

Men in (Shell-)Shock: Masculinity, Trauma,
and Psychoanalysis in Rebecca West's
The Return of the Soldier

Misha Kavka
Englisches Seminar, Universitaet Zuerich

Rebecca West's eclectic production of fiction began during World War I with the slim novel *The Return of the Soldier*, conceived in 1915, written largely in 1916, and finally published in 1918. Focusing on war neurosis, male trauma, and the psychology of cure, it was read—then as now—as an early psychoanalytic novel, drawing on the initial seepage of Freudian thinking into London intellectual life.¹ It is also unquestionably a novel about femininity, demarcating the materialistic from the embodied woman, though whether one should read it as a feminist or a “woman’s novel” turns on interpretation.² My contention will be that the tenor of West’s feminism depends on her reading of masculinity and trauma, and, more precisely, that West writes as much *within* a masculine order as she writes about it. This raises issues already addressed in work on West about her shift away from socialist feminism in her pugnacious journalism of the early 1910s to a more conservative political as well as gender-political position.³ To repudiate West as a feminist in this early fiction, however, is to ignore both the intellectual wartime context of the writing as well as, more generally, the possible forms feminist writing may take. Certainly, no “easy” feminism is possible for West in *The Return of the Soldier*. Though men in civilian life may be “very poor stuff indeed,” as West asserts in 1913, in wartime the ground of gender politics shifts, since no feminist denunciation of men will protect women from the traumatic reaches of war.⁴

Overall *The Return of the Soldier* is a funny kind of novel. It’s about masculinity, yet the proper male protagonist is for all intents

and purposes missing from the text. It's about war trauma, yet the traumatic event which causes the protagonist's shell-shock is not represented. And it's a novel about cure which turns on the figure of a psychoanalyst, yet Rebecca West claimed ten years later that her "novel has fundamentally nothing to do with psychoanalysis" ("On *The Return*" 68). To find oneself at this impasse means either that one is a bad reader, appropriately told off by West for misreading her, or that the novel is actually enacting an impasse amongst its three themes—masculinity, trauma, and psychoanalysis. I want to argue the latter, in the sense that the novel enacts without naming an impasse produced in the culture at large by the very intractability of trauma to articulation. The imbrication of themes in the novel—masculinity, trauma, psychoanalysis—makes of it a cultural nexus, for in the England of the Great War masculinity for the first time becomes traumatized, individually and as a social construct, while registering the intractability of trauma within its order. Psychoanalysis, as the voice of a shift in patriarchy as violence, articulates the conditions of this intractability. West's contribution, I argue, lies in introducing female desire into this complex, and shifting the cultural impasse into the terrain of gender relations.

Masculinity and Trauma: About the War

The Return of the Soldier relates the story of the (re)construction of English masculinity. A model English man of the landed class, Chris Baldry of Baldry Court, is sent home from the warfront shell-shocked, unable to remember anything of the last 15 years and believing himself still to be a 20 year old on the verge of marriage to an innkeeper's daughter. Awaiting this soldier's return are three women: his wife of ten years, Kitty, whom Chris does not remember; his cousin and narrator of the novel Jenny, whom he remembers only from his youth and who disappoints him by being "old"; and the innkeeper's daughter Margaret, whom he remembers joyfully and whose company he demands. Each of these women stands in a frustrated desiring relation to Chris: Kitty as his wife in social and class terms, but who fails to spark his interest; Jenny as a family intimate, but who represses her passionate love for him; and Margaret as his chosen lover, but whose class level is marked in her marriage to a dreadfully poor man. The material of the novel comes from the interrelations amongst these women, particularly between Jenny and Margaret, and the entire novel can be read as a "woman's novel" which distinguishes between women in terms of class (landed

passionate). Victoria Glendinning seconds this opinion in her introduction to the 1980 edition of the novel: "[i]t seems to me that [Chris], seen in the novel only through the uncritical eyes of love, is not an interesting character. . . . The interest and the tension of the book lie in the three women who, in their crucially different ways, care about him" (3).

Despite Chris's being, in Glendinning's view, a cardboard "epitome of English masculine fineness, virtue and charm" (3), his central role in the novel should not be overlooked. Chris, or at least the thought of him, mediates each relationship amongst the women. Nothing is said between them which does not refer to or recall Chris. Jenny even justifies the grandeur of the house and the expense of her and Kitty's upkeep in terms of his pleasure: "we had made a fine place for Chris, one little part of the world that was . . . good enough for his amazing goodness" (*Return* 16). When Margaret, "repulsively furred with neglect and poverty" (25), enters their lives with the cry, "Chris is ill!" (32), she is announcing the shattering of this expensive, carefully tended world which revolves around the epitome of English maleness. Even in Chris's absence, this is a feminine space in thrall to masculinity.

The wartime story represented by Chris—mobilization, shell-shock, dazed return—encapsulates the basic story of World War I. England's young men were proudly sent off to war, where they were overwhelmed by the violence of a new war technology and returned home ill and broken, traumatized by their experiences and no longer themselves.⁵ The term "shell-shock," initially conceived at the start of the war by a Dr. Mott to describe the physical condition of shell fragments lodged in the brain, took hold in the popular imagination as a name for the countless instances of men returning from the front "not quite there," suffering from what psychiatrists generally referred to as "war neurosis" (Kleber 16). These men came back with bodies largely intact but spirits broken, to use the culture's own cliché. In a critical sense, these men returned from the war as figures of broken masculinity, embodying the breakdown of a domestic culture centered on the "amazing goodness" of English maleness. World War I rifted the moral masculine order of the Edwardian era, shocking it out of its supposedly natural foundations and exposing it as a construct. It is precisely this social aspect of war trauma which Chris Baldry's shell-shock encapsulates. For the problem of Chris's illness is not that it causes him any pain or discomfort; on the contrary, the amnesic Chris revels in his return to late boyhood and his first love. Rather the problem is that

without the centering presence and financial support of their man, Jenny and Kitty's lifestyle loses its justification, let alone its possibility, and their world loses its moorings. It is not just that soldiers return "ill" from war, but that the social order is evacuated of its center by the trauma of war. Psychological illness, we should remember, is measured not according to individual suffering but according to its disparity from the social norm, and when England's young men suffer breakdown en masse, illness measures the extent to which the social order has slipped from its own notion of the normative.

To the extent that Chris Baldry is the representative of Edwardian masculinity—that "epitome of English masculine fineness," as Glendinning so nicely phrases it—he functions as the central character of the novel. But this proper protagonist, Chris as he was when he left for war, is in fact missing from the text. He is "not there" in the sense of being shell-shocked, but also in the sense of a missing masculinity. The proper Chris only reappears on the last page, walking across the lawn "with the soldier's hard tread upon the heel" and wearing the "dreadful decent smile" of resigned manhood (187). Otherwise, Chris the amnesic victim is "not . . . quite himself"; he is "oddly boisterous" (41), walking "loose limbed like a boy" (187) and spending his days in the "boy's sport" of rowing a skiff on the pond (89). Curing Chris of his illness will mean reinstating him to manhood—temporally, by returning his memory of the last fifteen years, but also rhetorically, by making him again synonymous with masculinity. The nature of this impasse—centering a narrative around a male character who stands in for absent manhood—is consciously figured in the text. Thus, when Chris first arrives home from the front, his arrival is signaled not by his presence but by "the sound of Chris's great *male* voice" (49; my emphasis); importantly, his masculinity can be registered only because he remains out of view. Similarly, when Jenny devotedly notes "the harsh and diffident masculinity of [Chris]," it is as an evocation of "the thought of Chris," a "remembering" rather than a response to his presence (185). And curiously, when Jenny narrates the daily ritual of her meeting Margaret at the door to Baldry Court, the language refuses to specify whether Chris appears in person or as an evocation:

Always [Margaret] extended a hand in an unbuttoned black thread glove. . . . Then as our hands touched he was with us, invoked by our common adoration; I felt his rough male tex-

ture and saw the clear warmth of his brown and gold coloring. (131-32)

The synaesthetic detail of Chris's body—rough and warm, brown and gold—seems to indicate that he, too, takes part in the greeting between the two women, yet the sentences which follow make it clear that it is only the thought of Chris's "male texture" which has been invoked by the touch of their hands. He himself is not there. The ambiguity of the passage is instructive: Chris's masculinity exists fantasmatically for the women and passes as a spark between their desiring bodies, but in his own person he is no better than a shell of a man.⁶

War trauma is thus that which evacuates masculinity of its content, both material—Chris's manly walk, his texture, his coloring—and social—the centrality of "English masculine fineness" to the cultural order. What remains is masculinity as a wistful domestic memory on the one hand, and a construct emptied of active social signification on the other. It is tempting to claim that the rhetorical force of the term "shell-shock" for the popular mind lay in its power to articulate metaphorically the effect of war trauma on masculinity. The notion of a "shell" thus expresses not the precipitating cause of war trauma—exploding bombs—but rather its effects—men and the very masculine order emptied of their centers and their centrality. True, the relation between the exploding shells of new war technology and the architectonic shells of evacuated structures is arbitrary. Yet "shell-shock" effects a powerful linguistic condensation between the inarticulable traumatic moments at the front and their broader social effects. Before World War I, the "content" of masculinity was implicitly defined in terms of social and psychical coherence, precisely because men were neither traumatizable nor apt to fall psychologically ill.⁷ In fact, one could say that masculinity was differentiated from femininity along the demarcating line of psychological illness, and particularly hysteria. When, in the conditions of new war technology, trauma and hysteria become inextricably associated with masculinity, then the naturalizing mainstay of the construct implodes and "shell"-shock names its remainder. Thus, though Chris Baldry returns home bodily intact, his body seems just a shell around a missing masculinity, at odds with the gestures and expressions of a boy, just as the grand house is a shell around a lifestyle which has lost its ordering focus.

The war thus seems to be the originary trauma for "English masculine fineness," providing the cultural condition for the writ-

ing of the novel. The very notion of an originary trauma, however, begs the point, for it implies a linear and progressive temporality which the recycling of soldiers in wartime denies. As the injured of World War I knew all too well, a successful convalescence meant that one would be returned to the front, potentially to be injured again, to convalesce, and so on, ending in the extreme with death or the unforeseeable end of war.⁸ The notion of return in the novel's title thus partakes in something of Nietzschean repetition of the self-same: Chris returns home, only to be returned to the front, where another traumatic incident may send him home again, to be returned to the front, etc. The lack of any possible originary trauma in this nightmarish cycle is highlighted by the narrative's refusal to tell the story of the event which inspired Chris's amnesia. In its place Jenny tells a fable about choice—between the passionate world of Margaret's love and the materialistic world of her and Kitty's love—a choice made by Chris in spirit while his actual "body lies out there in the drizzle at the other end of the road" (136). It is as though the text shares in the luxury of amnesia at the same time as it decries the possibility that any event, amongst all the horrific events of wartime, can be an originary trauma. The novel thus refuses a narrative etiology of trauma: trauma circumvents the narrative register, as much as there is no discrete event of trauma. In the endless cycle of wartime traumatic return, the masculine order reaches an impasse: men must continue to convalesce and break down, *ad infinitum*, with no hope of recuperation. To allow for the recuperability of masculinity one needs the notion of originary trauma, thereby positing a discrete event available to cure. Only a notion of originary trauma can provide conceptual and thus therapeutic space for a cure. This, in effect, is the role of psychoanalysis, which West appropriates and explores.

Psychoanalysis and Trauma: About the Death of a Child

Ten years after the publication of *The Return of the Soldier* Rebecca West wrote a hindsight account of the conception of the novel and its relation—or, according to her strenuous defense, its non-relation—to psychoanalysis. In a letter to the editor of *The Observer* which reprimands a critic who had acidly described her novel as a "tract" for psychoanalysis, she claims flatly, "my novel has fundamentally nothing to do with psychoanalysis" ("On *The Return*" 68).⁹ She further elaborates her defense: (1) the story was complete "not very much later" than 1915 at a time when "not one per cent of London's intellectuals or any other class of the commu-

nity had heard of psycho-analysis"; (2) she "got the idea for the story from two sources which have both nothing whatsoever to do with psycho-analysis"; (3) the setting of wartime and the impression made by an ex-landlady "slipped" the novel into place, "quite without the intervention of psycho-analysis"; and (4) she "introduced a psycho-analyst [into the story] as an unimportant device" (67-68). The repetitive negative rhetoric and multiple justifications of this disclaimer, however, paradoxically play into Freud's hands, for the enumerated defense sounds not unlike Freud's anecdote in *Jokes and their Relation to the Unconscious* in which a neighbor returns a borrowed kettle to its owner with a large hole in it. To the owner's reproach, the borrower claims that (1) he'd never borrowed a kettle at all; (2) the kettle had already had a hole in it when he'd borrowed it; and anyway, (3) he'd given the kettle back in good condition (65-66). For Freud, the anecdote illustrates that unconscious processes work in multiples, unhampered by any sense of logical contradiction and reflecting only the strength of the repressed element. The resonance with West's own disclaimer suggests that her defense against psychoanalysis is similarly overdetermined, and the more she protests against any influence psychoanalysis may have had on her novel, the less it seems that the character of the psychoanalyst is just "an unimportant device." West's disclaimer thus neatly illustrates the psychoanalytic notion of denegation, in that she both rejects the influence of psychoanalysis while unconsciously, or in this case textually, bearing it out.

And in fact, West goes on in the same letter to disclose that she spent eight months "look[ing] into this matter of psycho-analysis," a task which she defines as reading all the works of the principal psychoanalysts, all the works of Freud's critics, and undergoing psychoanalysis herself (69). The excessive demands of this task alone seem to be an aspect of her overdetermined relationship to Freud's work. Though she claims only to "have fulfilled half this programme," West clearly considers herself well-versed in psychoanalysis, and indeed a recent biography reveals that she underwent an intensive course of psychotherapy with a lay analyst in 1927, keeping notes on the uncovering of a "Father Violation Memory" and what she called her "Max complex," after a failed love affair with newspaper magnate Max Beaverbrook (Rollyson 91-92). A decade earlier, during the writing of *The Return of the Soldier*, West would not have yet had such an intense engagement with psychoanalysis; she was probably limited to reading *The Interpretation of Dreams* and possibly *The Psychopathology of Everyday Life*, which

were made available in English between 1913 and 1915. Given the positive characterization and role of the psychoanalyst in the 1918 novel, it seems that West's disavowal of psychoanalytic influence is a retrospective construction, as though the effect of her intense engagement with psychoanalysis in the late 1920s was the discovery, or more likely the production, of her own disavowal of its influence.

It is true to say that in 1928 West is concerned for her literary reputation, since she openly worries that a psychoanalytic novel in 1920s London means "a novel cut to a pattern and not spontaneously created." Nonetheless, she is also unquestionably ambivalent about her relationship with psychoanalysis and its influence on her first novel. I wish to draw two conclusions from this ambivalence: first, that a reading of the novel needs to take account of the function of psychoanalysis as something important enough to disavow, and secondly, that West's reluctance to align herself intellectually with psychoanalysis needs to be taken just as seriously. For more than simply stamping her work as "cut to a pattern," an admission of debt to psychoanalysis would imply that as a discourse it had the ability to describe and narrativize the relationship between masculinity and trauma as set up in the novel. West's emphatic disclaimer means not that psychoanalysis is just "an unimportant device," but that she refuses to accept it as a master narrative.

The mind-doctor who shows up in the final chapter of *The Return of the Soldier*, Dr. Gilbert Anderson, is crucially not a war psychiatrist, in the sense of a doctor who heals war traumas by obviating the immediate symptoms (sleeplessness, anxiety, amnesia, paraplegia, etc.).¹⁰ Dr. Anderson delivers a lecture in miniature to the resistant Kitty (herself, in good British tradition, a proponent of "[making] an effort") on the difference between "the essential self," which has wishes, and "the superficial self," which represses them (163-64). He characterizes Chris's amnesia not as a war trauma but as an obsession, which he defines as the manifestation of a suppressed wish, and he explains that his therapy will involve "talking to [Chris,] getting him to tell his dreams" (166). His first question to the three women, moreover, is about Chris's "relations with his father and mother," a question he follows up by asking about Chris's need for sex (167). At each point the Freudian character of this mind-doctor becomes more recognizable, until his concern with Chris's Oedipal complex and libidinal drives stamps Dr. Anderson as recognizably, by the late 1920s, a caricature of Freud, though in the war years these questions indicate the radical tone of the "newer

kind" of psychiatry ("On *The Return*" 68). Though Dr. Anderson's theory of the conscious/unconscious split may not differentiate him from the English schools of war psychiatry, his attitude to Chris's amnesia is telling. Only a psychoanalyst, or in this case a literary representative of Freud, would look past the precipitating event of a war trauma and search instead for a "suppressed wish." In this the novel concurs: recall that the event which precipitates Chris's amnesia is missing, and that its absence becomes instead the occasion for a fantasy scenario about Chris's desire. The novel thus shares in a psychoanalytic logic even before the appearance of that supposed "unimportant device," the doctor. Though this is not the only logic in operation, it is important to stress that the novel refuses a theory of trauma which remains enclosed within the context of war neurosis.

Though West's letter to the *Observer* indicates a radical ambivalence about psychoanalysis, Freudian discourse provides a diagnostic language which adumbrates the romantic philosophy of *The Return of the Soldier*. I have said that the novel shares in psychoanalytic logic; this is nowhere more visible than in the narrative vindication of Dr. Anderson's theory that Chris suffers from the effects of long-repressed material. Before the advent of Dr. Anderson, from the novel's very opening scene in the unused nursery of the house, we are aware that Chris had a young son who died. The first mention of our male protagonist, in fact, comes in reference to a rocking-horse he had bought for his year-old son (10). In terms of narrative sequencing, the initial appearance of Dr. Anderson importantly is separated from his discussion with the three women by a scene in which Margaret discovers, when she picks up a photograph, that Chris had had a single child who had died five years before, aged two, of "the merest cold" (160). In a mystical alignment which belongs to the narrative's romantic logic, it turns out that Margaret, in exact parallel, had had a son who had died at the age of two, five years before, inexplicably of a chill. The sandwiching of this revelation between the two appearances of the psychoanalyst can be taken as a lesson in how to read. It is as though the Freudian analyst provides the theoretical context, the frame, so to speak, for reading the photo of the dead son. (Note that it must in fact be a son; the epitome of English masculine fineness would not have a daughter.) The violent war event which precipitated Chris's amnesia, whatever it may be, is thus not the event of trauma itself but the breakdown of Chris's defenses against the "proper" trauma, the death of the child.

The question remains, though, how this can be read into the psychoanalyst's theory of a "suppressed wish." That the parent would wish the child had not died is clear, but there is no reason for such a wish to be unconscious. It is Margaret who provides a clue to the novel's psychoanalytic logic: thinking of the two children who died at the same time, at the same age, and of the same cause, she muses, "it's as if . . . they each had half a life" (160). Psychoanalytic theory operates in the service of a romantic insistence on the rights of passion. Chris and Margaret had each married the wrong person—though within the "right" class—and in so doing had each begotten only half the child of their mutual passion. Chris's "suppressed wish," then, is not that his child had never died, but that the child had never been born of that mother, brought into the world with only half a life. In terms all too familiar to the genre of romance, Chris's secret wish is that he and Margaret had never parted; in the space of masculine trauma set out by the intersection of psychoanalysis and the Great War, the generic romantic "secret" is transmuted into the symptom of amnesia.

The narrative trajectory demands that Chris's illness be put to a cure, but the psychoanalytic logic in the novel reaches its limit precisely at this point. Dr. Anderson commands textual respect—speaks, that is, a position necessary to the narrative trajectory—only so long as he provides a theoretical background to understanding Chris's illness. When the doctor turns to the question of therapy, he is cut off and from that point cut out of the novel altogether. In outlining his therapy as a talking cure ("I'll do it by talking to him" [166]) and making an initial diagnostic foray into the patient's Oedipal relations ("His relations with his father and mother, now?" [167]), Dr. Anderson sketches the basis of the Freudian cure and at the same time marks its failure, at least for West. The doctor's remarks register that the psychoanalytic method "cures" trauma by bringing it into a continuous narrative, a rolling out of the patient's stories which the analyst orders according to the Oedipal framework. Since the method never dissolves trauma, but rather resolves its effects by making it conscious, one might say that psychoanalysis provides not a cure proper so much as narrative consolation. In this light, West, as a writer embarking on her first work of fiction, may well have wondered how psychoanalytic therapy is different from the work of producing fictions. If psychoanalysis does in fact provide the consolation of continuous stories rather than a psychiatric "cure," then it is simply a narrative amongst others, to be used as a story within another story rather than as a master discourse.

Tellingly, the authoritative rhetoric of Dr. Anderson is abjected from/by the novel directly after he describes his method as one of “talking” to the patient about his dreams (166).

That West understands this dynamic between narrative and cure can be read in Margaret’s interruption of the doctor. She accuses Dr. Anderson’s methodology of being a futile endeavor: “what’s the use of talking? You can’t cure him. . . . Make him happy, I mean. All you can do is to make him ordinary” (168). What Margaret articulates is that curing mental illness is never about individual “happiness”; it is never, that is, about the erasure of the core trauma, in part because of the inability of a talking therapy to change the patient’s material conditions (thus, Chris’s son can never be resurrected, certainly not as the integrated child of passion). Rather, curing mental illness is about bringing the individual into line with the demands of the social order, hence Freud’s insistence on the Oedipal complex as the organizational principle for the talking cure. The Oedipal complex—though Freud would not define it in these terms—is that which brings each individual subject into his or her place in the patriarchal, heterosexual order; it operates as an analytic description, as well as consolidation, of prescriptive social norms. The “use of talking” for psychoanalysis is thus the work of arranging stories so as to return the subject of illness to his or her “ordinary” place in the social order.¹¹ In its more radical form (say, in Freud’s 1905 work, *The Three Essays on Sexuality*), psychoanalysis recognizes the constructed character of social norms, though the therapeutic method, in the interest of cure, appeals no less to these norms.

In *The Return of the Soldier* West is in large part sympathetic to psychoanalysis as a therapy which recognizes the impasse of cure. That is to say, Dr. Anderson concurs with Margaret’s assessment, shifting the oppressive nature of cure onto a normatizing will of the social body: “It’s my profession to bring people from various outlying districts of the mind to the normal. There seems to be a general feeling it’s the place where they ought to be. Sometimes I don’t see the urgency myself” (168). Nonetheless, I have stressed that we should take West’s ambivalence to psychoanalysis seriously, and the grounds for this ambivalence appear here in the tension played out by psychoanalysis between trauma and cure. On the one hand, the doctor is allowed deftly to deconstruct the division between insanity and normative sanity, as though West appreciates the subtlety of Freudian theory about the difficulty of marking such a division. On the other hand, the “ordinariness” to which the

psychoanalyst's therapy would lead Chris indicates that this therapy means an inevitable shoring up of the masculine order. To "cure" Chris of his amnesia, after all, is to return him to his position as the epitome of English masculinity, central to a social order represented by a beautifully tended estate and ornamental women.

For West, having spent the prewar years writing uncompromisingly feminist journalism, this must seem like an unpalatable option. More importantly, the very notion of a *return* to the masculine order betrays the promise of cure as posited by psychoanalysis in the notion of originary trauma. For if cure depends on a linear temporality which leads backward to an originary trauma and forward to its resolution, then the fact that this resolution is achieved by a return makes the very concept of cure dubious. In the wartime context of the novel, cure is thus at best nostalgic and at worst death-dealing, which is to say that Chris's return to sanity is at best a return to a fantasy of prewar patriarchy and at worst a return to the front—and the ending of the novel insists that it is both. Chris's cure means both his return as the epitome of masculinity who has been only a wistful domestic memory throughout the novel as well as his return to "that flooded trench in Flanders under that sky more full of flying death than clouds" (187). Psychoanalysis, which seemed to offer a rupture in the repetition of traumatic time by positing a linear temporality within the theory of repression, therapeutically shores up both the fantasy and the horror of the masculine order.

To this West responds by making a different use of what is presented as a psychoanalytic insistence on prewar trauma. For in "the *dreadful* decent smile" worn by the cured protagonist as he strides across the lawn to receive "the *yoke* of [Kitty's and Jenny's] embraces [on] his shoulders" (187; my emphasis), it becomes clear that the cure of his amnesia has returned Chris to a masculine selfhood which is and has all along been burdensome, and worse, which is and has all along been only a construct. The repressed trauma of masculinity, and the illness of which Chris's amnesia is a symptom, is the knowledge that male selfhood is and has been a shell without a center. In *The Return of the Soldier*, West thus radically claims not that the trauma of war has shattered English masculinity, but that the masculine order itself, even before the war, is a construct based in and constituted through trauma. As with the relation between Chris's trauma at the front and the death of his son, the war is not the trauma itself, but marks the breakdown of the defenses of masculinity against the actual trauma, the knowledge of its own constructedness.

Curing Masculinity: The Problem for Feminism

Where the psychoanalytic order fails, the feminine order takes over, supplanting the talking cure with the cure of the maternal, impassioned body. While "the newer kind of doctor" undertakes the laborious process of reconstructing the fragmented narrative of illness, the passionate woman, in the character of Margaret, simply "know[s]" how to cure the traumatized man (168). She advocates shocking Chris into recall by "remind[ing] him of the boy," in a therapeutic method which bypasses language altogether by showing him objects associated with his son: "something the boy wore, some toy they used to play with" (169). Clearly, such a rapid cure belongs more to a popular notion of shock treatment than to any psychiatric approach. What interests me here is not the quick-fix success of this feminine cure, but the mode of cure as well as its function in the narrative logic. This is a material rather than a talking cure (or even, more traditionally, a physiological cure), which effects continuity with objects which represent the repressed trauma, as though trauma can be brought to consciousness only by activating a bodily memory. The function of this feminine cure, though, ultimately mimics the ends of psychoanalytic therapy, since Margaret, too, talks about Chris's cure in terms of return, of "bring[ing] him back." The question for feminism posed by the novel, then, is whether the feminine cure marks enough of a difference from the psychoanalytic to avoid a reconstitution of the "ordinary" masculine order. And if it doesn't, then can the novel be read as a feminist work or must it be consigned to the category of first, good-try fiction by a once feminist writer?

Of the three representations of women, only the maternal figure can perform the cure. Her "wisdom" is recognized by the doctor, though his scientific knowledge cannot account for it: "I don't know why [it has to be her]. But it does" (170). Margaret's wisdom, well outside the ken of patriarchal science, is directly associated with her maternal body. In fact, maternity, synonymous with feminine embodiment on the one hand and passion on the other, serves as the instrument of differentiation and valuation amongst the women. Kitty, the materialistic woman who turns her physical beauty into capital in the sexual economy of the masculine order, is also depicted as an unnatural mother; the novel opens with her heartlessly sitting in the long-disused nursery to dry her hair because "it's the sunniest room in the house" (11).¹² The narrator, Jenny, mediates between Kitty's detached materialism and Margaret's passionate embodiment. As such, she is a not-quite mother, categoriz-

ing herself amongst “the childless[, those who] have the greatest joy in children, for to us they are just slips of immaturity lovelier than the flowers and with a power over the heart” (161).

To Margaret it remains to represent embodied and impassioned maternity. She experiences her grief for her dead child and Chris’s as a bleeding of her body: “she did not look at the child’s photograph, but pressed it to her bosom as though to staunch a wound” (160-61). Standing in the unused nursery, Margaret so fully portrays motherhood that she looks to Jenny like rare “pictures of the Assumption of the Blessed Virgin, which do indeed show women who could bring God into the world by the passion of their motherhood” (172). Note here that she is compared not to the mother of God, but to material women who in their passion could *represent* the mother of God. Margaret’s physical relationship to her lover, by extension, is of a maternal rather than a strictly sexual kind. Their relationship is iconicized in the novel by the image of Margaret sitting beside the sleeping man, “just watching” (142) and intermittently feeling his hands to make sure “they’re as warm as toast” (148). Unlike the other two women—Kitty who desires Chris for what he can give her, and Jenny who desires Chris for herself but inarticulately—Margaret does not want Chris for herself but rather feels the passion of maternal nurturance towards him. As the feminine ideal who shelters a man, who “gather[s] the soul of the man into her soul” (144)—and I would point out the bodily resonance of that metaphor—it is Margaret as the figure of maternal embodiment who has the “wisdom” to cure masculine trauma.

However, the maternal impetus to shelter the man in “his magic circle” of amnesic happiness—to keep him in a childlike world—comes into direct conflict with the feminine wisdom of cure. The conflict brings the narrative to an impasse of medical ethics, though in a feminine vein: to cure or not to cure, to leave the man infantilized or to effect his return to manhood? When Margaret balks at her self-appointed task of “go[ing] out and put[ting] an end to the poor love’s happiness” (179), the text delivers a rhetoric split between joy and death:

There was to be a finality about his happiness which usually belongs only to loss and calamity; he was to be as happy as a ring cast into the sea is lost, as a man whose coffin has lain for centuries beneath the sod is dead. (180)

than sanity" (133), this passage makes clear that the effect of Chris's improved sanity can only be a morbid happiness. The stasis involved in the happiness of amnesia, which is surely the radical form of trauma's eternal return, makes of happiness a terminal disease, a condition of finality—in fact, a death wish. Several years before the publication of *Beyond the Pleasure Principle* (1919, tr. 1922), in which Freud is spurred to develop the theory of the death instinct by the intractability of war trauma, West draws a related connection between "happiness" as an effect of trauma and a morbid will to stasis. Chris's "magic circle" can provide him only "the trivial toy of happiness" (180), trivial in comparison to his metaphorical death, and a toy because it means his return to childhood in "senile idiocy" (183). Frozen in traumatic time, out of sync with the progressive time of reality, Chris can receive at the hands of his sheltering mother/lover only death or, worse, infantilization. Either way, "he would not be quite a man" (183), as the narrator's meditations conclude. The price for the happiness, for that "something saner than sanity," of the traumatized man is high; the amnesic is not mad but ill in the sense of emasculated. He must "raise to [his] lips the wine of the truth . . . or else walk forever queer and small like a dwarf" (182). Truth thus functions in the service of masculinity, naturalizing it as self-evident and disguising both its constructedness and its constitution through trauma. For it is the inarticulable experience of trauma which, in differentiating between masculinity and queer, not-quite manhood, produces men out of the "boisterous" boy, the "saner than san[e]" neurotic, the would-be "doddering old man" (the list of "not quite a man" queers could go on and on) by forcing them to drink "the wine of truth."

Femininity is no less in thrall to this order. Given the choice between curing and queering him, between returning Chris to the front and another possible bout of shell shock or retaining him in the infantilization of his "magic circle," Margaret opts for the former. Maternal "wisdom" consists not of the ability to cure a man, but of the sense, unknowable as a piece of knowledge, that he *must* be cured and returned to manhood. Maternity, idealized femininity, even the novel itself—in what we might call its "ideal ego"—thus function ultimately to uphold the masculine order, and do so, moreover, in tandem with their own dissolution. At the close of the novel, as the reconstituted man walks across the lawn toward the house, Margaret is left literally to dissolve: "Almost had she dissolved into the shadows; in another moment the night would have her" (186). Only Kitty's final words: "He's cured!" resonate be-

yond the end of the novel. The satisfaction of the conventional woman emphasizes the fact that cure must be understood in terms of the social norm, the same norm to which Margaret's "wisdom" returns Chris. It seems, then, that the cure of feminine wisdom as imagined by West is no different from that of psychoanalysis, except perhaps for the irony that while psychoanalysis strengthens its standing as a science by recuperating the margins of the social order, femininity becomes passive, dissolving into the shadows, as a salve to this order. The question thus arises, whether there is anything feminist about this fiction. Or, put in biographical terms, how is it that West, writing uncompromisingly feminist journalism in the early 1910s, can produce a novel in 1918 that appears pro-feminine at best and anti-feminist at worst?

To the extent that *The Return of the Soldier* poses a problem to a feminist reading, it does so because of our limited expectations as to what constitutes feminist narrative writing. Conventionally, we expect at least a strong female voice, preferably one that separates sexuality from the social demands on women for reproduction, optimally one that "owns" her sexuality, and definitely one that exposes and undercuts the patriarchal circulation of power. In this light, three women involved in restoring an epitome of English masculine fineness to his proper centrality hardly fits the bill. However, a different schema emerges if we address the novel, and West's investment in its writing, as the investigation of masculine trauma across three irreconcilable though complicitous orders: the masculine, the psychoanalytic, and the feminine. Initially, trauma appears in the masculine order as shell-shock, a contemporary and unavoidable historical product of the new war technology; this seems, though, at best to describe rather than analyze masculinity in relation to trauma. A shift to the psychoanalytic order reveals trauma to be a contingent repressed element in the individual psyche—in this case the death of a son—producing masculine illness, or neurosis, as its effect; the role of analysis here, though, is to reconstitute the patriarchal order through narrative. A final shift to the feminine order reveals like complicity with patriarchy, but now trauma is a condensation in the body which can be resolved through unmediated contact with objects.

Though this notion of unmediated bodily contact slides too easily from a feminine ideal into a modernist anti-feminist insistence that women have neither minds nor egos, it is important to note that feminine wisdom is differentiated in the novel from both the masculine experience and psychoanalytic knowledge as that which

does not attempt to locate trauma as an event, since any event is by definition narrativizable.¹³ 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. And as a *feminist* text, the novel recognizes that this linguistic bypass is a constitutive aspect of masculinity. Thus, whatever Chris's actual trauma, Jenny hails his symptom of amnesia as "a triumph over the limitations of language which prevent the mass of men from making explicit statements about their spiritual relationships" (133). This "limitation"—let's call it a bypass—has separated our protagonist from the woman of his passion, bound him to a woman of his class, cost him the life of his child, and overall held him to his place in the masculine order.

My reading of the novel should not suggest that if only Chris had remained with Margaret, all would be right with the soldier's world. This would be to read *The Return of the Soldier* as a romantic fiction, a "woman's novel" simply playing out feminine fantasies within the masculine order. The figure of Margaret as a desiring body, maternal and passionate, is indeed complicit with the masculine order to which she returns Chris, yet her abjection from the end of the novel indicates that she is also an indigestible problem for this order. Margaret's passion is Rebecca West's own: West too, at the time of writing *The Return of the Soldier*, was a mother of a two-year-old son; West too could be described as a passionate woman, given her tumultuous ten-year sexual affair with H.G. Wells; and West too could be seen as a woman whose desire was difficult for the masculine intellectual world in which she moved, given her lifelong conflicted liaisons with men who failed her or seemed inadequate.¹⁴ The figure of Margaret can be read as the fictionalization of Rebecca West's own recognition that the material desiring body of the woman poses a difficulty for the masculine order, such that this desiring body must either be dissolved or repudiated. This very difficulty makes of the recalcitrant feminine body a *feminist* body and, further, provides the motive for Rebecca West's writing—in particular, her early journalism—which itself is a material object lodged like shrapnel in the masculine order. West's writing, though, cannot create a place in the masculine order for the material presence of the feminine desiring body, since no text can reconcile the impasses of the social order within that order (this would return us to the fantasy of romantic fiction). Masculine trauma cannot be cured by fiction; indeed, both the trauma and the cure are necessary to the social imaginary. Instead, the feminist work of *The*

Return of the Soldier lies precisely in the text's function as a marker of unnarrativizable trauma, a marker of the impasse between the feminine body and the masculine order.

The trauma at issue in the novel is thus not about war nor about the death of a child; it is rather the trace of a linguistic bypass as social impasse. The "cure" of trauma means not its resolution, but a return to inarticulacy, to manhood cemented in and by trauma (recall the "dreadful decent smile" of the cured Chris). It is true to say that femininity and feminine desire are complicitous with this order, but West exposes masculinity as a construct to which men as well as women are in thrall, though in no way which is either reconcilable or representable in gender relations. Importantly, Chris's "trauma," that non-specifiable silence about his "spiritual relationships" (what today we might call gender relations) stretches back well before the onset of the war. In shifting the emphasis of the novel away from war events while retaining trauma as a gendered problematic, Rebecca West avoids both the conventional feminist claim which decries men as instigators of violence as well as a conservative sentimentalization of prewar masculinity. Instead, she exposes masculinity as an order which compels adherence from men as well as from women, both marked by a relationship to masculine trauma: in men as inarticulacy, in women as the will to cure. I would call West's another kind of feminism, that which recognizes mutual complicity to the masculine order to be the unrepresentable aspect of gender relations.

Notes

1. In 1928 the drama critic for *The Observer*, a Mr. Ervine, wrote, "Miss West's novel was written at a time when London's intellectuals . . . were inclined to believe that the solution to all our ills could be found in psychoanalysis. . . . Miss West's novel was, in brief, a modern Tract for the Times; it was brilliant journalism" (quoted in a letter to the editor of *The Observer* by Rebecca West, rpt. "On *The Return of the Soldier* by Dame Rebecca West, D.B.E. with a Prefatory Note by G.E. Hutchinson" 67). For a more recent and much more neutral version of a similar claim, see Jane Gledhill, "Impersonality and Amnesia."

2. For a brief discussion of *The Return of the Soldier* as a "woman's novel," see Victoria Glendinning, "Introduction."

3. See Sue Thomas, "Rebecca West's Second Thoughts on Feminism," and the collection of Rebecca West's early journalist writing in *The Young*

4. Rebecca West, "The Sex War: Disjointed Thoughts on Men," *The Clarion*, 18 April 1913; rpt. in *The Young Rebecca* 174-78.

5. See, for instance, H.D.'s autobiographical account of her husband's return from the war: "She had married him when he was another person. That was the catch really" (*Bid Me to Live* 16).

6. For another instance of a fantasmatic evocation of Chris by the touch of the two women's desiring bodies, see the kiss which seals Margaret and Jenny's farewell: "We kissed, not as women, but as lovers do; I think we each embraced that part of Chris the other had absorbed by her love" (184).

7. One notable exception to the masculine preclusion of trauma were cases of "railway spine," that is, psychological illness caused by the trauma of severe railway accidents. See Wolfgang Schivelbusch, *The Railway Journey*.

8. A particularly striking representation of this recycling appears in Mary Borden's memoirs of being a war nurse, *Forbidden Zone*, in which she compares the mending of men to the mending of laundry. Like soldiers, clothes come back for darning "just as many times as they will stand it. And then you throw them away. And we send our men to the war again and again, just as long as they will stand it; just until they are dead, and then we throw them into the ground" (qtd. in Tylee 201).

9. As to the specific sources for *The Return of the Soldier*, West writes, "It happened that in 1914 I heard of one of the first cases of amnesia the war produced; this reminded me of a paper in a medical journal I had read before the war in which a factory doctor had recorded without comment the case of an elderly factory hand who fell down a staircase on his head and came to himself under the delusion that he was a boy of twenty; and later gave great pain to his wife by repudiating her and demanding a sweetheart from whom he had been separated for many years" (67).

10. For the most influential of the "war psychiatrists" in England, see W.H.R. Rivers, especially his series of lectures delivered at Cambridge in 1919 and published as *Instinct and the Unconscious*.

11. The case history of Dora to my mind provides the clearest example of Freud's therapeutic method as an arranging of the analysand's stories within the Oedipal structure so as to resecure her place in the heterosexual order. At stake in this case history is precisely the question of how to order narratives so as to produce the woman patient as a wife and mother, particularly at the expense of homosexual desire. See Sigmund Freud, *Fragment of an Analysis of a Case of Hysteria*.

12. Rebecca West's earlier incarnation as a socialist feminist reappears in her description of Kitty as a woman whose beauty serves capitalism: "Beautiful women of her type lose, in [the] matter of admiration alone, their otherwise tremendous sense of class distinction; they are obscurely aware

that it is their civilizing mission to flash the jewel of their beauty before all men, so that they shall desire it and work to get the wealth to buy it, and thus be seduced by a present appetite to a tilling of the earth that serves the future" (154).

13. For an example of virulent anti-feminism at the turn of the century, see Otto Weininger, *Geschlecht und Charakter*, translated as *Sex and Character*.

14. See Rollyson, especially 32-47, 71-72, 81-83, 161-62, 219.

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