Hysterical Men: 
Shell-shock and the Destabilisation of Masculinity

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'HYSTERIA' DERIVES FROM THE Greek word hysteria for uterus, and is, therefore, etymologically linked with the female body. Over the centuries, this original linguistic link between hysteria and the female body has been scrupulously maintained. Despite the constantly changing definitions of hysteria and its eclectic symptoms, the cultural associations between hysteria and women have not been overturned or even significantly undermined. To use the phrase 'male hysteria', then, is oxymoronic. During World War I, however, hysterical symptoms were frequently identified in soldiers who experienced trench warfare first hand. Although many psychiatrists at the time acknowledged that war neurosis was in fact 'male hysteria', the term that became common parlance, possibly because it avoided implicit feminine associations, was 'shell-shock'.

Within the specific context of both the homefront and the warfront of World War I, I will look at the construction of male hysteria as well as its treatments, and its relationship to constructions of masculinity and femininity. Does a recognition of hysteria in males - even if labelled 'war neurosis' or 'shell-shock' - destabilise the masculine/feminine binary categories; and, if so, is such a destabilisation lasting or simply a momentary disruption of such categories? Other binary oppositions - reason/madness, health/illness, mind/body, doctor/patient, upper class/working class, public/private - and their potential destabilisation are also relevant to the discussion here. What is at stake, in other words, are the 'sociocultural categories of the normal' and how they come into being (Epstein 1995:9). The normal, or what we take to be normal, is not an ontological, ahistorical category, but rather is discursively produced and diligently policed within time and space; that is, the normal has a history and a geography. How do we decide, Julia Epstein wonders in her book Altered Conditions, 'what counts as normal and what we label as abnormal?' (1995:8). 'The very idea of normativity is coercive', Epstein maintains - with a nod to the work of Michel Foucault, who saw health care in general and the clinic in particular as one example of a disciplinary practice in which 'useful' and 'intelligible' bodies - i.e., 'docile bodies' - are constituted (Epstein 1995: 8; Foucault 1977: 136).

The dichotomy between modernity and postmodernity is also implicitly contested in the 'abnormal' occurrence of hysteria in males in World War I. World War I is often described, historically speaking, as the quintessentially modern war. In *The Great War and Modern Memory*, Paul Fussell writes:

What we can call gross dichotomizing is a persisting imaginative habit of modern times, traceable, it would seem, to the actualities of the Great War. 'We' are here on this side; 'the enemy' is over there. 'We' are individuals with names and personal identities; 'he' is a mere collective identity. We are visible; he is invisible. We are normal; he is grotesque. Our appurtenances are natural; his, bizarre (1975: 75).

In addition, literary modernism was at its peak during the war, and many writers who experienced and wrote about the war were influenced by modernism. According to Allyson Booth, 'the Great War was experienced by soldiers as strangely modernist and . . . modernism itself is strangely haunted by the Great War' (1996: 6). Yet the Great War's link to historical and literary modernism does not preclude an analysis that foregrounds postmodernist theory and its emphasis on the destabilisation and denaturalisation of cherished binary categories. As David Harvey notes in *The Condition of Postmodernity*, "No one exactly agrees as to what is meant by the term ['postmodernism'], except, perhaps that "postmodernism" represents some kind of reaction to, or departure from, "modernism"" (1989: 7). Postmodernism, it seems to me, is not either a reaction to or a departure from modernism; it is both. Modernism itself is not a discrete theoretical or historical category of analysis; it carries within it an 'inner dissonance', an antagonism which is articulated in postmodernism (see Young 1995: 54). In other words,
it might be said that the seeds of postmodernism were planted in the trenches of Mons, Loos, the Somme, Arras, Verdun and Ypres. In order to ground my theoretical and historical discussion, I will refer to two works of fiction — Pat Barker's *Regeneration* (1991) and Virginia Woolf's *Mrs Dalloway* (1925), neither of which is a war novel in the conventional sense, that is about strategy and military battles won and lost; rather World War I gives structure to these narratives without being their prevailing content.3

**HYSTERICAL WOMEN:**

**THE FEMALE BODY AS SYMPTOMATIC**

Hysteria is linked not only etymologically but also culturally to the female body, because the female body in relationship to the normatively defined male body is seen as pathological, symptomatic by its very nature. In other words, 'illness affects and defines [woman's] whole being' (Doane 1986: 173). Hysteria is a quintessentially feminine disease and, as such, refers 'more to an image than an illness' — the image being that of the feminine (Foucault 1965: 139). The symptoms and significations that concatenate around the sign of hysteria are constantly shifting; and just as the symptoms are polymorphous and hyperbolic, so too are hysteria's meanings and manifestations. Foucault writes of modern interpretations of hysteria:

> It was not so much a question of escaping the old localization in the uterus, but of a diverse, polymorphous disease dispersed throughout the entire body. A disease was to be accounted for that could attack the head as well as the legs, express itself in a paralysis or in frenzied movements, that could bring on catalepsy or insomnia: in short, a disease that traversed corporeal space so rapidly and so ingeniously that it was virtually present throughout the entire body (1965: 145-6).

Hysteria's habit of mimicking other diseases, moreover, makes hysteria not simply one disease, but many, if not all, diseases (Smith-Rosenberg 1985: 203; Foucault 1965: 148). Hysteria, in other words, might be described as a performative disease. This characteristic mimicry or performativity links hysteria to conceptions of femininity, if we consider femininity not as an ontological category inherent to female bodies, but as a social construction to which 'real' women can never quite conform or measure up. Femininity itself, then, is mimicked or performed, though never fully or finally achieved (Butler 1990). If the female hysteric is said to mimic or perform a disease, then does the male hysteric, in a sense, mimic and perform not only a disease but femininity as well? Can the male hysteric, in other words, be said to be in drag symptomatically?

Before addressing questions concerning the male hysteric, however, I will first consider briefly some of the ways in which the female hysteric has been perceived and treated beginning in the Victorian era. Though hysteria, as I've said, often mimics the symptoms of other diseases, by the nineteenth century the etiology of such symptoms was usually diagnosed not as organic but as psychological. Most nineteenth-century physicians who attempted, therefore, to diagnose the disease according to the symptoms may have been deceived because the disease they encountered was 'not essence; it [was] a ruse of the body' (Foucault 1965: 148). The deceptive nature of hysteria contributes to the sense that the hysteric is a fraud, and a self-centred, willful fraud at that. In her book *Disorderly Conduct: Visions of Gender in Victorian America*, Carroll Smith-Rosenberg describes the adversarial - even hostile - power relationship that often developed between the (male) physician and his hysterical (female) patient (see also Berneheimer 1985: 6). 'These hysterical women', according to Smith-Rosenberg, 'might... be only clever frauds and sensation seekers - morally delinquent and, for the physician, professionally embarrassing.' Smith-Rosenberg continues:

> Except when called upon to provide a hypothetical organic etiology, physicians saw hysteria as caused either by the indolent, vapid, and unconstructive life of the fashionable middle- and upper-class woman, or by the ignorant, exhausting, and sensual life of the lower- or working-class woman. Neither was a flattering etiology. Both denied the hysteric the sympathy granted to sufferers from unquestionably organic ailments (1985: 204-5).

Many physicians and others believed that the hysteric's loss of self-control and self-discipline selfishly disrupted the normal functionings of the family and denied her 'natural' role in it. In order to 'cure' hysteria, many physicians preached the platitudes of self-discipline and stressed the moral imperatives of woman's 'natural' role in the family. The hysteric must learn, in other words, 'to undertake the arduous and necessary duties of wife and mother' (Smith-Rosenberg 1985: 205), and, by doing so, exhibit 'the self-control, self-discipline, self-denial, and will power' that 'constitute the symbolic substance, the implicit meaning of the pursuit of health' (Crawford 1984: 76-7).
Faced with hysteria's disruptive, excessive character, physicians in the late nineteenth century often administered S. Weir Mitchell's 'rest cure'. According to Mitchell's rest cure, the patient first had to agree to cooperate fully with her physician, relinquishing absolute control to him and disregarding her own feelings, questions, and concerns. 'Bed rest for six weeks to two months', 'seclusion, and excessive feeding' were the hallmarks of a cure that hoped to subdue the hysterical woman's unruly body and mind (Bassuk 1986: 141). Just how successful Mitchell's rest cure was at treating hysteria is unknown, but his belief that the hysterical woman had lost all self-discipline and must succumb to the mastery of her physician as a pathway to cure was a pervasive ideology. Mitchell himself believed that the rest cure not only should be administered in cases of hysteria, but that all 'women should model their lives on the principles underlying the rest cure' (Bassuk 1986: 143).

THE HYSTERIC AS PROTO-FEMINIST

Because the nineteenth-century hysterics lacked the self-discipline considered appropriate to women, she may be said to have resisted the limited roles allowed for women. By disrupting the family, the hysterics in a sense freed herself from domesticity. According to Smith-Rosenberg, 'The hysterical woman ceased to function within the family. No longer did she devote herself to the needs of others, acting as self-sacrificing wife, mother, or daughter: through her hysteria she could and in fact did force others to assume those functions' (1985: 206). Hélène Cixous, furthermore, has stressed the feminist revolt which is implicit, if not explicit, to hysteria. Hysterics, like Freud's Dora, are, to Cixous, proto-feminist heroines making 'permanent war' against phallocentricism (Cixous and Clement 1986: 287). In her introduction to In Dora's Case, a collection of essays on Freud, hysteria and feminism, Claire Kahane notes:

Although Freud's assertion that hysteria afflicted both men and women was a liberating gesture in the nineteenth century, contemporary feminists are reclaiming hysteria as the disease of women in patriarchal culture. Dora is thus no longer read as merely a case history or a fragment of an analysis of hysteria but as an utext in the history of women, a fragment of an increasingly heightened critical debate about the meaning of sexual difference and its effects on representations of feminine desire (1985: 31).

Many commentators have noted the widespread incidence of hysteria among highly intelligent nineteenth-century women like Virginia Woolf and Charlotte Perkins Gilman. In his 1895 collaboration with Freud on the subject of hysteria, Josef Breuer, relates, to cite another example, the now famous case of Anna O., who, in real life, was Bertha Pappenheim, a 'willful, energetic, intuitive, and compassionate person' of exceedingly high intelligence (Hunter 1983: 467). Constricted by her role as daughter in a conservative Jewish household, Pappenheim exceeded those bounds by engaging with Breuer in what she described as a 'talking cure', later recognized as the birth of psychoanalysis. 'Psychoanalysis', therefore, according to Dianne Hunter, 'can be seen as a translation into theory of the language of hysteria.' Hunter asserts as well that, '[b]oth psychoanalysis and hysteria subvert the reigning cultural order by exploding its linguistic conventions and decomposing its facade of orderly conduct' (1983: 485 and 486). In other words, hysteria, by giving expression to women's rage at her repressive socio-psychological experiences, and psychoanalysis, by listening to that rage and translating it into theory, challenged, at least to some extent, the dichotomous relationship between the normal and the pathological within specific cultural contexts.

In opposition to Cixous and others who portray hysteric as heroic proto-feminists, Catherine Clement argues that although the hysterics undoubtedly disturb the phallocentric economy, she does not ultimately overturn it in any meaningful way, but rather remains, in Toril Moi's words, 'efficiently gagged and chained to her feminine role' (Moi 1985: 192; Cixous and Clement 1986; Clement 1980). Clement believes that by opting for, in Lacanian terms, the imaginary over the symbolic — the pre-linguistic over the linguistic realm — for expressing her disease, the hysterics' disturbance can only be directed inward not outward via language, and, thus, is actually easily monitored and maintained by the social order. The hysterics cannot stand outside the phallocentric social order to make her protest; thus, any analysis of her rebellion must include effects in both the private and public spheres. Clement writes, 'If one would only consider the feminine situation in the context in which it is inscribed, and not by itself, all alone, removed. The same goes for women as for madmen: in a manifest position of exclusion, they keep the system together latently, by virtue of their very exclusion' (1980: 134). The hysterics' revolt, in other words, does not overturn but reinforces the phallocentric
engaged in warfare prior to World War I was seen neither as passive nor as feminine, but as active, masculine and, of course, heroic. In the trenches of World War I, however, this heroic image of the soldier was turned on its head. The situation of the soldier in the trenches, as Pat Barker makes clear in the above quote, was imitative of the domestic situation for women. In the trenches, soldiers were immobilised and forced to wait passively for something to happen to them. Trench warfare was defensive, not offensive, in character; siege-like conditions were maintained on both sides for days, even months. In his important book on the war entitled No Man's Land, Eric J. Leed asserts that '[i]n this war the reality was immobility enforced by the technological domination of defensive firepower. This fact had great significance for a redefinition of the soldierly character, which in this war could have little in common with the aggressive, offensive image that had traditionally defined the soldierly role' (1979: 101). Thus, the 'offensive personality' associated with the soldier in particular and the masculine in general was replaced by a 'defensive personality' associated with the feminine. This 'defensive personality' contributed to the incidence of war neurosis among trench soldiers: 'passivity', Claire Kahane writes citing Alan Krohn, 'has been a consistently central component of hysteria' (1995: 9).

The psychiatrist and anthropologist W. H. R. Rivers, the real-life protagonist of Barker's novel Regeneration, studied the incidence of neurosis among various branches of service. Rivers found that pilots, who were highly mobile and actively engaged in their battles, showed the least incidence of neurosis; while those in the balloon service, who floated above the front as observers of enemy activities and who were, thus, highly vulnerable to enemy artillery, were far more susceptible to neurosis than pilots or even their fellow soldiers in the trenches (Rivers 1932; Leed 1979; Barker 1991). According to Leed, 'The happiness of the hero lay...in adventure and self-transcendence,' both of which were impossible to achieve while passively waiting for death wallowing in trenches or floating above a battlefield (1979: 135). The quite common phenomenon of 'living burial' – being, literally, buried under mud, debris, and bodies following an explosion – was perhaps the most extreme and gruesome example of the trench soldier's enforced immobility and passivity in the face of death. Leed notes that the hysterical paralysis that resulted from 'premature burial' 'earned its own pathological category as the "living alive neurosis"' (1979: 22–3).
SILENT PROTESTS

The world of war was not a world of freedom.
(ERIC LEED, No Man’s Land, 1970: 96)

Although raised in a modern western culture that strictly delineated activity and feminine passivity, soldiers during World War I were paradoxically confined to a situation that belied the autonomy and mobility essential to their society’s construction of masculinity. Like many middle- and upper-class Victorian women confined to their households, many soldiers found confinement in the trenches intolerable and their means of expression circumscribed. Due to cultural constructions of masculinity that condemned fear as unmanly, as well as the hierarchical structure of military command that condemned dissent as insubordinate and undisciplined, many soldiers, according to Elaine Showalter, were ‘found, like women, to express their conflicts through the body’ (1985: 177; see also Leed 1979: 164 and Gilbert 1983: 447–8). Mutism and speech disorders, symptoms commonly identified with hysteria in women, were epidemic among soldiers during World War I. Showalter asks, ‘What had happened to make these men so unstable, so emotional, in a word, so feminine’? and answers that ‘powerlessness [can] lead to pathology...’ (1985: 190).

But did all men at the front experience war similarly? Most assuredly not. According to Paul Fussel, ‘There was the wide, indeed gaping distinction between officers and men, emphasized not merely by separate quarters and messes and different uniforms and weapons but by different accents and diction and syntaxes and allusions’ (1975: 82); that is, one might say, differences of voice itself. Not surprisingly, then, W. H. R. Rivers and other doctors studying war neurosis noted that it manifested itself differently in officers and enlisted men. Rivers explained that enlisted men, whose recourse to autonomous action was most limited, exhibited disorders that he identified as ‘hysterical’ and were most often expressed ‘in some definite physical form, such as paralysis, mutism, contracture, blindness, deafness, or other anaesthesia’. Officers, on the other hand, typically exhibited disorders that Rivers categorised as neurasthenic, including relatively minor physical symptoms such as ‘lack of physical and mental energy... disorders of sleep and of the circulatory, digestive, and urogenital systems [and]... tremors, tics, or disorders of speech’; as well as mental symptoms including ‘depression, restlessness, irritability, and enfeeblement of memory’ (1922: 207–8). Since, indeed, most officers were middle or upper class and most enlisted men were working class, Rivers considered class difference significant in the aetiology of neurotic symptoms. Mutism, for example, was far more common among enlisted men, according to Rivers, because it signified the conflict between wanting to speak and knowing that if one does the consequences will be disastrous; mutism, in other words, reveals an ‘anxiety about the voice itself’ (Kahane 1995: viii). Moreover, cognisant of the discussions of eugenics circulating at the time, Rivers also suggested that, being ‘more widely educated than the private soldier’, the officer’s ‘mental life is more complex and varied, and he is therefore less likely to be content with the crude solution of the conflict between instinct and duty which is provided by such disabilities as dullness or the helplessness of the limb’ (1922: 209). For Rivers it is only ‘natural’ that working-class soldiers should express their neurosis through their bodies while upper-class officers should express their neurosis through their minds. But disentangling cause and effect – class association from wartime experience, the natural from the social – as Rivers attempts to do in congress with the pseudo-science of eugenics is surely impossible here. Pat Barker’s fictional character Second-Lieutenant Billy Prior dramatises and calls into question the upper class/working class, mind/body dichotomies Rivers perpetuates. Prior, from a working-class family, is also an officer. When Rivers first meets Prior he is suffering from mutism as a result not only of his horrific experiences in the trenches, but also, according to Rivers, as a result of the conflict of being an officer who is also working class. Prior is an important liminal figure in Barker’s book (he is also, significantly, bisexual]; his father ruefully describes his son to Rivers as ‘neither fish nor fowl’ (1991: 57). Septimus Smith, Virginia Woolf’s shell-shocked character in Mrs Dalloway, is also described in liminal terms: ‘on the whole, a border case, neither one thing nor the other’ (1925: 93). In World War I categories of gender, class, and sexuality were often transgressed, yet still we must question again whether such transgressions represent a radical rupture of the social order or simply a temporary disruption articulated through the loud silences of society’s liminal figures.
OLD VS. YOUNG/HOMEBRONT VS. WARFRONT

If I were fierce, and bold, and short of breath,
I'd live with scarlet Majors at the Base,
And spend my days up the line to death.
You'd see me with my puffy, petulant face,
Guaziling and gulping in the best hotel.
Regarding the roll of honour: 'Poor young chap,'
I'd say - 'I used to know his father well;
Yes, we've lost heavily in this last scrap.'
And when the war is done and youth stone dead,
I'd toddle safely home and die - in bed.

(Siegfried Sassoon, 'Base Details', 1917)

The trench soldier's feeling of powerlessness, his inability to speak out against appalling conditions that annihilated his autonomous self, did not mean, however, that his silent protests were a form of resistance only directed inward. As Sassoon's poem quoted above makes plain, World War I, like most wars but more so, was implemented by older men and waged by young men. Again we see a mind/body dichotomy: the old men, their bodies no longer powerful, nonetheless, omnipotently send young men, in their prime physically, to die for what they (the old men) deem worth fighting for. Young men were pawns in the war games being played by older men, and, like many women in Victorian households, their only recourse was hysteria (or, for a few, like Sassoon and Wilfred Owen, hysteria as well as — significantly — writing). Barker dramatises this mythic conflict when she has Rivers meditate on a stained-glass window depicting the story of Abraham and Isaac, which Rivers understands as the bargain on which civilisation is based:

If you, who are young and strong, will obey me, who am old and weak, even to the extent of being prepared to sacrifice your life, then in the course of time you will peacefully inherit, and be able to exact the same obedience from your sons. Only we’re breaking the bargain, Rivers thought. All over northern France, at this very moment, in trenches and dugouts and flooded shell-holes, the infants were dying, not one by one, while old men, and women of all ages, gathered together and sang hymns (1991: 149).

As Barker makes clear, the young men in the trenches of World War I had become nothing more than objects of exchange between the fathers of civilisation; their bodies unto death were their dowry. Much of the bitterness of the men in the trenches, therefore, was not directed at the enemy, who were also trapped in trenches, but at the ‘managers’ of the war, the staff, as well as those who enjoyed ‘security and comfort’ and could not understand the suffering of the men at the front (Leed 1979: 94; see also Fussell 1975).

Those on the homefront who enjoyed ‘security and comfort’ were not only the powerful old men directing the war’s operations and sending young men off to die, but ‘women of all ages’, many of whom encouraged their sons, brothers, friends and lovers to join the war effort. Moreover, with so many men away at the front, women replaced them in all sorts of occupations and took up other jobs made necessary by the war, as, for example, munitons workers, nurses and ambulance drivers. In other words, they entered the public sphere in significant numbers for the first time in history. ‘As young women became increasingly alienated from their prewar selves, increasingly immersed in the muck and blood of No Man’s Land,’ Sandra Gilbert writes, ‘women seemed to become, as if by some uncanny swing of history’s pendulum, evermore powerful’ (1983: 425; see also Woolallcott 1993: 129). While men were immobilised in the trenches in a situation domestic in character, women were mobilised on the homefront and ‘allowed an expanded range of escape routes from the constraints of the private family’ (Leed 1979: 45). Women were not only employed at home, however, they were also frequently employed as nurses and ambulance drivers, who, if not at the front itself, were within close enough proximity — within, in fact, ‘the forbidden zone’ directly behind the lines — to witness its devastation, to be threatened by its dangers, and, in some cases, then, to write about their experiences. In her essay ‘Corpus/Corps/Corps’, Jane Marcus says these ‘[y]oung, healthy, well-educated women became the charwomen of the battlefield, the cleaners of the worst human waste we produce, the symbolic bearers of all its pollution and disease’ (1989: 126). Though women have always been the symbolic bearers of pollution and disease, never before has this role been quite so public nor quite so cross-class. Furthermore, many men were returning home from war — if they returned at all — mute and mutilated and finding women surging with energy and confidence born of newly earned economic power. The war had, in other words, destabilised the categories of masculine and feminine. Sandra Gilbert finds the army nurse/soldier patient relationship to be symbiotic, and a particularly telling example of the collapse of the masculine/feminine binary: ‘her evolution into active, autonomous, transcendent subject is associated with his devolution
into a passive, dependent, immanent medical object' (1983: 435). In *Regeneration*, Pat Barker portrays the new found freedom of a group of women munitions workers. Symbolically, their work transforms their skin into an eerie, otherworldly yellow, making them appear somehow unnatural, other than women. One of the women mourns the death of her husband at war, but his impending return home, explaining that when war broke out in Europe and her husband went off to fight, 'peace broke out' for her at home (1991: 110).

Much of the resentment felt by soldiers in the trenches towards those on the homefront was bred of an inability to communicate their experiences of war to those not directly involved: 'its conditions were too novel, its industrialized nastiness too unprecedented' (Fussell 1975: 87). The experience in the trenches was not a 'typical' war experience, if any war experience can be said to be 'typical'; it was, simply put, not heroic. The soldiers who experienced the horrors of World War I, for the most part, did not return - at least in their own minds - as the heroes those on the homefront willed them to be. Their experience on the battlefield, in other words, was reduced at home to an heroic cliché. Many found that the experience of war, like that of madness, was beyond language, bracketed off from the realm of reason and everyday life. 'Faced with annihilation and death,' Margaret Higonnet writes, 'language finds itself in crisis' (1993: 211). Eric Leed compares the soldier to an initiate into a secret society; the soldier, like the madperson and the initiate, is a liminal being upon his return to 'civilization'. 'The experience', Leed writes, '...is primarily a nonverbal, concrete, multichannel learning experience that can never adequately be reproduced in mere words' (1979: 74). Siegfried Sassoon, through his poetry and his declaration calling for an end to the war which was published in the London *Times* in July 1917 and which opens *Regeneration*, confronts the horrific image of war and the travesty of a war prolonged by those with no experience of it: 'I believe that I may help to destroy the complacent complacence with which the majority of those at home regard the continuance of agonies which they do not share, and which they have not sufficient imagination to realize' (quoted in Barker 1991: 3).

The gulf between those who went to war and those who stayed home and the adversarial atmosphere it engendered did not miraculously disappear with the cessation of hostilities. Virginia Woolf's novel *Mrs Dalloway* published in 1925 and narrating the events of one particular day in 1923 reveals a lingering liminality felt by veterans of World War I in relation to the rest of society. Ostensibly, the book is about Mrs Dalloway's preparations for a rather posh party, but this narrative is bracketed by another narrative that follows the trials and tribulations of Septimus Warren Smith, who is suffering hysterical symptoms as a result of his experience at war, and his compassionate but plaintive wife, Rezia. Just as nineteenth-century women with hysteria disrupted the proper functioning of the family, Septimus's shell-shock - long after the war has ended - continues to disrupt and destabilise the fabric of the Warren Smiths' domestic life. Septimus is unable to fulfill his societal duties and obligations as the 'man of the house'; he is unable, as a man was expected to do at the time, to care for his wife emotionally and economically: 'Didn't one owe perhaps a duty to one's wife? Wouldn't it be better to do something instead of lying in bed?' (Woolf 1925: 102). 'In essence the traditional figure of the veteran', remarks Eric Leed in what could be a description of Woolf's Septimus Warren Smith, 'is derived from everything that is presumed to lie outside the boundaries of domestic existence' (1979: 195). After the war, veterans, unable to reintegrate themselves into the normative roles set for them by society, continued in increasing numbers to suffer from war neurosis while the public's patience with such suffering abated as the war became for them, though not for the soldiers who had fought and suffered traumatic experiences, a distant and entirely assimilated memory. At Mrs Dalloway's party some of the guests, including Dr William Bradshaw, who treats shell-shock with a rest cure, appear to be discussing the 'Report of the War Office Committee of Enquiry into "Shell-Shock"', which had been published by the British Army in 1922 and 'recommended a "cure" for shell-shock that was clearly underpinned by coercion and violence' (Ouditt 1994: 194–5). Which brings me, finally, to a discussion of the methods used to treat shell-shock during the war and after; many of these methods being clearly reminiscent of the efforts to cure (female) hysteria.

**DIAGNOSING AND CURING SHELL-SHOCK**

In his book, *A War Imagined* (1992), Samuel Hynes describes the mood in Britain at the brink of war in 1914. According to Hynes, there were many in Britain who welcomed the war not only to repudiate German aggression, but also in the hopes that war would return Britain to its Victorian apex. It was a nostalgic longing for an age when Britain stood tallest and most civilised among
nations, before her colonies, her workers, and her women began to agitate for change, and, as a result, to turn, or threaten to turn, British society on its head. The Britain of 1914 was feared by many to be weak and decadent; and this fear of a soft, effeminate society influenced the way war was imagined, at least initially. Such factors also played a role in the 'medicocultural diagnoses' and treatments of shell-shock. Many officers and army doctors in Britain, as well as the other nations involved in World War I, were reluctant to acknowledge shell-shock as a legitimate neurosis deserving of special treatment. In this view, shell-shock was the result not of the extreme and traumatic conditions of trench warfare, but rather of a particular soldier's weakened moral capacity or his wilful and criminal insubordination. At best the shell-shocked, or hysterical, soldier was seen, like female hysterics of the late nineteenth century, as a self-indulgent, cowardly malingerer, at worst as a moral and physical degenerate, whose masculinity was called into question. Characterised as effeminate, the soldier suffering from shell-shock was also often accused of homosexuality. Moreover, influenced by Social Darwinist and eugenic theories circulating at the time, some attributed shell-shock to 'hereditary taint', and encouraged stricter recruiting practices to weed out 'unsuitables' (Showalter 1985: 170).

According to this 'moral view of neurosis' - what Foucault would describe as 'the psychological effect of a moral fault' - shell-shock was to be handled not with sympathy but with discipline; a discipline that '[b]efore seeking to relieve...inflicts suffering within the rigor of a moral necessity' (1965: 158 and 182). Such disciplinary therapy, whose purpose was to punish transgression and re-exert control over a body out of bounds, could be quite cruel, nothing short of torture in some cases. British doctor Lewis Yealland, for example, enthusiastically encouraged the use of electroshock to 'cure' cases of shell-shock. In a horrific scene in *Regeneration*, Barker re-entacts an actual treatment described in Yealland's own writings in which he administers electroshocks to various parts of a mute patient's body, including the mouth and throat, until his speech faculty returns (1991: 224-33). As Barker's narrator explains, 'in every case the removal of the physical symptom was described as a cure', and, therefore, 'most of [the] patients would be out within a week' (1991: 224). Relapse and suicide rates, not surprisingly, were inconsequential to doctors like Yealland.

Disciplinary therapy, however, did not necessarily have to include electroshock and other forms of violence. Its main purpose, whether more or less physically violent, was to encourage a soldier to function in ways deemed normative to his soldierly role and to the dictates of masculinity. The medical response, in all its forms, to male hysteria, in other words, represents a frantic attempt to reinstate the 'sociocultural categories of the normal' even in the face of a war that exposed over and over the ontological emptiness of such categories. In Mrs Dalloway, two different doctors - Holmes and Bradshaw - are consulted regarding Septimus's condition. Dr Holmes is of the opinion that nothing whatsoever is the matter with Septimus and suggests Septimus take 'a day off with his wife and [play] golf. [And] why not try two tabloids of bromide dissolved in a glass of water at bedtime?' According to Dr Holmes 'health is largely a matter in our own control' (1925: 101). Dr Bradshaw, on the other hand, does at least recognise the seriousness of Septimus's condition. He maintains that in order to cure shell-shock one has to re-establish the patient's sense of proportion. According to Bradshaw,

Health we must have; and health is proportion; so that when a man comes into your room and says he is Christ (a common delusion), and has a message, as they mostly have, and threatens, as they often do, to kill himself, you invoke proportion; order rest in bed; rest in solitude; silence and rest; rest without friends, without books, without messages; six months rest; until a man who went in weighing seven stone six comes out weighing twelve (1925: 109-10).

Bradshaw himself has a solid sense of proportion; he understands the difference between madness and reason, and has the authority and wherewithal as a respected citizen and physician to see to it that his patients learn - through discipline - the difference as well.

In contrast to disciplinary therapy, psychoanalysis provided an alternative interpretation of the aetiology of shell-shock and recommended different methods of treatment. W. H. R. Rivers was the pre-eminent psychoanalyst treating shell-shock during World War I, and his writings on war neurosis - as well as Pat Barker's novelisation of his practice at Craiglockhart Military Hospital near Edinburgh - reveal his view that shell-shock was not a result of moral weakness, but an understandable - even natural - response to a soldier's feelings of powerlessness, and a bodily manifestation of the conflict between the instinct of self-preservation and soldierly duty. In his practice, Rivers utilised Freud's theory of forgetting, which he found to be 'the most striking and characteristic feature of [Freud's] psychology' (1922: 166). Like Freud and
Breuer, Rivers employed a 'cathartic method' for treating hysteria. He advised his patients not to repress traumatic war experiences under a cloak of emotional self-restraint requisite to masculinity, and helped them (through conversation, dream analysis and, less frequently, hypnosis) to remember their traumas in order that they might experience an abreaction of their 'strangulated' affect. Hysterical symptoms, according to Rivers, were often not a direct result of a traumatic experience itself, but a result of the individual repression of the experience as well as the collective silence surrounding male hysteria, which explains why many cases of shell-shock were still being diagnosed after the war. Rivers recognised the connection between repression and masculinity in general and between repression and military discipline in particular; in other words, as Barker explains, soldiers in World War I had been trained to identify emotional repression, as the essence of manliness. Men who broke down, or cried, or admitted to feeling fear, were sissies, weaklings, failures. Not men' (1991: 48).

Disciplinary therapy was by its very nature based on an unequal doctor/patient relationship; doctors, like Yealland, assumed a position of omnipotence and absolute superiority - physical and moral - over their patients. Psychoanalysts, like Rivers, on the other hand, did not attempt to dominate their patients, but encouraged a 'collaborative' means to cure. In *Regeneration*, Barker focuses extensively on the doctor/patient relationship. Rivers is portrayed as a man of great empathy, even to the point that, while treating Sassoon's 'anti-war complex' his own views of the war and his contribution to the war effort are called into question; he experiences, in Freudian terms, something of a countertransference. 'In a sense, then,' Showalter writes, 'Rivers caught Sassoon's anti-war complex in the process of treating it' (1985: 188). With Rivers's psychoanalytic therapy, we see, therefore, a destabilisation of the doctor/patient dichotomy, a blurring of the distinction between the two positions whose distance is maintained and reinforced in disciplinary therapy.

**REGENERATING MASCULINITY AND OTHER CONCLUSIONS**

There is little question that Rivers's approach to treating shell-shock was more benevolent than the disciplinary methods of Yealland and others. Nonetheless, both approaches ultimately served the same purpose; and psychoanalysis, ironically, served that purpose more authoritatively, more effectively; during the war, to return the soldier to combat, and, after the war, to return the veteran to his 'rightful' position in the family and society. In other words, those doctors treating shell-shock served a normalising function; they attempted to re-establish the soldier's or veteran's sense of duty to his country, his platoon, and his family; to reinsert self-discipline; ultimately, to regenerate his masculinity. Treatments for shell-shock 'cured' the symptoms not the causes; men, whose masculinity was allegedly restored, were sent back to the trenches where they were once again placed in intolerable and life-threatening situations. A soldier's masculinity/potency was emphasised so that he could be returned to a situation in which he was once again feminised and made impotent. In the treatment of shell-shock, 'reason' must triumph over 'madness', masculine duty over hysterical (feminine) resistance; but the madness of the trenches - the madness of a society that must rigidly maintain at all costs the masculine/feminine binary - remained unchallenged, at least within the context of the clinic.

Again, as we saw when looking at the nineteenth-century female hysterics, one must consider the long-term effects in both the public and private spheres of such hysterical modes of resistance. In *Mrs Dalloway*, Septimus hurl's himself out of a window to his death to elude the treatments of Drs Holmes and Bradshaw, and, thus, remains a 'border case': 'even Holmes himself could not touch this last relic straying on the edge of the world, this outcast, who gazed back at the inhabited regions, who lay like a drowned sailor, on the shore of the world' (1925: 103). Woolf does allow Septimus's death to intrude upon, to disrupt Mrs Dalloway's party; and Mrs Dalloway herself feels some kinship with Septimus, understanding that his 'death was defiance' (1925: 204). Alone for a moment, away from her guests, Mrs Dalloway realises, 'She felt somehow very like him - the young man who had killed himself. She felt glad that he had done it; thrown it away while they went on living.' Septimus's suicide momentarily, then, destabilises Clarissa Dalloway's world, society, the symbolic order. The moment quickly dissolves, however: 'But she must go back. She must assemble. She must find Sally and Peter. And she came in from the little room' (1925: 206). The social manifestations of Septimus's action are short lived; only Septimus's world is permanently transformed, turned upside down. Likewise, Siegfried Sassoon's rebellion, though
less self-destructive than Septimus’s suicide, is also ultimately subdued. As Elaine Showalter notes,

His therapy was a seduction and a negotiation; his return to France, an acknowledgment of defeat. Obviously it was better for the authorities to have treated his pacifism as an anti-war complex, to have framed his rebellion as nervous breakdown, and to have isolated him in a mental hospital, than to have allowed him to find the political and collective audience for his ideas that might have helped him resist (1985: 187).

Rivers, who is still conflicted over the war and who believes that Sassoon is returning to France with a death wish, nonetheless discharges him to duty. As we have seen, World War I did destabilise many binary categories – the world was turned upside down – but soon enough it was turned right side up again and those binary categories which had been subverted were re-established with a vengeance. Whether female or male, hysteria as resistance challenges, but does not ultimately undermine our cherished categories.

We may interpret this conclusion as simply an understanding that hysterical resistance is at once ‘kinda subsersive and kinda hegemonic’. But, it seems to me far more useful if we employ a more radical, more persistent critique of the project of modernity and its dependence on dualisms and its emphasis on progress: that is, if we employ what Derrida (1994) calls in a much different context, a ‘counter conjuration’, that recognises, as I mentioned at the outset, that modernity contains within it an ‘inner dissonance’, that the notion of progress depends on a fear of and a desire for regress, and that the transgressive – that which is shameful, vulnerable, and, yes, hysterical – is always already embodied within the normative. It is not only, then, our persistent regeneration that matters, but also our equally persistent degeneration. The promise of postmodernism is not to celebrate degeneration over and above regeneration, illness over and above health, madness over and above reason, but to overcome through an embodied deconstructive theory and practice the need to divide one from the other and instantiate it as normal.

NOTES

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Hysterical Men: Shell-Shock and the Distilbution of Masculinity

1. It should be noted, however, that Freud and, before him, Charcot both insisted that hysteria was not found only in women; ‘men too were susceptible to the disease, albeit in much lower ratios than women’ (Micale 1995: 25).

2. The term ‘shell-shock’ was coined in an article in the British medical journal The Lancet in February 1915 by Dr Myers (Showalter 1985: 167).

3. Sharon Ouditt explains that Virginia Woolf’s ‘war books’ ‘do not deal with trenches, bayonets and barbed wire, or even hospital discipline, munitions making or conditions on the home front. Woolf, in her writing, exploits the metaphorical over the metonymical potentialities of language. Rather than trammelling her characters in an associative sequence involving their appearance, possessions, friends and politics, she develops a narrative perspective which defamiliarises this realist mode of presentation’ (1994: 164). Woolf’s writing is subtly political and deceptively scathing social commentary. ‘From her first book to her last,’ writes Kathy J. Phillips, ‘Virginia Woolf satirizes social institutions . . . by means of incongruous juxtapositions and suggestive, concrete detail, which can be interpreted as metaphor’ (1994: 48). See also, Longenbach (1989) and Booth (1996).

4. In his historiography of hysteria entitled Approaching Hysteria, Mark Micale notes that, ‘[o]f all the arts, theater proved most amenable to the representation of hysteria’. Micale continues: The late nineteenth century witnessed a flowering of European drama, featuring many memorable female characters and bringing fame to numerous stage actresses. As Gail Finney has shown, the hysterical heroine flourished. It is easy to see why. The theater is a public and highly performative artistic medium while hysteria is the most extroverted of psychopathologies, its own act and audience’ (1995: 198).

5. In Madness and Civilization (1965), Foucault notes the parallels between hysteria and hypochondria.

6. Along with Clement and Moi, both Elaine Showalter and Mary Russo agree that it is problematic and somewhat simplistic to see the hysteric as, first and foremost, a feminist heroine. Russo writes: ‘Historically, Clement is right: hysterics and madwomen generally have ended up in the attic, or in the asylum, their gestures of pain and defiance having served only to put them out of circulation’ (Showalter 1985: 161; Russo 1986: 222). But, nonetheless, Russo goes on to explain that those hysterics who performed their disease and were photographed at Charcot’s clinic at Salpétrière, though ‘seen but not heard’; ‘nonetheless, . . . used their bodies in public, in extravagant ways that could have only provoked wonder and ambivalence in the female viewer, as such latitude of movement and attitude was not permitted most women without negative consequences’ (1986: 222).
7. I am using the masculine pronoun exclusively here only because I am specifically talking about soldiers during World War I, all of whom were men (unless, of course, one considers those exceptional though oft-documented cases of women who cross-dressed and fought as men).

8. In *Regeneration*, Pat Barker gives a humorous example of the way women's bodies and soldier's bodies are similarly disciplined. In a sexual encounter between Second-Lieutenant Billy Prior and Sarah Lumb, she struggles to take off his puttees, is unable to do so, and giggles, 'They're like stays.' Prior responds, 'Don't tell the War Office. You'll have a lot of worried men' (1991: 216).

9. In *Approaching Hysteria*, Mark Micale points out that recent studies looking into the occupations of past hysteria patients have discovered that domestic servants in fact appear to have suffered quite frequently from hysteria. Micale contends that this was due to 'close daily contact with their social superiors'. He writes: Just as certain 'aristocratic' aments of the eighteenth century descended to the middle classes early in the nineteenth, so perhaps a more medicalized self-consciousness began to form later in the century among working class people living in bourgeois environments. A kind of psychological gentrification occurred wherein servants, who attended their bourgeois and upper-class employers in sickness and health, developed the illness behaviors of their social superiors (1995: 159-160).

While I find Micale's interpretation of 'psychological gentrification' compelling, I'm not certain it goes far enough. Domestic service has all of the characteristics I have mentioned as contributing to hysteria: namely, passivity and powerlessness. It would seem in these cases, as well as the cases that I have been looking at, that hysteria is likely a form of resistance to one's passive and powerless position. This, of course, doesn't exclude an element of 'psychological gentrification'.

10. Toril Moi describes Dora as a pawn in a game being played between two powerful men, her father and Herr K., the husband of her father's mistress. 'The father wants to exchange Dora for Frau K. ("If I get your wife, you get my daughter"), so as to be able to carry on his affair with Frau K. undisturbed. Dora claims that her father only sent her to psychiatric treatment because he hoped that she would be "cured" into giving up her opposition to her father's affair with Frau K., accept her role as victim of the male power game, and take Herr K. as her lover' (1983: 182).

11. Women in Britain, for example, often handed out white feathers to young men not in uniform to encourage them to join the military. In *Regeneration*, Barker mentions this custom just once without explanation, though subtly revealing its insidiousness: one of Rivers's patients, who has suffered the unimaginable trauma of landing face down after an explosion in the rotting gut of a dead German soldier and, as a result, cannot even eat, is eventually discharged from the army and on his first trip out in civilian clothes is handed two white feathers (1991: 174).

12. It is not only women's war experience itself, but also the writing of that experience which collapses binary categories. According to Margaret Higonnet,

> The woman writer who trespasses onto the territory of war fiction transgresses many taboos. First and most important, she articulates knowledge of a 'line of battle' presumed to be directly known and lived only by men. Women, many still believe, should remain 'behind the lines' at the 'home front', as the symbolic preservers of peace and of the race (1993: 206).

For an extensive analysis of women's World War I writing, and a much-needed addition to Fussell's important study, see Tylee (1990).

13. The experience of American soldiers in Vietnam seems parallel here; except, of course, not only did the soldiers themselves question the myth of the heroic soldier, but so too did many folks at home. See, for example, O'Brien (1990).

14. For a discussion of the intersection between the suffrage movement in Britain, the modernist art and literary movement, and the politics of the Great War, see Longenbach (1989). Longenbach explains that many intellectuals 'came to the aid of their country, embracing violence and war as a mystical cleansing, rejecting the feminist, pacifist, and socialist reforms needed at home to agree to internationalist slaughter of a whole generation in the name of democracy' (1989: 134).


16. Leed's *No Man's Land*, in fact, focuses most heavily on German soldiers' experiences of World War I.

17. The fact that Sassoon and Wilfred Owen, the two best known World War I war poets, were homosexual and were both hospitalised for shell-shock is certainly intriguing, but hardly indicates a trend. While *Regeneration* touches on homosexuality only peripherally, Barker's second volume, *The Eye in the Door* (1993), of her trilogy (the Booker Prize-winning *The Ghost Road* (1995) completes the trilogy) deals more explicitly with efforts to ferret out homosexuals servings in the British army and government, who were deemed a 'threat to the empire' - a potentially deadly 'contagion' - during World War I and its aftermath. In *Mrs Dalloway*, it is hinted as well that Septimus Warren Smith is homosexual, and that his hysteria was brought on by the death of his beloved commander.

18. One rather interesting suggestion circulating in Britain at the time was that bizarre, un-English first names might be a marker for 'hereditary taint'. Pat Barker alludes to this in a humorous discussion of Sassoon's first name, Siegfried; and Virginia Woolf was possibly
also aware of such theories choosing the first name Septimus for her shell-shocked character (who is loosely based on Sassoon).

19. In his book *Instinct and the Unconscious*, Rivers writes: 'It is a wonderful turn of fate that just as Freud's theory of the unconscious and the method of psycho-analysis founded upon it should be so hotly discussed, there should have occurred events which have produced on an enormous scale just those conditions of paralysis and contracture, phobia and obsession, which the theory was especially designed to explain' (1922: 164).

20. Barker's portrayal is based on Rivers's own writings in which he analyses a dream of his that he interprets as a questioning of his own position regarding the war. In *Conflict and Dream*, he writes, 'the incidents of the dream thus symbolized a movement, directed from without, in the pacifist direction...' (1932: 170–1).

21. In an essay entitled 'Queer Performativity', Eve Kosofsky Sedgwick offers a critique of the ways in which scholars have theoretically appropriated Judith Butler's notion of performativity. Sedgwick is unimpressed with most of these theoretical appropriations in that they do not go beyond showing the ways in which a certain type of performativity is both 'kinda subversive and kinda hegemonic'. In the hopes of using Butler's theory more radically, Sedgwick herself attempts to explore performativity as a means of 'understanding the obliquities among meaning, being, and doing'; and she looks specifically at shame as an affect that produces and delineates identity - often a particularly queer identity (1993: 2).

REFERENCES


Hysterical Men: Shell-shock and the Distabilisation of Masculinity

Longenbach, James (1989) *The Women and Men of 1914* in Helen M.
The Death of the Clinic?
Normality and Pathology in Recrafting Aging Bodies

ROMA CHATTERJI, SANGEETA CHATTOO
and VEENA DAS

IN HER INFLUENTIAL ‘Manifold for Cyborgs’, Donna Haraway (1990) considers what she calls informatics of domination and the related move from biology as clinical practice to biology as inscription. Communication technologies and biotechnology are crucial tools, she says, which are recrafting our bodies. Thus, ‘It is time to write the Death of the Clinic. The clinical methods require bodies and work; we have texts and surfaces. Our dominations don’t work by medicalization and normalization any more: they work by networking, communications, redesign, stress management. Normalization gives way to automation, utter redundancy.’ (Haraway 1990: 194).

This is an attractive argument: surely the emergence of biology as inscription is altering the institutional biomedical spaces within which bodies are recrafted and Haraway has captured an important moment of rupture. Yet we feel that by assuming a complete transition from the birth of the clinic to its death, Haraway ignores the processes through which the clinic is maintained as an idea and a practice in day-to-day functioning in different societal contexts. Further, the sharp dichotomies proposed by her between birth and death, clinical practice and inscription, organism and biotic component (among many others), do not allow for an analytical space