

*Nick Adams and Post-Traumatic Stress Disorder*

The psychological after-effects of war on the individual have been recognized in this country at least as far back as 1871 when “Dr. Jacob Mendes DaCosta . . . [became] the first physician to study a group of physically-sound, yet symptomatic Civil War veterans” (Scrignar 2). While DaCosta’s work was rudimentary, to say the least, and while he eventually linked the problems of the Civil War veterans to a physiological condition related to “a disturbance of the sympathetic nervous system” (Scrignar 2), his work did lay the groundwork for other medical professionals when they were confronted with soldiers of later wars suffering from combat-related psychological disorders.

As the United States moved through World War I, World War II, and the Korean War, medical professionals faced more and more veterans suffering from mental disorders related to their combat experiences. The field of psychiatry was growing and gaining acceptance during this cycle of war and peace, and, as a result, the non-physical ailments of the soldiers and veterans of these wars were gaining acceptance and recognition as being psychological in nature, as reflected in the terms used to describe those ailments: “Traumatic War Neurosis” “Combat Neurosis,” and “War Neurosis” (Scrignar 3; Sonnenberg, Blank, and Talbott 16).

During and after United States involvement in Vietnam, American psychiatry continued to refine its understanding of psychological trauma resulting from combat experiences, eventually developing Post-Traumatic Stress Disorder (PTSD) as a descriptor for the psychological problems afflicting combat veterans. PTSD was first listed as a category in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders III (DSM III)* in 1980. The criteria used for diagnosing PTSD were refined in 1987 (*DSM III-R*) and in

1994 (*DSM-IV*). The more sophisticated criteria developed for *DSM-IV* can be used to provide interesting insights into the character of Nick Adams as he is presented in two of Ernest Hemingway's short stories.<sup>1</sup> The major evidence for my claim that Nick is a victim of PTSD is found in Nick's portrayal in "A Way You'll Never Be" and is reinforced by his representation in "Big Two-Hearted River."

"A Way You'll Never Be" is set in Italy shortly after the entry of the United States into World War I. As the story opens, Nick has been sent to the front wearing an American uniform so that the Italian soldiers will "believe [other American] soldiers are coming" (384). Nick has been in the rear recuperating from wounds he received while fighting with the Italian forces some time before US entry into the war. The exact nature of Nick's wounds is not made clear, but one of them was a head wound. While Nick is certainly on the mend physically, his behavior does suggest some psychological problems, and he complains of having been previously "certified as nutty" (386).

As Paul Smith notes in his excellent review of the critical studies of Hemingway's short fiction, "the critical history of 'A Way You'll Never Be,' with next to nothing between 1963 and 1982 and little since then, is something of an embarrassment" (38). A few critical interpretations of this story have focused on literary influences and have made connections to such far-ranging sources as Dante (Yokelson) and Lewis Carroll (Vanderbilt). Most of the critical interpretations, however, try to explain Nick's actions during his brief return to the front. Earl Rovit and Gerry Brenner dismiss Nick's behavior as "hysteria" (63), but others focus on the probable cause of Nick's erratic actions and declarations. Joseph Flora—in what is perhaps the most detailed analysis of the story—suggests that Nick's experiences to that point in the war have been "too staggering for [his] sanity to continue unchecked" (125). Kenneth Johnston suggests a connection between Nick's wounds and the front he visits in the story, implying the reason for the visit is therapeutic and that "very likely the idea had originated with the doctors assigned to Nick's case" (430). While both Flora and Johnston are moving in the right direction by searching for links between Nick's past experiences in the war and his present-time behavior in "A Way You'll Never Be," their interpretations fall short of identifying Nick as a victim of PTSD.

My belief that Nick's behavior in "A Way You'll Never Be" and his post-war behavior in "Big Two-Hearted River" are linked by PTSD is supported by other critical interpretations. This second story revolves around a solitary fishing trip Nick makes to Michigan's upper peninsula sometime after the war. That Nick is on a quest for peace, not fish, is widely acknowledged by the critics. Sheridan Baker believes that Nick is on the fishing trip "to cover the mental chasm opened by the terror of violent pain and the fear of violent death" (156). Rovit and Brenner suggest that the Nick we find fishing the Big Two-Hearted River "is in a most precarious state of nervous tension which he is desperately holding under clenched control" (64). In his preface to *The Nick Adams Stories*, Philip Young suggests a clear understanding of "Big Two-Hearted River" is dependent upon a familiarity with "A Way You'll Never Be," stating that when the post-war story is placed in its chronological order, "its submerged tensions—the impression that Nick is exorcising some nameless anxiety—become perfectly understandable" (5). That "nameless anxiety" is just one of Nick's PTSD symptoms.

In area **A** of the Diagnostic Criteria for Post-Traumatic Stress Disorder,<sup>2</sup> two of the first criteria in establishing whether or not an individual suffers from PTSD are that the individual must have been exposed to a traumatic event which threatened death and which elicited a response of "intense fear, helplessness, or horror." Certainly, the circumstance of Nick's wound meets the first criterion. As to the second criterion, Nick confesses to Captain Paravicini his need to get drunk before a battle: "I was stinking in every attack" (385). When the Italian officer suggests that Nick is really a brave soldier, he insists, "I know how I am and I prefer to get stinking" (385). Later, when Nick is speaking with some Italian soldiers at the command post about the Americans who will soon join the war, he provides a list of qualities these Americans will have that Nick seems to lack. One among the qualities is that those Americans have "never been scared" (388).

Area **B** of the Diagnostic Criteria for Post-Traumatic Stress Disorder identifies five types of flashbacks which may affect a person suffering from PTSD. Nick clearly suffers from the first type of flashback (**B-1**): "recurrent and intrusive distressing recollections of the event." The conversations noted earlier between Nick and Captain Paravicini and between Nick and the

soldiers at the command center allow the reader to see that Nick still struggles with the occasion of his being wounded and the fear that surrounded that event. During his conversation with Paravicini, Nick makes it clear that his past behavior has been troubling him: "Let's not talk about how I am," Nick said. "It's a subject I know too much about to want to think about it anymore" (385). Nick's conversation with the soldiers at the command center is even more telling when he says that the new Americans have "never been wounded, never been blown up, never had their heads caved in" (388). Clearly, Nick is haunted by the circumstances of his being wounded.

Nick is also affected by "an intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event" (B-4). While talking with Paravicini about helmets, Nick notes that he no longer finds comfort in them because he has "seen them full of brains too many times" (391). While the context here appears to be a general one, Nick must certainly be thinking of when his head was "caved in" and of how close his brains came to filling his helmet. Nick is also disturbed by the dead bodies in the vicinity of the command center: "Why don't they bury the dead? I've seen them now. I don't care about seeing them again" (391). Certainly, the presence of dead, bloated bodies would be disturbing to anyone, but just as certainly these bodies must remind Nick of his brush with death, his mortality.

Area C of the Diagnostic Criteria concerns itself with "persistent avoidance of stimuli associated with the trauma." There are seven criteria in area C, and an individual must be affected by at least three of these seven. Nick is most definitely trying "to avoid thoughts, feelings or conversations associated with the trauma" (C-1). During a conversation with Paravicini's adjutant, Nick turns the conversation away from his wounds: "If you are interested in scars I can show you some very interesting ones but I would rather talk about grasshoppers" (389). Nick also uses what Harry Wilmer refers to as "countertransference" to avoid thinking of the day he was wounded:

He shut his eyes, and in place of the man with the beard who looked at him over the sights of the rifle, quite calmly before squeezing off, the white flash and and clublike impact, on his knees, hot-sweet choking

coughing it onto the rock while they went past him, he saw a long, yellow house with a low stable and the river much wider than it was and stiller. (392)

A second area of avoidance for Nick is found in his “feeling of detachment or estrangement from others” (C-5). As Nick drifts around the command center during his visit to the front, he seems lost between the American and Italian forces. His discomfort with parading about the front in an American uniform is made clear in his response to Paravicini’s ironic observation that Nick’s presence “will be very heartening to the troops” (384). “I wish you wouldn’t,” Nick said. “I feel badly enough about it as it is” (385).

While Nick does not quite feel like an American soldier—his uniform, interestingly, is “not quite correct” (388)—he is not quite comfortable with his former comrades in the Italian army either. He feels separated from them by his wounds and action in combat as evidenced by a comment concerning his medals. Nick tells Paravicini’s adjutant not to feel badly about Nick’s medals: “You will have some yourself if you stay at the front long enough” (388). Nick’s detachment from others is hinted at in his post-war experiences in “Big Two-Hearted River.” Certainly, there are any number of reasons for Nick to be alone on this fishing trip, and Nick even explains the absence of one of his former fishing companions (Hopkins), yet he does not explain the absence of his other companion (Bill).

A third area of avoidance for Nick (one closely related to C-5) is a restricted range of affection (C-6). The evidence here is also circumstantial; once again, the example comes from “Big Two-Hearted River.” While there is no time frame established for this story, Nick is certainly older here than he is in “A Way You’ll Never Be,” indicating a post-war setting. We might even assume that the time frame of “Big Two-Hearted River” is 1924, the year the story was written. In any event, the Nick we find in the fishing trip appears to be single and unattached, signifying perhaps a restricted range of affection. Early in the story, the narrator notes that Nick “felt he had left everything behind, the need for thinking, the need to write, other needs” (4). Admittedly, Nick may have left behind a need to think about a relationship with a woman, but the only woman mentioned in the story is Hopkins’s “girl.” Most likely, there is

no significant woman in Nick's life, and the reader must wonder why six years after the end of the war Nick appears to be leading a solitary life.

Area **D** of the Diagnostic Criteria focuses on "persistent symptoms of increased arousal." An individual suffering from PTSD must exhibit symptoms related to at least two of five criteria in this area; Nick's behavior can be linked to three. The first one (**D-1**) is "difficulty falling or staying asleep." When talking with Paravicini in "A Way You'll Never Be," Nick says, "I can't sleep without a light of some sort" (385). Also in this story, the narrator twice notes the nightmare that disturbs Nick's sleep. The second symptom that Nick exhibits in area D is "irritability or outbursts of anger" (**D-2**). Nick's first outburst follows an observation made by Paravicini's adjutant on Nick's ability to speak Italian: "Why not? Do you mind if I speak Italian? Haven't I a right to speak Italian?" (388). Nick's second outburst comes when Paravicini tells him to return to the rear because Nick's presence is an unnecessary and dangerous distraction and that Paravicini is responsible for the safety of the battalion: "And why shouldn't you be," Nick said. "You can read and write, can't you?" (391). The third symptom that Nick presents is a "difficulty concentrating" (**D-3**). Early in Nick's visit to the command center, Paravicini suggests that Nick should lie down for a rest. While he is resting, Nick thinks about the difficulty he has in concentrating: "That is why he noticed everything in such detail to keep it all straight so he would know just where he was" (387). Years later, concentration is still a bit of a problem for Nick. Despite the methodical way Nick goes about setting up his camp and preparing his supper in "Big Two-Hearted River," he cannot recall how he makes coffee.

The sixth area for establishing whether or not an individual suffers from PTSD requires that "duration of the disturbance . . . [be] more than one month" (**E**). Although no time frame is established in "A Way You'll Never Be" for the distance between Nick's being wounded and his return to the front, certainly more than a month has passed. Nick's wounds had been severe, yet he is sufficiently recovered (physically at least) to be sent to the front on a bicycle. While the Nick we find in "Big Two-Hearted River" does not display all of the symptoms of PTSD found in "A Way You'll Never Be," there is enough evidence to suggest that Nick

does indeed still suffer from the effects of his wartime experience six years after the close of the war.

The final requirement in determining that an individual suffers from PTSD is that the disturbance reflected in areas **B**, **C**, and **D** “causes . . . significant distress or impairment in social, occupational, or other important areas of functioning” (**F**). Clearly, Nick is in a nearly constant state of distress while he is visiting the front in “A Way You’ll Never Be,” as can be seen through his troubled conversations with Captain Paravicini and his adjutant. Nick’s distress is also evidenced by his recurring nightmare of the yellow house. While Nick’s character in “Big Two-Hearted River” does not project all the psychological problems presented in the earlier story, he does appear (six years after the war) to still have “distress or impairment in social, occupational, or other important areas of functioning” (**F**), a distress which has led him to run off into the woods alone and leave “everything behind, the need for thinking, the need to write, other needs” (4).

I believe that viewing Nick’s character as a victim of Post-Traumatic Stress Disorder not only provides insight into Nick’s behavior in “A Way You’ll Never Be” and “Big Two-Hearted River,” but such an approach might also shed light on other Hemingway characters and perhaps even Hemingway himself. Harold Krebs in “Soldier’s Home” and Jake Barnes in *The Sun Also Rises* share a number of characteristics with their literary cousin Nick Adams: why can’t PTSD be one of them? ■

### Notes

1. See the table for the diagnostic criteria for PTSD.
2. Areas A-F of the diagnostic criteria refer to the table following this essay.

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## **Table**

### **Diagnostic Criteria for Post-Traumatic Stress Disorder (DSMIV, 1994)**

**A.** The person has been exposed to a traumatic event in which both of the following were present:

- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

**B.** The traumatic event is persistently reexperienced in one (or more) of the following ways:

- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or preconceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
- (2) recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
- (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated. Note: In young children, trauma-specific reenactment may occur.
- (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

**C.** Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
- (3) inability to recall an important aspect of the trauma
- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect (e.g., unable to have loving feelings)
- (7) sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal lifespan)

**D.** Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hypervigilance
- (5) exaggerated startle response

**E.** Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.

**F.** The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.