



Trauma, Ethics, and the Body at War in Brittain, Borden and Bagnold

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Carolina Sánchez-Palencia Carazo,
"Trauma, Ethics, and the Body at War in Brittain, Borden and Bagnold"
<<http://docs.lib.purdue.edu/clcweb/vol21/iss1/5>>

Contents of **CLCWeb: Comparative Literature and Culture 21.1 (2019)**
Special Issue ***Gendered Bodies in Transit: Between Vulnerability and Resistance***. Ed. **Manuela Coppola**
and **María Isabel Romero Ruiz**
<<http://docs.lib.purdue.edu/clcweb/vol21/iss1/>>

Abstract: In her article "Trauma, Ethics, and the Body at War in Brittain, Borden and Bagnold," Carolina Sánchez-Palencia Carazo discusses how the autobiographical accounts of the conflict by Vera Brittain, Enid Bagnold and Mary Borden, inspired by their experiences as voluntary nurses in the front, deconstruct the meanings of femininity, masculinity and patriotism, contesting the official rhetoric of passivity that defined the role of women in World War I. Their extreme engagement with the precariousness and vulnerability of others elicits an empathic response that can be interpreted through Judith Butler (2004; 2009), Emmanuel Lévinas (1969) and Alan Badiou's (1993) ethics of alterity. Against the abstract assumptions of honor and heroism in many male war accounts, these women's face-to-face encounter with the suffering bodies impels them to an intersubjective relation defined by sensibility and affectivity. Their exposure to the limits of (in)humanity implies a drive towards commonality that cannot be overlooked and suggests a gendered intervention in the body politic in which the war/peace, front/home binaries are necessarily redefined. Their texts are also "bodies in transit" inasmuch as they move between Victorian conventional order and a sense of Modernist fragmentariness evoking the distorted anatomies of the combatants they nursed and signalling a clear interaction between war, gender and experimental writing. Re-visiting Brittain, Bagnold and Borden from the critical perspectives of the Ethical Turn and Trauma Studies is essential for a reconceptualization of war and of the intricacies of its representation.

Carolina SANCHEZ-PALENCIA CARAZO

Trauma, Ethics, and the Body at War in Brittain, Borden and Bagnold

In his collection of twenty-two short stories about the Vietnam war, *The Things They Carried* (1990), Tim O'Brien devotes episode seven, "How to tell a true war story," to meditation on the complex relationship between war experience and storytelling, and concludes that, just as war distorts the soldiers' perception, its representation is equally puzzling for both authors and readers, confronted with a devastating reality that generates incongruous interpretations: "And then afterward, when you go to tell about it, there is always that surreal seemingness, which makes the story seem untrue, but which in fact represents the hard and exact truth as it seemed" (67-68).

In a similar vein, Elaine Scarry attributes the difficulties inherent to war accounts to pain's inexpressibility which generates a discursive crisis and reveals an important dilemma: "Either it remains inarticulate or else the moment it first becomes articulate it silences all else: the moment language bodies forth the reality of pain, it makes all further statements and interpretations seem ludicrous and inappropriate" (60). As trauma theorists argue, every attempt at representing the incontestable reality of the body in pain results in trivializations and falsifications, and yet there exists the primary impulse to give testimony to the traumatic experience (Caruth, *Trauma* 1995).

One of the most frequent aspects in war narratives is their common vindication of the authenticity of the account, one that would distinguish the chronicle of first-hand observers from the false representations of the event where "[w]ar itself is left in the distance" (Scarry 2). The claim of authenticity, of a testimony's ability to provide direct access to the Real (in its absence), is, in fact, an appeal to moral and political authority. And, in spite of all the different attempts at "the disappearance of the human body from accounts of the very event that is the most radically embodying event in which human beings ever collectively participate" (Scarry 71), the injured human body re-emerges overwhelmingly in the writings of Vera Brittain (*Testament of Youth*, 1933), Mary Borden (*Forbidden Zone*, 1929) and Enid Bagnold (*A Diary without Dates*, 1918) for whom it is not an abstraction nor a reality that can be evacuated from the text because it anchors the ethical dimension of their war narratives. As voluntary nurses serving in France, England and Malta during the First World War they experienced a full exposure to the carnage that they recalled in their memoirs, although their testimonies have only recently drawn critical attention.

Even as war resists representation, representation is imperative, because, Kate McLaughlin states, it serves to impose narrative order on its chaos and render the experience comprehensible (7); but McLaughlin's explanation seems to oversimplify the question if one reads Borden's disturbing introduction to *The Forbidden Zone* (1929), the war memoirs written by this wealthy American author who funded and managed her own field hospital:

To those who find these impressions confused, I would say that they are fragments of a great confusion. Any attempt to reduce them to order would require artifice on my part and would falsify them. To those, on the other hand, who find them unbearably plain, I would say that I have blurred the bare horror of facts and softened the reality in spite of myself, not because I wished to do so, but because I was incapable of a nearer approach to the truth. (3)

Both O'Brien's and Borden's unsettling statements suggest that "representation of war is essentially anxiogenic" in that it refuses depiction although "conflict demands it" (McLaughlin 6). In this regard, authors have to undergo a process of language re-construction so as to try to narrow (but never completely eliminate) the gap between the experience and the representation of conflict, and to overcome the limitations caused by physical suffering. "Physical pain," Scarry argues, "does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned" (4). The texts analyzed in this work contain explicit accounts of the moans and cries of the wounded exemplifying the inarticulate pre-language of pain. Unable to find the meaning behind the monosyllabic utterances of these men who have gone speechless by unbearable suffering, their authors can only reproduce them, thus reinforcing the emotional intensity of their testimonies.

Unrepresentability can be thus manifested in different ways but they are all produced by confrontation with extremity and incommensurability, by the individual's encounter with the unfamiliar, the abnormal and intractable. And in matters of scale and technology, the First World War (1914-1918) was, to a great extent, a new unprecedented kind of war and constituted an experience that cannot be measured by any human standards. Never before had a conflict involved so many different nations from

all over the world and introduced so many new technologies of combat. The Great War inaugurated aerial and chemical warfare with the development of new military technology such as flame throwers, explosive shells, mustard gas, tanks, fighter planes and zeppelins which resulted in an unprecedentedly high casualty rate and extraordinary physical and psychological trauma. The first modern world-scale conflict thus opened up an entirely new dimension of suffering to both victims and witnesses.

Just as Theodor Adorno's mystified dictum about the barbarity of writing poetry after Auschwitz denounces the failure of style when the individual is brutally confronted with the formlessness of pain and suffering (34), Brittain also thinks about the futility of poetry after war experience:

We never dreamed that, in the years of renewed sensitiveness after the War, the convenient shutter would simply refuse to operate, or even to allow us to romanticise –as I who tried to write poetry romanticised in 1917—the everlasting dirt and gruesome. (384)

There is a long tradition of narrative fictions about war that should be acknowledged, but those about the First World War do not comfortably fit within it, since "they effect a rearticulation of that tradition, and eventually set in motion a radical disjuncture with it" (Knibb 10). The inadequacy of previous models is a common trait in many of these World War I accounts and aggravates the authorial anxiety of writers like Brittain, Borden and Bagnold who, despite their direct involvement in the conflict, feel severely alienated from war culture and literature.

In *At the Violet Hour*, Sarah Cole relates this representational crisis to the Modernist aesthetic to which many of the war writers ascribed themselves. She states that Modernism's "indeterminacy" is in fact a reaction to "the extremity of visible violence" (30), which results in elaborate aesthetic forms to both restrain and display different modes of violence and illustrate these distinctive stylistics with the authors' use of rhetorical strategies like allegory, analogy, and substitution. Cole conceives of violence as a model for what we cannot deal with, and this could explain how a whole set of artists –from Pablo Picasso to Samuel Beckett—developed an aesthetics of failure and impossibility, but at the same time she aligns herself with the prevalent association between trauma and the unrepresentable, arguing that violence also elicits creativity, aesthetic invention, and (anti) narration. Borden's sinister equation of pain with a lustful mistress devouring the soldiers and "amusing herself with the wreckage of men" (44) is a clear example of this potent experimental writing.

Angela K. Smith identifies this ambivalent position with what she calls "accidental modernism", as many of these female authors linked their war experience with the emergence of a wider modernist practice which they saw as a "second battlefield" (71). For her, there is a clear interaction between war, gender and innovative writing. To this extent, these female texts are also "bodies in transit" inasmuch as they move between Victorian conventional order and a sense of Modernist fragmentariness evoking the distorted anatomies of the combatants they nursed. "War," Fredric Jameson argues, "is virtually non-narrative," (1543) and forces authors to confront "[a]bstraction versus sense-datum: these are the two poles of a dialectic of war, incomprehensible in their mutual isolation, which dictate dilemmas of representation navigable only by formal innovation, as we have seen, and not by any stable narrative convention" (1546).

Borden called her book "a collection of fragments," a series of sketches of her memories and impressions that Malcom Brown in his 2008 foreword to the book has identified with the Guernica painting. In Bagnold's book, there are no dates but an ongoing account of her experience; almost a stream of consciousness where the exact details of the hospital location and circumstances around her decision to enroll in the Voluntary Aid Detachment are kept deliberately vague. In a similar vein, though her traumatic losses are experienced in a lonely and isolated manner, Brittain's inclusion of multiple voices (through this mode of intertextual citation) in her narrative letters, poems, newspaper articles, speeches, prayers and songs, seems to aspire to a communalization of trauma that Kai Erikson calls "the gathering of the wounded" (187), to address the social dimension of suffering and justify the memorializing of the dead and their silenced voices. These three authors' (anti) narratives have to be analysed as textual constructions of their fragmentary subjectivities, revealing the tensions women working and writing in 20th century war contexts had to go through.

According to Jameson, whenever war is addressed, the subject has to confront a fundamental dilemma between "the abstraction from totality or the here and now of sensory immediacy and confusion" (1532). This dilemma, together with other dualities experienced by these women as passive mourners of the dead and as active participants in the conflict, determines the complex subjectivity of their autobiographies, as processes always in the making, never fully finished, and as context-specific responses to the historical circumstances in which they lived and wrote. Against some lyrical or protectively fictionalizing approaches of soldier-poets such as Siegfried Sassoon and Rupert Brooke, the

literature written by nurses develops a stronger factual and visual representation of the physical trauma. Because restoring and soothing the wounded anatomies of the soldiers was these nurses' priority, the physicality of the body occupies a central role in their memoirs.

Visualization is one of the means to cope with the unshareability of pain, and one through which nurses describe the most gruesome scenes they encountered while working in field hospitals. Although Bagnold's anonymous narrator declares that "[t]he pain of one creature cannot continue to have a meaning for another...it is almost impossible to nurse a man well whose pain you do not imagine" (101), through these explicit descriptions (of the sights, noises, smells and sounds that were part of their daily duty), they speak on behalf of those who are incapable of describing the pain they experience (Scarry 6), guided by the moral imperative to speak for the voiceless.

Borden's episode "In the Operating Room" creates a strongly realistic and visual scene of this place where the reader can almost see, smell and hear what is happening; the story is structured as a play with no narrator, simply stage directions and characters. The surgeon's commands and the patient's cries interact with the background noises of ambulances, guns and bombardments. The vivid description transmits an acute sense of stress and chaos by letting different characters speak "the unspeakable" after one another, and the hectic atmosphere intensifies especially when it comes to the image of a soldier with a severely injured and foul-smelling leg that needs to be amputated. Borden chooses to make her protagonists appear as workers in a production line, a very convenient metaphor for a war primarily defined by unprecedented mechanization and dehumanization. This is a kind of scenario which, Jameson argues, "suspends the distinction between the enemy's landscape and our own, the latter no less fraught with peril than some unknown, hostile terrain" (1537).

To the discursive and ontological impossibility of representing the trauma of war it should be added the question of the legitimacy of the account. Who is entitled to narrate war? War experience is typically configured as male, as its account has focused upon the figure of the soldier and has neglected other forms of engagement with the conflict that were removed from the battlefield. In *The Great War and Modern Memory*, one of the most highly acclaimed works dealing with the influence of First World War in Western literature, Paul Fussell made almost no references to the literary contribution of nurses and other female authors during the conflict. This narrow perspective has always marginalized women and non-combatants whose voices and testimonies have only started to be acknowledged in the last thirty years (Gilbert 1983; Condell and Liddiard 1987; Higgonet 1987, 2000; Tylee 1990; Goldman 1995; Raitt and Tate 1997; Smith 2000). I endorse that section of feminist criticism on war literature (Gilbert 1983; Marcus 1989) that tends to interpret women's memoirs as a counter-discourse struggling to enter the collective memory of the event while simultaneously deviating from the canon of official remembrances, and I firmly believe that the Great War occupies a privileged place in the feminist imaginary.

Written by voluntary nurses, factory workers or patient housewives of depleted homes, female testimonies of the war were commonly undervalued, lacking the pedigree of the first-hand accounts of the horror of the trenches. Critics like Sandra Gilbert (1983) and James Campbell (1997) have denounced misogynist attitudes among male war poets (Sassoon, Owen, D.H. Lawrence, Rosenberg and Brooke, among others) who saw women as part of the complacent masses perpetuating and romanticizing the conflict in their naïve imagination. Prioritizing the homosocial bonds created in the trench, the soldier poets appeal to a strong anti-feminine camaraderie through which they try to vicariously compensate their feeling of emasculation in a context which deprived them of jobs, physical and mental health, virility and life. In such a hostile context, the literature produced by these women is also "anxiogenic" inasmuch as they had "to perform a different and complex double function; they were actors in their own war and spectators of the soldier's war" (Goldman 102).

The Voluntary Aid Detachment (VAD) in which Brittain, Borden and Bagnold enrolled, was an organization of female civilians offering their services to medical organizations in the United Kingdom and overseas military hospitals. The volunteers were mainly upper and middle-class women with different motivations ranging from a desire of independence from their domestic obligations to a need to patriotically contribute to the war effort and make themselves useful. Given their privileged and sheltered upbringing, extenuating working hours and close intimacy with male patients were completely unfamiliar to them. Brittain recalls this new disconcerting intimacy with male bodies as something new and illuminating to her, raised like most of her fellows, in a strict Victorian morality: "Short of actually going to bed with them, there was hardly an intimate service that I did not perform for one or another in the course of four years, and I still have reason to be thankful for the knowledge of masculine functioning which the care of them gave me, and for my early release from the sex-inhibitions that even today...beset many of my female contemporaries both married and single" (166). The bodies she deals with are gendered bodies and arouse in her a physical awareness that she had never considered in her

relationship with her fiancé Roland: "Since it was Roland I was nursing by proxy, my attitude towards him imperceptibly changed; it became less romantic and more realistic, and then a new depth was added to my love" (166). Bagnold also mocks old Victorian notions of purity and prudishness and regards the hospital experience as the possibility of self-knowledge: "'In spite of our tasks, our often immodest tasks, our minds are white as snow'. And, as far as I can see, their conception of a white female mind is the silliest, most mulish, incurious, unresponsive, condemning kind of an ideal that a human creature could set before it" (34-35). She scorns herself as part of this pack of "strangely unsexed women... Unsexed not in any real sense, but the white clothes, the hidden hair, the stern white collar just below the chin, which give them an air of school-girlishness, an air and a look women don't wear in the world" (36).

Their position is ambiguous and situates them, as Badenhausen suggests, "in a kind of No (Wo)Man's Land, physically occupying the space between home front and front line, between civilian and soldier status, between life and death" (427). To this extent, their uncertain existences and identities are "in transit" too. It is worth remembering that many of these nurses and ambulance drivers had been trained in the habits of discipline and self-control as active participants in the suffrage campaign (conveniently interrupted by the patriarchal establishment when the war started): "Bravery, physical courage, chivalry, group solidarity, strategic planning, honour –these things women had learned in the streets and jails of London, the first *forbidden zone* they had entered" (Marcus 135) had spiritually prepared them for war work.

As Brittain declares, women saw themselves in a situation of divided loyalties, between personal interests and patriotic duties:

What exhausts women in wartime is not the strenuous and unfamiliar tasks that fall upon them, nor even the hourly dread of death for husbands or lovers or brothers or sons; it is the incessant conflict between personal and national claims which wears out their energy and breaks their spirit. (422-23)

Their anxiety is also reflected in the development of copying attitudes that would mimic the heroism of men (granted a higher social esteem). Brittain, for instance, abandoned her studies at Oxford and enrolled as a voluntary nurse to measure herself against her deceased fiancé's heroism. She feels that she must do her bit: "At any rate, if ever I do face danger and suffering with some measure of his heroism, it will be because I have learnt through him that love is supreme, that love is stronger than death and the fear of death" (265). Their attitudes to the injured soldiers and their self-perception as eye-witnesses and reporters of the massacre are not always the same. In Bagnold and Borden we find a more bodily mode of violence than in Brittain, who prefers to avoid gritty descriptions and meditate on her personal losses and moral transformation. While Bagnold and Borden are more explicit in the opening and exhibition of the wounded flesh stripping language down to its starkest and most elemental forms, Brittain uses graphic language just occasionally and only to express her personal response and invocation of her male companions' fate. In *Testament of Youth* images of carnage are respectfully suppressed in, for instance, interesting analogies that evoke, but do not expose, the mutilated bodies of the soldiers, as when she remembers her "gazing, half hypnotised, at the dishevelled beds, the stretchers on the floor, the scattered boots and piles of muddy khaki, the brown blankets turned back from smashed limbs bound to splints by filthy blood-stained bandages" (Brittain 410). The narrative focus is here displaced from the wounded men to the room's chaos so as to protect their dignity from public view. The reverse image (that of meticulous order to ironically meditate on the failure to provide coherent grace and tranquility to the wounded soldiers) is depicted by Bagnold, who was dismissed as a result of her critical accounts of hospital mismanagement:

I lay my spoons and forks. Sixty-five trays. It takes an hour to do. Thirteen pieces on each tray. Thirteen times sixty-five...eight hundred and forty-five things to collect, lay, square up symmetrically. I make little absurd reflections and arrangements –taking a dislike to the knives because they will not lie still on the polished metal of the tray. (6)

It seems as if the suffering body could not be disciplined or, in Foucauldian terms, made docile, because it exceeds all modes of regulation and subjection. In this light, Bagnold criticizes hospital punctiliousness as a ridiculous attempt at domesticating the catastrophe, and the Sister's obsession with keeping up appearances for wealthy visitors and sheltering them from the bodily horror of the wards:

Oh visitors, who come into the ward in the calm of the long afternoon, when the beds are neat and clean and the flowers out on the tables and the V.A.D.'s sit sewing at splints and sandbags, when the men look like men again and smoke and talk and read ... if you could see what lies beneath the dressings! (103)

Besides, these descriptions provided by the three authors are evocative of what Jameson depicted as an "interminable narrative of events and sequence of grotesque or nightmarish figures, more human in their caricaturality than any of the genuine human beings of realism or of our acquaintance" (1541).

But it is precisely in their grotesque inhumanity that these nurses recognize their patients' humanity, and in their awareness of human vulnerability, Bagnold, Borden and Brittain can be read from the critical perspective of the Ethical Turn, and in particular the theories of Judith Butler, Emmanuel Levinas and Alan Badiou.

In confronting the soldier's extreme physical pain, they experience helplessness and inadequacy and develop a close intimacy with the patients. This emotional connection contrasts with the dehumanization and detachment that takes place in the medical environment, where patients are usually referred to by their bodily parts by nurses and doctors as part of the unsentimental practicalities of hospital daily life: "Here's the lung. Are you ready for it?" (Borden 89); "three knees have come in, two more abdomens, five heads" (Borden 89). Soldiers are often depersonalized and depicted as machine-like creatures: "But his immense body continued, in spite of his absence to hum and drum like a dynamo...escaping steam" (Borden 64). But on some other occasions, it is the nurses who have to undergo detachment and dehumanization as necessary strategies of survival in this environment:

There are no men here, so why should I be a woman? There are heads and knees and mangled testicles. There are chests with holes as big as your fist, and pulpy thighs, shapeless; and stumps where legs once were fastened. There are eyes, eyes of sick dogs, sick cats, blind eyes, eyes of delirium; and mouths that cannot articulate; and parts of faces, the nose gone, or the jaw. There are these things, but no men; how could I be a woman here and not die of it? (43-44)

Sandra Gilbert offers a gender interpretation to the reality of these wounded soldiers, who "having travelled literally or figuratively through No Man's Land, all have become not just No Men, nobodies, but *not men, unmen*" (423). She analyses the recurrent images of impotence, sterility and emasculation in the Modernist literature of the period and relates them to a context of disempowerment where the terrors of combat and the rise of women in traditionally male spaces produced many instances of sexual anxiety and a generalized crisis of hegemonic masculinity.

To this extent, the bodies they nurse are also gendered bodies "in transit" between old Victorian notions of military manhood and the new realities of the war positioning them as vulnerable, passive and effeminate:

When all signs of physical fear were judged as weakness and where alternatives to combat –pacifism, conscientious objection, desertion, even suicide—were viewed as unmanly, men were silenced and immobilized and forced, like women, to express their conflicts through the body. (Showalter 171)

In the nurse-soldier relationship there is an interesting shift of power, since, within the confined hospital environment, the men's bodies do not belong to themselves, but to the women. In a sinister inversion of the domestic discourse, Brittain describes them as "shrieking and writhing in a grotesque travesty of manhood" (423); and Borden meditates on how the conflict has conspired to alter the heteronormative order: "Just as you send your clothes to the laundry and mend them when they come back, so we send our men to the trenches and mend them when they come back again...It is all arranged." (79) As part of this gender inversion triggered by the war, men's bodies are not only infantilized and carefully tended, they are controlled and even aggressively penetrated: "We dig into the yawning mouths of his wounds. Helpless openings, they let us into the secret places of his body. We plunge deep into his body. We make discoveries within his body" (80). On another occasion that also illustrates the war's reversal of gender definitions, male bodies are eroticized and exposed to the female voyeuristic gaze, as in Borden's episode about the *Enfant de Malheur*, whom the nurse (now completely disassociated from her nun-like purity) describes in fetishistic appreciation:

He had race, distinction, an exquisite elegance, and even in his battered state, the savage grace of a panther. Not even his wounds could disfigure him. The long gash in his side made his smooth torso seem incredibly fair and frail. (47)

In analyzing these three authors' war testimonies, it is important to consider Judith Butler's paradoxical belief that the very circumstance that renders certain bodies unrecognizable as "human"—because of their precariousness and vulnerability-- is simultaneously the very condition for ethical responsiveness. When discussing the relational account of the embodied subject, Butler insists on the

body's social ontology, on its perpetual definition and existence towards and surrounded by others, and claims that the corporeal self cannot be conceived but in "relation to alterity" (*Undoing* 150). I contend that the permeability and exposure of/to human body that is so recurrent in Brittain's, Borden's and Bagnold's war accounts can be addressed from the critical perspective of Butler's ethics of alterity.

Bagnold's account of social discrimination within the army and the military hospitals (where officers received far better attention than enlisted men and prisoners) is a good example of the social hierarchy of pain described by Butler. Bagnold depicts the officers' ward, with its ironed sheets, vases of flowers, real lemonade and afternoon tea, and strongly criticizes the austere treatment of the Tommies. This clearly illustrates Butler's distinction between "precariousness," a "more or less existential conception" or "general feature of embodied life" signifying a common vulnerability shared by all bodies, and "precarity," the way that "precariousness is amplified and made more acute under certain social policies" emphasizing the differential condition under which some individuals are made more insecure, and dispossessed than others (*Frames* 3). In Bagnold's critical account we perceive Butler's argument about the different political ways through which *certain* bodies are made more precarious (beyond a common ontological or existential vulnerability that affects *all* human bodies). Similarly, Borden's episode of the giant in "Rosa" demonstrates that if the war affects all bodies, some of them are socially and bi-politically made more vulnerable than others: "Because he was so big, his helplessness was the more helpless..." (64); and this soldier's case is even more helpless when we are told that he attempted suicide but he did not succeed and consequently he would be court-martialed and shot: "everyone in the army knows the penalty" (67). However, his extreme precariousness (his precarity) elicits the nurse's sympathy—"I was appalled by his immense helplessness," (66). The nurse, against army regulations, wants to let him die so that he avoids execution.

For Vera Brittain, no matter how solipsistic her mourning may appear, her personal losses point towards a shared experience of pain. This emphasis on relationality and commonality invokes Butler's theses in *Precaireous Life*: "Despite our differences in location and history, my guess is that it is possible to appeal to a "we," for all of us have some notion of what it is to have lost somebody" (20). Brittain deals with the suffering of the war by imagining that every wounded soldier she treats might be her brother, her fiancé or any of her friends; and projects her daily experience of trauma to a familiar subject thus reinforcing her sympathy with the patients. By unconsciously redirecting her feelings from these unknown patients to her "significant others" (Roland, Victor, Edward, Geoffrey), she undergoes a process of psychological transference that might entice an ethical response. It is worth noticing how her personal suffering (after the successive losses of her beloved ones and the extreme exposure to the carnage of war) is sublimated into extenuating work and hazardous activity as if trying to liken her experiences to that of soldiers serving on the frontline:

Because, my own desire being to emulate Roland's endurance, I seized with avidity upon all the unpleasant tasks...and took a masochistic delight in emptying bed-pans, washing greasy cups and spoons, and disposing of odoriferous dressings in the sink room. (Brittain 166)

But at the same time, as Badenhausen argues, the continuous masochistic re-enacting of her personal trauma in her daily hospital duty exemplifies the Freudian notion of melancholia as she needs to remain faithful to those she has lost by not severing the ties with them—now reincarnated in every patient she deals with (423). In this regard, Brittain's attitude can be related to Caruth's notion of the "speaking wound"—a trauma borne by another that speaks to the wounds of the witness and "tells the way in which one's own trauma is tied up with the trauma of another, the way in which trauma may lead, therefore, to the encounter with another, through the very possibility and surprise of listening to another's wound" (*Unclaimed* 8). From the personal to the political, from individual mourning to collective trauma, from solipsistic to communal experience, Brittain's writing is essential to assimilate and heal solitary wounds in the social fabric.

Nevertheless, to experience the war through the suffering body of the Other does not mean that the nurses themselves did not go through extreme physical pain as they were severely exposed to fatigue, sleep deprivation, hunger, rotten food, cold, contact with fleas, lice, germs and rats, bombardment risks and acute emotional distress. Although they heroically endured these daily hardships, they were very critical of the scrupulous dynamics of the nursing practice still conditioned by Victorian narrowness:

Its regulations and its values are still so Victorian that we even have to do our work in fancy dress, struggling perpetually with an exasperating seven-piece uniform, always changing caps, collars, aprons, cuffs and waist-belts that accumulate germs and get lost in the laundry, or collecting the innumerable studs, clips and safety-

pins required to hold the cumbersome outfit together, instead of wearing one loose-necked, short-sleeved overall that could be renewed every day. (Brittain 453)

And yet, it seems that behind descriptions of indiscriminate horror and dehumanized masses of limbs and equipment, there always lies the face and individual pain of each soldier by which they are morally mobilized.

The 'face' of a soldier is in fact a recurrent image in these nurses' testimonies and it usually elicits a sympathetic response from them; a reaction that contrasts with abstract notions of honor and heroism in so many male war accounts. This approach to the Other through the face can be related to philosopher Emmanuel Levinas's Ethics, as he argues that the face-to-face encounter of the Other is the necessary condition of responsibility. Lévinas conceives the "face" (also invoked by Butler in *Prekarious Life*) as a non-representable image which seeks to invoke an empathic response and which, in showing its own failure as accurate representation, evokes the unknowability of this vulnerable and traumatized Other. In Lévinas the precarious takes the form of a face, in its exposure and helplessness, with potential for ethical interpellation.

The three narrators' descriptions of their direct encounters with the agonizing patients seem to invoke Levinas's pronouncement:

The approach to the face is the most basic mode of responsibility... it is the other before death, looking through and exposing death. Secondly, the face is the other who asks me not to let him die alone, as if to do so were to become an accomplice in his death. (Cohen 23-24)

After describing a group of disfigured patients in whom one can hardly find traces of the human, the narrator of *The Forbidden Zone* restores their humanity by looking at their faces: "I saw in their eyes that they were men" (Borden 23). In another episode, it is in the eyes of an agonizing patient that she finds the necessary plea for compassion: "[his eyes] stared into mine with the understanding of a brute mortally wounded who is not allowed to die, so I went to the General and, actuated by some hysterical impulse, pleaded for the man's life" (Borden 68).

Brittain, for her part, recalls the convoys of men "doomed from the start who watched her movements with staring, fear-darkened eyes, afraid to ask the questions whose answers would confirm that which they already knew" (383). And in a similar vein, Bagnold's nurse narrator feels morally interpellated when confronted with the tormented expression of one of her patients:

his tortured brown eyes fell on me. "I'm in pain, Sister," he said. No one has ever said that to me before in that tone. He gave me the look that a dog gives, and his words had the character of an unformed cry... His head turned from side to side, but his eyes never left my face. I stood by him, helpless, overwhelmed by his horrible loneliness. (26-27)

As in Levinas's ethics, these examples typify the Other's face as the living presence of another person, one that demands a social and moral obligation towards his/her vulnerability. The other person is manifested in other ways than through the literal face (such as voice, gesture, and body language), but the face is the most exposed, vulnerable, and expressive aspect of the other's presence. The face is thus such a potent trigger for moral responsiveness that it can also operate figuratively, as in Borden's episode "Bombardment," where she describes the town that has just been attacked as if it were a disfigured visage that deserves the compassion of the observer: "Scars appeared on it like the marks of smallpox ... gashes appeared in its streets, long wounds with ragged edges. Helpless, spread out to the heavens, it grimaced with mutilated features" (13).

These three women's undisguised contact with vulnerable individuals contrasts with the official war propaganda appealing to a grandiose sentiment of belonging to a group (battalion, army, nation or continent). Alain Badiou, another philosopher of the Ethical Turn, contends that all humanity is rooted in identification with an Other, and as a consequence of that, there is no ethics in general or abstract terms, but one that draws its maxims from the specific situation of a given individual:

All humanity has its roots in the identification in thought [en pensée] of singular situations. There is no ethics in general. There are only-eventually- ethics of processes by which we treat the possibilities of a situation...From the very beginning, ethics is the ethics of the other, it is the principal opening to the other, it subordinates identity to difference. (16-17)

Bagnold meditates on this when she particularizes pain and suffering in one person alone: "Is not one man alone sufficient matter on which to reflect? 'One can find God in a herring's head ...' says a

Japanese proverb" (105). And praises a nurse who addresses a soldier like a unique individual by restoring his humanity:

She treats him as though he were an individual; but there is more in it than that. . . . She treats him as though he had a wife and children, a house and a back garden and responsibilities: in some manner she treats him as though he had dignity. (101)

For Badiou subjectivity is mobilized by a singular experience that is grounded in the encounter with the Other, thus espousing an ethics of commitment that encourages each person to be faithful to the particular situation in which he/she is immersed. Seen in this light, Brittain, Borden and Bagnold's ethical imperative could be considered as a regulative principle of situations concerned with the treatment of human beings as vulnerable and mortal animals, but where action is possible.

As the above examples illustrate, the emphasis on corporeal vulnerability helps these female authors to reconsider the limits of the human, in a context of incommensurable dehumanization, and stands as the primary condition for ethical responsiveness. Their war testimonies can thus be read and interpreted from the critical perspective of the Ethical Turn as this paradigm offers illuminating insights into the related notions of grievability, precariousness and intersubjectivity. Written within the Modernist aesthetics of fragmentation, self-consciousness and paradox, these texts address the multi-layered dimension of what "writing the body at war" means and reveal the complexities of the ontological, political and artistic battlefields in which these women had to fight.

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