PART I

Introduction to Part I: Trauma Theory

In 1896, Sigmund Freud presented a new theory concerning the cause of hysteria in his female patients. What came to be called the "seduction theory" posited that the source of his patients' unusual behavior—including mutism, feelings of being choked, and seizures—was sexual trauma.[1] The details of his theory, oddly, changed over the years, although what is undisputed was both Freud's belief in its "icy" reception and his subsequent recantation of the theory (Freud, *Complete Letters* 184). The oddities include the changing accounts of who perpetrated the attacks on these women and whether or not the women revealed the trauma to Freud—or whether he simply deduced that sexual trauma occurred.[2] What is also unclear is precisely *why* Freud, within seventeen months of presenting his theory, recanted it. He provides three reasons in an 1897 letter to a colleague and different critics have emphasized each point in turn, depending on their critical leanings.[3] Feminist critics have honed in on his second reason, in which he stated that should incest and rape of young girls be the cause of their hysteria, then instances of abuse would far outweigh cases in which women reacted hysterically and, therefore, the problem would be so widespread as to be prominent and noticeable. Determining that this situation was improbable, he did more than revise his theory under pressure from its poor reception—he rejected it entirely.[4]

Judith Herman claims that Freud discovered these traumatic crimes and recoiled in terror. She suggests as well that pressure from the Viennese bourgeoisie was such that both his practice and his reputation were threatened. Jeffrey Masson's theory is equally cynical, but more detailed. He describes the circumstance of Freud's colleague, Wilhelm Fliess, who left gauze in the torso of a woman (Emma) upon whom he was performing surgery, causing her incredible pain. More so, the patient began to exhibit reactions similar to Freud's other

hysterical patients. Masson said Freud felt forced to choose between his theory of traumatic crimes causing hysterical behavior and the evidence of Emma's hysteria being caused by surgical error (Steele 224).

Whatever the cause of his recantation, the outcome was the same. Freud backed away from examining the source of his patients' trauma and turned his focus toward developing theories of sexual development. Freud's repudiation of this theory went so far as to influence his methods of psychoanalysis—where he (and other therapists) had once "discovered that hysterical symptoms could be alleviated when the traumatic memories, as well as the intense feelings that accompanied them, were recovered and put into words"—and he no longer encouraged patients to express their feelings, suggesting instead their *culpability* and eventually insisting that the women "imagined and longed for the abusive sexual encounters of which they complained" (Herman 12, 19). Such theories claimed that these women were generating sexual fantasies, overlooking the fact that Freud's initial work gave evidence of actual childhood sexual trauma, not simply the desire for it (Macmillan 207). His recantation functions as a resistance to the pursuit of trauma's source, the truth of a traumatic injury.

This project explores how modernist fiction narratives represent trauma, defined as a reaction to events so terrible, so painful, that victims cannot properly understand or incorporate the events into their normal existence. What Freud's repudiation does is highlight two of the primary elements of trauma studies that I identify as recurrent. The first is a resistance to speak about the trauma one has suffered. As Herman suggested, "The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma" (Herman, 1). This conflict is seen not only in Freud's rejection of his seduction theory, but also in the forced silence of patients at other points in early trauma studies. Elaine Showalter suggests that Freud's predecessor, Jean-Martin Charcot, may have contributed to his patients' hysterical outbursts by not listening to what they had to say (Showalter, *Female Malady* 154). She describes another doctor who emphasized the physician's role of power and the patient's role as silent recipient: "'If a patient . . . interrupts the speaker,' Robert Carter admonished his fellow doctors, 'she must be told to keep silence and to listen; and must be told . . . in such a manner as to convey the speaker's full conviction that the command will be immediately obeyed.' The *globus hystericus*, which doctors had interpreted as the rising of the womb, may have been a physical manifestation of this choked-off speech" (Showalter, *Female Malady*

154). I contend that such a struggle—between speaking and being silent—for traumatized patients is also a central element in literary trauma fiction.[5] Characters throughout modernist fiction overtly struggle against the defenses they have created to protect themselves from their trauma and the desire to heal through speaking about it. My reading in Part I presents ways in which trauma can be manifested in narrative.

Wounded soldiers appear often in the literature of this time period, carrying with them the memories of their combat experience and the burden of silence.[6] Ernest Hemingway's Colonel Cantwell in *Across the River and into the Trees*, for example, suffers the knowledge of his mistakes and injuries overtly; his need to tell about his traumata is nearly as strong as the defenses he has developed to keep silent about them. The novel is in many respects a battle between these two forces. H.D.'s narrator in her autobiographical novel *HERmione* is equally compelled to speak about her psychological trauma. The novel itself is evidence of that; however, the convoluted narration represents her resistance to revealing the intimate sexual and social pressures she battles during her young adulthood. I am not interested in this resistance as merely a feature of trauma and testimony, however, but intend to explore the conflict while recognizing the gendered nature of its representation. Male representations of trauma differ noticeably from those of women, revealing social restrictions on both groups and offering an opportunity to explore the conditions under which characters both suffered trauma and retold it.

The second commonality between Freud's seduction theory and Modernist fiction is the link between trauma and its common representation or manifestation as madness. Josef Breuer's and Freud's patients were often intelligent women suffering from bizarre and startling physical ailments ranging from seizures to hallucinations to radical mood swings. Modernist trauma fictions quite often portray the manifestation of trauma as madness similarly. To narrow our focus, Part II will look to gender as a key feature in the portrayals of mad characters. The tumultuous events of the early part of the century—war, the women's liberation movement, growth in technology and industry, and a resulting shift in population, among others—impacted the mental health of men and women quite differently. "Forced to experience the shattering effects of unprecedentedly destructive weaponry, mass, mechanized slaughter and inhumane trench conditions, hundreds of thousands of soldiers were seen to suffer severe breakdowns" (Micale, 16). I will provide a reading of *Across the River and into the Trees* that posits Hemingway's portrayal

of Colonel Cantwell's madness next to his portrayal of Catherine Bourne in *The Garden of Eden*. Such a comparison makes visible his representations of madness according to gender—one stoic and the other hysterical.

That women were characterized as insane is not unique to modernist fiction, as Sandra Gilbert and Susan Gubar in *The Madwoman in the Attic* (1978) made clear in the case of Bertha Mason of *Jane Eyre*, but their madness commonly threatens the stability of the male protagonist. In modernist fiction, unlike *Jane Eyre*, more is done to explore the source of the women's trauma. Often the cause is dissatisfaction with their station in life and their drive to be successful professionally or creatively. Battling against a successful partner, these women—in texts such as Hemingway's *The Garden of Eden* and F. Scott Fitzgerald's *Tender is the Night*—are represented as increasingly irrational and uncontrollable. These novels attempt to make sense of female madness, despite judging women according to male standards of normalcy and happiness, revealing a common social and creative conflict between husband and wife. In comparison to these two male-authored representations of female madness, we turn first to Zelda Sayre Fitzgerald's *Save Me the Waltz* and then to H.D.'s *HERmione* for readings of female-authored feminine madness. Fitzgerald's narrative is highly autobiographical and attends to the creative power struggles between husband and wife while subduing her personal battle with mental illness; such a repression of illness, in favor of developing professional agency, reveals much about Fitzgerald's purpose in writing (and her process of revising) her novel. Creating a language in which to manage her mental and literary rebellion, H.D. counters the powerless madness of male authors' mad women. Further study of these texts and their subsequent representations of madness will contribute to our understanding of the ways in which authors of different genders develop and present illness narratives during this period.

Trauma Theory

Trauma studies began in the 1860s, as clinicians began to notice victims of railway accidents having prolonged and unusual reactions that extended beyond their physical injuries. However, it was not until the 1880s that doctors began psychological examinations of, primarily, women suffering from odd behavior with no apparent cause. Their "hysteria" was initially considered a feature of their gender's weakened constitution, "faulty heredity exacerbated by the biological and social crisis of puberty" (Showalter, *Female Malady* 130). Showalter

points out that "while these explanations emphasized the physical element, they were not blind to the significance of the particular constraints—restricted activity and sexual repression—placed on women" (130). The work of such early psychoanalysts as Charcot, Breuer, and Freud did much to bring to light these women's mental conditions but little to address either the stigma or the cause of trauma. In fact, some blame Freud's theories of sexual development for the continued misogyny against women.[7]

I am influenced in my critical approach by critics who have pointed out, as Herman has done in *Trauma and Recovery* (1992), the "forgotten history" of psychological trauma, emphasizing the starts and stops of clinical study throughout the century as interest ebbed and flowed. Other critics such as Deborah Horvitz, Laurie Vickroy, and Elaine Showalter have also contributed to the notion of cultural resistance to learning more about the true nature of traumatized individuals. Patients were either put on display as carnival attractions (as Charcot's female patients in Paris's Salpêtrière Hospital) or hushed away into mental institutions, often suffering brutal treatment at the hands of their clinicians. After the public's initial fascination with hysterical women had cooled, the start of the First World War brought trauma studies back into the public consciousness. Soldiers were judged according to their constitutions, blamed for their weakness of character and mind (Herman 20–21). While many doctors refused to sympathize with their experiences, instead perpetuating notions of shame and disgrace, one doctor, W. H. R. Rivers, supported them and encouraged their personal stories. Siegfried Sassoon, his most famous patient, "was treated with dignity and respect. Rather than being silenced, he was encouraged to write and talk freely about the terrors of war" (Herman, 22). Sassoon spent much of his life after the war composing his memoirs and professed the benefit of writing about his injuries (Herman 22–23). Despite the "episodic amnesia" during which progress in psychological trauma studies was forgotten or theories stifled, during times of progress, the connection between trauma and the healing power of language is evident (Herman 7).[8] When the barrier between silence and freedom to speak about mental pain is lifted, then progress occurs.

I also work within the framework of trauma studies, commonly agreed to have begun in the United States in 1980, when a campaign by Vietnam veterans influenced the American Psychiatric Association to accept the condition of war trauma under the diagnosis of posttraumatic stress disorder (PTSD). Since then, the diagnosis has been applied elsewhere, to victims of sexual or physical violence,

to survivors of the Holocaust, and to survivors of life-threatening incidents. "Trauma theory" emerged in the 1990s when a group of critics began to study the cultural effects of trauma. Cathy Caruth's *Trauma: Explorations in Memory* (1995) became prominent, combining the essays and interviews of professionals in several disciplines, such as psychiatry, literature, film, and sociology. Caruth presented the guidelines for understanding and speaking about trauma that have influenced a decade of interdisciplinary work on the subject.

As studies of trauma become more common, the term has been applied more liberally to circumstances beyond those initially imagined—such as war, natural disaster, abuse, and confinement—to include psychological trauma that might not have resulted in or from physical violence. My project is influenced by the work of feminist critics such as Laura Brown and Herman who, in the early 1990s, addressed the disparity in clinical and psychological trauma studies between attention on traumata affecting men and those affecting women. First Brown, then Herman challenged the exclusive and male-centered wording of the definition of trauma, which contends that "the person has experienced an event that is outside the range of human experience" (quoted from American Psychiatric Association 1987, 250; Brown, 121). Brown insists that what is considered "human experience becomes the range of what is normal and usual in the lives of men of the dominant class; white, young, able-bodied, educated, middle-class, Christian men. Trauma is thus what disrupts these particular human lives, but no other. War and genocide, which are the work of men and male-dominated culture, are agreed-upon traumata" (Brown, 121). However, Brown contends, trauma may develop in certain people, in particular life conditions, from situations seemingly innocuous to others, and we must be skeptical of definitions of trauma that seek to limit experience to those situations deemed to be "normal."

My project examines instances of what I will be calling "domestic trauma"; that is, trauma that takes place at the site of the domestic, in order to provide a contrast to the more typical representations of war-made, masculine trauma, some of which I will also examine. Herman is helpful in this respect because she follows through with Brown's insistence for a more inclusive, feminist approach to determining trauma. Her clinical study about the disorders affecting normal women in normal conditions points out that "not until the women's liberation movement of the 1970s was it recognized that the most common post-traumatic disorders are those not of men in war but of women in civilian life . . . The real conditions of women's lives

were hidden in the sphere of the personal, in private life" (Herman 28). Hemingway's Catherine Bourne in *The Garden of Eden* suffers no apparent trauma, for instance; however, her mental condition deteriorates into madness. With wealth and an affectionate marriage, normal cultural perceptions would assume she wanted for nothing. However, the lack of professional and creative expression forces her to turn her gaze on herself as she effects physical and sexual changes to challenge the constricted position of her life. Her condition I consider one of domestic trauma, and Catherine, along with Nicole Diver of Fitzgerald's *Tender is the Night*, exemplifies the male representation of female trauma that diminishes her true suffering by masking it as a destructive and belligerent madness. H.D.'s Hermione is also a victim, not of sexual violence, but of a heterosexual normative that forces her to oblige to a life not of her choosing. Creatively, too, she is bound by the approval of her fiancé's judgment of her work. Cumulatively, sexuality and creativity burden the lives of these women so much that they become traumatized.

My approach of connecting trauma studies to literary criticism is influenced by critics who more recently have recognized the evolution of trauma theory breaking from the medical discourse to investigate trauma in other disciplines.[9] Mark Micale and Paul Lerner edit the collection *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930* (2001) in which they posit that "historical investigations of trauma must part fundamentally from clinical goals . . . In the post-Freudian, post-Holocaust, post-Vietnam West, the historical study of trauma enables us to locate, draw forth, and shape into significance the sufferings of modern humanity" (Micale 25, 27). Kirby Farrell contends that trauma is both "a clinical concept and . . . a cultural trope" (Farrell 14). It is, therefore, natural that artists and writers have traditionally used such a trope in their work. Deborah Horvitz writes that "individuals internalize the material conditions of their lives, by which I mean their social and economic realities, through symbols, fantasies, and metaphors in order to build a unique and personalized interpretation of the world" (Horvitz 5). Such internalizations lend themselves to art, and more specifically, to writing. Farrell argues that trauma is a type of history that interprets the past. "Like other histories, it attempts to square the present with its origins. The past can be personal or collective, recent or remote: an artifact of psychoanalysis or an act of *witness*; a primordial *myth* or a use of ancestral spirits to account for misfortune or violation" (Farrell 14, emphasis mine). Already we see the connection of histories and elements of literature such as myth, witnessing,

remembering. Much has been done already to parse meaning from such work.

Literary critics such as Horvitz, Anne Whitehead, and Vickroy have identified common features of such narratives. Vickroy, in her work *Trauma and Survival in Contemporary Fiction* (2002), defines "trauma narratives" as "fictional narratives that help readers to access traumatic experience" (1). Horvitz contends that the authors she examines use "narrative representations of trauma" to "expose the need for social transformation" (Horvitz 18). Whitehead writes that "trauma studies work against medical reductionism by exhorting practitioners to attend to a voice which is not fully known or knowable, and to bear witness" (Whitehead, 8). These same critics have mined trauma narratives for different purposes, revealing the varied genres and purposes of such writing. For instance, Whitehead in *Trauma Fiction* (2004) uses trauma theory to explore narratives of war trauma, Holocaust testimonies, and post-Holocaust fictions. Horvitz in *Literary Trauma: Sadism, Memory, and Sexual Violence in American Women's Fiction* (2000) focuses her attention on the intersections of "political and personal trauma, gender and race politics, male violence against women, and curiosity about intrapsychic processes, particularly memory" (Horvitz 2–3).

Critics have been eager to attribute trauma narratives to current cultural situations, arguing that post-modernism is a prerequisite for trauma fiction.[10] Vickroy contends that "trauma narratives . . . are personalized responses to this century's emerging awareness of the catastrophic effects of wars, poverty, colonization, and domestic abuse on the individual psyche" (*x*). She writes that "trauma fiction emerges out of postmodernist fiction and shares its tendency to bring conventional narrative techniques to their limit" (82). Consequently, the application of trauma theory has fallen largely on such contemporary novelists as Toni Morrison, Pat Barker, and Dorothy Allison.

Critics posit that contemporary trauma fiction has at its foundation the intention of transmitting the trauma of its characters to readers while representing sites, motives, and repercussions of cultural oppression. For Whitehead, the cultural desire to tell is a critical aspect of trauma fiction in which the authors are compelled to represent not only the systems of suffering that cause trauma but the aftereffects of trauma on individuals. "In testing formal boundaries, trauma fiction seeks to foreground the nature and limitations of narrative and to convey the damaging and distorting impact of the traumatic event" (82). Vickroy writes that all of her writers are "committed to bringing social, historical and psychological awareness to

readers" (Vickroy *x*). Horvitz likewise contends that the authors she discusses are "committed to bearing witness to oppression" and that they "share an interest in representing political ideologies of power in realist fiction" (Horvitz, 18, 4).[11]

Yet, despite the intentions of contemporary authors who are now seen to be using trauma theory in their texts, authors were employing traumatic characters long before there were theories to support them. Much of the modernist fiction that I discuss in this book does not fall under the criteria that Vickroy and other critics devise for "trauma narratives." The intensions of authors that I discuss may be less focused on representing traumas and the conditions that cause them than those of contemporary authors, but their combined efforts nevertheless provide a more extensive literary history of the trauma narrative. "The rise of trauma theory has provided novelists with new ways of thinking through the relation between trauma and fiction," and I contend that reexamining modernist fiction through the relatively new lens of trauma theory can expose cultural trends in early twentieth-century life (Whitehead 3). For the authors I discuss, trauma was a character tool, one that may have inadvertently revealed social and political circumstances even if doing so was not the primary goal of the authors.

My project will be divided into two parts. In the first, I will examine several texts in which the conflict between the desire to tell about one's own trauma and the compulsion to resist such revelation plays a central role. In Chapter 1, I discuss Hemingway's novel *Across the River and into the Trees*, which tells the story of a war veteran in his final days, being urged to and eventually agreeing to tell about his combat experience. The colonel's struggle to resist recounting his trauma allows for a particularly useful discussion of the conflict between silence and testimony. Along with a brief discussion of Hemingway's short story "In Another Country," I will suggest ways that masculinity influences this conflict, considering specifically how cultural notions of masculinity stifle the healing inherent in testimony. Critics such as Diane Price Herndl, Miriam Marty Clark, Trevor Dodman, and Alex Vernon will inform my argument by providing "traumatic" readings of Hemingway's novel *A Farewell to Arms* and some of his short stories. My interpretive strategy will begin with an article by Herndl in which she examines Hemingway's *A Farewell to Arms* in terms of the first-person narrator's telling of Frederic Henry's trauma. In "Invalid Masculinity: Silence, Hospitals, and Anesthesia in *A Farewell to Arms*," Herndl argues that certain narrative strategies, such as the resistance to telling and the silence about trauma suffered both in battle and on

the operating table, reveal important information about the culture of postwar masculinity in which Frederic Henry wrote his narrative. The patriarchal strictures of military and medicinal codes burdened his notion of his own trauma, forcing him to resist the telling of his story for fear of accessing and then transmitting his painful emotions. "On the one hand, he feels acutely the need to tell about his horrific experiences of war—watching his comrades Passini and Aymo die, his own suffering and wounding, the shooting of the sergeant, his forced desertion, and Catherine's death. On the other hand, he feels the code of manliness that requires that he not be perceived as complaining or weeping" (Herndl, 40). He is kept from telling his story through the intangible pressures placed on him by postwar conceptions of masculinity. The colonel faces similar restrictions but, unlike Henry, carries on an open debate (both with Renata and with himself) over recounting his war trauma, allowing me to break from Herndl's reliance on Henry's *silence* by addressing the colonel's dialogue directly. Approaching Hemingway's trauma narratives as representations of masculinity allows for subsequent readings of trauma narratives in terms of gender.

Chapter 2 presents a reading of H.D.'s autobiographical novel *HERmione* as a trauma narrative in order to present a female representation of domestic trauma. It will also broaden the existing criticism on modernist trauma fiction by introducing a less canonical novel into the discussion. (H.D.'s novel *HERmione* has not received a great deal of critical attention in general, despite its innovative narrative style and important social critiques concerning homosexuality and female freedoms.) H.D., herself, is not new to trauma theory—critics have discussed her memoirs and her life in terms of her (self-diagnosed) trauma from World War I and later. For instance, Ariela Freedman in *Death, Men, and Modernism: Trauma and Narrative in British Fiction from Hardy to Woolf* (2003), discusses H.D.'s association with Sigmund Freud, as pupil and patient in H.D.'s memoir, *Tribute to Freud*. Freedman writes, "H.D. claims that her treatment with Freud was intended to explore the traumatic effects of the First World War, during which she lost a brother and miscarried a child" (Freedman, 104). Freedman reads *Tribute to Freud* as H.D.'s reworking of Freud's trauma theories and as the intersection of psychoanalysis and literature. Similarly, Trudi Tate in "Gender and Trauma: H.D. and the First World War" also focuses on H.D.'s biographical trauma, specifically addressing H.D.'s miscarriage and her war literature, *Kora and Ka* and *Bid Me to Live*. While these critics focus on war trauma, my examination will attend to her domestic trauma and will focus

on her autobiographical novel *HERmione*—written in 1927 about events that took place before World War I, in 1907. It will provide useful comparisons to the ways in which Hemingway's male characters resist the telling of their trauma, offering a contrast to a male author's representations of trauma.

Written from a unique perspective in which the narration adopts and simulates the thought processes of the main character's mind, *HERmione* describes the breakdown of a young woman confined by layers of patriarchal hierarchies. Hermione Gart ("Her") is engaged to be married to George Lowdnes (a character based on Ezra Pound, H.D.'s fiancé during this time) and finds herself restrained by conventions that determine her sexuality, lifestyle, and profession. She is frightened by the prospect of either remaining in her parents' house or getting married, and she suffers from the shame of an academic failure. She is trapped and the realization terrifies her: "Pennsylvania had her. She would never get away from Pennsylvania. She knew, standing now frozen on the woodpath, that she would never get away from Pennsylvania" (*HERmione* 5).

While Hemingway's colonel resists the overt telling of his trauma because it is too violent for Renata to hear, Hermione's resistance complicates the telling of her trauma with the narration of the novel. It mirrors her dementia, giving the story a confusing and mystical quality, resisting a clear, intelligible narrative of trauma. "She was not of the world, she was not in the world, unhappily she was not out of the world. She wanted to be out, get out but even as her mind filmed over with gray-gelatinous substance of some sort of nonthinking, of some sort of nonbeing or of nonentity, she felt psychic claw unsheathe somewhere, she felt herself clutch toward something that had no name yet" (8). Her story of trauma, resulting from her need to break free from a masculine way of thinking and expressing herself, is grounded in her breakdown, placing the novel in the company of other illness narratives and opening my discussion to the realm of female madness as both a literary trope and tool.

Part II of my project will then explore the claim made by Horvitz that "patriarchy, itself, traumatizes women" (Horvitz 15). After a reading of Colonel Cantwell's madness in which I find him functioning moderately well in the world, despite his trauma, I turn to female characters who are far from functional and seem instead to be blatantly insane. I will discuss Hemingway's *The Garden of Eden*, F. Scott Fitzgerald's *Tender is the Night*, Zelda Fitzgerald's *Save Me the Waltz,* and *HERmione* as illness narratives representing female trauma as madness. To my knowledge, none of these novels has been

examined in terms of trauma theory despite the fact that each includes traumatized characters.

In Chapter 3, following Hemingway's masculine mad man, Colonel Cantwell, I will discuss Hemingway's *The Garden of Eden*, considering Catherine Bourne's diagnosis as "crazy" in terms of patriarchal trauma suffered by her in her position as the wife of a successful artist. Traumatized by David's disapproval of her sexual androgyny, Catherine's need for approval—paired with David's lack of support—shakes the foundations of her identity, sending her into increasingly destructive situations. Her madness, unlike the Colonel's in both its origin and manifestation, is not easily restrained. The tension between husband and wife over both creative and sexual freedom is a similarity that I identify in this, and the following novels.

F. Scott Fitzgerald's novel *Tender is the Night* also has not been explored as an illness narrative although it makes significant judgments about female trauma. The main character's wife, Nicole Diver, suffers from the effects of childhood incest at the hands of her father; such sexual violence in the confines of an undeniable patriarchy leads to her life-long schizophrenia. Her marriage represents yet another traumatizing patriarchal situation for her because her husband is also her medical doctor; his personal infidelities function to create a tension between them in which he allows her neither credibility nor respect. My discussion in chapter 4 of Nicole's hysterical outbursts will provide a useful view into the novel's representation of female illness and, following from that, its indictment of the sick woman's integrity. Because Fitzgerald modeled this character in many ways on his wife Zelda Sayre, his representation of her madness is of particular use in terms of exploring the perception of insanity and blame.

Chapter 5 presents a reading of Zelda Sayre Fitzgerald's autobiographical novel *Save Me the Waltz*, a story about a woman searching for creative expression, first through social performance and then through ballet. Married to an artist, Alabama Beggs Knight—like Catherine Bourne and Nicole Diver—demands legitimacy and respect from her spouse; however, like the other characters, fails to receive it. The creative battle between spouses in the text plays out in the real-life story of the novel's publication. In fact, the novel is most well-known in Fitzgerald studies for the creative battle over its publication—Scott refused to allow Zelda to publish the novel as she wrote it, and she revised the manuscript to omit their marital strife and her mental illness. I also interpret the *lack* of madness in the novel as a sign of resistance to telling of trauma, for the author herself

faced mental trauma (was, in fact, hospitalized during the writing of the novel).

Chapter 6 revisits H.D.'s novel *HERmione*. To contrast the two male-authored portrayals of female madness and the female-authored story that omits it, I will summarize H.D.'s narration as a feminine telling of female madness. The narration itself is a form of resistance to patriarchy, typifying the sorts of boundaries against which her character struggles and from which her madness results. "In publicly presenting acceptable facades for private and dangerous visions women writers have long used a wide range of tactics to obscure but not obliterate their most subversive impulses" (Gilbert and Gubar 74). This novel's form functions, purposefully, outside the typical form of novels and therefore contributes to this study by describing not only female trauma, but also an example of the writing process surrounding trauma in modernist literature. H.D. provides the story of a woman's madness informed by the narrative's style, revealing how a feminine telling of female madness compares to that of a masculine telling. Threatened by the heterosexual normative, Her's madness will be read as an expression of H.D.'s reaction against a masculine literary tradition.