The Greek word “trauma” literally refers to a physical wound and, until the last century, alluded strictly to bodily injury. As Jill Matus reminds us, both trauma and its iteration as combat fatigue syndrome, described in the twentieth century as post-traumatic stress disorder or PTSD, are “historically produced categories” whose foundations pre-date Freudian psychoanalysis in hypotheses formulated by nineteenth-century writers.¹ A British military psychiatrist, Charles Samuel Myers, first coined the term “shell shock” in 1915, but it was not until the mid-1970s that therapists began to make “critical linkages between the trauma of war and the traumas of civilian life.”²

Contemporary theorists seem to agree on a definition of trauma in terms of overwhelming life experiences that shatter the social and psychological sense of self and precipitate existential crisis, characterized by “flashbacks, nightmares and other reexperiences, emotional numbing, depression, guilt, autonomic arousal, explosive violence or a tendency to hypervigilance.”³ The American Psychiatric Association, in the fourth edition of its Diagnostic and Statistical Manual of Mental Disorders, identifies the following symptoms: “recurrent and intrusive recollections of the [traumatic] event, … ‘psychic numbing’ or ‘emotional anesthesia,’” and feelings of alienation characterized by a “markedly reduced ability to feel emotions.”⁴ PTSD symptoms are generally categorized under three principal headings: flashbacks, including nightmares and relentless intrusions of traumatic memories; hypervigilance and arousal by sudden acoustical noises; and emotional constriction, numbing, and anhedonia (the inability to feel). Freud made an important distinction between the passive state of melancholia, with its sense of paralysis and “worthlessness caused by overidentification with the lost object,” and the active “working through” of feelings of loss and bereavement.⁵

As Judith Herman observes, traumatic memories, obtrusive and haunting, tend to be “wordless and static” impressions, manifest in the form of “vivid
sensations and images.” Trauma stories often remain stereotyped, repetitious, and devoid of emotional content, even as the confessional narrative that evolves is compulsively repeated. The twentieth century has seen the “transformation of witness as victim to witness as survivor, and to witness as performer, telling the tale of survival as a form of self-therapy.” Such stories share “the idea that narrative testimony, in the form of an active remembering and telling can enable a move from the state of helpless victimage to a mode of action and even potential self renewal.” Clearly, the historical trauma of the First World War ushered in a pervasive chord of cultural upheaval that would dominate twentieth-century women’s fiction – from novels by Rebecca West and Virginia Woolf focused on shell-shocked British veterans; to H. D.’s expatriate representation of wartime repercussions on the home front in London; to bleak, nihilistic interwar fiction by the American writer Djuna Barnes. Female modernist novels exhibit the powerful influence of post-traumatic testimony in works that attempt to represent a range of quotidian traumas suffered not only by soldiers in battle and war veterans haunted by military flashbacks, but by noncombatants who, in domestic isolation, endure an overwhelming sense of loss, bereavement, anxiety, and emotional rupture.

Rebecca West’s Return of the Soldier: shell shock and erotic obsession

Shortly after Myers inaugurated the term “shell shock” to identify combat fatigue in soldiers fighting on the front during the First World War, Rebecca West wrote The Return of the Soldier, the “first English novel about shell shock.” The protagonist Chris Baldry has repressed a large segment of his past – from the dissolution of an idealized passion for Margaret Allington in 1901 to his current manifestation of combat fatigue syndrome. The Return of the Soldier portrays a curious devotion on the part of its self-deceived narrator, Jenny Baldry, Chris’s female cousin, who functions as champion, go-between, and envious rival to both Kitty, Chris’s wife, and Margaret, the erstwhile lover. Chris and Kitty have apparently “walled off” the death of their two-year-old son Oliver, whose filial ghost abides as a melancholic fantasy associated with denial and “impacted grief.” A shell-shocked Chris not only denies the loss of this child, but retreats even further back into youthful reverie, fixated on an unattainable love object emblematic of consuming but insatiable passion. He continues to feel a post-adolescent infatuation for Margaret, a sanctified figure once enshrined in a “niche above the altar” of a faux Greek temple on Monkey Island.

For West’s traumatized veteran, shell shock triggers an amnesia that obliterates faith in British public-school ideals and conjugal commitment. His
inaugural traumatic experience was, ironically, not that of war, but the wound embedded in erotic frustration when he lost Margaret in an explosive outburst of rage and jealousy. Trapped in a loveless marriage, Chris later reacts to his son’s death with intractable melancholia. Unable to mourn, he resembles Charcot’s hysterical patients paralyzed in a posture of impotence and denial. When Margaret finally confronts Chris with the reality of filial loss, she magically restores his spirit to the spousal and military obligations that once defined, and will henceforth circumscribe, an upper-class lifestyle based on duty and privilege.

West clearly schematizes the Freudian notion of *catharsis* that originally “conceived recovery . . . as a purgation” of forbidden Eros. The Freudian analyst Dr. Anderson cannot make Chris happy; he can only make him “ordinary” (RS 81). Paradoxically, Chris Baldry recovers from so-called “shell shock” in order to face a failed marriage and the likelihood of death or injury in military service. His reward will be a tragic re-enactment of the age-old story of aristocratic and patriotic self-sacrifice for the sake of the British Empire.

**H. D.’s private war: trauma in *Asphodel* and *Bid Me to Live***

A devastating series of personal and cultural traumas circulated around the American poet Hilda Doolittle’s expatriate maturation during the First World War: an unexpected pregnancy in 1914, during her marriage to Richard Aldington, and a shattering stillbirth in 1915; the death of her brother Gilbert in combat at Thiacourt in 1918; her father’s death from stroke soon afterward; a second unplanned (and “illegitimate”) pregnancy; a life-threatening bout with influenza; and desertion by Aldington after the birth of Perdita, Cecil Gray’s child, in 1919. Only the impact of severe trauma could explain H. D.’s lifelong efforts to revise, reiterate, and reinterpret her First World War experiences. As late as the 1950s, she continued to work with Erich Heydt at Kusnacht Klinik to disinter the “repressed emotion centered on the birth of her stillborn child.” The loss of her first baby, followed by spousal abandonment, provoked protracted symptoms of post-traumatic stress disorder. It was Freud who prescribed autobiography as “scriptotherapy” (writing as healing) when, overwhelmed by a “flood of war memories” in the 1930s, H. D. confessed in a letter to her lesbian partner Bryher: “Evidently I blocked the whole of the ‘period’ and if I can skeleton-in a vol. about it it will break the clutch . . . the ‘cure’ will be, I fear me, writing that damn vol. straight, as history, no frills.”

In *Bid Me to Live*, shock waves echo through two entirely different arenas – the male world of military conflict and the female world of wartime vigilance, isolation, impotence, and fear. In writing through the gaps of historical
trauma, H. D. deliberately leaves holes in her narrative to create a palimpsest that shows signs of erasure – a smooth surface rubbed clean of pain, with a text doubling back on itself in a gesture of radical repression. What H. D. envisages so poignantly in *Bid Me to Live* and *Asphodel* is the implicit analogy between the text of a woman’s body, scarred and mutilated by the stress of childbearing, and military heroism: “Men were dying as she had almost died.”

Julia Ashton, the H. D. figure in *Bid Me to Live*, has been traumatized by a stillbirth that leaves her shell-shocked and grieving. Her own battle will be with physiological forces that make love a perilous expression of intimacy and sex a dangerous battleground. Stillbirth has gouged a “gap in her consciousness” suggestive of psychic numbing: “A door had shuttered it in.” At the beginning of the novel, Julia is suffering from post-traumatic dysphoria, a symptom of PTSD characterized by “confusion, agitation, emptiness, and utter aloneness … Depersonalization, derealization, and anesthesia … accompanied by a feeling of unbearable agitation.” Hysterically, she identifies with the “horror of a flayed saint” pictured in the Louvre (*B 37*). Maternal loss and mourning over her baby’s death are part of a “deadly crucifixion” (*A 113*) characterized by post-traumatic symptoms of hyperarousal and anhedonia.

In *Bid Me to Live*, trauma elicits obsessional anger displaced and redirected against Richard Aldington/Rafe Ashton, who returns from France belching “poisonous gas and flayed carcasses” (*B 39*). Julia composes her memoirs to compensate for an object loss interpreted by the psyche as an ego loss. During the war, she creates a collage of memories to ease her melancholic bereavement over the failure of both marriage and maternity. Her writing functions as an exercise in scriptotherapy, to reformulate tormenting flashbacks in the shape of coherent narrative. This “agony in the Garden,” she insists, “had no words” (*B 46*). Scorning Rafe as a “great, over-sexed officer on leave” (*B 47*), a failed Orpheus with bronze head and late-Roman physi-que, Julia/Eurydice, “paralysed with fear” (*B 133*), relinquishes her testosterone-driven lover to the voluptuous Bella Carter. How can amorous desire flourish when every act of lovemaking might engender a life that potentially threatens one’s own? Richard Aldington’s love affair with Dorothy “Arabella” Yorke was evidently inaugurated with H. D.’s tacit consent and consummated “in the Aldingtons’ own bed curtained off at one end of H. D.’s large room.” Bella Carter emerges in the novel as a caricature of Yorke, portrayed as the seductive siren of Rafe’s libidinal imagination and an illusory anodyne to trench warfare.

Sequestered in the landscape of Cornwall, Julia Ashton, H. D.’s alter ego, begins to identify with ancient Druidic priests of nature. Idealizing her fellow
artist Frederico (based on D. H. Lawrence), she rewrites the Camelot myth by choosing a Sir Galahad figure, Cyril Vane (based on Cecil Gray), in lieu of the legendary King Arthur. In dialogue with an absent Father/God, she chooses creative independence over phoenix immolation to Rico’s voracious ego. Julia embraces his ideal gloire (B 177) as a symbol of an ineffable future. *Bid Me to Live* ends on an amorphous note of hope and resurrection, though H. D.’s daughter Perdita has been conceptually erased from the text. Not until *Asphodel* did H. D. feel free to depict the dilemmatic choices surrounding her daughter’s birth. The protagonist, Hermione Gart, awaits a sign from the gods: “If a swallow flies straight in,” she tells herself, “I’ll have it [the child]” (A 154). The gloire erupts with salvific force, filling the black hole at the center of consciousness with ecstatic light/life. Hermione identifies with Mother Mary, who “had a baby with God,” and reminds herself that she is risking her life “like any soldier” (A 176).

As H. D. explained in a 1929 letter to her former fiancé Ezra Pound, she felt deeply wounded by Richard Aldington’s 1919 rejection. When he appeared at Hilda’s flat and threatened her with arrest if Perdita were assigned his sacred patronymic, H. D. felt as if she were “literally ‘dying.’ I mean, anything in the way of a shock brings that back and I go to pieces.” Shortly after Aldington’s divorce petition in 1937, H. D. insisted: “I have lived with a subterranean terror, an octopus eating out my strength and vitality for almost eighteen years ... I was frozen ... as a deer in a forest or a rabbit or hare is frozen ... I was dead. Richard did not injure me or hound me ... He killed me.” H. D. eventually recovered from the most deleterious effects of post-traumatic stress disorder through scriptotherapy, whereby she wrote and wrote again the narrative of life-shattering events that led to her breakdown in 1919. In *Bid Me to Live* and *Asphodel*, veiled autobiography implements therapeutic recovery from the haunting resonances of wartime trauma.

**Virginia Woolf, Septimus Smith, and post-traumatic stress disorder**

In “A Sketch of the Past,” Woolf recalls the moment when her half-brother Gerald Duckworth lifted her onto a “slab outside the dining room door” and “began to explore [her] body ... [W]hat is the word for so dumb and mixed a feeling?” Shortly thereafter, she describes nocturnal hauntings by the face of a savage animal leering at her from a looking-glass. Anatomizing this memory in “A Sketch of the Past,” she speculates that it must have been her acute sensitivity to pain, her “shock-receiving capacity,” that spurred her to become a writer. By reformulating trauma, she could exorcize its debilitating effects. “It is only by putting it [trauma] into words that I make it whole,” she proclaims, while triumphantly concluding that, by virtue of scriptotherapy,
the psychological wound “has lost its power to hurt me” (MOB 72). Childhood sexual abuse was one of several factors that affected Woolf’s sporadic episodes of psychological distress. I should like to suggest that traumatic personal losses, including the death of her mother in 1895, of her half-sister Stella in 1897, of her father Sir Leslie Stephen in 1904, and of her brother Thoby in 1906, also affected her so-called breakdowns, possibly misdiagnosed as mania, depression, or bipolar malady. What seems extraordinary is the fact that from 1915 until 1941—a period of twenty-six years—Woolf endured chronic physical and psychological illnesses while continuing an impressive reading program, extensive travel, numerous social engagements, and prolific literary creation.

Without question, Virginia Woolf drew on her own experience of mental distress and psychic dissociation as a model for Septimus Smith in Mrs. Dalloway. In her manuscript notes, she wonders if his figure will be “founded on R [Rupert Brooke?],” with “eyes far apart,” and neither “degenerate” nor “wholly an intellectual. Had been in the war.” Or should this troubled character be “founded on me”? His personality is to “be left vague—as a mad person is,” so he “can be partly R.; partly me.” Smith clearly shows symptoms of PTSD when he confesses his “inability to feel” as a nameless war crime. During periods of hyperactivity, he exhibits a radical swing between self-hatred and megalomania. One moment, he feels despicable; the next, he proclaims himself a martyred messiah, “the Lord who had come to renew society.”

In Woolf’s holograph of “The Prime Minister,” a draft of the early scenes of Mrs. Dalloway, Septimus emerges as a deviant and idiosyncratic figure. Tormented by flashbacks, he imagines himself a sacrificial scapegoat: “One might give one’s body to be eaten by the starving, and then . . . be a martyr, and then, as I am going to die, I will kill the Prime Minister.” Woolf’s shell-shocked veteran articulates a death wish associated with memories of the First World War. He plans to sacrifice himself for the redemption of starving refugees by offering his body in eucharistic communion. Envisaging himself as the man-god slain to expiate the sins of a guilty community, he becomes a self-appointed judge and avenging angel.

blocks not only pain, horror, and grief, but also the perceptions needed to make realistic judgments."

Smith’s megalomaniac self-image has become porous, and he experiences his body as “macerated until only the nerve fibres were left” (MD 102–3). Uplifted by a sense of mystical identification with the universe, he feels united with the leaves and trees of Regent’s Park, with roses painted on the wall of his room, with cyananthropic canines, and with birds twittering messages in Greek. Before the war, Smith had been incapable of adopting a socially constructed masculine persona. Like West’s protagonist, he fostered a narcissistic ego-ideal romantically projected onto an inappropriate love object, Miss Isabel Pole. In order to handle the death of his commanding officer Evans, he adopted a façade of stoicism that eventually drove him mad. Unable to conform to society’s expectations regarding gender and class, he withdrew into a world of megalomania and terror. According to Karen DeMeester, “traumatic war experiences shattered the cohesion of his consciousness and left it fragmented, a stream of incongruous and disconnected images.”

This troubled young man succumbs, in panic, to feelings of estrangement and despair, alienation and existential dread. But his suicidal leap from a Bloomsbury window, so obviously a defeat for the maimed historical subject, might nonetheless be interpreted as an act of romantic heroism that saves him from joining the “maimed file of lunatics” (MD 98) he once saw being herded in a queue along Tottenham Court Road. He has, like Shelley’s Adonais, preserved his identity from the corruption of the world’s slow stain. Smith’s melodramatic performance of suicide effects a “mimetic-contagious transmission of psychic suffering” to Clarissa Dalloway, a middle-aged society hostess whom he has never met. His death proves to be the final symbolic act whereby he attempts to incorporate meaning and value into overwhelming personal and historical trauma.

**Traumatic resonance in Djuna Barnes’s *Nightwood***

There is some evidence that Djuna Barnes, like Virginia Woolf, experienced the trauma of childhood sexual abuse. She may have been molested by her grandmother, Zadel Barnes; and she may have endured an adolescent rape either perpetrated or orchestrated by her father, Wald Barnes. Djuna loved her grandmother passionately and shared Zadel’s bed for more than a decade, but Phillip Herring fails to descry traumatic resonance in her “thoughts on sleeping for fifteen years beside Zadel and playing with her breasts.” Barnes made a shocking confession to George Barker when she attributed her lesbianism to “her father raping her when she was a very young girl”; but she “told James Scott a rather different story,” charging that, at the age of sixteen,
“she was raped by an Englishman three times her age with her father’s knowledge and consent.” Shortly before her eighteenth birthday, Djuna was coerced into an ill-fated marriage to the 52-year-old Percy Faulkner, with whom she cohabited for less than two months.

To a large extent, Nightwood unfolds as a confessional narrative of post-traumatic stress and manic-depressive mood swings, with Robin Vote (based on Barnes’s lesbian lover Thelma Wood) incorporated into this enigmatic text as an absent presence. Nightwood suggests subtle evocations of an original traumatic moment, a Lacanian lack-in-being (manque-à-être) analogous to the Catholic doctrine of original sin. According to Alan Williamson, Barnes focuses on “a myth which bears a close kinship to the Christian myth of the Fall,” but draws on “Hermetic tradition, according to which man was created, in the union of conscious mind and animal matter, as a single hermaphroditic being, whose fragmentation into separate sexes occurred at the time of the Fall,” when “animal vitality took on rational consciousness,” and the human individual suffered a fatal bifurcation “between its need for love and its intrinsic isolation.”

Barnes imbues Nightwood with post-traumatic resonance without offering a convincing objective correlative for the psychic fragmentation, intrusion, constriction, or incipient hysteria that haunts the text. She constructs a polyphonic chorus of dramatic soliloquies mediated by a prophetic voice that spews forth irresoluble riddles. The novel is a mosaic of epigrams on the part of Doctor Matthew O’Connor, whose utterances are punctuated by the lyrical lamentations of Felix Volkbein and Nora Flood. Both feel traumatized by Robin’s rejection and approach the Doctor in search of ethical absolution for “slapping” Robin awake and alienating her affections.

All the characters in Nightwood are convinced that their lives take meaning from the relational structures that they impose on the drama of existence. All are shackled to a compulsive belief in a coherent ego and the illusion of unitary selfhood. They obsessively generate post-traumatic narratives exuded from their entrails like verbal spiderwebs. Emulating Nikka, a black man “tattooed from head to heel with all the ameublement of depravity,” each emblazons allegories of identity over every square inch of his or her sexual/textual body. Barnes insists that one can never capture a true, holistic picture of the self because the dream of psychological coherence is a Lacanian fantasy, a misty collection of images fused in “that priceless galaxy of misinformation called the mind” (N 212).

Romance, too, proves deceptive because no stable ego exists to love or be loved. One merely cobbles together an idealized image from a collection of mental impressions soldered together in aesthetic fantasy. Clinging to myths of prelapsarian wholeness, the fragmented ego strives for “at-onement” with
its legendary other half. The very naïveté of this project prophesies its futility. All too often, the “lover has committed the unpardonable error of not being able to exist” (N 136). Robin is, in fact, the only character in Nightwood who eschews obsessive autobiographical reformulation. Amalgamating the roles “of child and desperado” (N 56), she enjoys a dream-like self-sufficiency contingent on post-traumatic constriction. Androgynous wife and lover to herself, she exhibits not a mask, but a crystalline surface whose dissociated passivity might suggest symptoms evoked by a repressed history of childhood sexual abuse.34

Robin’s companions (re)construct her image as an autonomous figure, the “mirage of an eternal wedding cast on the racial memory” (N 59). Trapped in Felix’s narcissistic historical project, Robin is raped into maternal connection with an(other), “like a child who has walked into the commencement of a horror” (N 74). A melancholic Stabat Mater, she plays the sacrificial role of female Christ. When Felix exploits her body for the perpetuation of his false aristocratic lineage, he forces her, “by pain and violence, into an awareness of another being, in a kind of psychological rape.”35

The traumatized Robin, in a state of radical dissociation, cannot envisage a place of emotional sanctuary. In a relationship of introverted self-mirroring, she accepts Nora’s offer of womblike refuge. As mother/lover/other, Nora centers the beloved in a blameless innocence prior to the moment of splitting that signals ruptured subjectivity. When Robin sees her own fragmented ego reflected in Nora’s stabilizing gaze, she suffers an uncanny sense of post-traumatic anxiety. Sealed in a dream of hermetic isolation, she searches – through crime, betrayal, and sexual abjection – for the lost bedrock of infantile psychic immunity.

Doctor Matthew-Mighty-grain-of-salt-Dante-O’Connor plays the role of father (or mother) confessor to all the actors in Barnes’s melodrama. An unlicensed physician, he dons a golden-curled wig in mock imitation of “the other woman that God forgot” (N 143). Like a magician or shaman, he speaks in riddles, weaving therapeutic tales from stories of ineffable anguish, as his analysands seek solace in a form of practical “talk therapy.” O’Connor is simultaneously lauded as a wise counselor and skewered as a holy fool. Barnes withholds the satisfactions of narrative closure in an open-ended text that concludes with a puzzle or rebus, a Gordian knot that cannot be untangled.

The book’s final chapter, “The Possessed,” depicts a curious ritual that might be interpreted as the mimesis of bestial transgression and sodomous perversion. Robin apparently transfers her love for Nora, an erstwhile savior and madonna, to a canine object of sexual seduction. What seems like a...
frustrated attempt at animal copulation suggests an obsessive-compulsive traumatic rupture in the staging of erotic desire. In symbolic abjection, free-floating drives are neither consummated nor exorcized. Robin, trying to retrieve the shattered illusion of prelapsarian wholeness, engages in a strange, barking vocalization that, in its utter ambiguity, leaves readers suspended over an abyss of stylized futility. As woman and dog re-enact Dionysiac mysteries, Robin emerges as a modern Cassandra torn between damnation and prophecy: “Cannot a beastly thing be analogous to a fine thing, if both are apprehensions?” (N 178).

Who can judge whether such folly be diabolical or divine? For Barnes, life is little more than a “permission to know death,” a long lamentation over the bittersweet taste of a world not conscious of our consciousness. In a nihilistic cosmos characterized by “nothing, but wrath and weeping” (N 233), who would not welcome the somnambulist’s trance? Sanctioned by her madonna-lover, in a gaze of “fixed dismay,” Robin crawls into the “space between the human and the holy head, the arena of the ‘indecent eternal’” (N 222). Solemnizing her degradation, she retrieves the wholeness, world-inwardness, and animal innocence traditionally reserved for saints, fools, “infants, angels, priests, [and] the dead” (N 118).

Conclusion

In Trauma and Recovery, Judith Herman proposed that the “most common post-traumatic disorders are those not of men in war,” but of the effects of overwhelming psychological experiences on ordinary citizens in everyday life. For women in particular, severe crises associated with gender, sexuality, and female reproduction can precipitate powerful and enduring emotional upheavals. Resonant shocks that shatter an individual’s sense of agency in the world include rape and incest; conjugal battery or abuse; pregnancy compromised by miscarriage or by the dilemmatic choice of surgical abortion; and the loss of a child through stillbirth or neonatal death. Both Freudian talk therapy and the analogous practice of scriptotherapy can offer a degree of psychological palliation by enabling survivors to reformulate traumatic memories and post-traumatic flashbacks through controlled, coherent, and cathartic testimony.

Many of the women authors examined in this chapter were writing for their lives in autobiographical narratives that enabled them to exorcize and eventually come to terms with emotional traumas that left them figuratively bloodied but spiritually unbowed. Through the testimonial reconfiguration of overwhelming life experiences, female modernists were able to assert
heroic agency through artistic projects that enabled them to master life-shattering events and marshal their creative resources in the interests of bold, experimental, often healing works of fiction.

NOTES


8. Ibid.


10. Despite protestations to the contrary, West seems to have projected a good bit of herself into Margaret, with Chris serving as a stand-in for West’s lover H. G. Wells, and his wife Jane the prototype for the ice-maiden Kitty. West’s emotional frustration is evident in a 1913 letter she wrote to Wells while she was pregnant with their son Anthony: “During the next few days I shall either put a bullet through my head or commit something more shattering to myself than death . . . I always knew that you would hurt me to death some day . . . You’ve literally ruined me. I’m burned down to my foundations” (Selected Letters of Rebecca West, ed. Bonnie Kime Scott [New Haven: Yale University Press, 2000], pp. 20–1).

11. Herman, Trauma and Recovery, p. 69.


24. Ibid.
31. Ibid., p. 53.
34. The possibility of childhood sexual abuse was suggested to me by Wilhelmina Healy in English 654 at the University of Louisville, Spring 2008.
36. Herman, *Trauma*, p. 28.