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“A LITTLE CRAZY”:
PSYCHIATRIC DIAGNOSES OF
THREE HEMINGWAY WOMEN
CHARACTERS

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IN 1952, Philip Young, reading Otto Fenichel's *Psychoanalytic Theory of Neurosis*, suggested that Nick Adams suffered from traumatic neurosis (139-142), and, more recently, Ronald Smith updated that diagnosis to what today we call post-traumatic stress disorder (PTSD). Neither Young nor Smith was or is a psychologist, but both help us understand that first Hemingway hero and, by extension, all of the rest of them. Hemingway's major women characters, however, although much has been written about them, have not been examined in such a strictly psychological way. Until the 1980s, Catherine Barkley, Brett Ashley, and Maria were seen as either destroyers of men or fantasy figures—"bitches or goddesses"—but a later generation of scholars has worked hard to move them from stereotypes to complex women characters worthy of our attention.¹ Still, the possibility that these women suffer from diagnosable psychological ailments has not received the kind of attention given to Nick Adams's all-too-clear symptoms. Hence this essay.²

We first meet Catherine Barkley in *A Farewell to Arms* when the doctor Rinaldi invites his friend Frederic Henry to the hospital to meet her, Rinaldi's new infatuation. But, after the men arrive, Catherine and Frederic become involved in conversation while Rinaldi talks with Catherine's friend Helen Ferguson. In the discussion between Frederic and Catherine, we learn important information about her. Perhaps most significant is that her fiancé was killed at the Battle of the Somme, that four-and-a-half-

month bloodbath in which the British lost 20,000 dead and suffered an additional 40,000 wounded on the first day alone (Keegan 295). As a result of her loss, Catherine's whole world view has been revolutionized. Before, she apparently held attitudes typical of her generation: she was engaged for eight years without sexual intimacy but didn't marry because she "thought it would be bad for [her fiancé]" (FTA 19). She has also been brought up to believe that there is a reason for everything (18), although she has clearly abandoned that tenet as a result of her lover's death and of her own experience in the war. Had she known before the war what she has since discovered about life, she would have married her fiancé or gone to bed with him, and Catherine is guilty and regretful about her earlier views: "You see I didn't care about the other thing and he could have had it all. . . . I would have married him or anything. I know all about it now. But then he wanted to go to war and I didn't know" (19). As she reiterates, "I thought it would be worse for him. I thought perhaps he couldn't stand it and then of course he was killed and that was the end of it" (19).

This last comment indicates that she no longer believes in God or religion. When Frederic, perhaps to be polite, responds that he is not sure that death finishes all, Catherine remarks: "Oh, yes. . . . That's the end of it" (FTA 19). Later, when she and Frederic discuss the possibility of their being married, she tells him: "You see, darling, it would mean everything to me if I had any religion. But I haven't any religion. You're all I've got" (116). And finally, when she is admitted to the hospital to have her baby, she tells the woman admitting her that she has no religion (313). In addition to this change, her earlier romantic attitude toward war and life has also been shattered. She notes that she volunteered for her nursing duties when her fiancé joined the military because she had "had a silly idea he might come to the hospital where [she] was. With a saber cut . . . and a bandage around his head. Or shot through the shoulder. Something picturesque. . . . He didn't have a saber cut. They blew him all to bits" (20). As a result, Catherine has also become haunted by death. She tells Frederic, for example, that she is afraid of the rain "because sometimes I see me dead in it. . . . And sometimes I see you dead in it" (126). Her morbid sense of foreboding also comes out in this conversation when she indicates that she believes that she can keep Frederic safe but that "nobody can help themselves."

At the couple's next meeting, things do not go well. After initial pleasantries, Frederic tries to seduce Catherine. He takes her hand, which she

allows, and then puts his arm around her, to which she objects. When he tries to kiss her, she slaps him, although she immediately apologizes: “I’m dreadfully sorry. . . . I just couldn’t stand the nurse’s-evening-off aspect of it” (*FTA* 26). Frederic, believing that he now has “a certain advantage,” proceeds with his seduction: “I was angry and yet certain, seeing it all ahead like the moves in a chess game.” He tells her that she was right to slap him, that he has been leading a “funny life,” and that she is “so very beautiful,” but it is clear that she understands exactly what he is up to: “You don’t need to say a lot of nonsense. I said I was sorry.” When she adds that the two of them seem to “get along,” he agrees, adding that they have been able to forget the war for a moment—a comment that makes her laugh for the first time. As they continue talking, Catherine changes her mind about kissing him, telling him that she would “be glad to kiss [him] if [he didn’t] mind” (27). Still angry with her, Frederic kisses her “hard” and tries to force her lips open, although she initially resists. A few moments later, however, as he holds her close to him, she opens her lips, lets her head rest against his hand, and “then she [is] crying on [his] shoulder.” At this moment of surrender, she pleads, “Oh, darling. . . . You will be good to me, won’t you? Because we’re going to have a strange life.” She is still crying, and he doesn’t quite know what to make of her. “What the hell,” he thinks as, rather paternalistically, he strokes her hair and pats her on the shoulder.

Frederic’s intentions in this encounter are clear—he wants to sleep with Catherine—but her various responses, while certainly justified, suggest that she is still psychologically off-balance from the death of her fiancé. Her slapping him and then immediately apologizing, her generally somber demeanor (he remarks about the fact that he hadn’t heard her laugh before), and, of course, her crying all point to her rather fragile emotional state.

Because Frederic has to check on his outposts, he doesn’t get a chance to see Catherine for three days. When he visits her on his return, she is obviously irritated with him: “You couldn’t have sent me a note?” (*FTA* 30). Although he tells her that it wouldn’t have been easy and that he thought that he would be returning, she is still somewhat annoyed: “You ought to have let me know, darling.” At this point they are walking under the trees in the hospital garden, and he kisses her. As they continue their conversation and she comments that he has been gone for quite a while, he reminds her that it is only the third day since he had left and that he is

here with her now. Her next comment reflects the power of her need: "And do you love me?" When Frederic tells her "Yes," she asks again, and he lies: "Yes. . . . I love you," although he has not said those words before. Her next remark seems a bit strange: "And you call me Catherine?" she asks. Of course, he repeats her name. Then she makes an even odder request: "Say, 'I've come back to Catherine in the night,'" and when he does, she replies: "Oh, darling, you have come back, haven't you? . . . I love you so and it's been so awful. You won't go away?" As he reassures her and they continue their conversation, Frederic contemplates what he is getting involved in: "I thought she was probably a little crazy," although he also reflects that he doesn't care. For him, their relational dance is "a game like bridge, in which you said things instead of playing cards."

When Frederic remarks that he wishes that there were some place that they could go, presumably to make love, and she notes that there isn't, Hemingway adds, "She came back from wherever she had been" (*FTA* 31). Now Catherine will not let him put his arm around her, although earlier she had permitted him to kiss her, and she makes clear that she knows what the two of them are doing: "This is a rotten game we play, isn't it?" When he suggests that he doesn't understand, she comments: "You don't have to pretend you love me. That's over for the evening. . . . I've had a very fine little show and I'm all right now. You see I'm not mad and I'm not gone off. It's only a little sometimes." As they continue their conversation, she remarks: "And you don't have to say you love me. That's all over for a while" (32). Then she offers her hand and says goodnight, telling him twice that she is "awfully tired." When he urges her to kiss him, she finally does, but she breaks off quickly, pleading, "No. Good-night, please, darling." He then takes her to the hospital door and watches her walk down the hall.

As these scenes show and as Frederic reflects, Catherine is emotionally disturbed, even to the point of trying to turn him into her dead fiancé.³ In fact, at times during Frederic's recuperation in Milan, she sees herself as "Scotch and crazy" (*FTA* 126). Later, when she recalls their last night together in Milan before Frederic returns to the front, she tells him that, when they first met, she "was a little crazy. But I wasn't crazy in any complicated way" (154). And later, when they are living outside Montreux, she remembers that "I was very nearly crazy when I first met you . . ." (300). By this time, however, her love for and relationship with Frederic have helped

her recover her equilibrium: “. . . I’m not crazy now. I’m just very, very, very happy.”

All of these factors suggest that Catherine has suffered a major depressive episode but that, when she first meets Frederic, she is in partial remission; by the time the couple is outside Montreux awaiting their baby, she has fully recovered. The standard reference for diagnosing emotional problems is the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), an extremely useful and thoughtfully programmatic discussion of various psychological illnesses. Listing the features, associated features and disorders, criteria for differential diagnosis, laboratory findings, and the course of the disease, as well as cultural, age, and gender factors, the *DSM* helps doctors and lay people alike to understand specific emotional problems. In trying to diagnose a literary figure, of course, readers do not have a live patient to question and observe; they must rely on the text itself for guidance and use caution in reaching conclusions, especially if they are literary critics and not psychiatrists or psychologists. Such caveats aside, it is still possible to come to some reasonable judgments about fictional characters.⁴

Catherine Barkley’s problems clearly fit the criteria for a major depressive episode.⁵ Because her symptoms have lasted longer than two months after the loss of her fiancé,⁶ she has gone beyond the time when symptoms can be attributed to bereavement alone.⁷ Certainly she has been in a depressed mood for quite a while (*DSM* 356). In her very first meeting with Frederic, for example, she describes her dead fiancé in a way that indicates how she is still feeling about what has happened to him: “They blew him all to bits” (*FTA* 20). She also appears to suffer from “excessive or inappropriate guilt” (*DSM* 356) about not marrying or at least sleeping with her beloved, as she also makes clear in that first conversation (*FTA* 19). The dramatic revolution in her world view occasioned by her fiancé’s death, including her rejection of her previous romantic perspective on life and of religion itself, has left her with a “markedly diminished interest or pleasure” in most activities (*DSM* 356). Frederic finds it remarkable when she laughs for the first time at one of his comments—a fact that suggests her general somberness. Her irritability too—at his first attempt to kiss her (she slaps him), at his not having sent her word that he was detained at one of his outposts, at his trying to put his arm around her even after she has just allowed him to kiss her (*FTA* 30–31)—is an associated feature

of depression, as is her tearfulness (*DSM* 352). Her “recurrent thoughts of death” (*DSM* 356), which become clear when she tells Frederic that sometimes she sees both him and herself dead in the rain (*FTA* 126), are also markers of her lingering depressive episode. She suffers from fatigue as well: she tells him twice how “awfully tired” she is near the end of that strange encounter in which she tries to make him into her dead lover. In fact, her early difficulties in her relationship with Frederic suggest that her symptoms create “clinically significant distress or impairment” in her social functioning (*DSM* 356).

The oddest part of the couple’s early time together is Catherine’s attempt to make Frederic into her lost fiancé. For an understanding of this puzzling action, we need to turn, not to the *DSM*, but to Freud and to Kubler-Ross. In his essay “Mourning and Melancholia,” Freud recounts the struggle that the survivor who has lost a loved one undergoes:

Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object. This demand arouses understandable opposition—it is a matter of general observation that people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them . . . Normally, respect for reality gains the day. Nevertheless its orders cannot be obeyed at once. They are carried out bit by bit, at great expense of time and cathectic energy, and in the meantime the existence of the lost object is psychically prolonged. (14: 244–245)

In our time, Kubler-Ross makes the point in somewhat different terms. In discussing denial as one of the five stages of grief, she notes that the grieving process may involve some cycling in and out of this first stage of coming to terms with death: “Denial, at least partial denial, is used by almost all patients, not only during the first stages of illness or following confrontation, but also later on from time to time. . . . These patients can consider the possibility of their own death for a while but then have to put this consideration away in order to pursue life” (52). Although Kubler-Ross is talking here about a person’s own death, the grieving process is the same for the survivors.⁸ Catherine’s grief—what the *DSM* calls bereave-

ment, a malady whose symptoms are similar to depression only of shorter duration (355, 740–741)—leads to her slide into a major depressive episode and explains her odd behavior here.

But it is also clear that Catherine has partially recovered.⁹ She recognizes the game that she and Frederic are playing, for example, and she tells him that he doesn't have "to pretend" that he loves her, that she has had "a very fine little show" but that she is all right now: ". . . I'm not mad and I'm not gone off. It's only a little sometimes" (*FTA* 31). Over the course of the novel, she is gradually restored to health, signified in part by her talking about her prior emotional state as something in the past—in Milan, for example, in their night at the hotel before Frederic returns to the front (154)—although some symptoms linger. By the end of their time together, however, she has made a complete recovery, telling him that she is no longer crazy and that she is very happy (300).

While it seems clear that Catherine suffers from depression, Brett in *The Sun Also Rises* represents a more difficult diagnostic challenge. Her first appearance in the novel is a stunning one, surrounded as she is by gay men (*SAR* 20) and dressed in a way to accentuate her beauty and sexuality: "She was built with curves like the hull of a racing yacht, and you missed none of it with that wool jersey" (22). Robert Cohn, among others, is smitten, and, as Jake points out, Brett likes to add up her conquests (23). In fact, Brett has had several lovers (143) and two husbands, whom she didn't love (39), and is now engaged to Mike Campbell (38). The central fact about her relationships, however, is that she is in love with Jake, who, because of his genital wound, cannot satisfy her sexually. As a result, she believes she could not be faithful to him if they were to live together; "I'd just *tromper* you with everybody," she tells him, "It's the way I'm made" (55). Her lack of restraint manifests itself again when she goes off with Cohn to San Sebastian and more notably when she decides to become Pedro Romero's lover: "I've never been able to help anything" (183). Apparently without volition when it comes to sex—she is a "goner" for the bullfighter—she tells Jake that "I've always done just what I wanted" (184).

Brett is this way because of the things that have happened to her and because of what she has seen. As Jake explains to Cohn, her "own true love" had died of dysentery during the war (*SAR* 39), and her marriage to Lord Ashley was far from idyllic. When he returned from the war badly damaged, he made Brett sleep on the floor with him because he could not

sleep in a bed. He also kept a loaded pistol with him when he retired for the night and sometimes threatened to kill her with it; in order to be safe, she would unload the gun after he dozed off. As a V.A.D. during the war, Brett, like Catherine Barkley, witnessed the horror of that terrible time, including what happened to Jake, whom she met in the hospital where he was recovering. As Mike Campbell observes, “She hasn’t had an absolutely happy life, Brett” (203).

As a way of coping and perhaps of self-medicating, she has turned to alcohol. “She’s a drunk” (SAR 38), Jake rather bluntly tells Cohn when he first moons over her. Again and again throughout the novel, Jake’s assessment proves to be correct. She wakes up Jake’s neighbors at 4:30 a.m. when, inebriated, she noisily arrives at his flat (32). The next day she forgets her date with Jake at the Hotel Crillon, giving as her excuse that she “must have been blind” (54). The Count upbraids her mildly when she is impatient to drink the wine that he is chilling: “You’re always drinking, my dear. Why don’t you just talk?” (58); later when he pours a glass for her, he tells her: “Now you enjoy that slowly, and then you can get drunk” (59). We also learn from Mike that “Brett can’t get up in the morning” (82)—a common problem for drinkers. And on the last day of the fiesta, when she joins Jake and Bill for a beer around noon, her hands shake as she lifts the mug; recognizing her own alcoholic tremors, she smiles before taking a long sip (206).

Badly damaged, she “can’t go anywhere alone” (SAR 102). Although she likes looking after people (203), she is often depressed. “I’m so miserable” (64), she tells Jake at the end of Book I as she prepares to leave him and go off with Cohn. Later in Pamplona, when both she and Mike are rude to Cohn for hanging around when he is not wanted, she remarks, “I feel rather awful tonight” (181). She is frequently irritable too. She treats the Count badly, for example, when he chides her charmingly for being too eager to get drunk (59), and she is abrupt with both her fiancé (178) and Cohn (181) for their inexcusable behavior, although she has been the cause of much of it. She has also lost her belief in God. Although she asks Jake to go into the cathedral of San Fermín to pray for Romero before the bullfight, she wants to leave after a short while: “Let’s get out of here. Makes me damned nervous” (208). In fact, she has given up on God—“He never worked very well with me” (245)—and has replaced religion with a morality of her own. She “feels such a bitch” (184), for example, when she

betrays Mike and takes up with Romero, especially when she knows that she is being selfish. Later, when she gives Romero up because she recognizes that she is “bad for him” (243), she tells Jake that “deciding not to be a bitch” makes her feel good, that “It’s sort of what we have instead of God” (245).

Brett’s behavior and symptoms suggest that she has borderline personality disorder, the essential features of which are “instability of interpersonal relationships, self-image, and affects, and marked impulsivity . . .” (*DSM* 706, 710). Clearly, she has had a series of unstable relationships. Brett has been married twice to men she didn’t love and is on the verge of still another marriage, this time with Mike Campbell, although she claims to love Jake. In addition, there have been any number of affairs. In the novel, we know of at least three (“her own true love,” Cohn, and Romero), but, as Mike observes, there were certainly others: “Brett’s had affairs with men before” (*SAR* 143).

Those suffering from borderline personality disorder “can empathize and nurture other people,” as it is clear Brett has done—Mike reminds us that Brett and he became a couple in that way (*SAR* 203), and the suggestion is that she took care of Jake during his recovery (38)—but borderline sufferers expect that the ones they help will reciprocate (*DSM* 707). Certainly, as the entire novel demonstrates, she makes such demands on Jake. In fact, the cyclical nature of the relationship and the circular nature of the story, suggested in the epigraph from Ecclesiastes, are made clear in the last few pages of Book I when Jake thinks: “I had the feeling as in a nightmare of it all being something repeated, something I had been through and that now I must go through it again” (*SAR* 64). At the end, after she has given up Romero, Brett’s expectations of and reliance on Jake are fully confirmed when she sends him a pleading telegram asking him to come and get her in Madrid (239). Of course, she has similar expectations of Mike, to whom she will return after her affair with Romero (243), trusting that he will forgive her for her dalliances with Cohn and with the bullfighter.

Brett also manifests another borderline characteristic that the *DSM* describes as “an identity disturbance” marked by an “unstable self-image or sense of self” (707, 710). Usually, sufferers of this disorder see themselves as “bad or evil” (707), as Brett surely does when she decides to betray Mike and take up with Romero: “God knows, I’ve never felt such a bitch,” she says (*SAR* 184). Although Brett likes to count up her admirers (23) and although,

after she leaves the bullfighter, she “feel[s] rather good” (243), she will ultimately return to Mike, who is “so awful,” because “He’s my sort of thing.” Overall, her feelings about herself are hardly positive or stable.

The impulsivity of those with borderline personality disorder occurs in “at least two areas that are potentially self-damaging” (*DSM* 710). For Brett these are sex and alcohol. Her disastrous relationships, noted above, have certainly resulted in part from her impulsive sexual behavior and have left her depressed and lonely (*SAR* 64, 181, 183). Her frequent affairs and various marriages seem to intensify her misery. Furthermore, her impending nuptials with Mike only underscore the foolishness of her choices. Some critics have seen nymphomania in Brett’s behavior. In his early book on Hemingway’s artistry, Carlos Baker, for example, calls Brett “an alcoholic nymphomaniac” (91),¹⁰ and others have talked about her in similar ways.¹¹ But as Carol Groneman has shown in tracing the history of that troublesome term, “Nymphomania is a metaphor, which embodies the fantasies and fears, the anxieties and dangers connected to female sexuality through the ages” (xxii). Over time, the *DSM* has changed the way it classifies nymphomania—from “sexual deviation” (1952), to “psychosexual disorder” (1980), to “sexual addiction” (1987). In the *DSM-IV* (1994), the term is finally eliminated as a definition of sexual disorder (142–144). Hence seeing Brett as a nymphomaniac, while part of literary history, is no longer a useful way of describing her behavior.¹²

Brett’s abuse of alcohol,¹³ which Jake and the Count make clear early on (*SAR* 38, 59), is also obviously self-destructive. She makes scenes (32), misses appointments (54), cannot get up in the mornings (82), has alcoholic tremors (206), and relies on staying “tight” as a way of trying to cope with the chaos in her life, although she recognizes the futility of her approach: “I can’t just stay tight all the time” (184). In addition, for those who have borderline personality disorder, there is sometimes “affective instability due to marked reactivity of mood” (*DSM* 710). Brett’s irritability—with the Count (*SAR* 59–61), with Mike (178), with Cohn (181)—suggests her emotional erraticism, while her nervousness in church (208) and general anxiety also fit this criterion for diagnosis.

Sometimes too in this disorder there are “frantic efforts to avoid real or imagined abandonment” (*DSM* 710). These fears are linked to “an intolerance of being alone and a need to have other people with them” (706). In the novel we do not see any apparent frenzy in Brett’s need to be with oth-

ers, but in telling Bill about why Brett took Cohn to San Sebastian with her, Jake observes: “She wanted to go out of town and she can’t go anywhere alone” (SAR 102). Her very first appearance in the book, surrounded by gay men (20), emphasizes her need to be with others. Finally, those suffering from borderline personality disorder often have “chronic feelings of emptiness” (DSM 710). Brett’s loss of religious faith (SAR 245) and replacement of traditional morality with a code of her own (184, 205), as well as her general behavior throughout the novel, suggest that she might experience this aspect of the disease. Perhaps the novel’s epigraph from Gertrude Stein—“You are all a lost generation”—applies as much to Brett as to any of the other characters.

The diagnosis of borderline personality disorder is also supported by such associated features as “broken marriages” and “co-occurring Axis I disorders” like depression, as well as by the fact that the disease “occurs predominantly (about 75%) in females” (DSM 708). If Brett is indeed suffering from this disorder, readers previously unsympathetic to her (next to Margot Macomber, Brett is perhaps the most reviled of Hemingway’s women characters) might wish to rethink their animosity.

In some ways, Maria in *For Whom the Bell Tolls* is the easiest of the three Hemingway women to diagnose. Both a witness to wartime atrocities and a rape victim, she suffers from post-traumatic stress disorder. She watches in horror as the Guardia Civil execute her parents: “I saw both of them shot,” she tells Robert Jordan, “and my father said, ‘*Viva la Republica*,’ when they shot him standing against the wall of the slaughterhouse of our village” (FWBT 350). In the same way, her mother, who is killed next, cries out, “Viva my husband who was Mayor of this village” (350). Like others who see their relatives killed, Maria is emotionally “numb”: “I myself could not cry,” she remembers, and she does not “notice anything that passed” as she is marched into the town square because the scene she has just witnessed keeps recurring in her mind: “I could only see my father and my mother at the moment of the shooting . . . , and this was in my head like a scream that would not die but kept on and on” (351). The Falangists then take over from the Guardia Civil and move all the women to the barbershop, where they suffer further atrocities.

Because Maria is the mayor’s daughter, she is taken in first. As she watches in the mirror, hardly able to recognize her own face “because grief had changed it” and unable to feel anything (FWBT 351), the barber cuts

off her braids, strikes her repeatedly across her face with them, and uses them to gag her (352). Next he brands her as a Communist by using iodine to write U. H. P. (*Unión de Hermanos Proletarios*) on her forehead as she sits looking at him, emotionally paralyzed: “my heart was frozen in me for my father and my mother.” From the barbershop the Falangists take her back to her father’s office in the city hall, where she is repeatedly raped: “it was there that the bad things were done” (353). She tells Robert, “Never did I submit to any one. Always I fought and always it took two of them or more to do me harm. One would sit on my head and hold me” (350). Afterwards, she notes, she “wished to die” (73).

Eventually, Maria is sent to prison in Valladolid, where prison guards shaved her head “regularly” (*FWBT* 23), but she is rescued by Pablo and his band when they blow up a train on which she and other prisoners are being taken south. She tells Robert that she was “somewhat crazy” (353) at the time; according to Rafael “she would not speak and she cried all the time and if any one touched her she would shiver like a wet dog” (28). Pilar confirms Maria’s tenuous psychological state when she explores with Robert the possibility that he will take the girl with him when he leaves. The older woman does not want to have to deal with Maria again if she relapses as a result of his leaving: “I have had her crazy before and I have enough without that” (33). Even though Maria seems to have recovered because of Pilar’s care and because of her new love for Robert—“It is as though it had never happened since we were first together” (350)—she is still fragile. She does not want to hear, for example, how the Fascists retook Pablo’s town. Pilar’s tale of the brutality that occurred when Pablo initially seized the town has already been too painful for her: “Do not tell me about it [the Fascists’ re-emergence]. . . . I do not want to hear it. This [Pablo’s viciousness] is enough. This was too much” (129). Pilar agrees, noting that the story would be “bad for Maria.” In fact, Maria pleads with Pilar not to tell the story to Robert either because if she is there she “might listen in spite of [her]self.” When Pilar remarks that she will tell Robert when Maria is working, she is so upset that she cries out, “No. No. Please. Let us not tell it at all” (129). “Are there no pleasant things to speak of?” she asks. “Do we have to talk always of horrors?” (130). Even though Rafael notes that “Lately she has been much better” (28) and Jordan himself thinks, “Maria was sound enough now” (136), her recovery is so recent that no one wants to risk her emotional health.

There seems little question that Maria suffers from post-traumatic stress disorder (PTSD) and is gradually recovering. The traumatic events defining PTSD must involve “actual or threatened death or serious injury, or a threat to the physical integrity of self or others” (*DSM* 467), and witnessing her parents’ shooting, being brutalized in the barbershop, and then being gang-raped certainly meet the criteria (*FWBT* 350–353). Her response of “intense fear, helplessness, or horror” (*DSM* 467) is reflected by her initial emotional paralysis and her difficulty recognizing herself in the mirror (*FWBT* 352). The persistent re-experiencing of the traumatic events (*DSM* 468), a clear marker of PTSD, is reflected in the scream that goes “on and on” in her head after her parents’ shooting (*FWBT* 351). We suspect from what she says to Robert about Pilar’s advice to tell him about the sexual assault “if [she] ever began to think of it again” (350) that she has gone over and over her ghastly ordeal in a finally (but tenuously) successful attempt to master it. In those suffering from PTSD, there is also “Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness” (*DSM* 468), both of which Maria exhibits. Her pleading with Pilar not to tell the story of the Fascists’ retaking the town (*FWBT* 129) and her unwillingness to discuss with Robert the “bad things” she experienced in her father’s office (353) reflect her efforts to avoid memories of her brutalization. Her description of her “heart” as “frozen” within her for her father and her mother (352) and her emotional detachment from her humiliation in the barber’s chair (351–352) are clear indications of the numbness that marks this disorder.

Maria also suffers from the “persistent symptoms of increased arousal” that PTSD victims experience (*DSM* 468), in this case an “exaggerated startle response.” Rafael makes this point when he tells Robert what Maria was like after the band rescued her—she shivered whenever she was touched (*FWBT* 28). In addition, her inability to speak—she is mute—and her continual crying (28) reveal that she also has “clinically significant distress or impairment in social, occupational, or other important areas of functioning” (*DSM* 468). Because she tells Robert that she has been with Pablo’s band for three months and because she has been in prison in Valladolid before that for some undisclosed time (*FWBT* 23), she also meets the duration criterion—symptoms still occurring “more than 1 month” after the traumatic event (*DSM* 468)—for the disorder.¹⁴ By the novel’s conclusion, however, she has apparently recovered, although there may be some lingering aftereffects.

An analysis of these three “crazy” Hemingway women reveals so much about them and about their creator. Certainly, we come away with a renewed sense of the struggle they undergo as they try to live in a world that has gone to smash. Catherine’s depression, Brett’s borderline issues, and Maria’s trauma make us sympathetic to their plights and respectful of the challenges each of them must overcome to have any chance at happiness. Although events overtake these women, we are reminded anew of just how hard the modern world is for them—and for us. About Hemingway, we recognize once more what an astute reader of human psychology he was, drawing insights both from his own interior struggles and from observations of those suffering around him. There is much to be learned from great writers, especially about the inner life that has such power to shape behavior and such importance in understanding others. Hemingway has taught us a lot with these three damaged but vital characters.

NOTES

1. Alan Holder, in a 1963 essay “The Other Hemingway,” was the earliest to see Hemingway’s sympathy for his women characters, but a host of others have since recorded the complex reality of many of Hemingway’s women. For work in the early 1980s, a fertile time of reassessment for gender concerns in Hemingway, see, among others, Linda W. Wagner (1980), Judith Wexler (1981), Charles J. Nolan Jr. (1984), and Roger Whitlow (1984). For a recent collection of such scholarship, see *Hemingway and Women: Female Critics and the Female Voice*, edited by Lawrence R. Broer and Gloria Holland.
2. I am grateful for the help of my colleague W. Brad Johnson, a clinical psychologist and faculty member in the Department of Leadership, Ethics, and Law at the United States Naval Academy.
3. Sandra Whipple Spanier reads this scene as an act of control on Catherine’s part: “Aware of the precariousness of her own sanity, Catherine has made a deliberate retreat into a private existence of her own construction, where, by scrupulously acting out a role, she can order her world and achieve some semblance of self-determination” (“Hemingway Code” 135). For another insightful essay on Catherine Barkley, one that places her in the cultural context of the Great War, see Spanier’s “Unknown Soldier.”
4. For a brilliant example of psychological criticism, see Carl P. Eby’s recent *Hemingway’s Fetishism*.
5. The *DSM* lists the criteria for a major depressive episode in summary fashion, including the various symptoms (356).
6. Because Catherine’s fiancé died in the Battle of the Somme (1 July to 18 November 1916) and because she is still distraught when Frederic first meets her in the spring of 1917, she has been suffering from four to nine months. If her fiancé died on the first day of the battle and if Frederic meets her in, say, March 1917, she has been in pain for nine months; if her loved one died on the last day of the battle, she has been depressed for four months.

7. The *DSM* is clear on this point: "After the loss of a loved one, even if depressive symptoms are of sufficient duration and number to meet criteria for a Major Depressive Episode, they should be attributed to Bereavement rather than to a Major Depressive Episode, unless they persist for more than two months or include marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation" (355).
8. See Kubler-Ross and Kessler for a further discussion of this issue.
9. The *DSM* notes that there are two criteria for adding the specifier "in partial remission" to a diagnosis of a major depressive episode: "1) some symptoms of a Major Depressive Episode are still present, but full criteria are no longer met; or 2) there are no longer any significant symptoms of a Major Depressive Episode, but the period of remission has been less than 2 months" (412). In Catherine's case, the first criterion applies.
10. The first edition of Baker's book appeared in 1952; his description of Brett as "an alcoholic nymphomaniac" does not change in subsequent editions.
11. Those who see Brett in this way include Whitlow, who notes that "the most significant symptom of Brett's pursuit of self-destruction is her nymphomania" (57), and Rovit and Brenner, who see her as a "near-alcoholic and a near-nymphomaniac" (136).
12. Hemingway had read sexologist Havelock Ellis's *Erotic Symbolism* (1906) as early as 1920 (Reynolds 120), but Ellis is no help here. As Michael Reynolds observes, "Ellis, like Hemingway, was interested in the *what* [of behavior]," unlike other psychologists, who were concerned with the *why* (122). In writing about Brett's "hypersexual behavior," Reynolds notes, Hemingway "found he could not tell *why*," so he limited himself to the *what*. In a part of the first draft of *The Sun Also Rises* that he ultimately cut, Hemingway has Jake tell us just "*what* she does, leaving it to the readers to figure out *why* . . ." (Reynolds 122). For a completely different way of treating Brett and her sexuality, one that places her within the context of changing gender roles in the 1920s and uses her as an exemplum of that shift, see Martin.
13. For a look at alcoholism in *The Sun Also Rises*, see Djos.
14. If Maria's symptoms had disappeared within a month, her diagnosis would have been Acute Stress Disorder (*DSM* 472) instead of PTSD (*DSM* 468).

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