darl’s new worldview is in the complex narrative of how Jewel acquired his horse, which results in Darl learning about his mother’s infidelity. Darl describes one summer, when Jewel was fifteen, that he would seemingly sleep all the time, drowsing at the supper table and while milking the cows (128-29). When the sleeping spell begins, Addie encourages Jewel to stay home, to rest and recover, and for Anse to call a doctor (129, 130). Addie also helps Jewel cover for his failure to complete his chores. “It was
ma that got Dewey Dell to do his milking, paid her somehow, and the other jobs around the house that Jewel had been doing before supper she found some way for Dewey Dell and Vardaman to do them. And doing them herself when pa wasn’t there” (130). Darl’s insight to Addie’s favoritism is damning: “And that may have been when I first found it out, that Addie Bundren should be hiding anything she did, who had tried to teach us that deceit was such that, in a world where it was, nothing else could be very bad or very important, not even poverty” (130). After Jewel comes home with the horse, revealing that his spell of sleeping was caused by his working through the nights to clear a field in exchange for the animal, Darl reflects, “That night I found ma sitting beside the bed where he was sleeping, in the dark. She cried hard, maybe because she had to cry so quiet; maybe because she felt the same way about tears she did about deceit, hating herself for doing it, hating him because she had to. And then I knew that I knew. I knew that as plain on the day as I knew about Dewey Dell on that day” (136). Darl learns almost immediately of Dewey Dell’s pregnancy, though she never tells him directly.

It is tempting to read Darl’s insight into Dewey Dell’s situation as reflecting a telekinetic ability to know things he should not. Addie dies while Darl and Jewel are away from the house hauling a load, but Darl nonetheless seems to know the moment of Addie’s death, announcing, “Addie Bundren is dead” (52). However, Lafe and Dewey Dell’s sexual relationship would be visible to anyone paying enough attention. As Dewey Dell describes it, “We picked on down the row, the woods getting closer and closer and the secret shade, picking on into the secret shade with my sack and Lafe’s sack” (27). The two pick together and make their way down the row together, toward the woods where they can disappear from sight. They are intimate while they pick, their bodies close and
their hands touching: “And we picked on toward the secret shade and our eyes would
drown together touching on his hands and my hands and I didn’t say anything” (27).
Though Dewey Dell hardly understands her pregnancy and cannot ask the pharmacist for
an abortion directly, Darl, who has seen enough of the world, knows both of her liaison
with Lafe and the fact that without access to birth control, she is likely to be pregnant.

The traumatic knowledge of sexuality, bestiality, and violations of boundaries that
Darl discovered in the war does not reduce him to a silent or dissolute victim as it does
Donald in Soldier’s Pay. Instead, Darl emerges a vindictive agent who in many respects
controls his family. He torments his half-brother Jewel with his knowledge of Addie’s
imminent and eventual death. In sections focalized through Darl, he represents his abuse
directly. “‘Jewel,’ I say. . . . ‘Do you know she is going to die, Jewel?’” (39). Again, in a
later section focalized through Darl, Faulkner depicts Darl’s cruelty: “Jewel’s hat droops
limp about his neck, channeling water onto the soaked towsack tied about his shoulders
as, ankle-deep in the running ditch, he pries with a slipping two-by-four, with a piece of
rotting log for fulcrum, at the axle. Jewel, I say, she is dead, Jewel. Addie Bundren is
dead” (52). After Addie’s death, Darl turns his attention to Jewel’s patrimony, continuing
to harass him. “‘Jewel,’ I say, ‘whose son are you?’ . . . ‘Your mother was a horse, but
who was your father, Jewel?’” (212). He draws Jewel’s attention to the buzzards circling
the house before they depart. “It’s not your horse that’s dead, Jewel,’ I say. . . . ‘See
them?’ I say. High above the house, against the quick thick sky, they hang in narrowing
circles. From here they are no more than specks, implacable, patient, portentous. ‘But it’s
not your horse that’s dead’” (94-95). Jewel is discernibly antagonized by Darl.

“‘Goddamn you,’ he says. ‘Goddamn you’” (95). Dewey Dell notices Darl provoking
Jewel as well. “Darl says, ‘Look Jewel.’ But he is not looking at me. He is looking at
the sky. The buzzard is as still as if he were nailed to it” (122). Darl also exploits their
neighbors, challenging Tull to risk his mule when the family tries to ford the river.
“‘Jewel’s going to use his horse,’ Darl says. ‘Why won’t you risk your mule, Vernon?’”
(127).

As a result of his trauma, Darl becomes an insightful, manipulative character, and
this development is paralleled in Faulkner’s depiction of Addie. Nonetheless, the fact of
Addie’s agency is often overlooked. John Liman, for example, suggests that Addie is silent in the novel. “Addie would die without ever speaking” (Liman 37). In fact, Addie addresses her son Cash (“‘Cash,’ she says; ‘you, Cash!’”) and has a chapter focalized through her (46). In the chapter narrated by Addie after her death, she reflects on her time as a schoolteacher, Anse’s courtship, the birth of her first two children, her affair with the minister Whitfield, the birth of her illegitimate son Jewel, and her rationale for atoning for her infidelity to Anse (169-76). As a schoolteacher she hated her students, “each with his and her secret and selfish thought” (169-70). Angry with her life and her students’ disengagement from her, she says, “I would look forward to the times when they faulted, so I could whip them. When the switch fell I could feel it upon my flesh; when it welted and ridged it was my blood that ran, and I would think with each blow of the switch: Now you are aware of me! Now I am something in your secret and selfish life, who have marked your blood with my own for ever and ever” (170). For Addie, words are inadequate; “only through the blows of the switch could my blood and their blood flow as one stream” (172). Words are insufficient, according to Addie; only violence can convey meaning. This is the reader’s first hint that, for Addie, trauma does not serve to silence or
debilitate as the trauma thesis would suggest; instead, violence is the only effective form of communication. Within the family, only Darl knows her secret, which he has intuited.

Upon learning she is pregnant with her first child, Cash, Addie feels that her autonomy has been taken from her and her aloneness violated. “And when I knew that I had Cash, I knew that living was terrible and that this was the answer to it. That was when I learned that words are no good; that words dont ever fit even what they are trying to say at” (171). Here, it seems possible to interpret Addie’s linguistic theory that words are inadequate in terms of the trauma thesis. Addie learns the power of traditional narratives of love and family and feels traumatized by her betrayal. She says, “I had been tricked by words older than Anse or love, and that the same word had tricked Anse too” (172). However, the novel does not rest on Addie’s victimization. Instead, she decides to retaliate for her sense of betrayal. “[M]y revenge would be that he would never know I was taking revenge. And when Darl was born I asked Anse to promise to take me back to Jefferson when I died” (173). Addie knows that the journey will be more travail than travel and so procures a promise from Anse that will cause him significant hardship. As we will see with Darl, Addie’s trauma also serves to give her inexplicable insight into the future. Before her final illness, Addie told Cora, “He is my cross and he will be my salvation. He will save me from the water and from the fire. Even though I have laid down my life, he will save me” (168). Cora recognizes that Addie is not speaking of God but of her son, Jewel; and indeed, it is Jewel who rescues the coffin from the flooded river and the burning barn. Darl describes their path to Jefferson in terms that acknowledge Addie’s power and vengeance. Describing the road as “a smooth, red
scoriation,” he says, “It wheels up like a motionless hand lifted above the profound desolation of the ocean; beyond it the red road lies like a spoke of which Addie Bundren is the rim” (108). In other words, for the Bundren family, the paths are scarred, and all roads lead to Addie. Trauma does not redeem Addie, but it does make her powerful.

In the novel’s climax, Darl employs his agency to attempt to intercede in what he perceives as the flouting of the dead. Darl makes Vardman complicit with his plan to end their humiliating trip with his mother’s decaying body by having the child listen to the coffin. “‘Hear?’ Darl says. ‘Put your ear close’” (214). He tells Vardaman that Addie is calling on God to help her. “‘She wants Him to hide her away from the sight of man . . . so she can lay down her life’” (215). That night, Vardaman sees “something Dewey Dell told me not to tell nobody”: Darl setting fire to the barn to get rid of Addie’s body (215). The next chapter, focalized through Darl, relates Jewel’s single-handed recovery of Addie’s casket from the fire Darl set in the barn. Jewel’s repeated “furious” glances at Darl underscore to the reader that the fire was set intentionally by Darl (218-19). Darl attempts to prevent Jewel from retrieving the coffin from the flames, directing him to rescue the animals first and then calling on the barn’s owner, Gillespie, to stop Jewel from reentering the barn. “‘Catch him!’ I cry; “stop him!’” (221). However, Darl is unable to prevent Jewel from recovering Addie’s coffin. Darl’s anguish at Addie’s fate is presented from Vardaman’s perspective. “‘You needn’t to cry,’ I said. ‘Jewel got her out. You needn’t to cry, Darl!’” (225).

After the Bundrens arrive in Jefferson and finally bury Addie, Jewel, Cash, and Anse have Darl arrested for burning down the barn. As Cash pragmatically explains, “It was either send him to Jackson, or have Gillespie sue us, because he knowed some way
that Darl set fire to it” (232). However, Cash questions the justice of their decision. “Sometimes I aint so sho who’s got ere a right to say when a man is crazy and when he aint. Sometimes I think it aint none of us pure crazy and aint none of us pure insane until the balance of us talks him that-a-way. It’s like it aint so much what a fellow does, but it’s the way the majority of folks is looking at him when he does it” (233). In other words, Cash acknowledges the force of social and institutional opinion over and above any other measure of normalcy and justice. Cash comes closest of all the characters to acknowledging the sensibility of Darl’s actions. “[T]hen when Darl seen that it looked like one of us would have to do something, I can almost believe he done right in a way” (233). Cash reiterates his complex vision of social convention at the novel’s close. “But I aint so sho that ere a man has the right to say what is crazy and what aint. It’s like there was a fellow in every man that’s done a-past the sanity or the insanity, that watches the sane and the insane doings of that man with the same horror and the same astonishment” (238).

Cash’s hesitating knowledge that what really matters is the way in which things are perceived brings the reader back to Addie and the novel’s complex vision of trauma’s effects. Visiting Addie on her deathbed, Peabody observes, “She has been dead these ten days” (43). Here, however, Faulkner makes a distinction, one not drawn in Soldier’s Pay, between an individual’s trauma and the perceptions of the outside world. Peabody notes, “I can remember how when I was young I believed death to be a phenomenon of the body; now I know it to be merely a function of the mind—and that of the minds of the ones who suffer the bereavement” (43). Like Virginia Woolf, making sense of Jacob through the others who surround and observe him, so too Peabody suggests the Bundrens
and readers do. Darl’s traumatic discovery of the spyglass does not silence or debilitate him. Instead, it opens his eyes to secrets and activities that should not be available to him.

As in Soldier’s Pay, trauma itself is not devastating in As I Lay Dying. However, while Faulkner offers a vision of meaning-making in the wake of traumatic experience in his first novel, by the time of writing As I Lay Dying he focuses on the consequences of social convention. In this regard, the later Faulkner is very similar to West in The Return of the Soldier. Darl has seen too much of the world to tolerate his family’s behaviors, selfish priorities, and hypocrisies, about sex especially. As Cash concludes, once the Bundren family has returned home with a new Mrs. Bundren and what Cash calls a “graphophone,” “I would think what a shame Darl couldn't be to enjoy it too. But it is better so for him. This world is not his world; this life his life” (261). Darl’s trauma is not shell shock nor caused by the war in any conventional or medical sense. Instead, in this 1930 novel, Faulkner deploys Darl’s traumatic knowledge to interrogate the consequences of secrets, sexuality, conformism, and violated boundaries. Having been alerted to deception and hypocrisy in his mother and through his military service, Darl is terribly envious of Jewel for his mother’s affection. He also seems to hate Addie for escaping social convention so successfully. In spite of this animosity, it is still Darl who wants to do the decent thing. Anse is in pursuit of new teeth, Cash plans to buy a gramophone, Dewey Dell seeks an abortion, and Vardaman is excited to see a train in a shop window and eat bananas. Except for Jewel, Darl is the only one in the family without an ulterior motive for going to Jefferson. Unlike Jewel, however, who intends to fulfill Addie’s dying wish to be buried in Jefferson, regardless of the consequences, Darl
acts to spare Addie further degradation. In the end, Darl, who has likely seen more
death and decay during his time in France than each of rest of the family put together, is
the only one who acts conventionally to bury the dead. For the others, Addie’s death
becomes about themselves and their selfish desires.

Conclusion

I have paired West and Woolf’s works against two novels by Faulkner as a test of
the trauma thesis and an attempt to broaden the conversation surrounding psychological
trauma, WWI, and modes of representation. In all four of these narratives, as I have
shown, trauma functions as far more than an instantiation of its debilitating or devastating
effects. For West, the most negative force is that of social constraints, those forces that
keep Chris from his beloved Margaret. Trauma, by contrast, is understood as a positive
force, one that temporarily liberates Chris to pursue his otherwise unacceptable desires
and keeps him safe from the front. Woolf offers a similarly complex vision of
psychological trauma, one that builds upon the work she began in Jacob’s Room.
Septimus and Clarissa are foils for one another, each traumatized by the loss of someone
they cared about. Both search for ways to make meaning of their experiences. Septimus,
for a variety of factors related to his gender, his social class, and his veteran status, is
unable to conform to societal expectations and kills himself rather than accept what he
perceives as an enforced isolation. By contrast, Clarissa, who is under a similar treatment
plan, finds a way to accommodate the rest cure in her life without displacing her other
attempts at happiness. By seeking out people and bringing them to her house with her
parties, Clarissa demonstrates a model of meaning-making and post-traumatic growth.

Just as Woolf expands her vision of meaning-making between Jacob’s Room and
Mrs Dalloway, so too Faulkner demonstrates a development of both style and conceptualization between Soldier’s Pay and As I Lay Dying. Soldier’s Pay seems a quintessential disillusionment novel: the blinded shell shock victim Donald returns home to die silenced, rejected, and misunderstood. However, the novel does not sustain the disillusionment narrative, offering instead glimpses of potential, of achievement, of recovery, and of peace. In As I Lay Dying, Faulkner further complicates his vision of psychological trauma, suggesting that trauma is not the deciding factor in our ability to experience or integrate with the world. Instead, it is a function of how we represent the world and our place in it. Neither novel by Faulkner sustains the findings of the trauma thesis, but instead offers a far more complex vision of trauma and its potential outcomes.

Traditional readings of these novels and of the authors’ biographies tend to flatten their interpretive possibilities, as I’ve shown. Mrs Dalloway’s fragmentation is understood to reflect Septimus’s inability to communicate. The fact that neither Chris’s trauma nor his cure is described in The Return of the Soldier suggests to some readers that trauma exceeds representation. Finally, Faulkner’s personal grievances dominate readings of both Soldier’s Pay and As I Lay Dying. While the trauma thesis encourages readers to overlook such devices as the missing center and fragmentation in its narrow focus on silences, aporias, and gaps, these novels play with narrative form to great, indeed meaning-making, effect. My project has not been to flip the trauma thesis on its head and retroactively diagnose the characters in these novels as exemplars of contemporary understandings of post-traumatic growth. Instead, I’ve aimed at showing the multitude of ways in which each author has provided a set of representational codes that allow for a far more complex vision of psychological trauma and its consequences.
than those offered by contemporary applications of the trauma thesis. As homecoming narratives, all four of these texts are highly self-conscious of the consequences of war on both the soldiers who return and on the family and friends that surround them. However, none of these novels suggest that trauma is infectious or necessarily debilitating, but instead offer a highly nuanced vision of human resilience, recovery, and agency.
CONCLUSION

As we have seen, trauma is a complex and variable construct, not a fixed critical tool that stands above history. From its origins in railway spine in the 1860s, medical understandings of psychological stress following traumatic experiences have been widely debated. Today, the trauma thesis is a leading model for understanding psychological trauma and its effects. However, this thesis is a highly selective device for the study of war narratives. Not every story about traumatic stress ends with debilitation and destruction; similarly, not every war story is one of traumatic experience.

The rich interpretive possibilities of war stories were first suggested to me by my maternal grandfather, a noncombat veteran of WWII and a consummate storyteller. On June 7, 2007, he sent me an email telling me what happened on that date in his history 63 years prior. On June 6, 1944, he graduated from high school and left the next morning to join the Navy. I wrote back asking him to tell me more, and he began a thirteen-month digital epistolary novel. He sent me a message almost every day. He described leaving our hometown of Proctor, Minnesota to complete naval academy training in Pasco, Washington and then traveling by troop train to Norman, Oklahoma. He detailed his eighteen weeks of training in Oklahoma to become an aviation ordnanceman and his eventual transfer to and service in Natal, Brazil. My grandfather ended his narrative with a description of his return to Pasco, Washington and the demobilization process in the fall 1945.
When I began my graduate studies in 2009, two features of his email correspondence seemed particularly significant. First, he wrote in the first person and in the present tense. His last missive, dated November 1, 2008, and hence set on November 1, 1945, reflects on bureaucracy and the slow process of demobilization. “No more aircraft flying, too many accidents. everyone just waiting to get discharged and go home. the navy is closing bases all over. carrier aircraft 50, my outfit was just decommis[ioned] and now i am attached to naval air [Station], pasco Washington . . . no difference just different command” (Emberg). He concludes, “i f[i]gure that i will have enough points to get out of the navy by june of 1946” (Emberg). My grandfather’s narrative strategy, then, was to represent himself as a nineteen-year-old, sending to me the letters he might have written then. When it was time to update me on the goings-on at home, he would usually indicate this shift with the phrase, “back to the present time.” He was highly aware of the constructed nature of his stories. And yet, documenting these stories had a powerful impact on him. For example, the week he described traveling from Bayonne, New Jersey to Trinidad on a troop ship, he said he had vivid dreams of being at sea and would wake up feeling seasick.

My grandfather’s stories alerted me to a central question about the war genre that seemed to have been unasked: why was no one interested in war narratives except those perceived as heroic or tragic? These problematic extremes seemed to obscure the majority of experiences of veterans, even those serving in combat zones. I brought these concerns with me to my work at the National Veterans Art Museum from 2010 through 2014. Dedicated to inspiring a greater understanding of the real impact of war, the museum collects, preserves, and exhibits art inspired by combat and created by veterans.
It was launched in the early 1980s by a group of Vietnam veterans seeking community and exposure for their war-related art and has been a Chicago institution since 1996. Originally the National Vietnam Veterans Art Museum, the name was changed in 2010 to include veterans of other conflicts, especially the younger generation of veteran artists. The National Veterans Art Museum exists not simply to preserve shattered fragments of veterans’ lives, but, unlike a conventional war memorial or most museums, functions as a space for creative expression.

During my four years at the museum, I was able to meet a number of the veteran artists in the collection. I learned firsthand about their work and creative process and the relationship between their art and their military experience. Many of these veteran artists were willing to share their art and experiences with the undergraduate students in my classes at Loyola. I was also fortunate enough to co-curate an exhibition with Susan Zielinski and Destinee Oitzinger that opened on Veterans Day 2013. In *Esprit de Corps: An Exhibition Highlighting the Spirit of Creative Resilience*, we aimed to foreground the stories and achievements of resilient veterans and to explore “what veterans—and civilians—can learn from challenging experiences, and how these experiences can be assimilated into coherent narratives” (Eilefson, Zielinski, Oitzinger). In the exhibition’s gallery guide, we asked visitors to consider the veterans’ art in light of such questions as, “How do significant or traumatizing experiences become part of our internal and evolving story of ourselves? How can we make life events part of the texture of our individual history? And how can expressing that history—whether through narrative, visual art, or music—capture the richness of lived experience?” (Eilefson, Zielinski, Oitzinger). Our goals for *Esprit de Corps* were twofold: to provide exposure to artists
whose work pushes the boundaries of the trauma thesis and to encourage visitors to think critically about the assumptions they bring to veteran art and what that art says about military experience.

I brought my concerns about popular culture’s limited discourse of trauma, representation, and interpretation to my teaching and graduate study as well. Those activities led me to this dissertation research. Throughout this project, I have advocated for two distinct but related approaches to war-related trauma narratives. First, I’ve argued that the trauma thesis unnecessarily and unproductively limits interpretations of representations of trauma. In my view, readers who refuse the impositions of the trauma thesis will find that novels assumed to describe only the damage and devastation of war in fact present visions of creativity, meaning-making, recovery, and, at times, wholeness. Second, I’ve shown how reading trauma narratives without seeking to confirm the trauma thesis can help readers see the creative potential of trauma. Even characters seemingly victimized by their traumatic experiences, like Septimus Warren Smith in Mrs Dalloway, seek opportunities for expression and meaning-making.

In my survey of the representation of trauma in a range in literary texts from WWI, WWII, and the period between the wars, I have shown how a variety of authors respond to and represent trauma. As I have demonstrated, authors’ lived experiences of trauma are not commensurate with their representations, and attention to literary devices can be a safeguard against reductive and restrictive interpretations. Moreover, I have identified ways in which selected works by Erich Maria Remarque, William March, James Jones, Virginia Woolf, Katherine Anne Porter, Rebecca West, and William
Faulkner can all be seen to provide a vision of psychological trauma as a potential site of recovery, resilience, and growth.

As Robert Jay Lifton notes, “We are all . . . formatively bound by our own psychohistorical ‘place,’ and by our activity in that place” (277). Unfortunately, today our psychohistorical place is dominated by shortsighted and shorthanded uses of PTSD. PTSD has become a blanket term for nearly every challenging encounter. As a recent article in *Time* magazine asserts, “PTSD can affect anyone who experiences trauma, from bad falls to crimes like robbery or home invasion. In fact, many experts believe that the sudden loss of a loved one or an abusive or even negligent childhood can also lead to PTSD” (Thompson 43). In my view, PTSD has become the answer to too many questions.

Indeed, the trauma thesis remains a pervasive and powerful force shaping our cultural response to representations of psychological trauma. However, voices from the next generation of veterans are gaining traction and the medical and popular discourses of trauma are beginning to reflect that. For example, Katharina Gapp, Saray Soldado-Magraner, María Alvarez-Sánchez et al. recently published the findings of a study on the effect of childhood traumas in later life in *Nature Communications*. Their research was highlighted in an article in *The Huffington Post*, with a headline designed to catch the attention of those influenced by the trauma thesis: “How The Effects Of Trauma Can Be Passed Down From One Generation To The Next” (Gregoire). Many readers likely opened the article expecting to learn about the debilitating effects of intergenerational trauma, but the work of Gapp et al. takes a different direction. Entitled “Early Life Stress in Fathers Improves Behavioural Flexibility in their Offspring,” the study focused on the
positive and beneficial outcomes of psychological stress. The researchers found that “in some cases, early trauma can be beneficial and confer some advantage later in life. In humans, mild-to-moderate stressors experienced in childhood can have a ‘stress inoculating’ effect, and favour adaptive responses and resilience upon exposure to other stressors later in life” (2). In other words, stress has the potential for improving emotional and mental well-being in later life.

Contemporary representations of veteran experience are telling similar stories of resilience and recovery. Poster Girl (2010) is an Academy Award-nominated documentary that follows the post-deployment life of Robynn Murray, a female veteran of the Iraq War who was diagnosed with PTSD. The film surveys her challenges receiving disability payments from the Department of Veteran Affairs, negotiating with collections agencies, and trying to strike a balance in her medication for PTSD, anxiety, and back pain. The film begins with an intertitle stating, “More than 300,000 veterans of the Iraq and Afghanistan have reported symptoms” of PTSD.

Although it begins with attention to the debilitating effects of traumatic experience as evidenced by the proliferation of cases of PTSD, the documentary does not sustain the trauma thesis. Instead, by the end of the film, Murray describes the creative and meaning-making potential of traumatic experience. After joining the Combat Paper Project, a veterans’ art collective that makes paper from uniforms, Murray participates in a public exhibition of her work. She describes one of her pieces, titled “Healing,” as “the first time I even thought of just taking something so intensely negative and just making something of it.” Of her art, she says, “I think in a way it’s saving my life.” Speaking to the audience about her veteran experience, Murray admits, “I never thought that I could
take some of the experiences that I had being in Iraq and doing the job that I did and
turn them into something positive. Not only something positive, but I didn’t really think
that anyone would care what I had to say.” Murray has since exhibited her combat paper
artwork at the National Veterans Art Museum in two shows: *Overlooked / Looked Over*
(2012) and *Surrealism and War* (2014).

Murray’s sense that people don’t care what she has to say is one effect of the
trauma thesis. Her concern is echoed in the recent writings of Phil Klay. Klay is also a
veteran of the war in Iraq and the author of *Redeployment*, a collection of short stories
that received the National Book Award in 2014. In “Treat Veterans with Respect, Not
Pity,” an article for the *Wall Street Journal*, Klay describes his encounters with civilians
who assume the war has debilitated him, despite his lack of any symptoms that constitute
PTSD. He cites Brian van Reet, who notes that “‘PTSD has graduated from a diagnosis
into an idiom used by soldiers and civilians to talk about all kinds of suffering, loss, grief,
guilt, rage, and unrewarded sacrifice’” (qtd. in Klay). Klay adds, “For a certain subset of
the population, my service means that I—along with all other veterans—must be, in some
ill-defined way, broken.” However, Klay rejects both the basis and the application of the
trauma thesis, arguing, “War subjects some of its participants to more than any person
can bear, and it destroys them. War makes others stronger. For most of us, it leaves a
complex legacy. And though many veterans appreciate the well-meaning sentiments
behind even the most misdirected pity, I can’t help feeling that all of us . . . deserve a
little less pity and a little more respect.” I can think of no greater respect to pay these
authors, texts, veterans, and the civilian survivors of war than to read closely, listen
attentively, and to be prepared to acknowledge both the destructive power and the
creative possibilities of war.

The work of this project is far from over. In challenging the proleptic nature of the trauma thesis, I have examined representations of resilience and recovery in texts ranging from West’s *The Return of the Soldier*, published in 1918, through Jones’s *The Thin Red Line*, published in 1962. However, there are many more narratives to be recovered from the limiting effects of the trauma thesis. These narratives include the traditional literary canon as well as the memoirs of veterans like my grandfather and the stories of the next generation of veterans. In addition, the medical discourse of trauma continues to change and grow. Researchers are continually publishing new findings on trauma and its consequences, both positive and negative, and an ethical approach to trauma narratives must take these new findings into account. These authors, veteran and civilian alike, deserve more than to be used to confirm the assumptions of the trauma thesis, a conclusion some critics have reached long before they do their research.
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VITA

Sarah Eilefson was born and raised in Proctor, Minnesota. She graduated cum laude with Distinction in the Major from Colby College in Waterville, Maine in 2005. She received her Master of Arts in English from Loyola University Chicago in 2010.

While at Loyola, Dr. Eilefson taught first-year writing and literature courses. From 2011-2013, she organized the Graduate Student Textual Studies Symposium, and in 2013, she participated in the Research Mentorship Program. She was elected to the English Graduate Student Association in 2011 where she served a two-year term as secretary and president. She also served on several committees, including the Library Board. She has published in *Text & Presentation* and has presented papers and talks on trauma, representation, modernism, and textual studies at a number of regional and national conferences.

From 2010 to 2014, Dr. Eilefson worked with the National Veterans Art Museum. She currently lives in Chicago, Illinois.