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WOUNDED BODIES AND LOST VOICES IN HEMINGWAY'S WAR STORIES OF ITALY

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Abstract: This article dwells on three of Hemingway's canonical short stories, set in Italy. While not entirely autobiographical, they deal with Hemingway's inner turmoil caused by his experience during World War I. From its inarticulate nature, pain half emerges into conversations between patients and physicians in *A Very Short Story* and *In Another Country*, but disappears into silence in *A Way You'll Never Be*. The paper argues that the nature of physical and mental wounds, whether visible or concealed, fails objectification.

Keywords: colonized subjects, Hemingway, illness narrative, narrative surrender, pain, wounds

1. Introduction

Hemingway spent time recovering in hospitals across Italy for months at a time during his stays in Europe. Within a month of his arrival in Italy in the summer of 1918, the young Hemingway, a volunteer for the American Red Cross Ambulance Service on the Austro-Italian front, cycled through the village of Fossalta, delivering supplies of chocolate, postcards, and cigarettes, a gesture meant to boost the morale of the despondent Italian infantry. On the same night, an Austrian mortar shell hit his post. Seventeen-year-old Hemingway's leg was injured by machine-gun fire, while dragging a wounded soldier back to the safety of the trenches. He was taken to a dressing station at the local school and evacuated the following day, June 8, to a field hospital in Treviso, then finally back to the American Red Cross Hospital in Milan. Gravely wounded, he was referred to Ospedale Maggiore for months of physiotherapy and recuperation.

Twenty years later, during his nostalgic tour of First World War sites in northern Italy, where he rented a house in Cortina for the winter, he was hospitalized in the Padua Hospital, with an acute erysipelas eye and skin infection, which occasioned another lengthy hospital stay. In 1953, Hemingway and his fourth wife, Mary, survived two plane crashes in Africa. Newspapers were quick to report his death in the accident. Though alive, he suffered horrific wounds and burns, internal lesions and multiple fractures to his skull, shoulders, spine, liver, and kidney. As soon as he could travel, the wounded writer sailed to Europe to recover and regain his strength in a hospital in Padua.

These complex biographical elements place Hemingway's injured body in front of his readers and begin to tell a story of wounding, illnesses and long periods of rehabilitation in Italy. Such life-threatening injuries disrupted his autobiographical continuity and put an end to his adventurous life. His confinement to a 'clean' hospital bed, his long convalescence, and slow recovery through rehabilitation prevented him from becoming fully engaged in the Italian trench warfare of 1918, and from enjoying the delicious beauty of Italy in his later years.

Much like the male character in *A Very Short Story*, carried up to the hospital roof for a better view of Padua, the wounded Hemingway would have attempted to glimpse at the local Italian sights below the hospital window, and was probably thrilled and excited by what he could see. But for this short transitory connection, he was physically disconnected from life in Italy, a medicalised subject, unable to voice and externalize his pain and suffering.

In her book *The Body in Pain*, Elaine Scarry (1985) argues that physical pain is difficult to express because it has literally no clear voice, other than loud cries, groans and whispers, reaching out from the invisible interior of the body. Even though the person in pain has an acute sense of its reality, it is almost impossible to find accurate language to share this experience, which is not comprehensible to its witnesses. Unable to articulate the exact nature of their pain, patients often attempt unsuccessfully to find the linguistic means to share an experience that is virtually unsharable: “Whatever pain achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language” (Scarry 1985:4). In her essay *On Being Ill*, Virginia Woolf argues that even literature struggles with the poverty of language when it comes to describing the experience of illness:

English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache. It has all grown one way. The merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry. There is nothing ready made for him. (Woolf 1967:7)

However, the difficulty of putting suffering into words becomes even more problematic because physical pain, unlike other interior states, has no referential object in the exterior world. Scarry (1985) shows how, as opposed to pain, various perceptual or emotional states of consciousness take an object which is filled with referential content. For instance, love and fear are always experienced in relation to an object in the external world. If pain is, then, unsharable and non-referential, she sets out to investigate the practical and ethical consequences of transforming pain into an objectified state. Scarry (1985:6) speaks of “forcing *pain itself* into the avenues of objectification”, which means reaching an area of experience inaccessible to normal language and creating a special language for pain to enter the wider, public discourse.

In his fiction concerned with the literary representation of pain, Hemingway writes a story which is culturally untellable, typically unsharable, and above all, resistant to language. I argue that his determination to record his turmoil and suffering into his stories is a fictional analogue that he created exactly when he fell silent before pain. By writing about the nature of bodily pain and taking account of the wounds in his body, Hemingway allows his protagonists to speak on his behalf. Though there are great impediments to give significance to an experience that resist meaning, his protagonists struggle to objectify physical pain and mental anguish by exploring the meanings of the wounds and scars sustained in the brutal and harsh world of the Italian-Austrian front, during the First World War.

Globally informed by Hemingway’s real injuries in the Great War, *A Way You’ll Never Be*, *A Very Short Story* and *In Another Country* develop around the dynamics arising from the tension between the protagonists’ demand for silence when faced with the inability of articulating physical pain and their compulsion to bring their inescapable pain and the realness of their injuries into the open. It is important to remember that the physicality and emotionality of pain and injury feature in both medical and non-medical contexts in these stories, where the characters’ experiences are shaped differently, depending on how they relate to their own suffering.

The plot of *In Another Country* and *A Very Short Story* revolves around hospitals, where the wound remains open and visible for the physician to examine thoroughly and, in this way, the right therapy and medication can be recommended. Nick Adams and other Italian officers recuperating in an Italian hospital loathe the physiotherapy machines, meant to exercise their muscles and make them elastic again, but, on the other hand, they know that their bodies need physiotherapy treatment badly, so they reluctantly submit their wounded bodies to physicians and medical treatment. However, when injury occurs in the non-medical context in *A Way You’ll Never Be*, Nicholas Adams tries to conceal his physical or mental wounds from others, so that, in the end, they cease to be visible and are unavailable through verbal objectification. The

inarticulate nature of pain seeps through in conversations between the patients and physicians in *A Very Short Story* and *In Another Country*, while in *A Way You'll Never Be* it recedes into the isolating silence, caused by the shell-shock experienced by the protagonists in the aftermath of the war.

2. Open Wounds: Physiotherapy Machines, Operating Tables, and the Anaesthetic

Anchored in Hemingway's biography and using Italy as the setting, *A Way You'll Never Be*, *A Very Short Story* and *In Another Country* concentrate on war-wounded protagonists, and other disabled characters, who experience the horrific effects of war, illness and accidents. The obvious recurrence of physical wounds, whether clearly visible or carefully concealed, shows that Hemingway tested his protagonists in the same way he had been on the Austrian-Italian front. Often, however, his male heroes are silent about the pain they endure, so their wounds can be read as the only way of externalizing their experience and rendering their pain into a visible dimension.

In Another Country's Nick Adams bears the physical marks of his war wounds, and receives rehabilitation treatment for his leg in a hospital in Milan. A fellow Italian major treated for a crippled hand is also deeply depressed following his wife's recent death. A young soldier wearing a "black silk bandage" across his maimed, nose-less face is awaiting facial reconstruction surgery. Strong bonds develop between the military officers, who all rest in the old pavilions and commune daily over hours of experimental physical therapy that promises "to make so much difference" to their lives (Hemingway 1995a:194). During long therapy sessions, Nick, the narrator, rides a novel tricycle that the doctor promises will help him regain strength in his leg, while the major sits in a nearby machine. Neither believes in the efficacy and success of the so-called therapeutic machines, yet they continue to use them.

In his book, *The Wounded Storyteller*, Arthur Frank (1995) argues that it is modern medicine that, for the first time, transforms patients into passive subjects, spoken for and conditioned to tell the story of their illness in medical terms. He describes the modern medical act as 'colonizing', in the sense that the experience of illness is "overtaken by technical expertise, including complex organizations of treatment" (Frank 1995:5), where the body becomes 'a case'. Patients agree "tacitly but with no less implication" (Frank 1995:6) to surrender their stories of injury and illness to medicine itself, which is a real act of 'narrative surrender'.

Within this framework of modern medicine, the following image becomes meaningful: when the doctor examines the major's crippled hand, tied by "two leather straps that bounced up and down and flapped the stiff fingers" (Hemingway 1995a:194-195), the latter embraces the act with a lot of stoicism and reluctantly submits, fully understanding his "obligation of seeking medical care as a narrative surrender" (Frank 1995:6). He silently shows his wounded body to the examining physician, who has the authority of a scientist to impose specialized language on the patient's bodily experience. The patient's body, sensations and emotions are collated into a 'medical case', and a new 'colonized subject', created and managed by medical science and its language. It is no surprise, then, that this also entails identifying with other colonized bodies, previous medical cases, in the form of the photos displayed on the walls of the therapy room, now fully recuperated patients with the same wounded and withered hands: "When we came back, there were large framed photographs around the wall, of all sorts of wounds before and after they had been cured by machines. In front of the machine the major used were three photographs of hands like his that were completely restored" (Hemingway 1995a:198). Nevertheless, the major remains doubtful of the physiotherapy machines, "the photographs did not make much difference to the major because he only looked out of the window" (Hemingway 1995a:198). Nick Adams is also distrustful of his therapy tricycle, meant to bend his knee and exercise its muscles: "My knee did not bend and the leg dropped straight from the knee to the ankle without a calf, and the machine was to bend the knee and make it move as in riding a

tricycle” (Hemingway 1995a:198). While he ought to believe that he is cared for, from his description of the machine, it feels more like torture than treatment. Indeed, modern physical therapy apparatuses and ancient torture contraptions have more than a little in common. This “troubling analogy between torture and medical treatment” (Frank 1995:173) means that, on the one hand, patients know quite well that those inflicting ‘torture’ onto them are meant to help them with recovery, but, on the other hand, their fear of ‘dying on a machine’ continues to trouble them, now that modern medicine has fully appropriated to itself the healing of their bodies.

It is no accident that *A Very Short Story* and *In Another Country* are set in a hospital, where physical symptoms and emotional expressions are painstakingly analysed, so as to objectify pain. While the male characters in these short stories are shrouded in the silencing weight of their own suffering, their less than able bodies are being examined and handled under a harsh clinical gaze.

In *A Very Short Story*, the unnamed battled-wounded character, is now recuperating in a hospital in Padua, falls in love with a nurse, wants to marry her, but for her their relationship “was only a boy and girl love” (Hemingway 1995c:84). In fact, the story is a brief account of Hemingway's own experience of falling for Agnes von Kurowsky while in her care, and who terminated their brief relationship. In the opening scene of the story, the major can be seen on the operating table, silently quashing his anxieties, “under the anaesthetic holding tight on to himself so he would not blab about anything during the silly, talky time” (Hemingway 1995c:83). He does not complain and neither does he talk about his pain, but might be looking for anaesthesia as a way of conforming to the imposed standards of early 20th-century masculine typology, shaped by the experience of war and the clinical management of pain. This is further explained by Diane Prince Herndl (2001) in relation to Hemingway specifically. In her description of Frederic Henry, the protagonist of *A Farewell to Arms*, Herndl speaks of ‘anesthesia’ as a model for masculinity in the 1920s. Transformed into a colonized subject by military medicine during World War I, Frederic develops an ‘anesthetized consciousness’, which has taught him not to feel. Likewise, the male protagonist of *A Very Short Story* embraces this ideal of ‘anesthetized’ masculine behaviour as a form of manly heroism. Indeed, by ‘holding tight on to himself’ before the operation, he adopts a code of masculinity that values the restraint of emotions and suppression of feelings. Though this idealized male type is associated with the image of the war hero, his wounded body undermines this construction, as it is taken over by and subjected to the complicated medical and surgical procedures over which the colonized body has no control or awareness. In other words, his consistent quietness and his stiff upper lip can be regarded as external manifestations of this new code of masculinity, but, more importantly for my thesis here, is his evident inability to give voice to his illness narrative.

In the extensive literature on fictional and non-fictional illness stories, such narratives are seen as “not that developed, [...] undecided, fragmented, broken, narrated by voices struggling to find words toward meaning and communication” (Hydén and Brockmeier 2008:2). The protagonist's already broken voice is completely silenced when he loans his voice to the surgeon and the other medical staff, responsible for finding the right words to organize his illness story. In a medical context, Hemingway's heroes act as ‘colonized subjects’, their open wounds exposed, awaiting examination and diagnosis by the discourse of medicine. Physically wounded and narratively disabled, they are but mere ‘cases’ “no one ever has any confidence in [...] again” (Hemingway 1995b:314). With respect to these limitations, Nick in *A Way You'll Never Be* rightly concludes: “It's a hell of a nuisance once they've had you certified as nutty”. (Hemingway 1995b:314)

3. Hidden Wounds: Disillusion, Hysterics, and Fear

In his book on the fiction of mobilization of the Great War, Keith Gandal (2008) argues that Hemingway's post-war literature stems not from his growing feelings of alienation and

disillusion at the loss of traditional values, but rather from his inability to become a suitable candidate for full military service (rejected for poor eyesight). However, he still signed up for the volunteering service of the Red Cross Ambulance Unit, which assigned him only “trivial, noncombat roles” (Gandal 2008:6). After being wounded on one such mission, the Italian government decorated him twice, but Hemingway felt his ‘mobilization wounds’ were “inescapable and embarrassing” (Gandal 2008:6). While confronted with his failure to become a true and heroic soldier, he also had to come to terms with the reality of the war, which virtually destroyed his patriotic fervour, the key to stay motivated for battle. It was later that he came to the brutal realization that the aimless irrationality of war had nothing to do with manly and heroic military acts, but only with random deaths.

In Another Country is full of references to wounds as results of ‘accidents’. Nick Adams plainly admits that he was awarded a medal only because he is American: “I had been wounded, it was true; but we all knew that being wounded, after all, was really an accident.” (Hemingway 1995a:196) Unlike the other three decorated Italians, he knows he has never behaved as ‘a hunting-hawk’ and, for this reason, he is not a real battle-tested soldier. His self-imposed isolation from fellow soldiers results in connecting with a younger man, wounded in the face just “within an hour after he had gone into the front line for the first time” (Hemingway 1995a:195), and where he would be unable to return. He is not a “hawk”, either. The boy hides his face, ashamed of his pathetic injuries.

In fact, Nick would like to be a war hero, but bravery and fierceness in action eludes him, unlike the other three decorated soldiers, who were “like hunting-hawks”. So, he can only be a worthy soldier in his own imagination: “I would imagine myself having done all the things they had done to get their medals” (Hemingway 1995a:196). Falsification of experience seems to be a good tactic at first, but Nick’s self-deceit is soon overtaken by overwhelming fears and constant anxieties: “but walking home at night through the empty streets with the cold wind and all the shops closed, trying to keep near the street lights, I knew I would never have done such things, and I was very much afraid to die, and often lay in bed at night by myself, afraid to die and wondering how I would be when I went back to the front again” (Hemingway 1995a:196). Unable to face death again, he begins to be silent about it, same as the other patients, who have lived “a very long time with death” (Hemingway 1995a:195) and are too alienated to exert their own imagination. During these moments of emotional suppression and silence, they “were all a little detached” (Hemingway 1995a:195), unable to cope with their anesthetized imagination.

Generally considered as heavily autobiographical, except for Nick’s head injury and his subsequent mental anguish, *A Way You’ll Never Be* is loosely based on Hemingway’s personal experience as a Red Cross volunteer. To follow this line of thought is to concur with Gandal (2008:14), who claims that Hemingway’s mobilization was irrelevant to his fiction, which was crafted to cover up and hide his mobilization wounds. He further argues that it is pointless to surface in his stories any factual references to his severe leg and thigh injuries, sustained while running errands for the frontline soldiers. When Nick Adams performs activities such as delivering cigarettes, postcards, and chocolate to the soldiers, Hemingway does not actually write about his own experience but, instead, attempts “to submerge and transfigure this pain so as not to embarrass [himself] with the revelation of [his] sense of inadequacy or emasculation” (Gandal 2008:13). When Nick finally reaches the Italian infantry in the trenches and meets Captain Paravicini, he finds it extremely difficult to put into words how he feels: “Let’s not talk about how I am. [...] It’s a subject I know too much about to want to think about it any more” (Hemingway 1995b:314). Unwilling to talk openly about his troubling emotions, he is also compelled to conceal his shameful injuries. When one of the soldiers is quick to notice Nick’s wounds (“I can see you have been wounded,” Hemingway 1995b:317), he confirms he had been wounded “in various places”, but he deflects the subject of the conversation: “If you are interested in scars I can show you some very interesting ones but I would rather talk about grasshoppers” (Hemingway 1995b:317). What Nick indirectly suggests here is that the

experience of pain needs to be obliterated from language since it is resistant to it. One implication of being unable to communicate this emotional experience in any appropriate language has a direct effect on the legitimacy of his military mission, a fiasco in the end. Initially sent to the frontline to boost the morale of his fellow soldiers, he ultimately fails to make good use of his American uniform to encourage the Italian infantry to take heart in battle. He promises other Americans will arrive shortly: “Americans twice as large as myself, healthy, with clean hearts, sleep at night, never been wounded, never been blown up, never had their heads caved in, never been scared, [...], wonderful chaps” (Hemingway 1995b:316).

Unlike the male heroes in *A Very Short Story* and *In Another Country*, Nick Adams of this story does not experience visible physical wounds, but mostly psychological ones. Away from the physicians’ medical devices, he conceals his mental injuries as the trauma of combat and its inescapable self-alienation set in. Shell-shocked and badly-concussed, he can’t cope with symptoms of hysteria and anxiety (“He felt it coming on again,” Hemingway 1995b:319), shows little ability to control anxiety, feels inordinately affected by intense heat, experiences frequent memory loss accompanied by aphasia and paralysis (“I try to recall it but cannot,” Hemingway 1995b:317), and is troubled by sleeping disorder and fits of depression. Among all these clear symptoms of post-traumatic stress disorder, going to sleep in the face of trauma becomes a motif. His desire to take refuge in long periods of sleep is a form of psychic anaesthesia. Unable to be asleep “without a light of some sort” (Hemingway 1995b:314), his restless sleep is haunted by the nightmarish image of “a long yellow house”, potentially more frightening than the whole war experience: “Then where did he go each night and what was the peril, and why would he wake, soaking wet, more frightened than he had ever been in a bombardment, because of a house and a long stable and a canal?” (Hemingway 1995b:316)

The field he needs to cross on his way to the Italian battalion is loaded with post-battle debris and other horrifying evidence of bloody battles: “a field kitchen”, “stick bombs, helmets, rifles, entrenching tools, ammunition boxes, star-shell pistols [...], medical kits, gas masks, empty gas-mask cans, a squat” (Hemingway 1995b:311), dozens of corpses of Italian and Austrian soldiers, heat-swollen “regardless of nationality” (Hemingway 1995b:311). His severe physical injury is reinforced by the precarious reality of the physical landscape: sunken roads, houses broken and shattered by the shelling, with broken beams and tiles, and many holes. Riding through this deserted “bare open space” gives Nick a generalized sense of psychic emptiness, a haunting feeling of loss, perhaps generated by the troubling sight of so many empty, useless objects, scattered all over the field: “empty gas masks cans” and “empty shells”.

When pain is experienced in a non-medical context, wounds can be concealed more easily, away from the accurate examination of physicians, but they are no less painful while clearly more difficult to deal with. The silence resulting from these shameful accidents, experienced on the front line, shows the penury of language when it comes to expressing pain.

4. Conclusion

In these three short stories, Hemingway uses his first-hand experience of the events spanning from 1917 to 1918, as well as his observations of Europe, particularly of Italy, in the post-war decade. Nevertheless, he rejected the idea of an accurate reproduction of this raw material, including sensory impressions, details of landscapes and human change, as he tried to avoid the reportage style: “Hemingway resisted the idea that writing should primarily restate the facts of experience, identifying that with ‘photographic plate’ journalism, of which he had a low opinion” (Berman 2001:116). Just as he strives to find the language which “most closely approximates [...] the truth of perception” (Berman 2001:116), his characters search for ways to describe their experience of physical harm, sickness, and the process of returning to normal.

Within their narratives, the individual characters discussed here struggle to adequately objectify pain and express the experience of severe damage to their bodies and self. I have argued that in order to come to terms with the nature of their broken, disrupted, fractured stories,

Hemingway's heroes experience a contradictory tension: on the one hand, they wish to express the physical and emotional devastation caused by horrific experiences in war, while on the other hand, there are linguistic limitations in articulating physical and psychological pain. With regard to this, various behaviours emerge: Nick Adams in *Another Country* and the major in *A Very Short Story* leave their wounds to tell their stories, surrendering their bodies to physicians and hospitals, while Nicholas Adams in *A Way You'll Never Be* physically conceals and verbally suppresses his wounds. This self-imposed silence becomes a form of accepting defeat.

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