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## **The Battle After the War: Portrayal of PTSD in Select Works of Modernist Fiction**

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### **Abstract:**

“Traumatized people are not suffering from a disease in the normal sense of the word – they have become stuck in an aroused state.” \_ Peter A. Levine

The first World War, by the sheer magnitude of its violence and suffering, shook the foundation of human existence in the modern world. The dignity of mankind came crashing down from the blows the hand of war inflicted upon it. Under such circumstances, death seemed to be the easy way out for a soldier. An end to the suffering and plight of the war. While all men who fought in the war did not return the same, some came back more transformed than others. They came back with injuries of the mind. Their physical self-came home, but their mind was still stuck at the battlefield, exposed to its horrors, which, from time to time, superimposed their perception of reality.

This paper seeks to clinically examine the portrayal of PTSD in select works of Ford, West and Woolf, from the perspective of modern psychiatry and clinical psychology. This paper would also examine how the fragmented structure of the modernist novel linguistically mirrors the haphazard mind of a person living with ‘shell shock.’

Shell shock or PTSD gave occasion to the individual conflict that followed the war. It was the war that followed the soldier back home. They were merely displaced from one warzone to another, from the physical to the mental. This paper, hence, will also explore the different locales of war a soldier found himself in: the battle field, the dysfunctional home he returned to and his own mind.

**Keywords: Shell shock, PTSD, Modernist Fiction, WW1.**

“Well, I just thought it was a failure of life itself, the failure of the mind to take the enormous depression that it had got. Not for a minute but for probably two or three days on the run...you’re seeing fellows going up in the air...it isn’t funny...The din, the row, the swishing

of the shells you could hear them coming. You'd hear shells coming towards you and you'd know very well it's going to burst here or there...and all of a sudden you might find yourself alone..." is how Private Donald Price from the British Army describes the circumstances under which soldiers got shell shocked during the first World War ("Voices of the First World War: Shell Shock"). The now obsolete word, 'shell shock,' along with terms such as 'war neurosis,' 'battle fatigue' and 'soldier's heart,' predated and paved the way for the recognition, establishment and consideration of Post-Traumatic Stress Disorder (PTSD) in medical research and literature. PTSD could result from any event, natural or manmade, traumatic enough to leave a psychopathological impact on the survivor or witness. This paper, however, focuses on war trauma and its representation in modernist fiction from the early 20<sup>th</sup> century.

With the advent of modern warfare in the great war to end all wars, the monstrosity and madness of the physical and psychological attrition that was dealt, reached an unimaginable and unforeseen scale. Under these ghastly circumstances, reports started appearing of a new form of battlefield disablement of the mind, rather than the body, and it was being referred to as, shell shock. Novels such as A.P. Herbert's *The Secret Battle*, Rebecca West's *The Return of the Soldier*, Ford Madox Ford's *Parade's End* and Virginia Woolf's *Mrs. Dalloway*, amongst other, present to us accounts of the harrowing effect the blood and gore of the first World War had on the psyche and nerves of army personnel. One of the chief markers of modernist and postmodernist literature is its use of innovative literary devices and a break away from traditional narrative techniques. A fragmented narrative structure is one such improvisation that can be traced in a sizeable proportion of the literature written in the first half of the 20<sup>th</sup> century. The idea was to implement a style of narration that mirrored the textual content. Naturally so, utilizing the literary technique of fragmentation, fictional narratives on war neuroses were able to structurally reflect the psycho-neurotic structure of a shell shock victim. Virginia Woolf and Ford Madox Ford have used pauses, fragmentation and a non-linear narrative structure to evoke the thought process and psychology of a soldier with PTSD. Septimus Warren Smith, the war veteran living with PTSD from Woolf's novel, is a textbook version of a shell shock victim. He demonstrates all the possible symptoms of war neuroses ranging from paranoia, hallucinations and nightmares to scattered thoughts, anxiety and depression. Woolf's narrative style vividly captures Septimus' state of mind. The description Rezia provides of the dictations he gives to her is very similar to the narrative style of the novel. She observes:

And he was always stopping in the middle, changing his mind; wanting to add something; hearing something new; listening with his hand up. (Woolf 113)

Many of these works are rooted in the author's first-hand experiences with the war, resulting in a truthful portrayal of the maelstrom of destruction that ensued. A.P Herbert's novel, for instance, tells the tragic story of Harry Penrose, whose character is based upon the real-life soldier, Edwin Dyett. Herbert, who partook in the Gallipoli campaign, had served in the same division as Dyett, who lost his nerve, fled and received the death penalty for desertion. He was, in fact, involved in the skirmish that led to Dyett's mental collapse in the aftermath of which 405 out of 435 men got killed. Winston Churchill, who was impressed by *The Secret Battle*, wrote an introduction to it, wherein, he confirmed that the novel was indeed, "founded on fact." (Churchill vi). Similarly, Ford Madox Ford's *Parade's End*, a series of four novels that revolves around the character, Christopher Tietjens, has autobiographical elements to it. Ford, much like Tietjens, was himself shell-shocked during the 'Battle of the Somme' while serving in the Welch regiment:

On 28 or 29 July he was blown into the air by a high-explosive shell and landed on his face, concussed, with a damaged mouth and loosened teeth. The concussion erased whole patches of his knowledge. He even forgot his own name for thirty-six hours. (Saunders xvi)

These novels highlight the different locales of conflict men who were conscripted found themselves in, the battlefield, their own mind and the dysfunctional homes that they returned to. It was often the case that war veterans with a medical record of shell shock and trauma found it very difficult to reintegrate themselves into normal society. Freud, in his lecture on "Psycho-analysis and War Neuroses," pointed out the difference between, what he called, a soldier's "old peaceful ego" and the "new warlike ego" and the constant clash that they were involved in (Freud 209). This identity crisis led to a flight or fight conundrum during the war that, suggests Freud, was a contributing factor in the onset of battle fatigue. Rebecca West's novel, *The Return of the Soldier*, echoes Freud's idea in its portrayal of Chris the soldier as an identifiably different personality from Chris the war veteran, with memory loss, who has travelled back in time to happier days. Upon Chris regaining his memory, his cousin Jenny observes that "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" (West 187). When Kitty, his wife, who hasn't seen his recovered self yet, asks her, "Jenny, Jenny! How does he look?" she replies, "every inch a

soldier” (188). Woolf’s novel presents a miserably bleak picture of a man living with PTSD (shell shock) in post war London. Septimus, has returned from war physically unscathed but with an irrevocably damaged psyche. His relationship with his wife, Lucrezia, has fallen apart because of his condition despite the fact that she does her best to help him heal. We see a similar case of soldiers coming back home to families that they either do not recognize, owing to memory loss, or a family that has disintegrated emotionally and morally. *Parade’s End*, paints an equally devastating picture of the different locations a traumatized soldier fought his war at. Christopher Tietjens, the protagonist of the series, is shell-shocked by an explosion in the wake of which he suffers from a memory loss so serious that he forgets his own name. Apart from acute memory loss, he has to relive the horrors of the war through the constant nightmares, “remembering the sound of picks in the earth beneath the trenches” (Ford 813). What makes things worse for Christopher is the dysfunctional family that he has to cope with along with his trauma.

Although, the emergence of shell shock as a phenomenon and the study that followed, played a major role in the conceptualization of PTSD as a mental illness, arguments have been made proposing that it’s a historical discourse and must be divorced from other forms of trauma. Trevor Dodman, in his book, *Shell-shock, Memory and the Novel in the Wake of World War I*, suggests that the condition loses much of its meaning and implication upon being decontextualized and generalized. Shell shock, it must be clarified, is in no way a 20<sup>th</sup> century phenomenon. However, modern psychiatry and its comparably scientific orientation, allowed one to take cognizance of psycho-traumatic aspects of combat for the first time. Injuries of the mind, since they were not visible had, hitherto, gone overlooked. That being said, even after being recognized as a genuine ailment, it took a while for shell shock to be accepted and looked at with the same gaze as a bodily injury. The attention and glorification reserved for the plights of the body were in general given a priority over psychopathological inconveniences of the war. This attitude of incredulity and negligence towards the shell-shocked can be seen in Rebecca West’s *The Return of the Soldier* and Herbert’s *The Secret Battle*. West’s novel revolves around the homecoming of Chris Baldry, a soldier who has been diagnosed with a case of shell shock that has erased a patch of his memory. At one point in the novel, his wife, whom he does not recognise anymore, remarks out of vexation,

“This is all a blind,” she said at the end of an unpardonable sentence. “He’s pretending...” (West 66)

Mental illness has always been treated with a slight degree of suspicion, due to a paucity of physical evidence. Psychological injuries of the war, hence, were very often looked at with a feeling of distrust. Soldiers exempted for shell shock were often accused of baseness and cowardice and General Lord Horne remarked that the condition was, in fact, a “sign of poor moral” (“Shell Shock” 322). Similarly, Sir John Goodwin was of the opinion that it reflected a lack of discipline and inefficient training on the part of the soldiers. Chris, we are informed, was “not physically wounded” (40). Physical wellbeing of a soldier discharged from active duty raised quite a few eyebrows. The novel is accurate in divorcing the mind from the body in its portrayal of psycho-traumatic repercussions of WW1. While initially, shell shock was seen as a concussion-like physical injury, it was soon observed by Capt. Charles Myers that most soldiers demonstrating symptoms of battle fatigue, much like Chris, did not incur any serious physical harm. Dr. Gordon Holmes, Dr. William Johnson, and other physicians, established that commotional cases of shell shock were, in actuality, rare and not prototypical.

In the August 19, 1922 issue of *The British Medical Journal* that published a concise recapitulation of the report on “Shell Shock,” issued by the War Office Committee curated by healthcare and military professionals, the condition is invalidated as a justifiable reason for battle casualty. It states:

That no case of psychoneurosis or mental breakdown, even when attributed to a shell explosion...should be classified as a battle casualty (“Shell Shock” 323)

Such was the lack of empathy with which patients of war neuroses were looked at during the war. Soldiers, hence, after a small period of rest and recuperation had to go back to the horrors of the battlefield, further traumatizing the already traumatized. We can see this in West’s novel where Chris’s family find themselves in a catch-22 situation. They want him to heal and recover but they also know that, soon as that happens and he has his memory back, Chris would have to head back to the battlefield. Freud, in a memorandum from 1955, questions the aim of the treatment procedures that were enacted during WW1 stating that “it did not aim at the patient’s recovery, or not in the first instance; it aimed, above all, at restoring his fitness for the service” (Freud 214). When the doctor suggests to remind Chris of a memory that will jolt him back to his senses, Margaret loses her determination and cries out, “but oh! I can’t do it. Go out and put an end to the poor love’s happiness! After the time he’s had, the war and all. And then he’ll have to go back there!” (180). Eventually, Chris regains his memory and that makes him fit enough to have to resume service. West’s integration of this method of

treatment coincides with what the psychiatrists were proposing at that time. As Dr. Edward Jones points out in his essay, “Shell Shocked,” doctors were calling for a procedure that involved “cognitive an affective reintegration.” He goes on to add that the “shell-shocked soldier, they thought, had attempted to manage a traumatic experience by repressing...any memory of a traumatic event” (Jones). Chris, hence we see, when faced with a psychoneurotic experience at the war, inadvertently suppresses his memory of the death of his child. The doctor’s suggestion of jolting Chris’s memory by reminding him of a traumatic event is not far from what McDougall and Myers were advocating, that is, “a patient could only be cured if his memory were revived and integrated within his consciousness” (Jones). Jenny, his cousin, reflects that “he would go back to 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). Quite an accurate description of the morose environment of the trenches that led to the nervous breakdown of the ones exposed to it. As the medical assessment of the nature of the injury changed from physical to psychological, it was established that the leading cause of this epidemic of nervous breakdown and emotional collapse was the onslaught of battle-field horrors on the psyche of the soldiers. This narrative was gladly accepted by the military and the State as it meant that, “if the disorder was nervous and not physical, the shellshocked soldiers did not warrant a wound stripe, and if unwounded, could be returned to the front” (Alexander).

Herbert’s novel, *The Secret Battle*, presents an even terrible, yet, historically accurate fate of the shell-shocked. Here, the soldier pays the ultimate price for having a psycho-traumatic breakdown at the frontline. Soldiers were held accountable for actions that, for the most part, were not in their control. Shell shock and its manifestation, as psychiatrists like Freud had established during the war itself, belonged to the domain of the unconscious. Harry, the protagonist of the novel, not only represents his historical counterpart, Capt. Edwin Dyett, but also the large number of men who were court-martialed and meted out sentences of capital punishment for essentially undergoing psychological trauma and war neuroses. In an essay from 1917, the same year as Dyett’s execution, entitled, “Freud’s Psychology of the Unconscious,” Dr. W.H.R. Rivers, expressed his fear “that behaviors that were symptoms of shell shock might easily become capital crimes” (qtd. in Ebury). It gets clear from historical records that medical opinion on war neuroses was not far from the truth, however, it was being manipulated or ignored by the military for its own motives. Some of Harry’s fellow soldiers

treat his condition with the same disregard. When the narrator is informed of Harry's arrest and he makes an inquiry into it, he is unceremoniously told by a young volunteer,

'Running away – cowardice in the face of – et cetera...' (Herbert 205)

Another soldier named Wallace is even more vitriolic in his judgement and spitefully remarks, "he's a cold-footed swine, and deserves all he gets" (208). 'Cold-feet' was the expression that soldiers used to refer to shell shock and the term had obvious negative implications revealing the stigma that was attached to it. Considering the fact that stigmatization of mental illness is prevalent even in today's society, this attitude towards trauma, more than a century back, with the whole world at war, is hardly surprising. It was not uncommon for the army to perceive war neuroses as a front to escape war. In some camps it was seen as a willful act of cowardice demonstrated by those of feeble nerves that, contrary to what doctors like Dr. Myers and Dr. William McDougall were suggesting, did not require psychotherapeutic treatment but rather military discipline. In an article on "War Neuroses," published in the March 1919 issue of *The Atlantic*, Fredrick W. Parsons, rightfully observes,

In discussing war neuroses...it must be always be borne in mind that, ... the results of a true neuroses are never conscious and voluntary (Parsons)

It gets clear then that the works of fiction that comprise this study were playing a pivotal role in raising awareness on the traumas of the great war amongst general public. Herbert, who was deeply affected by Dyett's tragic fate, that was, in no way singular in existence, made sure he provided counter-arguments that presented a more sensible, sensitive and factual image of shell shock. In his review of Herbert's, *The Secret Battle*, published on 3<sup>rd</sup> July, 1919 in *The Times Literary Supplement*, R.O. Morris praises the novel for its scientific accuracy and establishes it as one of the first literary explorations of shell shock that correlates with "medical research." He associates the novel with medical narratives that offer "a scientific understanding of the many subtle ways fear has of getting at a man" (Morris 356). Herbert's narrator mentions "battle psychology" and how incidents impact different individuals differently at war. He writes:

I have seen many worse things; every soldier has...the effect they have is determined by many things – by his experience, and his health, and his state of mind. But if you are to understand what I may call the battle psychology of a man, as I want you to understand Harry's, you must not ignore particular incidents. For in this respect the



lives of soldiers are not uniform...the experiences which matter come to them diversely...and so do their spirits develop. (79 – 80)

The narrator, who seems to be Herbert himself, and some soldiers from the “C company,” provide the much-needed voice of reason towards the end of the novel. The points they raise in their discussion on the topic of war neuroses is as relevant today and just as medically accurate as they were back then. They talk about how the manner in which a soldier reacts to the atrocities of war, depends entirely on their temperament and mental make-up. This emphasis on individuality and psychological subjectivity, and the disapproval of a one-size-fits-all attitude towards the soldiers was revolutionary for its time. A vital point is raised, emphasizing on the importance of testing out the psychological fitness of the volunteers, very much like the compulsory physical examination, prior to their enlistment. Smith puts forward a well-founded argument as to the consideration of war neuroses as justifiable grounds for a soldier to be relieved from active duty. He comments,

They don't expect everybody to have equally strong arms or equally good brains; and if a chap's legs or arms aren't strong enough for him to go on living in the trenches, they take him out of it...But every man's expected to have equally strong nerves in all circumstances, and to go *on having them* till he goes under... (234)

Herbert's novel is also scientifically sound in its emphasis on Harry's disposition and character, in order to reiterate the idea regarding the subjectivity of the impact war had on individuals. He is portrayed as a man of nervous character with glimpses of paranoia and anxiety in his personality. Medical literature on the topic of war neuroses, from as far back as the days of war, suggests that external factors alone could not lead to shell shock. Harry, we are told, “suffered from early boyhood from a curious distrust of his own capacity...his nervous took the form of an intimate, silent brooding over any ordeal that lay before him...he would lie awake for hours imagining all conceivable forms of error and failure...that might befall him...” (20). In an incident that the narrator recounts, Harry, who is given the responsibility of the battalion's belongings while unloading, loses Old Tompkin's suitcase and gives in to an episode of unwarranted “worry and anxiety...imagining the hundreds of possible disasters” (20). This glimpse into his paranoid personality establishes him as vulnerable. Similarly, Chris Bradley, from Rebecca West's *The Secret Battle*, goes to the frontline with an already traumatic experience of losing his child. Dr. Ernest Jones, in his essay, “War Shock and Freud's Theory

of the Neuroses,” makes the same point while pointing out the limitation of applying Freud’s theory on shell shock, he writes:

This consideration in itself shows that some other factors than war strain must be involved, factors relating to the previous disposition of the men affected, and the problem is to determine what these are (Jones 22)

When we think of war, we often tend to overlook the psychological damage it does to those involved. Through the help of the discourses these works put forward, the authors were able to not only demonstrate the long-lasting and debilitating impact modern warfare had on the soldiers during the first world war, but also raise awareness and question its perception in military sectors, as well as amongst the general populace. They give us an idea of the distressing torment that the victims of shell shock went through; an experience that left them forever stuck at the battlefield. Many of the issues that these shell shock novels raise, remain relevant even in today’s world of incessant geopolitical conflicts, modern warfare and armed hostilities for global hegemony.

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