

Civilian Women and War Trauma in World War I Britain

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The ‘home front’, as a term to describe the areas of civilian population during war, only entered popular vocabulary in the early twentieth century. Borrowing the traditionally masculine concept of the ‘battlefront’ in war, the World War I home front transformed the notion of the domestic sphere from a safe, feminine space into one that could be, and indeed was, infiltrated by wartime violence and trauma.¹ This linguistic shift reflected the reality of the First World War’s blurred frontlines for many British civilians. Prolonged air raids over London between 1914 and 1918, and the highest wartime death toll in the country’s history, left its mark on the population. Much like the soldiers ‘dealt ... madness’ on the front, civilians at home were haunted by their experiences.² Diagnoses of ‘air-raid shock’ and ‘civilian war neurosis’ were introduced during the war years, while many civilians with family in the war suffered the almost inevitable trauma of bereavement.³ As a way to understand their experiences, many civilians turned to writing. For civilian women in particular, writing became one of the most important—and only—outlets through which they could express themselves. Although the historiography of World War I trauma has devoted significant space to the suffering of civilians, it still remains marginal in most histories of the war. Furthermore, the ways in which women writers at the time shaped a post-war literary legacy of addressing trauma has been studied only tangentially. This essay aims to confront both absences, to first establish how devastating and invasive modern industrialised warfare was for women on the home front, and to explore at length how the boom of post-war modernist literature enabled traumatised women to take ownership of their individual wartime suffering.

It is unsurprising that scholars have mostly been preoccupied with the experiences of the shell-shocked soldier in World War I. Whether under the name ‘shell shock’, ‘war neurosis’, ‘traumatic neurosis’ or ‘war emotion’, the traumatising nature of modern warfare was transnationally acknowledged and made a significant contribution to the fields of psychiatry and psychology worldwide.⁴ Popular imagination, spurred on by the infamous words of poets like

¹ Susan R. Grayzel, *Women’s Identities at War: Gender, Motherhood, and Politics in Britain and France During the First World War* (Chapel Hill and London: University of North Carolina Press, 1999), 11.

² Wilfred Owen, ‘Mental Cases’, in *First World War: Poems from the Front*, ed. Paul O’Prey (London: Imperial War Museum, 2014), 127.

³ One of the earliest sources identifying civilian war trauma was the *Lancet*, a weekly British medical journal. See ‘War Shock in the Civilian’, *Lancet* 187, no. 4827 (4 March 1916): 522.

⁴ Jan Plamper identifies a number of different terms used for soldier trauma in WWI across Europe: “military contusion” or “traumatic neurosis” (*voennaia kontuziia, travmaticheskii nevroz*) in Russia, “shell shock” in Britain,

Wilfred Owen, found in the concept of shell shock an evocative consequence of industrialised combat, and though the medical diagnosis fell out of use during the war it remained part of the cultural lexicon into World War II and beyond.⁵ Combatant war trauma is therefore an area that demands rigorous historical analysis.⁶ Non-combatant war trauma, though important, somewhat lacks shell shock's scientific and cultural significance. Nevertheless, it deserves serious historical attention.

The World War I version of the 'myth of the Blitz' has also served to distract from the realities of civilian trauma.⁷ Coined by Angus Calder in his book of the same name, the myth of the Blitz sustains the long-held belief that British citizenry endured the air raids of WWII with relatively little anxiety. Many WWI histories follow this same vein, and are not unsupported by the evidence. A 1917 journal article reported the majority of the British public to be 'unimpeachable' in the face of the air raids.⁸ Women in particular were heralded by contemporary media as possessing 'Splendid Courage' in the face of German 'Frightfulness from the Sky'.⁹ Several historians have used these sources to corroborate narratives of staunch British resolve and female empowerment on the home front; for feminist historian Sandra Gilbert, women in WWI became modern-day 'Wagnerian Valkyries'.¹⁰ While these arguments are well-evidenced, generalisation of the female civilian experience should be avoided. Some civilians did continue about their lives, yet others were shattered by their experiences. Many women did embody calmness and bravery in post-air raid situations, yet it was often for the purpose of aiding other women—women who *had* been traumatised by the war.¹¹ While the narrative of the undaunted civilian presented by Calder, Gilbert, and others is alluring, nuances within the female experience on the home front must still be fully explored.

Feminist historians have not yet provided critical re-evaluations of these historiographical trends. Late second-wave feminist histories of the 1980s were born out of the movement for female empowerment beyond the vote, and thus tended to stress the war as an instrument of female liberation rather than a traumatic event.¹² More recently, the intersectionality of third- and fourth-wave feminism has inspired historians such as Tracey Loughran to focus exclusively on women

"war commotion" or "war emotion" (*commotion de la guerre, émotion de la guerre*) in France, and "war neurosis" (*Kriegsneurose*) in Germany and Austro-Hungary'. Jan Plamper, 'Fear: Soldiers and Emotion in Early Twentieth-Century Russian Military Psychology', *Slavic Review* 68, no. 2 (Summer 2009): 261.

⁵ Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge: Harvard University Press, 2000), 110.

⁶ One of the most comprehensive is Shephard, *A War of Nerves*.

⁷ Angus Calder, *The Myth of the Blitz* (London: Random House, 1992).

⁸ 'Air Raid Psychology', *Lancet* 190, no. 4898 (14 July 1917): 55-6.

⁹ It must be noted that media coverage such as this article often functioned as propaganda to boost morale on the home front. Marion Ryan, 'The Women's Splendid Courage in the Raided Areas: How They Met Frightfulness from the Sky Alone and Unprotected', *Weekly Dispatch*, 1 October 1916.

¹⁰ Along the lines of this established narrative, Shephard writes that 'the British were bombed and endured it.' While obliquely true, the statement is misleading and requires clarification. Shephard, *A War of Nerves*, 178; Sandra M. Gilbert, 'Soldier's Heart: Literary Men, Literary Women, and the Great War', *Signs* 8, no. 3, Women and Violence (Spring 1983): 439.

¹¹ 'Women Raid Helpers', *Leeds Mercury*, 15 December 1917.

¹² Notable works include Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1930* (New York: Pantheon Books, 1985); and Gilbert, 'Soldier's Heart', 422-50.

working on the war front in non-traditional gender roles.¹³ While both strands of scholarship are important, they unavoidably diminish the presence and role of trauma in the lives of civilian women. By only engaging with the traumatic civilian experience in the war, by no means does this essay intend to depict women as the ‘passive vessels of emotion’ feminist histories have rightly fought against.¹⁴ Rather, by examining individual women’s unique experiences and literary expressions of war trauma on the home front, this essay will write a new kind of feminist history that sheds light upon female trauma as well as courage, revealing the legacy of that trauma as an experience that was, in itself, empowering to write about.

The sources chosen to propel this essay are from two distinct camps: first, the medical journals of pre-war and wartime Britain, to highlight contemporary professional opinions on female trauma and hysteria and how, if at all, these shifted over time. These articles are mainly sourced from the *Lancet*, a highly influential, prestigious, and widely circulated medical journal established in 1823, chosen for both its significance and high concentration of articles on trauma. Second, the writings of civilian women themselves, in the form of novels, memoirs, and letters to loved ones. These have been selected to highlight the various types of civilian war trauma, and how they were both written about and dealt with. Such own voices material is imperative in foregrounding the personal experiences and contributions of each individual woman studied, versus the detached, scientific analysis provided by journals such as the *Lancet* through an exclusively male lens.

Pre-War Understandings of Women and Mental Illness

In early twentieth-century Britain, nervous disorders such as hysteria were seen as ‘social dangers’, capable of affecting large swathes of the—mostly female—populace.¹⁵ Most medical professionals at the time believed that when such disorders emerged within individuals, it was the result of external stimuli interacting with a ‘pre-existing potential’ for neurosis.¹⁶ In a 1913 study, surgeon J. W. Geary Grant examined a number of cases of ‘traumatic hysteria’ as a result of ‘hysterical accidents’ in the workplace. He noted various symptoms among the patients, including spasms, paralysis, and sensory loss or anaesthesia in the limbs, most of which persisted over several years.¹⁷ Notably, Grant’s study focused on the *physical* effects of *traumatic* hysteria. Psychological interpretations were less understandable and indeed less respectable, conflated as they were with the ‘ugly’ words of insanity and regular, feminised hysteria.¹⁸

¹³ Tracey Loughran, ‘A Crisis of Masculinity? Re-writing the History of Shell-shock and Gender in First World War Britain’, *History Compass* 11, no. 9 (September 2013): 727-38.

¹⁴ Loughran, ‘A Crisis of Masculinity?’, 731.

¹⁵ Tracey Loughran, ‘Hysteria and neurasthenia in pre-1914 British medical discourse and in histories of shell-shock’, *History of Psychiatry* 19, no. 1 (March 2008): 39.

¹⁶ Loughran, ‘Hysteria and neurasthenia in pre-1914 British medical discourse’, 38. Such a mindset persisted throughout the war and into the post-war period, leading to the practice of psychiatric screening pre-enlistment in WWII. Unsurprisingly, this did not prevent or reduce neuropsychiatric casualties. Rebecca Jo Plant, ‘Preventing the Inevitable: John Appel and the Problem of Psychiatric Casualties in the US Army during World War II’, in *Science and Emotions after 1945: A Transatlantic Perspective*, ed. Frank Biess and Daniel M. Gross (Chicago: University of Chicago Press, 2014), 213.

¹⁷ J. W. Geary Grant, ‘Some Cases of Traumatic Hysteria’, *Lancet* 183, no. 4739 (27 June 1914): 1808-11.

¹⁸ J. S. Risien-Russell, ‘The Treatment of Neurasthenia’, *Lancet* 182, no. 4708 (November 22 1913): 1453.

Women were long associated with such notions of shameful mental illness. Hysteria was not only identified with the idea of feminine weakness; it was also named after the ancient Greek word for uterus, 'hystera'.¹⁹ Greek physician Hippocrates (c. 460 – c. 370 BCE) was one of the first to study hysterical symptoms, believing them to be caused by the 'melancholy' of the uterus as it moved around the female body.²⁰ The prescribed cure was often intercourse with 'young and strong men'.²¹ As medical understandings progressed, the diagnosis of hysteria seemed to regress. Its symptoms became associated with instances of female persecution, notably during medieval inquisitions and the seventeenth century witch trials of Europe and colonial America.²²

From the eighteenth and nineteenth centuries its psychological nature drew greater emphasis, though only with Freud did focus completely shift from the physical to the neurological. Yet with psychology still an emerging medical discipline, hysteria continued to be used as an umbrella term for a variety of unidentifiable conversion disorders, and still carried with it its negative connotations.²³ It was within this context that civilian war trauma in women emerged, not as an entirely new diagnosis, but as reflective of the deeply misogynistic history of what feminist historian Elaine Showalter aptly names 'The Female Malady'.²⁴

Medical Diagnoses of War Trauma in Civilian Women

World War I was the first instance of prolonged bombardment of civilian targets by 'high-velocity projectiles'.²⁵ Though the Blitz in World War II would come to overshadow the bombing of the WWI home front, at the time it was unprecedented and deeply affecting. A December 1914 bombardment of West Hartlepool in Scarborough caused 700 casualties; Zeppelin raids carried out on the East End of London in 1915 killed 134 and wounded almost 400.²⁶ Between September 1917 and May 1918, the heaviest period of bombing in Britain during the war, fifty tonnes of explosives were dropped over the capital with 1 415 casualties, and a killed to wounded ratio of 1:2.²⁷ Additionally, 'friendly' anti-aircraft gunfire was as likely to kill and injure civilians as any German bomb.²⁸ The general atmosphere on the home front over the war period was therefore one of 'manifest anxiety', 'panic & some hysteria' that formed the basis for the clinical diagnosis of 'air-raid shock' by civilian doctors.²⁹ The majority of those diagnosed, in direct correlation to the pre-war gender distribution of nervous disorders, were women.³⁰

¹⁹ 'Hysteria', *Merriam-Webster*, accessed 6 May 2019, <https://www.merriam-webster.com/dictionary/hysteria>.

²⁰ Cecilia Tasca, Mariangela Rapetti, Mauro Giovanni Carta, and Bianca Fadda, 'Women And Hysteria In The History Of Mental Health', *Clinical Practice and Epidemiology in Mental Health* 8 (October 2012): 111.

²¹ Tasca, et al., 'Women And Hysteria', 110.

²² Tasca, et al., 'Women And Hysteria', 112-4.

²³ Conversion disorders are conditions with neurologic symptoms that cannot be explained. 'Freud's Theory of Hysteria and other Psychoneuroses', *Lancet* 175, no. 4525 (21 May 1910): 1424-5.

²⁴ Showalter, *The Female Malady*.

²⁵ 'Air Raid Psychology', *Lancet* 190, no. 4898 (14 July 1917): 55.

²⁶ Susan Kingsley Kent, *Aftershocks: Politics and Trauma in Britain, 1918-1931* (New York: Palgrave Macmillan, 2009), 15-6.

²⁷ 'The Air Raid', *Lancet* 233, no. 6020 (14 January 1939): 105.

²⁸ 'War Neuroses', *Lancet* 234, no. 6046 (15 July 1939): 153.

²⁹ Maurice Wright, 'Effect of War on Civilian Populations', *Lancet* 233, no. 6022 (28 January 1939): 189-90.

³⁰ 'War Shock in the Civilian', *Lancet* 187, no. 4827 (4 March 1916): 522. The fact that women were the statistical majority left at home during the war is not a sufficient explanation for this phenomenon.

While training at the London Medico-Psychological Clinic, Mary Dexter, an American nurse who travelled to Britain at the outbreak of the war, recorded in her writings as having treated a number of civilian women affected by air-raid shock, including a munitions worker she describes as ‘hysterical’ and another girl ‘mad with nerves’.³¹ Her association of air-raid shock with pre-war notions of hysteria was common across civilian medical professionals at the time. The *Lancet* in 1916 described a list of common symptoms presented by the air-raid shock victim, including insomnia, anxiety, a short temper, weight loss, and an increase in heart rate known as tachycardia.³² Other non-clinical symptoms included impulsivity linked to feelings of insecurity and increased suggestibility as a result of heightened emotional tension and fear.³³ Many, if not all, of these symptoms were ascribed to the diagnosis of hysteria before the war, with anxiety and suggestibility in particular considered explicitly feminine nervous traits.³⁴ Despite the overt external stress of the war, many doctors still believed that existing neuropathic pain and alcoholism made civilians more likely to succumb to wartime neurosis in the exact same manner genetic predisposition towards hysteria was understood before the war.³⁵ Such crossover between pre-war hysteria and wartime air-raid shock indicates that, although the circumstances surrounding the new diagnosis were unique to the war itself, clinical attitudes towards trauma and nervous disorders in women had changed very little.

Not only was air-raid shock in women a new name for a suspiciously familiar nervous disorder, its definition was extremely narrow. Air-raid shock was shock caused by the air raids. Like early understandings of shell shock on the front, it was believed to be triggered by the physical event of a bomb dropping nearby. Though ‘shell shock’ expanded to include other stressors of war, and was rebranded as the more generic ‘war neurosis’ as a result, ‘air-raid shock’ remained exclusive.³⁶ This is not to say there was no acknowledgement of civilian suffering outside the experience of the air raid, but that these other sufferings failed to meet the threshold for clinical diagnosis.³⁷ The traumatic cases that did classify as air-raid shock were often the most violent. A ‘jolly hearted woman until the air raids’, Elizabeth Huntley suffered from depression, insomnia, and anxiety after a London bombing and sought the treatment of a Dr Holland for air-raid shock in 1917.³⁸ She would decapitate her own daughter soon afterwards. Arrested for infanticide, the medical officer at Holloway Prison declared Huntley ‘unfit to plead to the Indictment’.³⁹ Another woman charged with infanticide in 1916, Violet Cambridge, was similarly observed by her doctor to be ‘terrified at the thought of Zeppelins ... she exhibited extreme signs of apprehension and terror and burst into tears’ at the mention of them.⁴⁰ The scant sources for these cases remember

³¹ Mary Dexter, *In the Soldier's Service: War Experiences of Mary Dexter* (Boston and New York: Houghton Mifflin Company, 1918), 108-9, 116.

³² ‘War Shock in the Civilian’.

³³ Jane Clunies Ross, ‘Civilian War Neurosis’, *The Australian Quarterly* 13, no. 2 (June 1941): 76-7.

³⁴ ‘Freud's Theory of Hysteria and other Psychoneuroses’, *Lancet* 175, no. 4525 (21 May 1910): 1424-5.

³⁵ ‘War Shock in the Civilian’.

³⁶ See Shepherd, *A War of Nerves*, 109-10, for a brief discussion on the changing terminology of shell shock.

³⁷ The lack of medical acknowledgement for these other, broader civilian traumas of the war is another reason this area is underdeveloped in the historiography.

³⁸ Coroner's Depositions, Testimony of Margaret Wells, 26 December 1917, in CRIM 1 171/1, 7; Coroner's Depositions, Testimony of Mary Freeman, 26 December 1917, in CRIM 1 171/1, 2, both quoted in Grayzel, *Women's Identities at War*, 47.

³⁹ Medical Officer's Report, 5 January 1918, in CRIM 1 171/1, quoted in Grayzel, *Women's Identities at War*, 48.

⁴⁰ ‘Report of Francis Edward Forward, Medical Officer’, 23 June 1916, in CRIM 1 161/4, quoted in Grayzel, *Women's Identities at War*, 255.

Huntley and Cambridge as ordinary women one day and neurotic child-killers the next. Their diagnoses of air-raid shock, though exonerating them from murder charges, betrayed no sympathy for their traumatic experiences or understanding for the long-term psychological effects they suffered. Air-raid shock was simply a clinical explanation for a criminal defence.

In an article written for the *Lancet* in 1913, H. Macnaughton-Jones explored the relationship puberty and ‘the menopause’ had to neurosis in women. Stable women and neurotic women were, to Macnaughton-Jones, entirely ‘different species’.⁴¹ Not four years later that mindset persisted within a civilian medical community that recognised the traumatising nature of war but continued to vilify the women who experienced it, in a tradition that traced its origins all the way back to Hippocrates. It was only through the efforts of modernist women writers, who seized control of their own suffering from the medical world that had condemned it, that this cycle would be broken. The published and private works, both biographical and fictional, of women such as Annie Shepherd Swan, Rebecca West, and Hilda Doolittle, recognised a broader definition of war trauma than that allowed by clinical diagnosis; launched a literary movement of addressing trauma that was pioneered by female authors; and, most importantly, explored civilian women’s trauma with a personal understanding and poignancy that transformed an historically shameful topic into one of enduring empowerment.

Women Writers and Their Trauma in Post-War Modernist Literature

Noel Compton-Burnett died at the Battle of the Somme in 1916. Upon hearing the news, his widow attempted suicide, and two of his eight sisters—the youngest, nicknamed ‘Baby’ and ‘Topsy’—succeeded.⁴² For Ivy Compton-Burnett, another of Noel’s sisters and later a renowned novelist, the war had ‘quite smashed my life up, it quite smashed my life up’.⁴³ Her trauma undiagnosed and relatively unacknowledged by her contemporaries, Compton-Burnett turned to her writing instead. She explored the struggles of family in a number of bestselling novels, perhaps as a way of dealing with the war’s destruction of her own. New Zealand-born writer and long-term London resident Katherine Mansfield never recovered from the news of her brother’s death in France in 1916, writing in a letter to a friend: ‘I keep seeing all these horrors, bathing in them again and again’.⁴⁴ Diagnosed with tuberculosis the following year, Mansfield’s bouts of depression as a result of the war contributed to her steady decline and early death at the age of twenty-four. The trajectories of these two women’s lives are as different as the women themselves: Mansfield, born into wealth in the colonies; Compton-Burnett, the seventh of twelve children descended from tenant farmers in Middlesex.⁴⁵ Yet the First World War affected them in equally traumatic ways that lay outside the realm of both classical hysteria and clinical air-raid shock. For many literate women suffering under similar circumstances, conveying their trauma through writing was the only way they could possibly hope to understand what had happened. Whether in letters, memoirs,

⁴¹ H. Macnaughton-Jones, ‘The Relation of Puberty and the Menopause to Neurasthenia,’ *Lancet* 181, no. 4674 (29 Mar. 1913): 879-81.

⁴² Hilary Spurling, *Ivy, The Life of I. Compton-Burnett* (New York: Columbia University Press, 1984), 12.

⁴³ Spurling, *Ivy*, 238.

⁴⁴ Katherine Mansfield, letter to Ottoline Morrell, November 1918, reprinted in Katherine Mansfield, *The Critical Writings of Katherine Mansfield*, ed. Clare Hanson (Basingstoke: Macmillan, 1987), 32.

⁴⁵ Kevin Bell, ‘Mansfield, Katherine’, in *The Oxford Encyclopedia of British Literature*, ed. David Scott Kastan (Oxford University Press, 2006), accessed 14 May 2019, <https://www-oxfordreference-com.ezproxy1.library.usyd.edu.au/view/10.1093/acref/9780195169218.001.0001/acref-9780195169218-e-0295>.

or through the lens of fiction, these women seized upon the narrow and unforgiving conception of female civilian war trauma outlined above, and transformed it into something worth writing books about—books that finally gave ‘hysterical’ women the voice so long denied them.

‘The whole fabric of existence seemed to be tottering’, wrote Scottish novelist Annie Shepherd Swan in 1918, ‘—and we on the edge of some unimaginable abyss ... we felt it must be the end of the world’.⁴⁶ A suffragist, journalist, and enthusiastic activist for the Scottish Liberal Party, Swan was already a published and prolific author by the outbreak of the war.⁴⁷ Her intimately detailed memoir, *An Englishwoman’s Home*, recounts a series of traumatic experiences she suffered during WWI, including the bombing of her own house in Hertford Heath. The only reason Swan and her family survived was that they were awake when the Zeppelin raid began, watching the sky lit up ‘like shooting stars’ from the outside terrace.⁴⁸ Swan only comprehended the sheer destruction of the bomb the next day, when she was confronted by ‘the inextricable mass of plaster and bricks and broken wood work and all the belongings of a house’.⁴⁹ Her dog, Tubby, had gone ‘mad’ with terror the previous night; Swan had to collar and drag her to where ‘the man with the gun was waiting ... when I heard the report of the gun the iron seemed to enter into my soul’.⁵⁰ Swan’s writing reflects the immediate losses she experienced that night: her home, her beloved pet, her sense of safety. As the memoir continues she repeatedly returns to these losses with renewed feelings of dislocation, grief, and even fear. In one of the final chapters, she confesses: ‘I have the dreadful feeling that perhaps I myself will not be able to hold out’.⁵¹ Unlike narrow medical diagnoses of air-raid shock, Swan’s trauma was all-encompassing; and unlike historical notions of the hysterical woman, Swan’s trauma was not a sign of feminine weakness, for she dealt with the circumstances of the war tenaciously. By the end of the book, her anxieties coalesce into a hopeful outlook for her future: ‘How much can the human heart stand ...?’ she wonders. ‘We are amazing creatures’.⁵² Sixty years old in 1918, Swan was a formidable, talented, and motivated woman. These qualities shine through in her writing despite the experiences she lived through. Her memoir, published before the war’s end, framed her trauma not as a passive experience of air-raid shock, but as a journey of personal suffering and ultimate overcoming that culminated in the cathartic act of autobiography.

Many civilian women writers did not, or perhaps could not, address their trauma directly. For women like Rebecca West, in her twenties when the war broke out and relatively unexposed to hardship during her childhood, the shock of the war and her place within it as a young mother

⁴⁶ Mrs A. Burnett Smith [Annie S. Swan], *An Englishwoman’s Home* (New York: George H. Doran Company, 1918), 23-4. Swan published several works under this pseudonym but for the purposes of this essay will be referred to by her real name.

⁴⁷ ‘Swan, Annie S. [Annie Shepherd Swan]’, in *The Oxford Companion to Edwardian Fiction*, ed. Sandra Kemp, Charlotte Mitchell, and David Trotter (Oxford University Press, 1997), accessed 16 May 2019, <https://www-oxfordreference-com.ezproxy1.library.usyd.edu.au/view/10.1093/acref/9780198117605.001.0001/acref-9780198117605-e-1121>.

⁴⁸ Burnett Smith, *An Englishwoman’s Home*, 23-4.

⁴⁹ Burnett Smith, *An Englishwoman’s Home*, 29.

⁵⁰ Burnett Smith, *An Englishwoman’s Home*, 30-1.

⁵¹ Burnett Smith, *An Englishwoman’s Home*, 162.

⁵² Burnett Smith, *An Englishwoman’s Home*, 166.

made it difficult to tell her own story.⁵³ Fiction, instead, became a means through which her experiences could be refracted and reflected within a number of different characters who suffered similar trauma from the war. *The Return of the Soldier*, West's 1918 debut novel, is narrated by Jenny, a woman haunted by nightmares of war films 'packed full of horror' and 'awfulness'.⁵⁴ The films themselves represent Jenny's fears for her soldier cousin, Chris—the titular character of the novel—in the same way that Jenny's fictional fears represent West's reality. When Chris returns from the war he is a shell-shocked amnesiac, a jarring revelation that incites feelings of fear and upheaval within the household that was once his home. All three women in the novel—Jenny, Chris' wife Kitty, and Chris' reignited old flame Margaret—revolve around Chris' trauma like moths circling a light bulb. Their varying reactions to his amnesia—shock, anger, sadness, joy—reflect their refracted view of the war through the lens of civilian experience. West herself withstood many of these same conflicting emotions, having celebrated the birth of her son one month after the outbreak of the war.⁵⁵ She also suffered bouts of a similar lack of cognisance to that felt by Chris in the book. In an October 1917 letter to friend Sylvia Lynd, West recounts her experiences with her son during the German Gotha aircraft raids in London: 'I suddenly found that though I had never been consciously afraid I was simply gibbering and swept my young [son] off to Watford without quite knowing what I was doing'.⁵⁶ West's wartime experiences were defined by such feelings of confusion and displacement, and *Return* exemplifies them without overstatement. Whilst exploring symptoms of hysteria in her novel, West never aligns them with negativity. She in fact implies, and leaves her audience to wonder at the implication, whether Chris' traumatic amnesia is the best thing that could have happened to him.⁵⁷ It destroyed his marriage, but it also destroyed his memory of the war that traumatised him in the first place. West endured the same complexity of joy and trauma in her life during the war, and *Return* offers the nuances of this complexity that medical diagnoses from the time failed to comprehend.

While Annie Shepherd Swan wrote biography and Rebecca West fiction to explore their respective civilian wartime traumas, poet and novelist Hilda Doolittle—known by her publishing pseudonym H.D.—wrote both with a candour and sophistication that cemented her place within the modernist literary canon. In her novel *Asphodel*, written in 1922 but published posthumously, H.D. explores her trauma through the stream-of-consciousness of her protagonist, Hermione. 'O God more horrors. Turn away', Hermione thinks, when her friend suggests visiting the tower where Joan of Arc was imprisoned. 'They had trapped her ... They would always trap them, bash their heads like broken flowers from their stalks'.⁵⁸ At this point in the novel, Hermione is in France and the war has not yet begun—but H.D.'s intimate knowledge of the horrors of war, of witnessing the bombing of the house of her neighbour and the blown-out glass of the windows in her own home, is clear to see. Her use of the flower simile is also deliberate—a traditionally feminine symbol like the peaceful domestic household, now ravaged and destroyed in an act of unprecedented violence just as the war obliterated all sense of safety from the home front in

⁵³ Bonnie Kime Scott, 'West, Rebecca', in *The Oxford Encyclopaedia of British Literature*, accessed 14 May 2019, <https://www-oxfordreference-com.ezproxy1.library.usyd.edu.au/view/10.1093/acref/9780195169218.001.0001/acref-9780195169218-e-0488>.

⁵⁴ Rebecca West, *The Return of the Soldier* (New York: The Century Co., 1918), 8.

⁵⁵ Scott, 'West, Rebecca'.

⁵⁶ Rebecca West, letter to Sylvia Lynd, October 1917, reprinted in *Selected Letters of Rebecca West*, ed. Bonnie Kime Scott (New Haven: Yale University Press, 2000), 28.

⁵⁷ West, *The Return of the Soldier*, 143, 184.

⁵⁸ H.D., *Asphodel* (Durham and London: Duke University Press, 1992), 9.

Britain. Such finality of destruction is reflected by H.D.'s writing in a way that transcends the idea of civilian war trauma as tied only to the specific event of the air raid. Rather, it is societal, embedded, enduring. H.D.'s traumas did not disappear once the war ended; she dealt with them her whole life. Only through her own storytelling was this traumatic legacy of the war fully realised.

H.D. suffered a miscarriage in 1915. By her own account, it was the shock and grief of the sinking of the *Lusitania* with 1 200 of its civilian passengers—including a woman in labour as the ship went down, who died along with her newborn baby—that was the direct cause.⁵⁹ She would come to include this grievous episode in the life of Julia, the protagonist of her autobiographical novel *Bid Me to Live*, first written in 1927 and repeatedly revised until publication in 1960, one year before her death. Just a few days before Julia's son Amor was due, her husband, Rafe, delivered the news: 'Don't you feel anything? *The Lusitania has gone down*'.⁶⁰ Amor was stillborn—representing, quite literally, the death of love and happiness—and H.D. relived the tragedy of her own miscarriage all over again.⁶¹ Throughout the novel, Julia suffers from civilian war neurosis, with similar symptoms of dissociation that are seen in West's Jenny.⁶² She becomes paranoid, reclusive, estranged from her soldier poet husband, and embroiled in a consuming love affair in a pattern that directly mimics H.D.'s own life. Through Julia, H.D. once again addressed her understanding of the lasting impact wartime trauma had upon her life: 'If the wound had been nearer the surface, she could have grappled with it. It was annihilation itself that gaped at her'.⁶³ That same sense of annihilation felt by Julia miscarried H.D.'s baby, ruined her marriage, killed her brother in combat, and caused her father to die of grief soon after.⁶⁴ Her wartime traumas and how she dealt with them were more complex than any medical diagnosis could fathom; they were more tragic and affecting than any historical conception of hysteria allowed. Only through writing *Bid Me to Live*, *Asphodel*, and a number of other wartime works was H.D.'s trauma explored to its fullest extent, on her own terms, as the author of her own narrative of suffering.

Though Swan, West, H.D., and many other women writers recognised their wartime trauma as both enduring and deeply affecting, they never described it in terms of 'shell shock' or any other battlefield diagnosis.⁶⁵ Margaret Higgonet's theory of the double helix is applicable in this context. She argues that civilian women of the First World War occupied the subordinate strand of the helix, and though they suffered significant wartime trauma, the dominant strand of 'combat experience [took] precedence in the scale of suffering ... because it [was] suffered by men'.⁶⁶ This is an interesting subversion within a society where nervous disorders were commonly diagnosed in women pre-war, and where shell shock itself was often portrayed as a feminising and shameful

⁵⁹ Trudi Tate, *Modernism, History and the First World War* (Manchester and New York: Manchester University Press, 1998), 27.

⁶⁰ H.D., *Magic Mirror, Compassionate Friendship and Thorn Thicket: A Tribute to Erich Heydt*, ed. Nephie Christodoulides (Victoria BC: ELS Editions, 2011), 29.

⁶¹ H.D. naming Julia's stillborn child Amor—Spanish for 'love'—was no coincidence.

⁶² Tate, *Modernism*, 31.

⁶³ H.D., *Bid Me to Live: A Madrigal* (New York: Grove Press, Inc., 1960), 13.

⁶⁴ Tate, *Modernism*, 24.

⁶⁵ Loughran, 'A Crisis of Masculinity?', 732.

⁶⁶ Margaret Higgonet and Patrice Higgonet, 'The Double Helix', in *Behind the Lines: Gender and the Two World Wars*, ed. Margaret Higgonet, Jane Jenson, Sonya Michel, and Margaret Collins Weitz (New Haven and London: Yale University Press, 1987), 31-48.

experience for masculine soldiers.⁶⁷ Higgonet argues that this was due to shell shock's identification with male-dominated combat, through which trauma became gendered by virtue of the gendering of war.⁶⁸ Indeed, Loughran goes so far as to suggest that women were 'complicit' in the devaluing of their own trauma and privileging of the male, but this is a stretch.⁶⁹ To argue female complicity in the early twentieth century patriarchy suggests that women had the space and power to challenge the status quo actively and successfully, which was not the case. Women writers exploring trauma did the best they could with the language allowed them. In whatever way female civilian war trauma is described—as 'air-raid shock', 'civilian war neurosis', grief, bereavement, hysteria, or something else entirely—it should be afforded the same interest as every mention of 'shell shock' in soldiers is given. A true double helix, after all, has twin strands of equal significance.

For Loughran, emphasising the kind of trauma explored by women writers—of sadness, grief, shock, and dislocation caused by the air raids and the wider circumstances of war—reduces women to 'vessels' into which misfortune falls and collects.⁷⁰ Yet women like Annie Shepherd Swan, who turned her true account of suffering and destruction into a bestseller; Rebecca West, who launched a prolific literary career from a debut novel dealing with themes of trauma and anxiety rarely explored by women writers before her; and H.D., who infused every aspect of her wartime writing with her unique experiences of trauma as a way to deal with the pieces of her own post-war life, were not passive vessels. They, along with Ivy Compton-Burnett, Katherine Mansfield, and many others turned their grief into words and their words into careers. Their voices are the most integral part in the historical understanding of female civilian war trauma. By telling their own narratives of suffering, whether refracted through a fictional character or not, they wrested the archetype of the hysterical woman away from the medical community that saw her as an invasive species, and restructured her story into one deserving of acknowledgement and empathy, rather than clinical and societal condemnation.

'I Cannot See The Future, But The War Will Be Over Sometime'

H.D. writes these words in the final chapter of *Bid Me to Live* as Julia, her protagonist and autobiographical insert, accepts her uncertain fate in both love and life.⁷¹ The war was already over by the time H.D. finished the first draft of the novel; a second World War, even more devastating than the first, had run its course by the time the book was finally published in 1960. Yet for Julia the end is not quite in sight—she accepts it will end, but when, or how, she does not wonder. Perhaps because the end of the war will not change all that she has already suffered, in the same way that 1918 only brought H.D. further tragedy, with the deaths of her family and the prospect of a bleak future ahead of her. Her trauma is never really over; it would dictate the trajectory of both her life and career from the armistice onwards. This idea of a legacy of trauma—of its enduring nature within women in particular—became foregrounded only due to the writings of women like H.D., who explored taboo topics of miscarriage, suicide, adultery, and madness in their effort to uncover both the roots and branches of their own growing forests of trauma. The

⁶⁷ Showalter, *The Female Malady*, 167-194.

⁶⁸ Margaret Higgonet, 'Authenticity and Art in Trauma Narratives of WWI', *Modernism/Modernity* 9, no. 1 (2002): 93-94.

⁶⁹ Loughran, 'A Crisis of Masculinity?', 733.

⁷⁰ Loughran, 'A Crisis of Masculinity?', 731.

⁷¹ H.D., *Bid Me to Live*, 183-184.

medical diagnosis of air-raid shock that existed during the war years was a single tree within these ecosystems; negative historical understandings of hysteria the rotting leafy ground cover well on its way to breaking down. The full forest of experiences was only discovered by the writings of these women, who pushed against the overgrowth, and let the light shine in.

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