

Recognizing Trauma, Expanding Treatment:

Toni Morrison's Portrayal of Post-Traumatic Stress Disorder in *Sula*, *Beloved*, and *Home*

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Introduction

Throughout the course of a writing career spanning over four decades, Toni Morrison has written prolifically about the African American experience from the eighteenth century to the present day, but her racial focus by no means precludes Morrison's literature from communicating lessons that transcend racial barriers. Morrison has written ten novels since 1970, all of which are critically acclaimed, and her receipt of the Nobel Prize for Literature in 1993 situates Morrison as one of the most influential authors of this era. Scholars have been particularly attentive to her portrayal of race and racial conflict because her lengthy writing career spans a very tumultuous time period for the issue of race in America, including the Civil Rights Movement of the nineteen sixties. However, although Morrison is celebrated for her "poetically-charged and richly-expressive depictions of Black America," she ought not be reductively cast as a writer about race (Nobel Lectures). Morrison received the Nobel Prize for her ability to give life to "an essential aspect of American reality," and while her depictions of African American culture certainly factor into this, Morrison's ability to capture larger social problems with incredible nuance and complexity lends her novels significant import from a sociohistorical perspective (McMillen).

I argue instead that one of the most major focuses in Morrison's novels is the exploration of trauma, specifically the forms of trauma that have afflicted the African American community. Although Morrison's novels predominantly feature African American characters and communities, the traumatic events she explores, including active combat, domestic abuse, and deadly accidents, transcend racial boundaries. Trauma can be universal, and thus the arguments about trauma that emerge from Morrison's novels, while certainly having significance in a racial discussion, should be thought about in universal terms as well. Morrison's novels are thus tools

with which to reflect on the implications of trauma in a global sense, and to investigate how descriptions of trauma are informed by—and even respond to—the historical moment in which they were written.

While there are many ways of expressing and relating trauma, I will focus on Morrison's literary portrayal of mental illness, specifically post-traumatic stress disorder (PTSD). I will evaluate this issue in three of Morrison's novels: *Sula*, *Beloved*, and *Home*. Morrison's novels feature an abundance of mentally ill characters, which can be explained by the fact that mental illness is both a common physiological byproduct of trauma and a means of psychological detachment from unbearable traumatic realities. Morrison does not depict trauma merely to show its insidious presence in the African American psyche, and does not explore mental illness merely to demonize the systems and prejudices that instilled it. Instead, her novels offer complex meditations on the network of factors that give rise to mental illness over time, the treatment options available to victims of mental illness at the narrative present, and the impact of mental illness on both the individual and the community.

In addition to the direct causal link between mental illness and trauma, Morrison's attention to mental illness also aligns with the fact that the marginalized and dispossessed feature prominently in many of her novels. Morrison's novels tend to feature the disenfranchised demographics—including children, the abused, and underprivileged racial minorities—that are the most common victims of the traumatizing experiences that can lead to mental illness, as well as the least likely members of society to have access to whatever mental health resources existed in the narrative present. Just as I argued that trauma transcends racial lines, mental illness, and specifically PTSD, is both a racial issue and a universal one. For example, while race and ethnicity have been shown to correlate with PTSD rates, other factors including socioeconomic

status and employment status correlate with PTSD rates as well (Galea et al. 2004). Because mental illness is a risk for all populations, the discourse on mental illness in Morrison's novels takes on the status of larger social commentary. Indeed, Morrison's novels serve in part as case studies that show how medical and social treatment of mental illness impacts those suffering from it, and because mental illness most commonly afflicts disadvantaged groups, these novels bring awareness and relevance to a problem felt most severely by the demographics that also often lack a strong literary voice. When groups are denied opportunities to join public discourse—for example, due to educational limitations or lack of access to media platforms—they lose a valuable opportunity for self-advocacy and increasing social awareness of problems their demographic faces. Thus, as Morrison's novels increase public awareness of an insidious social dilemma, her portrayal of mental illness becomes an important form of advocacy for the voiceless. Morrison's literature has been celebrated for voicing the struggles of people who “might have been rendered voiceless and helpless by their society,” to the end of allowing these people to “command reason, and demonstrate agency” (Fuston-White 462). As I will later explore, giving a literary voice to unheard groups—here, specifically the mentally ill—additionally opens the door to otherwise unlikely social change, in part by enabling widespread conversation and spreading information to combat stigma.

However, it is important to note that while I suspect that Morrison is interested in discussing PTSD specifically, I am not arguing that Morrison is directly responding to the definition of PTSD in the DSM, or suggesting that her goal in writing is to inspire its revision. Instead, I argue that Morrison's novels consistently provide striking contrast to the prevailing clinical understanding of PTSD when she published *Sula*, *Beloved*, and *Home*. It is thus not important whether the DSM and Morrison's novels are related on the literal level, as I am more

interested in the informative differences between the two texts. Thus, the DSM and Morrison's developing literary discourse are mutually illuminating, in that each fruitfully juxtaposes the other in terms of scope and the relationship between trauma and mental illness that it recognizes.

As a tool for placing Morrison's novels within their historical contexts and showing how her portrayal of mental illness challenges the prevailing understanding of mental illness when each novel was published, I will rely on the Diagnostic and Statistical Manual of Mental Disorders (DSM). To standardize the field of psychiatry, the American Psychiatric Association created a document called the DSM-I in 1952, which established common criteria and language for diagnosing mental disorders. I am relying on the DSM to provide insight into the clinical understanding of PTSD at the historical moments in which I am interested, which provides necessary framework, in light of the fact that Morrison's career coincides with a time period of rapid and radical change in clinical psychiatry. Substantially revised approximately once per decade, the DSM becomes a valuable tool for determining the prevailing clinical understanding of a mental illness at any historical point since 1952. Given the significant progress made in mental health research during Morrison's lifetime—and thus the rapid rate at which the clinical understanding of mental illness has evolved—the DSM becomes a critical tool for situating a novel's portrayal of mental illness within its historical framework. In this thesis I will use the version of the DSM that prevailed when each novel I will analyze was published, as a way of juxtaposing the clinical definition of PTSD with Morrison's coincident portrayal of the disorder. This treatment will reveal how Morrison's novels reflect and challenge the current clinical understanding of the mental illness at the time of each novel's publication.

To provide an overview of the quickly changing nature of the understanding of mental illness, and thus the need for a tool like the DSM to contextualize Morrison's discourse on

PTSD, Morrison was born in 1931, long before psychiatrists standardized their criteria for classifying and diagnosing mental disorders, and lived through the anti-psychiatry movement of the 1960s, as well as the rise of the use of medication to treat mental illness in the 1970s. The past half-century has been marked by eras characterized by both under-diagnosis and over-diagnosis of mental illnesses, owing in part to the fact that diagnoses are not products of psychiatric knowledge alone, but are reflections of historical mindsets and the politics and cultures that informed them (Andreasen).¹ Her writing career also coincides with development of the fields of modern genetics and neuroscience, which have helped to destigmatize mental illness by showing both its biological basis and the potential for reversing it, while at the same time revealing the massive extent to which the human brain is still poorly understood. Each incarnation of the DSM thus reflects a different level of understanding of mental illness, which translates in part into differences in diagnostic criteria and listed risk factors. The general trend has been a consistent widening of the diagnosis of PTSD to account for additional causes and symptoms, which reflects the increasing knowledge of the brain's elusive complexity that has emerged through research (Andreasen). When informed by the DSM, Morrison's novels can be understood as historical snapshots that allow readers to glimpse the flaws inherent to the

¹ To provide an example of the sociopolitical influence on clinical diagnosis that is specific to PTSD, the DSM-II was published in 1968 and omitted a diagnosis for post-traumatic stress. This can be explained in part by the fact that the anti-psychiatry movement flourished in the 1960s and asserted the tendency of psychiatry to oppress and employ dangerous therapies (Micale). The omission of the diagnosis in the DSM-II can be seen as an indicator of the larger social trend to dismiss psychiatric classification systems and treatments as unhelpful. Additionally, the omission also reflects the desire of the public and the medical field to deny the scope and social significance of the Vietnam War. U.S. involvement in the Vietnam War escalated in the early 1960s, and this war was unpopular among the majority of Americans, to the extent that the public often treated returning veterans with contempt and even violence (Micale). The omission of GSR therefore represents a display of anti-war hostility, since it intentionally revokes victim status from soldiers, and in fact denies the existence of the war through refusal to recognize its effects.

common understanding of mental illness during the historical moments when Morrison published each novel.

As alluded to above, I have chosen to further focus my analysis of mental illness in Morrison's novels on post-traumatic stress disorder (PTSD), which is perhaps the most abundantly explored mental illness in Morrison's novels. Although the characters I will explore are not explicitly described as PTSD victims within the narrative, their characterization unambiguously reflects it.² This is in keeping with Morrison's aforementioned focus on the disadvantaged demographics that are underrepresented in literature. Her novels become a forum for exploring the plight of the stigmatized and misunderstood, and historically, PTSD victims have fallen squarely into this category. Morrison lived through decades during which PTSD was not clinically recognized and decades during which it was a diagnosis reserved for war veterans, and the novels that I will explore—*Sula*, *Beloved*, and *Home*—respond to the inadequate scope of the PTSD diagnosis. As Morrison explores throughout her canon, PTSD can affect veterans, civilians—including children—and entire communities, and the ruinous nature of the disorder compels the reader to consider the radical effect that inadequately defined—and thus inadequately addressed—PTSD can have on both the individual and the community. Furthermore, the sheer size of the population of PTSD victims informs its frequent appearance in fiction that investigates trauma. PTSD is a very common mental illness. For example, around twenty percent of male combat veterans and eight percent of male civilians who experience a traumatic event develop the disorder (Spoont et al. 2013). Furthermore, many individuals who develop PTSD from both combat and non-combat trauma do not seek treatment, largely due to lack of resources and the stigma against mental disorders, which implies that PTSD is a much

² I will explore this idea further towards the end of this introduction.

larger insidious presence in society than has been documented in a clinical context. This prevalence—especially given the amount of war that Morrison has observed during her lifetime—translates into a large-scale injustice when PTSD is not adequately addressed or properly perceived by society. However, it is important to note that PTSD is not linked to war alone in Morrison's novels; although the definition of PTSD developed from the context of war, PTSD, like the trauma that underlies it, can be universal and is also a significant presence among civilians.

There is empirical, biographical evidence that Morrison is interested in PTSD, specifically the role of both war-centric and domestic trauma in giving rise to mental illness. This is known because Morrison wrote her master's thesis at Cornell University on alienation in the works of William Faulkner and Virginia Woolf, for which she studied Woolf's *Mrs. Dalloway*. This novel features Septimus Smith, a war veteran who experiences clear post-traumatic stress and is doubled with Clarissa Dalloway, who suffers from similar mental illness as a product of domestic stressors. Stylistically, several of Morrison's novels echo *Mrs. Dalloway* though the way that they explore mental illness: Like Woolf, Morrison explores psychic doubling of male and female characters who both suffer from PTSD: Shadrack and Sula in *Sula* and Frank and Cee in *Home* are paired to the end of showing how the same disorder can be produced by combat and non-combat stressors (Fulton 69). Thus, while the term PTSD is not explicitly attributed to the characters I will analyze within Morrison's narrative, it is clear from her master's thesis that Morrison is interested in challenging the conventional understanding of PTSD. Additionally, each novel that I will examine offers extensive detail about causality and symptomology that unambiguously aligns with the clinical definition of PTSD or the conventional understanding of post-traumatic stress at the time of publication. The decision not to make the characters' mental

disorders explicit can also be understood as a stylistic choice that is consistent with the voice of the narrator, which has a colloquial and familiar style in the novels I have analyzed.

The implicitness of this literary presence of PTSD speaks to the widespread prevalence of the disorder. The historical trajectory of the PTSD diagnosis fits within the general schema for mental illnesses that I outlined above: as more research tools have become available, the complexity of the disorder has become increasingly clear, which has translated into an expansion of the diagnosis in terms of inclusion factors in the DSM over time. PTSD can develop following a traumatic experience in either combat or civilian environments, and is today known to manifest through symptoms including dissociation, re-experiencing phenomena, including nightmares and flashbacks, and emotional numbing (Etkin and Wager 1476). PTSD is classified as an anxiety disorder, which, as the name implies, is a class of disorders characterized by excessive and unregulated anxiety and fear. However, the specifics of the clinical definition of PTSD have changed drastically over the last half-century in the United States. The first incarnation of the diagnosis appeared in the DSM-I of 1952, but the condition was called “gross stress reaction” (GSR) and looked quite different from the modern PTSD diagnosis, in part because it emerged in the post-World War II era to explain the traumatic effect of wartime experience, which made GSR primarily a veteran-specific illness. While the DSM-II, which was published in 1968, omitted GSR without comment, the DSM-III of 1980 revived the GSR diagnosis under the name PTSD, and the disorder has been clinically defined—although revised in each subsequent version of the DSM—ever since. Generally, the possible symptomology and defining criteria for PTSD have become broader with each revision. This is a product of the fact that, as advances in neuroscience and molecular biology have enabled more thorough research on the human brain, the medical community has discovered that PTSD is one of the most complicated mental

disorders, owing to the large number of brain regions involved, the long list of potential symptoms, and predisposing genetic and environmental factors, all of which are not fully understood.

By evaluating the portrayal of PTSD in Morrison's fiction against the historical backdrop in which her novels were written and set, I aim to show how her treatment of PTSD does not simply respond to the evolution of the social perception of the disease, but points out the deficits in the outstanding clinical definition at the time when her novels were published. I will study three of Morrison's novels that deal prominently with mental illness in the chronological order of their publication, beginning with her 1973 novel *Sula*, followed by her 1987 novel *Beloved*, and ending with her 2012 novel *Home*. Each of these novels is coincident with a different edition of the DSM, and the overarching messages of each novel about PTSD relate to the particular historical moment during which the novel was published. I will approach my analysis of each PTSD victim in each novel following the same general format: I first investigate the sources of trauma that likely produced PTSD, followed by analysis of how mental illness is manifested or experienced by the victim, and concluding with evaluation of how the victim's PTSD is treated.³ While the treatment avenues explored vary between the novels, PTSD can be coped with by the victimized individual and addressed by external sources, both professional (for example, the medical and legal systems) and by the community to which the victim belongs. Within each chapter I will gesture towards the connections between the novel's portrayal of PTSD and the clinical understanding of the disorder at the time of the novel's publication, as elucidated by the DSM.

³ It is important to note that although I refer to victims of PTSD as mentally ill within this thesis, I do not use this classification to revoke agency from the victims or to suggest the characters' irrationality. In contrast, each novel that I will discuss features PTSD victims that are by no means passive to their illness, and instead proactively seek to improve their situations.

I will provide a brief overview of the ways in which each novel becomes a commentary on the prevailing clinical definition of PTSD. I will show that *Sula* points out the specific harmful, even ruinous, implications of the total absence of a formal definition of PTSD, not only for the victim of PTSD, but for his or her community as well. In contrast, *Beloved* was written when PTSD was clinically recognized, and it focuses instead in part on the insufficiency of the scope of the prevailing definition of PTSD, which failed to account for the impact of traumatic stimuli, and particularly the trauma of slavery, on the community level. *Beloved*, I will argue, demonstrates the inadequacy of conceptualizing PTSD as a disease impacting individuals—that is, a disorder in isolation—and advocates for an amendment in understanding to account for PTSD as a product of shared trauma, and thus an acknowledgement of PTSD as a larger social problem than was recognized in the status quo. Furthermore, I will show that in *Beloved*, the PTSD diagnosis becomes a useful framework for not only conceptualizing the impact of human rights abuses such as slavery, but also for proposing potential treatment avenues for victims of atrocities that defy easy solutions, which represents an innovative coping method. Finally, I will explore how *Home* challenges the conventional understanding of PTSD as a male-centric, war-centric mental illness by showing how domestic trauma can also give rise to the same disorder. *Home* also protests the fact that by its publication in 2012, the treatment of PTSD had become almost exclusively relegated to the medical sphere, which ignores the critical importance of interpersonal relationships—specifically those between family members and neighbors—in effectively treating PTSD.

Post-Traumatic Stress Disorder in *Sula*: An Argument for Clinical Definition

Morrison's message about the universality of mental illness is clearly seen in *Sula*, a novel that follows residents of a black community in the Bottom, an impoverished and ostracized part of the racially segregated town of Medallion, Ohio. Several veterans struggling with post-traumatic stress appear in *Sula*. The first, Shadrack, is a veteran who has no family and lives in the woods on the fringes of the Bottom, unable to assimilate back into society for decades after returning from World War I. The second afflicted veteran in the novel is a minor character, Plum Peace, whose period of suffering from the anxiety disorder—and attempting to remedy it through illicit drugs—is cut short when his mother Eva murders him shortly after he returns from war.

Morrison also describes post-traumatic stress in civilians. The novel's namesake, Sula Peace, is one of the most prominent characters in the novel, which begins in 1919 when Sula is coming of age and ends in 1965, several decades after Sula's death. Sula accidentally kills a young child while playing with her friend Nel Wright by a river, and the post-traumatic effect of this horror is compounded by the loneliness and isolation that she faced before as a child. *Sula's* treatment of post-traumatic stress is a complex look at the factors that contribute to post-traumatic stress in civilians and soldiers, the life trajectories available to the mentally ill, and the effects that those suffering from this mental illness have on their communities. However, the novel is also interested in how post-traumatic stress produced by a traumatic past can afflict entire communities, and the residents of the Bottom become a case study for how a community copes with and suffers from inherited memories of slavery and present racism. At its heart, *Sula* is a novel about the implications of "the cultural trauma of being black in a post-World War I white society, as well as the physical and emotional personal trauma of loss, abandonment, and family dysfunction" (Schreiber 82). Because unaddressed trauma at the individual level feeds

back to the community level with destructive consequences, *Sula* is as much about the community as it is about individuals, and explores how the breakdown of one is caused by and influences the other.

Of the characters that suffer from post-traumatic stress in *Sula*, the description of Shadrack's plight is the most evocative in a formal sense. The novel's action begins with a chapter on Shadrack's experience as a Private during World War I. This chapter takes place at an intimate narrative distance, and invites the reader to not only hear Shadrack's thoughts and memories, but to take part in all of his sensory modalities, from feeling the nail in his boot to hearing "dirty, gray explosions" on the battlefield (*Sula* 8). This chapter suggests to the reader that Shadrack will be a primary character throughout the novel. However, this access to Shadrack's mind is abruptly revoked after the first chapter, which parallels Shadrack's rapid fall from the good graces of the community and his permanent expulsion from society due to his mental illness. Instead of being a key sympathetic character, Shadrack becomes "the terrible Shad," a pariah in his community who is subsequently characterized by erratic appearances, lewd acts, and mysterious words for the remainder of the novel (61). *Sula* thus starts with a clear, compelling example of the tragedy that casting off victims of post-traumatic stress represents and shows how it ruins the life of the victim who is discarded from society. Largely absent for the majority of the novel and appearing mysteriously near the very end, Shadrack becomes the frame to *Sula*, effectively haunting the novel in the way that social injustice toward victims of post-traumatic stress haunts United States history.

In order to establish the extent of the trauma that Shadrack experienced and to underscore the profound effect that it had on his mental health, the narrator recounts Shadrack's wartime experiences in graphic detail, including scenes of human gore from the battlefield (8). The

chapter that introduces Shadrack opens with explicit description of a battle in which Shadrack took part, including a depiction of a “headless soldier” whose “body... ran on, with energy and grace, ignoring altogether the drip and slide of brain tissue down its back” (8). The juxtaposition between “energy and grace” and the sliding of destroyed brain tissue indicates Shadrack’s inability to process the horror of the sudden loss of human beauty and potential. Despite the narrator’s significant attention to vividly describing the battlefield scene, he or she does not describe the killing shot or even the opposing army. Taken with the fact that Shadrack runs with his company into battle with no feeling other than “the bite of a nail in his boot,” this shows that war is a nebulous enemy to Shadrack, and he is not personally invested in the conflict, but is merely compelled to obey orders (8). This supports the conclusion that Shadrack is merely a victim of the war who has been stripped of his agency and is forced to commit atrocities, and this powerlessness helps to inform the negative psychological effect that the war has on him. The narrative also offers hints that other personal factors in Shadrack’s life could have predisposed him to develop the mental illness. For example, the reader does not know if Shadrack’s family is in Medallion or alive at all in the narrative present, or what they might think about Shadrack’s mental disorder. This conspicuous absence of family, which indicates that Shadrack has been abandoned either prior to or because of his condition, suggests the existence of unexplained familial trauma that may have contributed to Shadrack’s mental illness, and certainly inhibits his recovery.

Because post-traumatic stress was not clinically recognized when *Sula* was published in 1973, the novel does not necessarily seek to convince the reader that Shadrack suffered from a specific named disorder. Instead it shows that he has been mentally damaged by the war and is a clear victim of debilitating post-traumatic stress. In support of this, the novel provides clear

juxtaposition between Shadrack's demeanor before and after the war. When Shadrack leaves for war, his head was "full of nothing and his mouth recall[ed] the taste of lipstick," while when Shadrack returns, he is "blasted and permanently astonished" (7). Thus, before seeing active combat, Shadrack is characterized as a typical, socially engaged twenty-year-old. However, the description of Shadrack as "blasted" and "astonished" indicates the clear mental effects of war, and because these effects are explicitly called permanent, the novel suggests that the enduring mental effects of war are as real as their physical effects. The permanence of Shadrack's condition is reinforced throughout the novel. For example, Sula informs the reader that Shadrack regularly engaged in public nudity and cursing, and that he "shouted and shook in the streets" frequently enough to be characterized by this behavior (62). Thus, Shadrack's mental illness is clearly and protractedly manifested through behavioral abnormalities. The lewdness and loudness of Shadrack's symptoms become part of the novel's commentary that post-traumatic stress cannot be ignored, and failing to clinically diagnose a post-traumatic disorder represents a failure to adequately address an obvious social problem.

In addition to the clear external manifestations of Shadrack's post-traumatic stress, the narrator details a plethora of Shadrack's private thoughts and experiences that indicate the scope of his mental illness to the reader. One place that this is seen is at the outset of the chapter detailing Shadrack's combat experience, in which Shadrack recalls the horrific and gruesome details of active combat. This battlefield memory is placed at the beginning of a chapter, and is separated from the rest of the chapter with a section break, which continues with Shadrack opening his eyes in the mental hospital. The memory—which is not referenced later in the chapter—is thus distinctly set apart from the rest of the text, suggesting that the description of

war is a flashback or nightmare, both of which are now definite markers for post-traumatic stress.

Shadrack's mental illness also manifests itself through hallucinations and detachment from reality, including a loss of ability to identify with other humans, who become "thin slips, like paper dolls floating down the walks" (11). His most prominent hallucination is his belief that his hands grow "in a higgledy-piggledy fashion like Jack's beanstalk" whenever he looks at them (9). This hallucination is an example of the cognitive effects that the DSM-III would later use to categorize PTSD, but Shadrack's doctors pass it off as generic and untreatable insanity. This chronic hallucination greatly impacts Shadrack's quality of life. While he is still hospitalized, it causes him to sweat and panic and to be grateful when "his hands were at last hidden and confined" out of sight in a straightjacket (9). Once he is discharged, Shadrack cannot cope with the hallucinations on his own: soon after his release, he is unable to remove his double-knotted shoes because he cannot bear to look at his hands, and he weeps with fright when he sees "four fingers of each hand fused into the fabric, knotting themselves and zig-zagged in and out of the tiny eyeholes" (13). The fact that he can only look on as his hands twist and grow mirrors his experience of being stripped of the agency to control his actions while fighting in war. Shadrack's loss of control over his hands becomes a metaphorical display of his horror over what the army forced him to do with his hands during combat, and the permanence of the presence of this horror on his mind. Like the trauma associated with watching young soldiers die long before their time, this hallucination expresses a mental conflict that would today be treated with intensive counseling, but was completely disregarded due to clinical failure to recognize post-traumatic stress during the era of World War I.

The novel depicts the failure of two public institutions—the hospital and the police force—to appropriately address Shadrack’s mental disorder. The irony of Shadrack’s situation is that although he lives in a hospital for a year after he returns from war, his chances of medical improvement are zero, since physicians take a containment approach to his treatment: they are not attempting to help Shadrack but to help the rest of society by keeping Shadrack from causing others harm. Shadrack receives no formal diagnosis from physicians, who treat him like an invalid by keeping him in a hospital bed and coaxing him to do little more than feed himself. However, the hospital staff members do not take even this mission very seriously, and they lack the vigilance in caring for Shadrack that would be given to a patient with a recognized mental illness. When Shadrack shoves a nurse during a fit of panic caused by a gruesome hallucination, the nurse places him in a straightjacket, but Shadrack is soon discharged with “\$217 in cash, a full suit of clothes and copies of very official-looking papers” (9). The hospital does not release Shadrack because he has demonstrated improvement; ironically, “the violence earned Shadrack his release” (9, 10). Shadrack’s violence is thus clearly not viewed as a symptom of a legitimate medical disorder. Instead, Shadrack is held to the same standard of expectations for behavior as a healthy civilian, evidenced by the fact that his outburst earns him dismissal from the hospital instead of more extensive medical attention. Because the PTSD diagnosis does not exist and Shadrack’s disorder cannot be classified, he is caught in a limbo: medical professionals speak with him and treat him as though he is insane, but they expect from him the conduct of a rational adult. The text thus shows that veterans like Shadrack were caught in a precarious, liminal space that insufficiently addressed their health needs, since the psychiatric community failed to recognize their condition.

The police, an extension of the legal system, similarly fail to appropriately address Shadrack's mental illness. When police officers find Shadrack weeping on a sidewalk curb due to debilitating hallucinations, instead of providing aid, they arrest Shadrack and cite him for "vagrancy and intoxication" (13). Like the hospital system that first failed to medically treat Shadrack, the legal system also does not recognize that he is suffering from a legitimate medical condition. This leaves him completely alone in the struggle for healing and punishes him for expressing symptoms of anxiety, including panic attacks. However, even worse than expressing apathy toward Shadrack's condition, when the police incarcerate Shadrack, they reveal that the mentally ill are vulnerable to being categorized as criminals. Thus, the absence of a clinical diagnosis for post-traumatic stress not only fails to help the mentally ill, but makes them susceptible to unjust prosecution, which adds an additional level of risk to the already precarious position that the mentally ill faced.

Shadrack's home community, the Bottom, similarly fails to appropriately recognize Shadrack as a victim of mental illness. The sheriff who arrests Shadrack sends him back to the Bottom, where he is immediately shunned as an outsider because he is "drunk, loud, obscene, funny and outrageous" (15). Shadrack lives in a shack "on the riverbank that had once belonged to his grandfather long time dead," and although he makes a living by selling fish, the people come to understand "the boundaries and nature of his madness" and "fit him, so to speak, into the scheme of things," which largely involves ignoring him (15). This demonstrates that the community in the Bottom, like the hospital, treats Shadrack as though he is healthy and merely eccentric; instead of viewing Shadrack's unacceptable behaviors as a product of an unhealthy mind that deserves aid, the community fails to recognize his underlying medical condition. The text later comments about how important familial bonds are to the African American

community: “White people didn’t fret about putting their old ones away. It took a lot for black people to let them go, and even if somebody was old and lone, others did the dropping by, the floor washing, the cooking. Only when they got crazy and unmanageable were they let go” (164-65). This illuminates the fact that because of his mental illness, Shadrack is treated as if he was a senile old man, beyond any hope for recovery, and is dismissed by his family and community.

The community’s treatment of Shadrack informs the irony of his biblical name.

According to the Book of Daniel in the Bible, Shadrach was a young Jewish man who was taken from his home in the Kingdom of Judah to Babylon after the Babylonians occupied Jerusalem around 600 BC. Along with two other Jewish young men, Meshach and Abednego, Shadrach was thrown into a furnace when he refused to worship the Babylonian king and obey his orders. The men are saved from death by an angel and are promoted to positions of power in Babylon, since the Babylonian king comes to fear their God and respect their courage. The furnace parallels the crucible of war that Shadrack endures in *Sula*, but in direct contrast to Shadrach’s victorious emergence from the fire and subsequent promotion to a respected position, Shadrack in *Sula* is mentally devastated and becomes a pariah in his community. Shadrack’s name functions as a statement about the injustice he endures, since his community does not appreciate the horrors that he has been through but merely dismisses him because he is loud, drunk, and unpleasant to be around.

Although the people of the Bottom ignore Shadrack, he ironically establishes himself as a leader in the community, through which the novel shows that, even when ignored, the mentally ill impact their society. The ruinous consequences that mental illness at the level of the individual can have on the community further prove the necessity of recognition and adequate treatment for mental illness. Soon after Shadrack returns to Medallion, Ohio, he realizes that he

must make “a place for fear as a way of controlling it,” which leads him to create National Suicide Day: every January third, he traveled through the Bottom “with a cowbell and a hangman’s rope calling the people together. Telling them that this was their only chance to kill themselves or each other” (14). Naturally this initially frightens the people of the Bottom: “they knew Shadrack was crazy but that did not mean that he didn’t have any sense or, even more important, that he had no power” (14-15). However, years pass without anyone joining Shadrack in his march, and gradually people become desensitized to the holiday, and even begin referring to January third as National Suicide Day in conversation, as if it were a well-established holiday. The fact that the community stops fearing National Suicide Day does not mean that they are unaffected by it: “they had simply stopped remarking on the holiday because they had absorbed it into their thoughts, into their language, into their lives” (15). Although Shadrack is forced to be alone with his mental suffering, he remains an insistent presence in the community that tried to dismiss him, which reflects the fact that mental illness is a problem that cannot be resolved by ignoring it or marginalizing those it effects: it is a problem that impacts the entire community. The fact that the Bottom initially fears Shadrack’s annual reaping but gradually becomes desensitized to it parallels the community’s desensitization to mental illness itself, which suggests that inevitable conflict will come from ignoring its insidious and damaging presence in their community.

Just as Shadrack lives on the fringes of his community, he exists just out of sight throughout the majority of the novel, only appearing twice to interact with Sula, who is the only person who even briefly visits his shack in the woods. When he appears again at the end of the novel, it is because the community has changed enough to regard Shadrack differently than they had in the past. In 1941, many people from the Bottom decide to join Shadrack on National

Suicide Day, and follow him to their violent deaths.⁴ Ironically, 1941 is also the first year that Shadrack had overcome his PTSD enough to consider ending the holiday, which shows that the community's descent into madness parallels Shadrack's recovery. Shadrack's slow recovery is manifested in his increasing ability to fall asleep without being drunk, his gradually growing willingness to relinquish "the military habits of cleanliness" that had helped him cope with a disordered mind, and most importantly, his mounting, debilitating loneliness (156). As Shadrack's clarity grows, he craves the relationships that he has so long been unable to maintain because of his perpetual drunkenness and crudeness in public.

If a single turning point exists in Shadrack's mental recovery, it is when he sees Sula's dead body, because it forces him to realize that, "he had been wrong... Another dying away of someone whose face he knew. It was then he began to suspect that all those years of rope hauling and bell ringing were never going to do any good" (157-58). Here Shadrack realizes that his methods of coping with the death that he saw during war—that is, trying to expel all of the trauma during one day per year—were woefully inadequate. While this level of self-evaluation suggests his return to sanity, when the novel closes in 1965, Shadrack is described as "A little shaggier, a little older, still energetically mad," and still making ends meet only by doing odd jobs for people in the community (173). Through Shadrack's permanent insanity, the text is suggesting that the individual is incapable of overcoming post-traumatic stress—at least, in a reasonable period of time—without acceptance and assistance from the community. The descriptions of Shadrack's increasing clarity in 1941 then become a sad lesson that he could have been reintegrated into the community, but this was made impossible by the community's inability to adequately address the mental illness among them.

⁴ This scene will be explored later in this section.

Plum Peace is another veteran in *Sula* who is unambiguously characterized as having inadequately untreated post-traumatic stress. While the community largely ignores Shadrack, Eva Peace assumes that Plum's mental illness is permanent and untreatable, which informs her decision to murder her son by burning him to death in his bed. Plum also returned from World War I in 1919, but unlike Shadrack, he returned with "a sweet, sweet smile;" his mental illness does not lead him to public indecency, so the community does not reject him as they did Shadrack (45). Although he is not violent, Plum is no less damaged than Shadrack. After the war, he has only "the shadow of his old dip-down walk," voluntarily isolates himself from his family and others, physically wastes away because he barely eats, and turns to drugs to help him cope with symptoms that are never explicated to the reader (45). Immediately after the reader learns that Plum's sister "found the bent spoon black from steady cooking," the text continues, "So late one night in 1921, Eva got up from her bed and put on her clothes," and proceeds to go to Plum's room to kill him (45). The fact that this passage about Plum's murder begins simply with "So"—which indicates a linear and obvious connection between cause and effect—suggests that Eva views Plum's drug use and wasting away as permanent afflictions. She responds to his mental illness as though treatment for it was impossible, which, given the fact that the PTSD diagnosis did not exist in the narrative present, would have been assumed true by many at the time.

Morrison strongly evokes the reader's sympathy for Plum by portraying him as a child in this scene. Before Eva kills him, she holds him in her arms (which causes him to drowsily chuckle, "You holdin' me, Mama?" before drifting off to sleep again) and looks around his bedroom, which is strewn with "Balled-up candy wrappers and empty pop bottles," "a glass of strawberry crush and a *Liberty* magazine" (46). By emphasizing Plum's childishness and the betrayal that Eva's murder represents, the text unambiguously shows that Eva was wrong to kill

Plum. The novel's message behind this obviously wrong murder is that by giving up on and casting off those suffering from mental illness, the community effectively murders them by permanently preventing their return to society. It may seem like the Bottom's rejection of Shadrack is less heinous than Plum's murder, but the actions are equivalently damning for the victim. The fact that Plum dies in fire metaphorically shows that he, like Shadrack, has not been as fortunate as the biblical Shadrach, who was rescued from a furnace by an angel and then respected by society for what he had overcome. Both Shadrack and Plum survive the deadly crucible of war only to become isolated or perish alone at home, and the fact that their own community is more hostile and deadly than combat is sadly ironic.

Despite the importance of Shadrack and Plum to the novel, *Sula* does not portray post-traumatic stress as a veteran-exclusive illness. While thirteen years old and living in Medallion, Sula accidentally kills a little boy named Chicken Little, and his death both haunts her throughout the novel in the form of flashbacks and informs her lifelong, desperate search for mental peace and fulfillment. Some scholars have attributed this haunting presence of Chicken Little's murder to the fact that the trauma is "unspeakable" and causes Sula to spend much of the novel figuring out how to speak the trauma and release it (Pruitt 120). However, I am characterizing the effect of the death on Sula as post-traumatic stress. This is supported in part by the fact that the novel clearly doubles Shadrack and Sula. Immediately after Chicken Little's death, Sula and Shadrack meet and speak, which emphasizes their connectedness due to their permanent mental affliction following trauma. "A figure appeared briefly on the opposite shore" after Chicken Little drowned, and Sula immediately knows that it was Shadrack, which is the first sign that the two—who had previously never met—have become linked in a significant way (*Sula* 61). Sula is filled with terror that he had seen what had happened and runs "to ask him...

had he...?" (62). In response, Shadrack says "in a pleasant and conversational tone, a tone of cooled butter, 'Always' " (62). This scene indicates the connectedness of Shadrack and Sula. The "question she had not asked" can be understood to be whether Chicken Little's death would haunt her forever, which explains why his affirmative answer makes Sula so distraught (63). "Always" becomes a promise that Sula will not be able to psychologically recover from the accident, just as Shadrack cannot become mentally healthy because he lacks public support and treatment.

The psychological connectedness of Sula and Shadrack is even recognized by the community: The people of the Bottom come to associate Sula and Shadrack with each other and dismiss them both as "two devils" (117). When Sula and Shadrack are understood as characters suffering from post-traumatic stress, their rejection shows that the communal dismissal of those suffering from this mental illness is not just a wartime problem. Instead, it is a more long-term and enduring failure on the part of the community, with detrimental implications that can pervade all demographics.

Sula's post-traumatic stress disorder is also informed by the unhealthy psychological climate that she faced during her upbringing. For example, as a thirteen-year-old girl, Sula must already contend with being sexually objectified as "pig meat" by old and young men alike (50). Additionally, Sula lacks positive role models to enable her to develop a healthy sense of self despite the male objectification she faces. Sula, an only child and thus isolated within her family, accidentally overhears her mother say to a friend, "You love her, like I love Sula. I just don't like her. That's the difference" (57). Rejected by her mother and lacking a father figure, like Shadrack, Sula is effectively as orphaned, inasmuch as her family fails to help her cope with the subsequent trauma of Chicken Little's death or to equip her with the psychological health to

withstand that trauma. The climate of sexualization and familial rejection that Sula faces prevents her from developing healthy relationships later in life, and predisposes her to mental breakdown.

Due to the suddenness and gravity of the accident, Chicken Little's drowning is the primary event that traumatizes Sula. When Chicken Little refuses to leave Sula and Nel alone by the river, Sula begins to aggressively play with Chicken Little: she first helps him climb high into a tree and then "picked him up by his hands and swung him outward then around and around" (60). Chicken Little slips from Sula's fingers and "sailed away out over the water," and the girls could "still hear his bubbly laughter" right before the water closes over him and goes still (60-61). Sula certainly did not intend to murder Chicken Little; her aggression can be understood in light of her annoyance at his intrusion, and the fact that Chicken Little slipped from her hands suggests that she had not intended to let him fall into the water. Sula and Nel "expected him to come back up, laughing," but Chicken Little drowns because he cannot swim, a fact that Sula and Nel could not have anticipated (61). Similar to Shadrack's battle scene at the beginning of the novel, the scene of Chicken Little's death is full of rich imagery, from the pressure of the boy's fingers in Sula's palm to the dark water that quickly closed over Chicken Little (61). Like Shadrack's flashback, this scene also depicts in great detail a single, shocking death. Thus, the novel doubles Shadrack and Sula in its depictions of their most traumatizing event, which suggests that civilian trauma can be just as acute as veteran trauma. This pushes for recognition of post-traumatic stress as a potentially universal affliction, which increases the scope of the problem of untreated mental illness.

While Shadrack and Plum remain in Medallion while suffering from post-traumatic stress, Sula flees from her hometown in an attempt to address her post-traumatic stress. Having

lost her best friend to marriage and knowing that she is disliked by her own mother, Sula has no support network in Medallion, and because her grandmother Eva previously killed Plum for suffering from the same anxiety disorder that she has, leaving Medallion was a way for Sula to ensure her safety while trying to cope with the trauma of Chicken Little's death. Sula's return to Medallion ten years later—still afflicted by post-traumatic stress—shows that the problem of unaddressed mental illness is not specific to the Bottom, but is an endemic issue. Upon her return, Sula immediately visits Eva and threatens to burn her just as Eva burned Plum, and then has Eva taken to a nursing home (94). This confirms the idea that Sula fled Medallion out of fear for her life because she recognized her similarity to Plum. After removing Eva from her home, Sula moves into Eva's bedroom, demonstrating Sula's symbolic recognition that she, like Eva, is guilty of murder. Eva had been a very self-sufficient, matriarchal figure, and Sula's appropriation of her room can also be understood as a representation of Sula's desire to achieve the control that Eva had.

Even after returning to the Bottom, Sula's mental state has distinct similarities to that of Plum and Shadrack after the war, which supports the argument that the novel intentionally couples Sula to the veterans. The similarity of Sula's post-traumatic stress symptoms to Plum's explains why she needed to remove Eva from her house to protect herself. Sula expresses the same symptoms of mental illness that Plum did: "She was completely free of ambition, with no affection for money, property or things, no greed, no desire to command attention or compliments—no ego" (119). This loss of interest, psychological regression, and inability to fit into normal society are the very afflictions that Eva saw in Plum and could not put up with: Eva tells her daughter Hannah that she killed Plum because he was "being helpless and thinking baby thoughts and dreaming baby dreams... I done everything I could to make him leave me and go

on and live and be a man but he wouldn't" (71-72). Like Shadrack, Sula experiences flashbacks of the primary event that caused her post-traumatic stress. When she first speaks to Nel after returning to Medallion, she sees "The closed place in the water spread before them," and it is clear that she is recreating the scene of Chicken Little's death in her head, just as Shadrack recreates the scene of watching a young soldier die gruesomely in his head (101).

Because no one recognizes Sula's post-traumatic stress and thus she receives no assistance in coping with it, Sula is forced to find avenues through which to cope with her disorder. The narrator tells the reader that "hers was an experimental life," and what makes Sula's life experimental is not only that she leaves her community and goes to college, but that she returns to Medallion and tries to cure her mental illness using sexual fulfillment (118). The reader learns that "She went to bed with men as frequently as she could. It was the only place where she could find what she was looking for: misery and the ability to feel deep sorrow" (122). This description of Sula's motive suggests that promiscuity is Sula's direct response to the emotional numbing that prior life events caused. Importantly, Sula does not value her relationship with the men that she sleeps with, and she is not motivated by a romantic ideal or a desire for male attention. When she sleeps with Nel's husband Jude, she explains to Nel that "there was this space in front of me, behind me, in my head... He just filled up the space" (144). Physical intimacy thus also provided Sula with a necessary outlet to cope with trauma by temporarily escaping from reality: "There, in the center of that silence was not eternity but the death of time and a loneliness so profound the word itself had no meaning" (123). This intimacy becomes Sula's attempt to escape from the looming presence of unaddressed trauma—the same escape that drugs provided Plum and alcohol provided Shadrack. This common thread of unhealthy coping mechanisms lends urgency to the need for clinical and communal recognition

of post-traumatic stress, since these coping mechanisms can harm both the individual and, as seen in Sula's case, feed back to the level of the community with detrimental consequences.

The effect that Sula's inadequately addressed trauma has on the community becomes a major thematic focus in the novel, and like Shadrack, even though Sula is outside of the community in the Bottom, she plays a vital role in their society. The residents of the Bottom are unified through their hatred of Sula, who they believe "was laughing at their God" because of her lifestyle, and they strive to be better people by distancing themselves from her—an action that becomes ironic in light of the fact that Sula's mental illness required their attention and support, instead of their shunning (115). To provide an example of this unification, when a child named Teapot falls down in front of Sula's house, Teapot's mother assumes that Sula must have pushed her son. Despite the fact that Teapot's mother had been a negligent drunkard, to spite Sula, "she became the most devoted mother: sober, clean and industrious" (114). The whole community shares this response to Sula's promiscuity: "Once the source of their personal misfortune was identified, they had leave to protect and love one another. They began to... in general band together against the devil in their midst" (116-17). Sula thus unifies the community of the Bottom through their mutual hatred for her, and in rejecting Sula as a pariah, the members of the community are able to live in harmony.

However, while this unification may initially seem like a positive effect, it is not sustainable: Sula plays such an important role in maintaining peace in the Bottom that her death precipitates the destruction of the community. "Other mothers who had defended their children from Sula's malevolence (or who had defended their positions as mothers from Sula's scorn for their role) now had nothing to rub up against. The tension was gone and so was the reason for the effort they had made" (153). Here the novel shows that when mental illness is inadequately

addressed, it has ramifications that radiate outward from the affected individual. While Sula endured a lifetime of trauma and isolation, her community became dependent on their hatred of her to unify them and to distract them from their own deep-seated problems. Sula's untreated post-traumatic stress effectively destroys both Sula and the community at the Bottom.

The community's inability to address the post-traumatic stress of individuals is also a symptom of its inability to deal with communal trauma in a healthy way. Because the narrator does not attribute the explicit symptoms of post-traumatic stress—such as emotional numbing or flashbacks—to the community, I do not argue that the community has post-traumatic stress per se. However, through the Bottom's inadequacy of addressing trauma at the community level, the novel makes the statement that when a community fails to treat the mental illness of its members, this reflects underlying social problems relating to inadequate conceptualization of mental health and trauma.

Since the community of the Bottom begins, it had is afflicted by traumatic racism, and this trauma is inherited by each subsequent generation. The Bottom begins as “a joke” when a slave master dupes a slave into thinking he is receiving excellent land for his hard labor, when it is in fact hilly land “where planting was backbreaking, where the soil slid down and washed away the seeds” (4-5). When the first Bottom community comes together, their laughter is a thin guise to deep, “adult pain” that is a product of the injustice that they had faced as slaves, which they are constantly reminded of in the hills of the Bottom (4). By the time that *Sula* is set, the members of the Bottom community do not remember this “adult pain” firsthand, but the trauma is an integral part of their heritage, and the shadow of racism is still a constant affliction.

One of the major sources of their anger is a project called the New River Road, which began as a plan to build a bridge to connect Medallion with a town across the river, thus ensuring

convenient trade between the towns, increasing traffic, and improving the economic climate in Medallion. After ten years, the idea to build a bridge is replaced with a plan to build a tunnel, but black men like Nel's husband, Jude, remain eager to get jobs building the road, and to perform the hard, validating, lucrative labor that the tunnel would provide. However, these men are forced to watch as the racist gang boss picks "thin-armed white boys from the Virginia hills and the bull-necked Greeks and Italians" and refuses to hire blacks (82). This tendency for white employers to exclude African Americans from labor represents a clear case of institutional racism, in which discriminatory policies determine the way that an institution—here, a construction business—operates. The plan to build the tunnel is ultimately stopped completely, and the half-built tunnel serves as a painful reminder to the people of the Bottom that they are helpless to secure the prosperity they deserve because they are held back by society's racism. The tunnel thus localizes the community's trauma from institutional racism, which has been a felt presence in the Bottom since its beginning.

The community's inability to address the post-traumatic stress of its members foreshadows its own destruction due to unaddressed trauma. When Sula dies, the community in the Bottom loses the scapegoat that soothed lifetimes of injustices, and once again finds itself without a way to cope with the reality of racism. A very harsh winter reminds them of the curse that the Bottom's hilly terrain—the cruel "joke"—represents. On National Suicide Day, many members of the community join Shadrack and march to the New River Road. They then channel their anger into destroying the tunnel, which has become a tangible symbol of their oppression and the unfulfilled promises of labor and equality. In the course of destroying the tunnel, a massive landslide occurs, killing well over twenty people (162). The deaths of these residents of the Bottom represent the destruction of the community. The scene is immediately followed by a

chapter that is set over twenty years in the future, when “everything had changed” and the people lack the charisma and vigor that the community had in the past (164). Just as Shadrack, Plum, and Sula struggle to escape the effects of trauma and fail, the community in the Bottom briefly finds a solution to their trauma in demonizing Sula, but turns to violence out of desperation in Sula’s absence. Lacking a healthy way to cope, the community destroys itself, just as it allows Shadrack, Plum, and Sula to be ruined by trauma.

Through *Sula*, Morrison challenges her audience to understand the devastating and enduring impact that traumatic experiences can have on the individual—either soldier or civilian—as well as the community. Morrison focuses on the failures of social institutions (particularly the police and the hospital) and individual efforts to remedy this post-traumatic condition, and in doing so, she draws attention to the larger social problem of neglecting those suffering from post-traumatic stress disorder (PTSD). Because the American Psychiatric Association (APA) did not officially recognize PTSD when Morrison published *Sula* in 1973, the novel’s portrayal of the formation, manifestation, and treatment (or lack thereof) of post-traumatic stress had the potential to bring awareness to the need for the psychiatric community to begin to clinically address an egregiously ignored population. Furthermore, the novel motivates the importance of post-traumatic stress recognition and treatment by explicitly showing that when individuals suffering from this mental illness are not treated, it filters back to the community level through these individuals and harms the community, just as it harms the suffering individuals. Sula and Shadrack, for example, influence their community to adopt unhealthy methods of coping with the horrors of institutional racism. The fact that Sula and Shadrack become prominent members of their community illustrates that mental illness on the individual level has insidious and destructive repercussions on the social level. The community’s

failure to appropriately respond to the victims of post-traumatic stress in their midst speaks to the community's larger, crippling problem of confronting trauma in unhealthy ways.

Although *Sula* unambiguously points out the need for clinical recognition of post-traumatic stress, the novel does not advocate for a simple return to the definition of GSR found in the DSM-I. There are a few elements of the portrayal of post-traumatic stress in *Sula* that align with the GSR diagnosis in the DSM-I—for example, the narrator indicates that Shadrack was considered normal prior to the war, and thus Shadrack's mental disorder fits within the diagnosis for GSR in the DSM-I, which specifies that the individual must have been normal prior to the stressful situation. However, the novel is full of depictions of post-traumatic stress that do not align with the diagnosis found in the DSM-I. The timeframe and symptoms of Shadrack's mental illness would prevent his diagnosis of GSR under the classification system provided by the DSM-I, as the DSM-I requires that the patient experience stress symptoms for only days or weeks and be otherwise normal (Andreasen 68). In contrast, Shadrack has no memory of the first year after the war, and only becomes aware that he is in an American military hospital eight days before the hospital sends him away (*Sula* 11, 10). Interestingly, Morrison's portrayal of post-traumatic stress fits remarkably well with the definition of PTSD in the DSM-III, which was not published until 1980, seven years after Morrison published *Sula*. The DSM-III says that the onset of symptoms can be either acute or delayed, as was true in Shadrack's case. Additionally, the DSM-III detaches the post-traumatic stress diagnosis from war: PTSD was not a "post-Vietnam syndrome," and the DSM-III recognized severe stressors that could "produce significant symptoms in almost anyone" (Andreasen 69). I am not arguing that *Sula* impacted how PTSD was defined in the DSM-III, but it is undeniable that the novel anticipates and articulates in great detail the flaws of failing to define PTSD or defining it too narrowly.

Post-Traumatic Stress Disorder in *Beloved*: Moving Beyond the Individual

As in *Sula*, Morrison is interested in the intersections between individual and community trauma in her 1987 novel *Beloved*. If *Sula* brings to the public's attention the need for recognition and treatment of PTSD victims, *Beloved* shows how the plight of victims of slavery can be productively understood through the lens of PTSD. Furthermore, *Beloved* argues for a broader understanding of PTSD as a disorder that is not limited to individuals, but can define an entire community—and historically defined the African American community during the Reconstruction Era that followed slavery. The unambiguous goal of Morrison's novel is to commemorate the horrors of the slave experience. Morrison says in her foreword that her goal is to “make the slave experience intimate,” and thus to tell the story of the millions who were denied the chance to do so (*Beloved* xviii). A critical part of this slave experience that Morrison explores in *Beloved* is the fact that the trauma of slavery did not end with abolition. Instead, the mental impact of slavery haunted former slaves, often likely taking the form of PTSD, and was indeed passed on to following generations as part of the tenacious legacy of slavery.

Set near Cincinnati, Ohio, in 1873, only a decade after the abolition of slavery, *Beloved* meditates on the enduring effects of slavery on the individual and the African American community. The novel takes place at 124 Bluestone Road, a house that is owned by Sethe, an escaped slave from the Sweet Home plantation in Kentucky. While Sethe had four children, she murders her unnamed infant daughter to prevent her from being taken back into slavery, and this daughter subsequently haunts 124. This haunting drives away two of Sethe's children, leaving only Sethe and her eighteen-year-old daughter Denver to occupy the house and endure being ostracized by the community, until the arrival of Paul D (another former slave from Sweet

Home) and eventually *Beloved*, a metaphysical character who partly embodies the trauma of the past.

By exploring the mental impact of the trauma of slavery, Morrison elucidates the plight of the emancipated slave to a contemporary audience. Viewing former slaves as victims of PTSD provides the modern public with a novel way to understand not only the extreme difficulty that these individuals faced during the Reconstruction Era, but also how the American community is implicated in failing to recognize and address the legitimate medical impacts of institutionalized racism on the individual. This section will address how Morrison depicts individual and shared trauma in *Beloved*, and will explore how reading the novel through the lens of PTSD opens the novel to new interpretations. I will first show that several key characters in *Beloved*—Sethe and Paul D—can be understood as having PTSD, when the trauma they experience and their symptomology are evaluated alongside the PTSD entry in the DSM-III-R. I will then explore the role of PTSD in the community in which the novel is set, investigate *Beloved* as a symbol for both individual and communal PTSD, and show how *Beloved* functions to illustrate the urgency of addressing the disorder. Following this I will analyze potential avenues for PTSD treatment that arise in *Beloved*. Finally, I will show how Morrison uses the clinical understanding of PTSD as a framework for exploring the effects of slavery on the black community that last long after the trauma of slavery ended.

Morrison published *Beloved* 14 years after she published *Sula* and 7 years after the APA first defined PTSD. Although it was defined soon after the close of the Vietnam War, PTSD was not considered a “post-Vietnam syndrome” or reserved for veterans, but was instead defined as a condition resulting from a severe stressor that could affect any individual (Andreasen 69). By the time that *Beloved* was published, clinicians were heavily using the PTSD diagnosis with victims

of traumatic experiences including war, car accidents, and child abuse (69). Furthermore, in 1987, the year that Morrison published *Beloved*, the DSM-III-R was published and broadened the definition of PTSD.⁵ The most notable difference between the PTSD definition in the DSM-III and DSM-III-R is that the DSM-III-R does not require the stressor to be “so severe that it would produce symptoms in almost anyone,” but accounts for psychological stressors that are unique to the patient’s context (70). The fact that a clinical definition of PTSD existed at the time of publication of *Beloved* simplifies the task of empirically showing that many of Morrison’s characters suffer from PTSD, since their experiences and symptoms dovetail with the DSM-III-R entry, as will be shown in this section.

However, as in *Sula*, Morrison never explicitly attributes the anxiety disorder to her characters in the text. This can be explained in part by the fact that the third person narrator closely follows the characters in the narrative present, and the PTSD diagnosis did not exist until long after the narrative present in *Beloved*.⁶ Furthermore, *Beloved* is, to an extent, intentionally impenetrable. In her foreword, Morrison explains, “I wanted the reader to be kidnapped, thrown ruthlessly into an alien environment as the first step into a shared experience with the book’s population” (*Beloved* xviii). Ambiguity and unsureness are the cornerstones of Morrison’s narrative aesthetic in *Beloved*. The reader, for example, receives no exposition or history before being thrown into the narrative present in the first chapter. The lack of explicit information regarding mental illness in the novel is thus not an indication that characters do not suffer from a defined anxiety disorder, but is instead a meaningful facet of Morrison’s literary style.

⁵ The American Psychiatric Association issues periodic updates to the DSM that do not have significant enough changes to justify publication of a separate edition. The DSM-III-R is the only updated edition that makes significant enough changes to the PTSD entry to justify its separate discussion.

⁶ *Beloved* is set in 1873, and the AMA published the first definition of a post-traumatic anxiety disorder in 1952.

I will begin by analyzing Sethe, a former slave woman whose unaddressed post-traumatic stress from experiencing rape and the dehumanization of slavery symbolically finds an outlet in the form of the haunting of her home, and later through the presence of *Beloved*. Additionally, Sethe's act of murdering her daughter is an expression of her unaddressed post-traumatic stress: when her former slave owner returns to bring Sethe back into slavery—functioning as an embodied flashback of Sethe's past—Sethe cannot cope with her fear and anxiety connected to her past and murders her daughter. Sethe does this out of the honest but irrational belief that she is putting her daughter in a place “where no one could hurt [her]” (192). The context of Sethe's murder aligns perfectly with a symptom of PTSD that the DSM-III-R first recognized: “intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event” (Brett 1233). While the argument could be made that the murder is a rational act of maternal protection, the murder crosses the line into evidence of pathology due to the irrationality of Sethe's conviction that she is putting her child somewhere “where [she] would be safe” (192). The murder is a clear act of “intense psychological distress” that is not meant to be seen as a calculated heroic act, but is instead a manifestation of an unhealthy and destructive relationship with the past traumas of rape and dehumanization.

As was previously established, Morrison tends to focus on the plight of the most disadvantaged members of society in her novels. In *Sula*, this was seen through the novel's close attention to Sula and Nel, two young, black, female characters in a racially segregated community. In *Beloved*, Morrison continues her trend of speaking for the most marginalized as she follows the plight of Sethe, a female escaped slave with four children. The text sympathizes greatly with the plight of the slave mother, who had to refuse to love her children in order to be able to cope with the almost inevitable separation of her family, or worse, the early death of her

children. When he hears Sethe vehemently defend Denver, Paul D says that Sethe's actions are "very risky," since "a used-to-be-slave woman to love anything that much was dangerous" (54). Here, the danger that the slave mother faced was the mental and emotional trauma that she would encounter if her child were to suffer or die, the probability of which was very high during the era of slavery. The proposed solution to this mandated detachment from children is for a slave mother "to love just a little bit... so when they broke its back, or shoved it in a croaker sack, well, maybe you'd have a little love left over for the next one" (54). Love here can be understood as the desire and ability to form emotional, familial attachments. Through this passage, Morrison shows how slavery was particularly dehumanizing for slave mothers like Sethe, since it forced them to restrain maternal attachment to their children. Thus, slavery was immensely emotionally and mentally taxing on slave mothers, which explains why Sethe is the foremost example of the devastating effects of slavery in the novel. The DSM-III-R was the first edition to list as risk factors for PTSD "serious threat or actual injury to oneself or loved ones," and through its depictions of mothers losing their children or facing the looming threat of the injury or death of these loved ones, *Beloved* shows that slave women were uniquely susceptible to this mental disorder (Brett 1233).

As was true of Sula and Shadrack in *Sula*, Sethe's PTSD is not a result of a single, isolated trauma, but is instead a product of a lifetime of events that doomed her mental health. Horrific violent trauma may have pushed Sethe off of the precipice into PTSD, but Sethe's life up until that point moved her to that precipice by fragmenting her sense of self and denying her familial connections and education, which left her powerless to confront violent trauma with healthier mechanisms. While the novel is set in Sethe's home in Cincinnati, Ohio, in 1873, the story continually travels several decades into the past to describe the experiences of Sethe and

Paul D when they were slaves at Sweet Home, a Kentucky plantation. While certainly the most violent examples of trauma that Sethe faced—including rape and brutal whipping—occurred around the time of Sethe’s escape from slavery, Morrison emphasizes through Sethe’s experience that even when relatively devoid of violence, slavery was no less mentally crippling or dehumanizing.

In addition to the absence of familial bonds that slavery caused, slavery denied African Americans the opportunity to receive an education or to become literate, since “whitepeople thought [educating blacks] unnecessary if not illegal” (120). This undoubtedly stemmed from the fear that if slaves or freed blacks had the tools to learn about and oppose the injustices done to them, white Americans would need to struggle to maintain their positions of power. Born into slavery, Sethe was completely denied formal education, and as an adult, she can recognize only seventy-five words. Many words in this small set were derogatory terms against African Americans, evidenced by the fact that she recognizes many of the words she knows in the condemning white newspaper article that was written about her murdering her child (190). Thus, even the small shred of education that Sethe is able to receive reinforces her supposed inferiority instead of empowering her to improve her condition, and contributes to the damaged sense of self that weakens her ability to recover from subsequent violent trauma.

Through the story of Sethe’s upbringing, Morrison forces her reader to realize that racist ideology, even when not coupled with physical violence, is just as damaging to a person’s psyche as violent physical abuse. As a young teenager, Sethe is sold to Sweet Home, a plantation owned by Mr. and Mrs. Garner. Sethe is the only female out of the six slaves there, and on a superficial level, Sethe seems to be fortunate, simply because the male slaves do not take advantage of her. Instead, the men wait in agony for Sethe to pick one of them, “dreaming of

rape, thrashing on pallets, rubbing their thighs” (13). The visceral reaction to this may be to assume that Sethe is lucky to have been spared sexual abuse—in other words, it could have been worse. Baby Suggs, the mother of one of the five male slaves at Sweet Home and Sethe’s mother-in-law, was formerly the only slave woman on the plantation, and her experience was similar to Sethe’s: “Nobody knocked her down,” and the Garners never “brought them [the male slaves] to her cabin with directions to ‘lay down with her,’ like they did in Carolina” (164). Compared with Baby Suggs’ experience in Carolina, which left her with eight children by six fathers, the reader may assume that the Garners harmed their slaves less than the conventional slave owner during the era (28).

However, Morrison shows that this reading is absolutely wrong. In addition to the fact that the Garners denied their slaves education and strong familial ties, the Garners brought Sethe to the point where murdering her children could be called merciful. This was largely done by animalizing Sethe and refusing to recognize her as a rational adult, which ultimately forced her to internalize and inculcate this message and led her to act as the white slave owners expected her to act. Mrs. Garner both infantilizes and animalizes Sethe when she refuses to allow Sethe to marry. Sethe knows that “there should be a ceremony... A preacher, some dancing, a party, a something,” in order to give her marriage the legitimacy and sanctity that it deserves (31). However, when Sethe asks Mrs. Garner if there will be a wedding, “laughing a little, [Mrs. Garner] touched Sethe on the head, saying, ‘You are one sweet child’ ” (31). Mrs. Garner assumes superiority over Sethe through this patronizing and degrading gesture. Her apparent compliment thinly masks her assumption that Sethe is not a rational adult, that Sethe’s choices are insignificant, and that she is undeserving of respect. Lacking recourse, Sethe imbibes this judgment. She and her new husband, Halle, have no privacy for their intimacy; they consummate

their marriage outdoors in a “public display,” because the Garners cause them to act as if they were no more than animals and deserve nothing better (32).

In light of the dehumanizing climate in which Sethe spent her formative years, the overt and violent trauma that she faces before she escapes from slavery are the proverbial last straw that mentally breaks Sethe and causes her descent into PTSD. After Mr. Garner dies, a relative of Mrs. Garner, known to the slaves as “schoolteacher,” comes to Sweet Home and essentially ruins—either through actual murder or permanent mental crippling—all six of the slaves. Schoolteacher overtly shows that he believes Sethe to be an animal: He measures Sethe’s body and then assigns his students to make a list in which they “put her human characteristics on the left; her animal ones on the right” (228). Here, schoolteacher verbalizes what Mrs. Garner only intimated by refusing to allow Sethe to marry, and doing so further—and permanently—mentally damages Sethe. Morrison shows Sethe’s mental disintegration by describing how Sethe’s head felt upon overhearing schoolteacher speak of her as an animal: Sethe says, “My head itched like the devil. Like somebody was sticking fine needles in my scalp.” (228). This itching becomes an outward manifestation of the necrotizing of Sethe’s mental health. A similar description precedes Sethe’s murder of her infant daughter. When Sethe sees schoolteacher entering Baby Suggs’ property in Cincinnati with the intent of bringing Sethe and her children back to slavery, “little hummingbirds stuck their needle beaks right through her headcloth into her hair and beat their wings” (192). Physical discomfort of her head becomes a reflection of the mental destruction produced by slavery that Sethe recognizes is worse than death, and she is willing to kill her own child to save her from it. Sethe later says, “If I hadn’t killed her she would have died and that is something I could not bear to happen to her” (236). Here Sethe recognizes that slavery is worse

than physical death, since it forces an individual to endure a lifetime of dehumanization and abuse without hope for improvement.

The capstone trauma that causes Sethe's PTSD unambiguously fits the metrics of the DSM-III-R, which states, "The most common traumata involve either a serious threat to one's life or physical integrity." Sethe's life and the lives of her infant daughter and unborn child are all threatened when schoolteacher's two nephews rape Sethe and take her milk (176). Although Sethe and her unborn child survive, Sethe's connection with her infant daughter is forever severed: By taking Sethe's milk, the nephews steal Sethe's ability to nurture her child and raise her in a healthy way. This act robs Sethe of any confidence that she can protect and provide for her children like a regular mother, which is seen when she kills her daughter in desperation to put her daughter somewhere "where [she] would be safe" and "no one could hurt [her]" (192). Killing the daughter is both a response to trauma and a perpetuation of trauma. Sethe never forgives herself for killing her child, and the action comes to haunt her even more than does her experience with slavery. While Sethe never speaks with Denver about her past at Sweet Home, the spirit of Sethe's murdered child literally haunts Sethe's house and is a daily reminder of Sethe's failed attempt to minimize suffering (3).

Just as the causes of Sethe's PTSD correspond with the entry for PTSD in the DSM-III-R, the symptomology of her disorder, beginning with her violence against her daughter, satisfy the clinical understanding of the disorder at the time of publication of *Beloved*. The DSM-III-R recognizes "unpredictable explosions of aggressive behavior" as a hallmark of severe PTSD, and Sethe's act of murder was both totally unanticipated and accompanied by a flurry of other aggressive actions towards her other children. Only the intervention of people working nearby prevented Sethe from killing all four of her children (175). The murder also exemplifies the

“emotional anesthesia,” or state of detachment and estrangement from others, that the DSM-III-R recognizes as symptomatic of PTSD (APA 1987). Sethe’s self-deluding insistence that the act of killing her daughter is merciful and brings her daughter to safety becomes an example of pathological emotional detachment (*Beloved* 192). The “psychic numbness” that the DSM-III-R describes in victims of PTSD is also seen in Sethe’s inability to feel the physical pain from her rape: Sethe’s back is covered with scar tissue following the violent beating that accompanied the assault, but she cannot “feel the hurt her back ought to” (APA 1987, *Beloved* 21). This physical numbness is an outward representation of Sethe’s inability to confront the enduring mental effects of slavery. Like the physical scars that are literally behind Sethe and kept out of sight, PTSD is a mental scar from her past that Sethe must continually carry with her. There are other telling overlaps between Sethe’s symptoms and the PTSD diagnosis. For example, “a numbing of general responsiveness that was not present before the trauma” is a published symptom of the disorder, which matches up with Paul D’s observation that schoolteacher had “punched the glittering iron out of Sethe’s eyes, leaving two open wells that did not reflect firelight” (11). The loss of iron in Sethe’s eyes speaks to the loss of vitality, strength, and indeed identity that Sethe continues to suffer long after her physical enslavement has ended. The text speaks to the tragic irony of persistent, trauma-induced mental illness when Sethe remarks in 1873, “The worst was over, wasn’t it? She had already got through, hadn’t she?” (114). Instead of representing an end to the grip of slavery, Sethe’s physical escape from Sweet Home only begins her lengthy struggle to leave slavery behind.

The complicated character of Beloved in part comes to represent Sethe’s inability to leave behind the mental effects of slavery. Nearly two decades after Sethe kills her infant daughter rather than allowing her to be taken back into slavery, a supernatural character named

Beloved arrives at her home in Ohio and becomes a part of Sethe's family. The novel is rife with indications that Beloved is the reincarnation of Sethe's murdered child: Beloved has a scar where Sethe cut open her daughter's neck, and Beloved has the impulsivity, tastes, and temperament of a child of the age that Sethe's child was when she was killed. However, Beloved is not a human girl, and certainly not just a child: in the final section of the novel, Beloved mysteriously grows "bigger, plumper by the day" while Sethe wastes away (281). Sethe's bodily and mental emaciation is far more than a product of giving Beloved all of the food in her home while eating none herself. Beloved can be understood as a physical manifestation of Sethe's PTSD, which haunts and ruins her from the inside out. The text says, "Sethe pleaded for forgiveness, counting, listing again and again her reasons: that Beloved was more important, meant more to her than her own life," but that "Beloved denied it" (284). Beloved thus becomes a symbol of the barrier that prevents Sethe from reclaiming mental health. Beloved's presence and Sethe's continual rehashing of her reasons for killing her daughter become examples of "the re-experiencing of the trauma" that the DSM-III-R recognizes as a key symptom of PTSD.

Paul D is another central character in *Beloved* who suffers from PTSD after years of slavery. Like Sethe, Paul D endured decades of dehumanization at Sweet Home, which culminated in extremely overt forms of animalization, including being forced to wear a bit in his mouth. From that time forward, Paul D is tortured with doubt regarding his manhood and even his humanity. Mr. Garner had taken pride in calling his male slaves men, saying, "Bought em thataway, raised em thataway. Men every one," but schoolteacher saw them as animals and treated them accordingly (13). This rapid shift in perception helped to undermine Paul D's sense of self: "It troubled him that, concerning his own manhood, he could not satisfy himself on that point. Oh, he did manly things, but was that Garner's gift or his own will?... Did a whiteman

saying it make it so?” (260). Paul D’s mental anguish stems from the fact that he has been stripped of his power of self-determination, a form of trauma that the DSM-III-R recognizes as a cause of PTSD. Being denied personal autonomy through “a serious threat to one’s...physical integrity”⁷ is one of the most common sources of PTSD, according to the DSM-III-R. Slavery ultimately makes Paul D feel inhuman: When looking at a rooster named Mister at Sweet Home, Paul D remarks to himself, “There was no red heart bright as Mister’s comb beating in him” (86). Paul D thus internalizes the racist mindset that regards him as an animal, or even inferior to an animal. The rooster’s name illustrates the confusion of human and animal status that haunts Paul D, as does Paul D’s attribution of anthropomorphic qualities like smiling to the rooster, and walking free while Paul D himself is forced to wear a bit in his mouth (85-86). Like Sethe, Paul D also endures traumatic physical violence, which has a permanent mental and physical impact on him. Schoolteacher sells Paul D to a chain gang after foiling Paul D’s plan to run away, where Paul D endures horrors including rape, solitary confinement in an underground cell, and watching his fellow prisoners die on a daily basis (127). The permanent tremor that Paul D develops as a result of this abuse is an outward expression of the mental fragmentation that he experiences.

Paul D’s symptoms fit within the clinical understanding of PTSD at the time of the publication of *Beloved*. According to the DSM-III-R, “The person commonly makes deliberate efforts to avoid thoughts or feelings about the traumatic event and about activities or situations that arouse recollections of it” (APA 1987). When Paul D escapes from the chain gang, he travels north and effectively becomes permanently homeless, choosing to frequently travel between cities rather than find a home. At the time when the novel takes place, Paul D has

⁷ “Physical integrity” is both literal control over what can contact or harm the body, and is also the control over what the body does.

wandered to Ohio and lives briefly with Sethe and Denver, but during the span of months during which the novel takes place, Paul D moves around between many locations on Sethe's property, and even moves into the local church for part of the novel. Paul D's migrant lifestyle is a physical reflection of his mental avoidance of issues of the past. Paul D also avoids traumatic memories of the past by shutting down a "generous portion of his head, operating only on the part that helped him walk, eat, sleep, sing" (*Beloved* 49). Here, Paul D manifests a symptom described by the DSM-III-R as a hallmark of PTSD: "The person commonly makes deliberate efforts to avoid thoughts or feelings about the traumatic event and about activities or situations that arouse recollections of it." The symbol that Paul D adopts for his deliberate avoidance of traumatic memories is a "tobacco tin buried in his chest where a red heart used to be. Its lid rusted shut" (86). Paul D's PTSD is therefore manifested in willful, defensive dehumanization. However, Morrison also uses this symbolism to suggest the inadequacy of Paul D's attempt at self-treatment. Just as tobacco is carcinogenic and ultimately harms its user, Paul D's method of coping with PTSD further damages him, since it deprives him of the meaningful human relationships that necessitate honesty and permanence.

While Sethe and Paul D are two clear examples of how slavery causes its victims to develop PTSD, many other characters in *Beloved* could similarly be shown to suffer from PTSD as a result of slavery. In 1873, Sethe and Paul D live in the African American community at the outskirts of Cincinnati, Ohio, a community populated by freed and escaped slaves who share the aftermath of firsthand experience with the trauma of slavery. This shared trauma is the greatest single defining factor of the community. For example, Baby Suggs throws an exorbitant party for the community at her house, and the following day the community is furious because of her "reckless generosity" (162). The members of the community collectively feel mocked and

angered by the fact that they had endured more suffering than Baby Suggs, yet Baby Suggs could perform the apparent miracle of feeding the entire community. The text explains the community's opinion: "Loaves and fishes were His powers—they did not belong to an ex-slave who had probably never carried one hundred pounds to the scale... Who had never been lashed by a ten-year-old whiteboy as God knows they had" (161-62). The black community in Cincinnati thus feels permanently estranged from those who did not share their plight—even former slaves whose experiences during slavery were less traumatic. Post-traumatic stress can be understood as the adhesive that unifies this community. Because the community's relationship to trauma make it impossible for outsiders to relate to them and thus to be accepted by or help them become mentally healthy, the novel makes a statement about the necessity for recovery to come from within the community itself. The most current edition of the DSM in 1987 does not comment on PTSD beyond the level of the individual, so Morrison's description of how PTSD operates at the level of the community—and how communal trauma must be uniquely addressed—challenged the field of psychiatry at the time when the novel was published.

So insidious is the presence of PTSD in the black community at Cincinnati that the elusive character of Beloved can be understood as a physical manifestation of it, and indeed as an illness to the community. While Beloved literally inhabits Sethe's house and is most directly tied to her trauma, Beloved is also an unambiguous representation of the communal plight of the slave. This is seen when Stamp Paid, another freed slave, approaches the home that Beloved haunts and hears the "roaring" of the "people of the broken necks, of fire-cooked blood" (213). This intimately links Beloved to the trauma of violence and murder that was the communal legacy of slavery. Additionally, when Denver asks Beloved where she came from, Beloved describes traveling across the Middle Passage in the bowels of a hot and horrendously cramped

slave ship, where “some is dead,” and the protracted agony only ends with emerging on a bridge over the water (88). Here, *Beloved* describes an experience that was common to countless enslaved Africans, and in doing so, *Beloved* localizes the trauma of this collective past to the community in the narrative present, just as PTSD keeps trauma forever present. The fact that the memory of slavery has taken up residence among the community through *Beloved* is ominous proof of the permanent effects of unaddressed trauma, which gives PTSD definite parallels to conventional infectious diseases. *Beloved* arrives in the community because of its unaddressed trauma and becomes integrated into Sethe’s family, illustrating the permanence of untreated PTSD.

However, *Beloved*’s insidious presence and ability to reproduce takes on additional pathological significance. The DSM-III was the first rendition of the DSM to suggest that PTSD has disease status by defining a list of symptoms of the disorder, and thus enabling traditional physician diagnosis. Thus, just like a viral infection, failure to address PTSD worsens the situation by allowing it to thrive and propagate. The disease nature of post-traumatic stress is explored in *Beloved* through descriptions of *Beloved*’s growth in size and ability to reproduce. *Beloved* feeds off of the community and weakens it, which is seen when Sethe grows emaciated while *Beloved* “was getting bigger, plumper by the day” (281). Additionally, *Beloved* is fertile: on the literal level, *Beloved* becomes pregnant with Paul D’s child, but because *Beloved* is not a human character but a complex manifestation of trauma, it is clear that she is not merely pregnant with a human baby. Instead, her pregnancy becomes symbolic of the inheritability of trauma and of the risk that trauma will be perpetuated into the future due to the community’s unwillingness to process their collective trauma. If *Beloved* symbolizes the PTSD in the current community, then her pregnancy shows the viral nature of the mental disorder: untreated PTSD,

therefore, has deleterious ramifications for future generations, which brings urgency to the novel's message about the necessity for proactive PTSD treatment.

Furthermore, although an exhaustive examination of the implications of Beloved's baby as the propagation of post-traumatic stress is outside the scope of this paper, it should be noted that Beloved delivers her baby in Morrison's 1992 novel *Jazz* and he becomes the character Joe Trace, who murders a woman with whom he is having an affair, while he has no children with his wife. Apart from the deleterious impact of Beloved on the black community at Cincinnati, Beloved thus also functions to show how inheritability of trauma functions in a single family. Sethe's lineage, the reader learns in *Jazz*, not only lacks reproductive fitness, but also has a negative, even murderous impact on society. The insidious danger that arises when PTSD is untreated at the level of the individual is reminiscent of the way that individual post-traumatic stress feeds back to the community level in *Sula* and catalyzes destruction, and has definite parallels to viral infection that emphasize the necessity of its formal treatment.

The community is central to the most effective approach to PTSD treatment that Morrison discusses in *Beloved*. Before Baby Suggs offends the black community through her garish display of largesse, she had been a spiritual authority in the community. Baby Suggs leads meetings of the community every Saturday afternoon at an open place called the Clearing in the woods, where they take part in a cathartic ritual. The name "the Clearing" becomes a metaphor for the psychological healing that occurred there: Baby Suggs instructs the children to laugh, the men to dance, and the women to cry, until everyone "lay about the Clearing damp and gasping for breath," a sign that they have exorcized some of the trauma that they had internalized from their past (103). Baby Suggs also preaches a message about self-love at these meetings, saying, "In this here place, we flesh; flesh that weeps, laughs; flesh that dances on bare feet in grass.

Love it. Love it hard. Yonder they do not love your flesh” (103). Through this message, Baby Suggs helps to reclaim the humanity of the former slaves that had long been denied to them by helping them to embrace and love their human qualities. Through this ritual at the Clearing, Morrison shows that healing after trauma is most effectively done communally.

However, when Baby Suggs becomes unfit to mediate this healing, it effectively stops, which shows that single individuals cannot forever combat communal post-traumatic stress. Instead, the impetus to become healthy must come from within the community and this healing must become a democratized process. This is epitomized when the women of the black community at Cincinnati come together to exorcise Beloved from Sethe’s house, through which they distance themselves from the trauma of the past by casting out the symbol of the mental impact of slavery. The reader sees a zealous return of Baby Suggs’ approach to healing: the women drop to their knees in communal prayer, which represents a return of communal healing based in religion (304). Later the women act as a single, unified body when they prevent Sethe from killing Mr. Bodwin, a white man who approaches her house (309). Through this, the women prevent Sethe from committing another murder that would be a pathological response to “events that symbolize or resemble [a] traumatic event” (Brett 1233). Because Beloved functions as a symbol of PTSD at the community level, her departure also indicates that permanent progress has been made in confronting collective trauma as well. Thus, only when the women take a proactive, communal approach to confronting situations linked to trauma are they successful in remedying them. Here *Beloved* imparts the message that recovery from post-traumatic effects of stress at the community level requires not only community recognition of the problem, but democratized engagement in collective treatment.

While *Sula* focuses on the insidious traumatic effects of institutional racism, war, and accidental death and asks for revision of the public's conception of PTSD, the traumas described in *Beloved* fit within the existing clinical framework for PTSD in the DSM-III-R. Through descriptions of many forms of torture, sexual abuse, and dehumanization that were inflicted on the African American characters in the novel during the era of slavery, this novel clearly shows that slavery is one of the most clear-cut causes of PTSD imaginable. Morrison's depiction of the effects of the traumatic experience of slavery on the individual and the community coincide to a remarkable level with the definition of PTSD given in the DSM-III-R, which was published during the same year as *Beloved*. About the cause of PTSD, the DSM-III-R reads, "The trauma may be experienced alone (e. g., rape or assault) or in the company of groups of people (e. g., military combat)." Sethe and Paul D's experiences fit the description of PTSD many times over: Both are victims of rape and physical assault, as are the majority of the black supporting characters in the novel. While the DSM-III-R does not go so far as to recognize that all members of a community can be affected by PTSD, its statement that trauma can occur "in the company of groups of people" also fits Morrison's depiction of slavery in *Beloved*, which focused primarily on a single plantation that was home to six slaves, all of whom were victims of physical violence and mental abuse. Furthermore, the DSM-III-R specifies that, "The disorder is apparently more severe and longer lasting when the stressor is of human design," as opposed to an accident or natural disaster (APA 1987). This also perfectly describes the institution of slavery, the most fundamental aspect of which is forced, systematic commoditization of people by a group that assumes superiority.

The question then emerges, what insights about characters and the community does the reader gain when he or she reads *Beloved* as a novel about PTSD? *Beloved* is filled with

characters that function as case studies of how people can address slavery—and all are shown to be largely inadequate. Sethe, for example, attempts to cope by forgetting the past, while Paul D tries to leave the past behind by adopting a migrant lifestyle and shutting down the parts of his mind not needed for daily functions. Neither of these strategies works. Even Baby Suggs, who advocates for self love and communal healing, ultimately gives up on her mission, wastes away, and “used the little energy left her for pondering color[s],” which Sethe would then bring into her bleak bedroom (*Beloved* 4). After watching Sethe murder one of her grandchildren, Baby Suggs ultimately resorts to forgetting the past as well, and the black community loses the leader of their healing ritual in the Clearing. As an advocate for the most vulnerable members of the long-marginalized African American community, Morrison is certainly not suggesting that there is no sustainable way to address the haunting shadow of slavery. Instead, she is recognizing the fact that slavery was such a horrific institution that its victims can easily begin to believe that there is no solution to it. However, by linking the trauma of slavery to PTSD, Morrison brings the effects of slavery into the scientific realm, where they can be clinically analyzed and treated. Because PTSD was being robustly treated in clinical settings at the time of the novel’s publication, associating the psychological effects of slavery with PTSD actually brings hope, since it promises that treatment is possible.

While *Beloved* in part tells the story of the lives of slaves, the novel is not a slave narrative. After all, few members of Morrison’s audience need to be convinced that slavery was a reprehensible and dehumanizing institution. Instead, Morrison is interested in revealing aspects of trauma perpetrated by the institution of slavery that evade public awareness. This is illustrated by the novel’s dedication, which reads, “Sixty Million and more.” In an interview, Morrison explained that this figure is “the best educated guess at the number of black Africans who never

even made it into slavery—those who died either as captives in Africa or on slave ships” (Nagel 46). This dedication thus brings attention to a group that is not often remembered in the discussion of slavery. Furthermore, although *Beloved* is set in Ohio, Morrison’s dedication recasts the issue of slavery as a global problem, since only a small portion of these millions were bound for the United States. Through *Beloved*, Morrison gives a voice and awareness to the unspoken victims of slavery, who have not been properly mourned and are not adequately remembered. In addition to those who did not survive the Middle Passage, former slaves are a group of slavery’s victims that historically has not been properly conceptualized. *Beloved* shows that because of permanent psychological damage and disorders such as PTSD, the problem of slavery was not solved with abolition. When *Beloved* is read as a story about PTSD, the reader gains a novel way of conceptualizing the long-term effects of slavery, and understanding why abolition was only the first step toward remedying the problem of slavery.

Post-Traumatic Stress Disorder in *Home*: A Turn Towards the Domestic Sphere

Finally I will turn my attention to Morrison’s most recent novel, *Home*. Published around a quarter of a century after *Beloved* in 2012, this novel deals as robustly with mental illness and trauma as did the earlier works that I have examined, which provides the reader with a valuable tool to gauge how Morrison’s portrayal of these themes has changed over the course of her writing career. As in *Sula*, the psychological aftermath of war features prominently in *Home*: The novel’s protagonist, Frank Money, is a recent veteran of the Korean War, which situates the narrative present as around 1953. Similar to Shadrack and Plum in *Sula*, Frank’s inability to recover from the horrors of warfare determines his trajectory in the post-war narrative present. However, *Home* is unique among the novels I have discussed in this thesis because it

intentionally juxtaposes domestically grounded and wartime trauma, and pays close attention to the intersections between gender and mental illness in a way that is unprecedented in her canon. While the novel primarily follows Frank's post-war experience, Frank's sister, Cee, is as much a victim of psychological trauma as her brother. Her existence at the margin and out of narrative focus for most of the novel becomes a critique on the misallocation of concern for the most visible mentally ill, to the neglect of those affected by deeply personal—but no less traumatic—forms of abuse. In *Home*, the reader follows every step of Frank's journey from his "morphine sleep" while hospitalized for severe PTSD, through his travels across the country and his struggles with horrifying flashbacks, and to his ultimate contentment and healing at home in Lotus, Georgia (*Home* 7). This healing occurs only after being reunited with Cee, another character whose trauma and recovery can be fruitfully understood through the lens of PTSD.

In this section, I will consider the plights of Frank and Cee Money alongside one another by exploring the intersections between the causes, manifestations, and treatments of their mental disorders. Through this analysis, I will show how *Home* functions as a critique of the conventional understanding of PTSD as a wartime—and thus male-centric—disorder, and shows instead that the same disorder can be produced as a result of domestic trauma. I will also show that—as in *Sula*—the novel dismisses the hospital and legal systems as unhelpful in mediating psychological recovery. *Home* argues instead for religion, family, and community as helpful mental healing mechanisms. From this I will argue that *Home* responds specifically to the social moment in which it was written and protests the total relegation of the anxiety disorder to the sterile realm of clinical research and medical treatment. In contrast, *Home* advocates for reclaiming PTSD as a disorder that is best treated through emotional and mental support of family and the community.

From the first page of the novel, it is clear that Frank and Cee Money—and their mental illnesses, by extension—are meant to be understood in relation to each other. The novel's first scene depicts a childhood trauma that the brother and sister share: While they were “just kids” playing in a field of horses in Lotus, Georgia, they accidentally witness the murder and burial of a black man (3, 4). Frank and Cee watch from the grass as several white men transfer the dying man from a wheelbarrow to a hole in the ground, using “the edge of a spade [to] drive the jerking foot down to join the rest of itself” (4). Cee's “whole body began to shake” after viewing this horrific event, which recalls to mind Paul D's tremor: Like Paul D, physical shaking becomes a manifestation of psychological trauma. Frank, who narrates this scene, tells the reader, “I thought I could handle [seeing the murder],” but it becomes apparent to the reader that this childhood trauma creates the foundation of the anxiety disorder that comes to a head after he returns from the Korean War (4). Another key, shared trauma that takes place during Frank and Cee's childhood is familial in nature: Frank and Cee are neglected by their parents, who “worked from before sunrise until dark,” and are cared for instead by an abusive grandmother called Miss Lenore (43). It can only be speculated whether Frank and Cee's parents are aware of or apologetic for their negligence, but Miss Lenore's abuse of the children is clearly intentional. Miss Lenore's lack of interest in the children's wellbeing is illustrated through the fact that every day she pours water instead of milk over their morning cereal, not out of necessity but out of stinginess and cruelty (44). This illustration of her disregard for the physical nourishment of her grandchildren foretells the psychological emaciation that Frank and Cee endure under her care, which undermines their psychological integrity as adults. Miss Lenore also physically abuses Frank and Cee: she gives them “stripes and welts” and cautions them to lie to their parents, saying that they came from “playing out by the stream” (44). These descriptions of Frank and

Cee's childhood traumas appear early in the novel and alert the reader to the fact that the novel is not only interested in Frank's PTSD—which is very apparent in the text—but also wants the reader to appreciate Cee's mental illness as well, which is no less severe or unfounded for not being catalyzed by war.

In this discussion of the origins of PTSD in Cee and Frank, it becomes apparent that *Home* is distinct from *Sula* and *Beloved* in that racially motivated conflict is not the primary component of trauma that it explores. While Frank and Cee are African American like the characters that suffer from PTSD in the other novels I have explored, the trauma that Frank and Cee endure during war and domestic experiences, respectively, are not primarily grounded in racial injustice. While racially motivated crimes certainly have a significant presence in the novel, because they do not directly catalyze PTSD or define its treatment, I have chosen to limit the scope of this section to the themes of gender and familial/clinical treatment of PTSD. The fact that Frank's trauma is not racially-based is highlighted by the fact that Frank Money is a soldier in a desegregated army; progress has been made in racial integration since the WWI era in which *Sula* is set, during which the military was racially segregated (19). The novel does not emphasize spatial desegregation out of interest in highlighting social progress, but instead uses it to show the universality of the mentally devastating effects of war. As a pastor in *Home* explains, "An integrated army is integrated misery. You all go fight, come back, they treat you like dogs" (18). Racial integration is thus clearly not a solution to but a redistribution of the trauma of war. Therefore, compared with *Sula* and *Beloved*, Morrison seems to be less interested in the unique plight of the African American, and more interested in calling attention to the universally devastating effects of war and the inadequacies of the support structures that surround it.

Similarly, the traumas that coalesce to produce Cee's anxiety disorder are familial and sexual in nature, instead of primarily racial.

Just as with Sula in *Sula* and Sethe and Paul D in *Beloved*, Frank and Cee begin to suffer from PTSD as a result of isolated, particularly horrific experiences. However, as in the case of *Sula* and *Beloved*, these isolated events do not singly produce PTSD, but build on a history of trauma to catalyze mental undoing. Both Frank and Cee's traumatic experiences unambiguously fit within the criteria outlined in the DSM-IV, the prevailing clinical text available at the time of Morrison's publication of *Home*. Frank's wartime experiences are the final step that catalyzes his decline into PTSD, while sexual trauma causes Cee's ultimate decline, and the DSM-IV links both "military combat" and "violent personal assault" to developing PTSD (APA 1994). Frank begins expressing symptoms of PTSD after experiencing combat during the Korean War. To provide an example of this trauma, Frank watches his two close friends from home, Mike and Stuff, die gruesomely during the war: He "dragged Mike to shelter and fought off the birds but he died anyway," and he "staunched the blood finally oozing from the place Stuff's arm should have been," and retrieved the arm for the battlefield medics, but "he died anyway" too (*Home* 102). Frank's PTSD is manifested in part through flashbacks, and the reader learns of the details of his friends' deaths in a flashback. Importantly, however, the childhood traumas that Frank endured are told in the same flashback format, which shows concretely that the traumas of childhood and the trauma of war are both factors that contribute to Frank's PTSD and psychologically "haunt" him. All flashbacks are italicized, occupy their own short, isolated chapters, and are narrated by Frank himself, in contrast to the rest of the novel, which employs a third-person narrator. Frank's childhood traumas that are related through flashbacks are watching

the murder and burial of the black man in the horse field, as well as Frank's family's eviction from their neighborhood in Texas with twenty-four hours of notice (3-5, 39-41).

In contrast to Frank's experience with war, Cee develops PTSD in a domestic setting, but like Frank, her disorder is informed by a lifetime of prior trauma. While employed as his housekeeper, Cee becomes the victim of Dr. Beau, a physician with a perverse fascination with "wombs in general," who performs intrusive gynecological experiments on Cee and ultimately sterilizes her (113, 128). While this sexual trauma mentally breaks Cee, she has been on the path toward this mental undoing since her early childhood. While watching the black man get murdered and buried in the horse field is an obvious stressor, a lifetime of emotional and verbal abuse by her grandmother is similarly mentally destructive. The narrator shows that, in addition to the abuses she meted out on Cee and Frank together, Miss Lenore also frequently focuses her verbal abuse on Cee alone. For example, Cee's mother gave birth to her alongside a road, and "as [Miss Lenore] usually put it," being born on the street "was prelude to a sinful, worthless life" (44). By calling such a statement usual, this shows that Miss Lenore frequently tried to convince Cee of her own worthlessness, causing Cee to internalize the label of "gutter child" as she grows up (45). While one of Frank's most prominent symptom of PTSD is flashbacks, Cee's most obvious symptom is psychological numbness, which is symbolized through Cee's loss of consciousness—or physical and mental numbness—from the time that Frank finds her at Dr. Beau's home to after Frank delivers her to the home of a female family friend for treatment of her physical wounds (113-116). However, just as Frank's flashbacks of childhood show that his childhood trauma informs his anxiety disorder, Cee is "numb" long before Dr. Beau's attack, which shows that the trauma she experienced as a child had a significant mental impact on her and predisposed her to PTSD. Frank explains that Cee was "not patient, not hopeless, but

suspended” for much of their childhood, and “was a shadow for most of my life, a presence marking its own absence” (103). Cee’s “suspension” shows that for much of her life she mentally occupied a liminal space between health and illness, which made her susceptible to further trauma pushing her over the brink into PTSD. The image of Cee as a “shadow” marked by “absence” highlights the fact that her childhood trauma eroded her psychological health and deprived her of the mental elasticity necessary to survive subsequent trauma without permanent mental effects.

Both Frank and Cee’s manifestations of PTSD align with the diagnosis of PTSD in the DSM-IV, the prevailing clinical text available at the time of Morrison’s publication of *Home*. The DSM-IV recognizes both Frank’s flashbacks (“persistent re-experiencing of the traumatic event”) and Cee’s numbness (“numbing of general responsiveness”) as hallmarks of PTSD (APA 1994). As introduced above, one of Frank’s primary symptoms is flashbacks of violent and mentally taxing events, which satisfies the DSM-IV criterion of PTSD being manifested through “recurrent and intrusive recollections of the event” (APA 1994). However, Frank also displays a plethora of other symptoms that unambiguously fit the definition of PTSD in the DSM-IV, among them “recurrent distressing dreams” and “intrusive recollections” of traumatic events. For example, while asleep on a train, Frank dreams of “fingered feet,” which is both a mentally persisting image of the detached limbs that he encountered while in combat and also a reappearance of the “black foot... being whacked into the grave” in the horse field, which was a mentally traumatizing event from his early life (*Home* 33, 4). Because the third-person narrator closely follows Frank’s thoughts, the reader receives ample examples of Frank’s “intrusive recollections” throughout the novel. To provide an example, a stray thought about his former girlfriend Lily transitions without warning into the self-deprecating, “Why didn’t you hurry? If

you had gotten there sooner you could have helped him. You could have pulled him behind the hill the way you did Mike. And all of that killing you did afterward? Women running, dragging children along” (21). The intrusiveness of this memory is apparent in its unprovoked appearance in Frank’s stream of thought. It literally intrudes upon the story that Frank is attempting to relate, and typifies the somewhat fragmented narrative style that results from the inclusion of so many disturbing images and memories.

The manifestation of Cee’s PTSD is at the other end of the spectrum of PTSD symptoms; instead of over-remembering the trauma like Frank, Cee experiences what the DSM-IV calls “amnesia” and “emotional anesthesia:” her PTSD presents both as an inability to perceive the magnitude of traumatic events as they were, as well as a “diminished responsiveness to the external world” (APA 1994). Morrison projects Cee’s internal state through her physical body so that the reader can clearly grasp how trauma has affected her. When Frank comes to her aid, Cee “lay still and small in her white uniform,” barely breathing and with hardly any pulse (*Home* 111). This physical unresponsiveness becomes a metaphorical expression of Cee’s inward numbness, a symptom of her anxiety disorder. Later, Cee recalls how Dr. Beau had frequently “stuck her with a needle to put her to sleep,” which similarly metaphorizes how traumatic events have a sedative, or mentally suppressing, effect on Cee (121). Importantly, Cee remembers feeling “pleasant” after awakening from the gynecological experiments that Dr. Beau anesthetizes her for, which emphasizes the fact that Cee’s PTSD is manifesting in part through an amnesic inability to remember the most traumatic parts of her past (121).

Cee’s unconsciousness, psychological numbness, and literal confinement in the domestic sphere (that is, Dr. Beau’s house) can be understood as the novel’s meditation on the conventional tendency for wartime trauma to erroneously be considered as the prevailing—or

even the only—source of PTSD. Frank's symptoms are easily relatable, violent, and expressive, while Cee's are characterized by mental shutdown and absence of emoting, instead of evocative presence. Also, while Frank travels across the country in *Home* and constantly interacts with people, Cee is totally cut off from the public and occupies only Dr. Beau's house. As Dr. Beau's experiments physically weaken Cee, she loses her ability to leave the house, and thus loses any opportunity to make the public aware of the existence of her domestic abuse. At least in the simple dyad of Frank and Cee, the novel genders domestic trauma and resulting dissociating numbness as female. Since numbness and seclusion prevent effective expression and communication, this explains why the public may only associate PTSD with the most overt set of symptoms—those perhaps most commonly seen in those who have experienced combat and primarily occupy the public sphere—to the wrongful exclusion of victims who have been silenced by domestic trauma.

Home offers a vitriolic critique on the hospital and legal systems as ineffective at treating PTSD, and thus articulates the inadequacy of science alone as a tool for reversing psychological trauma. When the novel begins, Frank is hospitalized after coming back from the war, but the only medication he receives is immobilizing shots, and physicians do nothing to proactively treat his disease (7). Through this, Morrison shows that the hospital—here a stand in for the clinical application of science—can be harmful and actually slow the process of recovery from PTSD. This is made clear when the doctors give Frank immobilizing shots to put him in a “semi-coma,” and thus literally use their clinical knowledge as a sedative, which prevents Frank from beginning the actual process of healing from extensive mental wounds (7). Attempts to use medicine to remedy Frank's anxiety disorder ironically further harm and isolate him, instead of improving his health. Like Shadrack in *Sula*, Frank does not receive worthwhile medical

treatment for his PTSD. Instead, Frank is institutionalized and forgotten, forcing him to become “a barefoot escapee from the nuthouse” and wander the country in search of Cee, the only relative (and indeed the only member of society) who does not scorn him (11). The only other appearance of a physician in the novel is Dr. Beau, the perpetrator of Cee’s most destructive trauma. *Home* thus unambiguously shows that physicians and medicine cannot be relied upon to mediate recovery from PTSD. This can be explained as the anxiety that impersonal, clinical medicine cannot be relied upon to provide the degree of personalized attention or possess the ethical conscience that many families and close-knit communities have, and is thus far more likely than the family or community to harm the individual.

The novel is similarly mistrusting of the legal system’s capability of dealing with PTSD, which is reminiscent of the clear failure of the legal system to help Shadrack in *Sula*. Just as Shadrack was quickly arrested after being released from the hospital, Frank must avidly avoid the legal system as he travels to Dr. Beau’s house to save his sister, due to the high risk of being arrested and institutionalized by authority figures that fail to sympathize with his condition and are most likely racist. Frank’s specific mistrust of the legal system originates from his family’s wrongful eviction from their home in Texas when he was a child. He thinks to himself, “You could be inside, living in your own house for years, and still, men with or without badges but always with guns could force you, your family, your neighbors to pack up and move” (9). Through this statement, Frank shows that from his experience, legal figures have abused their authority, threatened violence, and forced Frank to move. As he drifts across the country looking for his sister after the Korean War, the legal system is still forcing Frank to move, since “standing still could prompt a complaint of ‘loitering,’ ” and he must constantly hide to avoid wrongful arrest (9). This obligatory physical movement for fear of unjust, racially motivated

arrest becomes symbolic of the impediment to Frank's recovery from PTSD that the legal system causes. Just as Frank cannot physically stay in one place for fear of being arrested for "loitering," he cannot devote his time and energy to pursuing psychological recovery, since he must instead focus on avoiding unwarranted conflicts with the legal system. While the legal system is an ominous threat to Frank, it is simply absent and thus completely unhelpful to Cee, since she is sequestered in Dr. Beau's domestic sphere. Thus *Home* dismisses the legal system as unhelpful or even counterproductive as it relates to PTSD treatment and management, especially because of the significant presence of racism and racially motivated arrests in the early 1950s.

While *Home* dismisses the legal and hospital systems as unhelpful in treating PTSD, it shows how religion, family, and the community are mechanisms through which PTSD can be effectively treated and even healed. Religion is the first helpful coping mechanism that appears in the novel. At the beginning of the novel, when Frank escapes from the hospital and is avoiding the legal system, a very modest AME Zion church gives him sanctuary and the advice and materials needed to direct his journey to find Cee in Georgia. At the church, the "residue of two days' hospital drugging" wears off, and the pastor of the church commiserates with Frank over the tendency of the police to arrest without charges (16, 14). Additionally, whereas the hospital had taken Frank's money from his pockets, the pastor of the AME Zion church gives Frank seventeen dollars to finance a large portion of his journey to find his sister (17). The novel thus places the church—here used synonymously with religion—in direct opposition to the legal and hospital systems, and by extension, celebrates the church as a beneficial mechanism that can mobilize a victim of PTSD as he or she seeks recovery. It can be speculated that the church is considered a "healthy" tool for mental recovery because it is more likely to morally care for the individual and be unprejudiced than are the hospital and legal systems in the early 1950s.

The family and the community are the primary healing mechanisms that the novel presents. When Frank rescues Cee from Dr. Beau's house, he travels with her unconscious body to their hometown of Lotus, Georgia, where he immediately relinquishes care of Cee to the women of the Lotus community. Morrison depicts these women as nearly supernatural in their ability to heal Cee's horrifying physical wounds, which symbolize the emotional and mental wounds that Cee does not have words to express and does not have the strength to confront alone. Just as Cee's mentally numbing PTSD is metaphorized in her physical unresponsiveness, the physical healing that the women mediate symbolizes Cee's simultaneous mental healing. The women do not spare Cee physical pain or emotional pain as they work to cure her: Instead they "handled sickness as though it were an affront, an illegal, invading braggart who needed whipping," and use an assortment of noxious, painful medicines, in addition to blunt "berating" words including, "You a privy or a woman?" and "Men know a slop jar when they see one" (121-22). The community thus treats Cee's PTSD by reversing her most prominent symptom: numbness. Their verbal violence and willingness to inflict pain can therefore be explained by the fact that they need to shock Cee back to her senses—to metaphorically defibrillate her—in order to revive her to a state from which she can assist in mediating her own healing. At a certain point in Cee's healing (after Cee has become conscious and self-aware again), the women "changed tactics," stop hurting Cee, and instead surround Cee with communal support by involving her in their embroidery, crocheting, quilting, talk and songs (122). Cee realizes that these women are "nothing like Lenore," and thus for the first time she has positive role models and belongs to a group that is capable of helping and healing each other (123). Her constructive contribution to the women's crafts can be understood as a reflection of the healing—or internal construction—that is occurring when Cee is empowered to build self-worth and self-love.

This healing through the community is evocative of communal healing in *Beloved*, a distinction between the two being that Cee is the primary beneficiary of the community's power to heal in *Home*, while the entire community learned to recover from trauma together in *Beloved*. Another distinction is that while the black community at Cincinnati in *Beloved* processed their trauma through collective expressions of emotion, the community of women in Lotus, Georgia, who treat Cee actually scorn emotional engagement in recovery: "they didn't waste their time or the patient's with sympathy and they met the tears of the suffering with resigned contempt" (121). This unsympathetic and impersonal delivery of care highlights an odd disconnect in *Home*: in arguing against the over-clinicalization of treatment for mental illness, Morrison portrays communal healing that is simultaneously utterly communal and interpersonal yet completely divorced from human sympathy. She thus appears to swing sharply between the extremes of strictly communal and strictly clinical treatment, leading the reader to speculate that the true, maximally tenable solution is somewhere between the two.

While the community mediates Cee's mental recovery, Frank's recovery begins when he and Cee move into a house together. The novel's title, *Home*, effectively becomes Morrison's prescription for Frank's PTSD. Only when he is provided with the stability and protection of a home with his sister is he able to begin to recover, since he no longer needs to waste energy on evading the hospital and legal systems. Furthermore, Cee cooks for Frank, going to great lengths to feed him well and make foods that he likes, which starkly contrasts Miss Lenore giving Frank cereal with water (126). Unlike Miss Lenore, Cee cares about Frank's mental and physical health, and gives him the sustenance to improve both. Furthermore, Frank helps Cee process the trauma of being sterile as a result of Dr. Beau's experiments on her, and in doing so, he is able to process some of his own trauma. After discussing the matter with Cee, Frank cries for the first

time since before the war: he wants to cry as “he had not done since he was a toddler,” which he had not even felt like doing when he watched his friends Mike and Stuff die in Korea (132).

Here, crying is a method of externalizing and processing trauma instead of keeping it internalized, which is a critical step in healing since internalizing trauma results in its expression in flashbacks and unwanted memories. Therefore, when Cee and Frank reunite as a family, they are able to help each other recover from the trauma of the past.

When *Home* is read as a novel about PTSD, it can be understood as a response to the persisting social trend of PTSD being gendered as a male, war-centric illness, since the novel calls attention to the silent presence of PTSD in society from domestic trauma. Furthermore, the PTSD lens gives the reader a valuable tool for understanding sources, manifestations, and recourses for trauma that are most relevant in the twenty-first century. When Morrison published *Home* in 2012, the prevailing clinical definition of PTSD was found in the DSM-IV, which removed the DSM-III-R criteria that the stressor must be “outside of the range of usual human experience,” and that the stressor would cause “significant symptoms of stress in almost anyone” (APA 1987). The DSM-IV is therefore the first rendition of the DSM to admit that no single list of symptoms and triggers are applicable to all people with the disorder. This wider definition responds to the fact that as significant developments in the fields of genetics, molecular biology, and neuroscience made it easier to study PTSD clinically, it became more and more apparent that causality, patient susceptibility, and expression of PTSD are products of a composite of complex factors. Since the DSM-IV was published in 1994, great strides have been made in elucidating PTSD in a clinical context and learning how to treat it pharmacologically. Since Morrison published *Beloved*, PTSD has become vastly better understood, but the result has been an over-clinicalization of PTSD. I argue that in *Home*, Morrison reclaims mental illness as an issue that

can be most fruitfully addressed through interpersonal relationships with family and both secular and religious communities, and ought not be relegated solely to the clinical sphere. By portraying them in a very negative light, the novel calls attention to the potentially disastrous effects of trusting impersonal clinical tools and social structures—like the legal system or hospital system—to mediate all psychological healing.

Conclusion

Over the course of a writing career spanning more than four decades, Morrison has written many novels that explore the topic of mental illness. Mental illness is far more than a banal plot device in her novels: her novels are complex meditations on the origin, treatment avenues, and communal and individual impact of mental illness. Post-traumatic stress disorder (PTSD) is a particularly prominent mental illness in Morrison's novels. Morrison's specific interest in PTSD stems from her preoccupation with trauma, which can catalyze PTSD, an anxiety disorder that the American Psychiatric Association has recognized as a legitimate disease state since it first codified the diagnosis of mental disorders in 1952. Morrison is primarily interested in racialized trauma—particularly the trauma that has been a part of the African American experience since the time of slavery. Throughout her canon, Morrison depicts nearly every generation of African Americans from the mid-eighteenth century to the present day, and shows that each generation has been traumatized by the racist social and political structures of the day. Morrison does not present this trauma merely to draw attention to historical injustice, but to propose solutions for coping with injustice. I have studied Morrison's depiction of PTSD—a product of trauma—in *Sula*, *Beloved*, and *Home* to the end of showing how in each

case this depiction challenges the prevailing understanding and treatment of PTSD available at the time of publication of each novel.

Morrison published *Sula* in 1973, at which time the field of psychiatry did not recognize PTSD as a legitimate illness. When understood as a novel about veterans and civilians struggling with the psychological consequences of trauma, *Sula* becomes an argument for the unignorable existence of PTSD and the desperate need for its clinical recognition, since formal acknowledgement is the first step in the development of the social institutions necessary to effectively treat the disorder. The pressing nature of this need for codification of PTSD is demonstrated in *Sula* not only through depictions of the desolation that PTSD causes to those who suffer from it, but also through exploration of how untreated illness at the level of the individual feeds back to the community in a detrimental way and even destroys it.

Morrison published *Beloved* in 1987, and the experiences and symptomology of several of the former slaves in *Beloved* perfectly fits within the prevailing clinical definition of PTSD at the time of the novel's publication. When the reader approaches *Beloved* as a novel about both individuals and a whole community suffering from PTSD, it becomes clear that slavery is one of the most clear-cut causes of mental illness in United States history. While the scope of the horrors perpetrated by the institution of slavery defies remedy, understanding the trauma it produced as PTSD actually brings some hope to confronting the legacy of slavery or the aftermath of similar human rights abuses. Clinical psychiatry becomes a valuable tool for conceptualizing, communicating, and even processing the trauma from the worst imaginable situations. While *Beloved* explores the nature of trauma as an unbreakable cycle without an initially obvious solution, when this novel about the psychiatric aftermath of slavery is understood through the lens of PTSD, this imparts a hopeful message that individuals can heal

from even the immense trauma caused by slavery, since medical treatment of PTSD existed at the time of the novel's publication.

Finally, when Morrison's 2012 novel *Home* is understood as a novel about the causes, manifestation, and treatment of PTSD, the novel becomes an argument for the recognition of PTSD as a universal mental illness, instead of as an exclusive product of war, which is a public misconception that persists in the present day. However, *Home* can also be understood as a response to the fact that as scientific understanding of PTSD constantly grows, the risk arises that treatment of the disease will become over-clinicalized, or conferred exclusively to the scientific realm. Through depictions of the healing power of communal and familial bonds, *Home* brings attention to the critical role of human relationships in treating PTSD, which is at risk of being ignored during this era of overestimating pharmacology as alone being sufficient to treat mental disorders.

However, understanding Morrison's novels as meditations on PTSD does more than bring attention to the flaws in conceptualization and treatment of PTSD at the historical moments in which the novels were published. On a broader level, the discussion of mental illness in Morrison's novels shows how literary discourse on mental illness has a unique power to bring to the public a complex awareness of how medical policy impacts communities. The tangible implications of the formal clinical diagnosis of PTSD in the Diagnostic and Statistical Manual of Mental Disorders (DSM) can surely seem elusive to the common person, who can easily dismiss the PTSD diagnosis as irrelevant to anyone not in the field of clinical psychiatry or personally impacted by the disorder. These assumptions, however, rely on the incorrect belief that clinical conceptualization and treatment of mental illness is strictly a medical issue. In reality, formal definition of mental illness has social implications that cannot be ignored. Clinical definitions

impact how every sector of society—including the legal, political, education, religious, and family sectors—approaches mental illness. To highlight just a few of these avenues, when a mental illness is formally recognized, this usually translates into greatly increased funding made available to its research, a shift toward legal perception of the mentally ill as victims instead of healthy adults who should be expected to meet all legal expectations, and creation of religious and public support structures for those effected. Literature then becomes an important tool for making the public aware of this relationship between formal medical definition and social management of mental disorders. Moreover, literature has a unique ability to tangibly demonstrate the impact of isolated cases of mental illness on a community level, which can be attributed to the possibilities for narrative complexity, compelling exploration of ramifications that unfold over great lengths of time, and close narrative attention to the inner workings of many characters found in literature. Literature, then, can impart a message about the scope of the problem of mental illness that would otherwise evade the layperson.

Literature not only brings public awareness of the relationship between clinical definition and social perception and treatment of mental disorders, but can also challenge the public to modify their existing perception of the discourse surrounding mental illness. Literature can break down enduring stereotypes surrounding mental illness through portrayal of the mentally ill as relatable characters who ought to garner sympathy and can indeed be made healthy when properly treated and supported by all areas of society. The existence of this literary discourse on mental illness invites public dialogue about the perception of mental illness and, in Morrison's case, functions to destigmatize mental illness by showing both its universality and its similarities to other physical diseases—and thus the necessity of its demystification. Morrison accomplishes this by making relatable to the reader a variety of individuals who suffer from PTSD, from

veterans to adult civilian women to children, and by showing how factors outside of the individual's control coalesce to produce mental illness. The similarity of mental illness to any other biological disorder is well understood in a research context,⁸ but translating esoteric laboratory and clinical research into public knowledge can seem impossible: the public is not equipped to (or expected to) find, dissect, and ruminate on emerging medical research in the areas of molecular biology or neuroscience.

Thus, it is easy for the public to continue to hold outdated opinions about mental illness—especially in light of the fact that the last few decades have seen rapid advancement in the understanding of mental illness. For example, research that has emerged since the early nineteen nineties has shown that a plethora of both epigenetic⁹ and inheritable genetic factors play into the disease state of PTSD, which has proven wrong the initial assumption seen in the DSM-I that PTSD-like anxiety can only be a product of war (Skelton et al. 2012, True et al. 1993). Despite the fact that it has become increasingly apparent that the biological changes associated with PTSD can occur in veterans and civilians of all ages, PTSD is still conventionally understood as a wartime disease by the public. Literature has the unique ability to break down such misconceptions through the portrayal of civilian PTSD. Literature can thus be used to disseminate important, recently acquired knowledge that is both relatable to and understandable to the layperson. In doing so, literature helps bridge the gap in awareness about

⁸ PTSD, like many other conditions that are conventionally understood as diseases, is a product of physiological misregulation. Patients who suffer from PTSD experience hyper- and hypo-activation of multiple brain regions, caused by misregulation of electrical neural activity. Specifically, PTSD has been shown to increase activity in the amygdala, parahippocampal gyrus, mid-cingulate, precuneus, insula, and inferior parietal lobe (Etkin and Wager 1479). Symptom severity correlates with degree of hypoactivity in brain regions including the rostral anterior cingulate cortex, the inferior occipital gyrus, and the anterior hippocampus (1480).

⁹ Epigenetics is a field within biology that studies the environmental component in DNA and genomic structure alternation.

the nature of mental illness by translating clinical understanding of mental illness into “real world” implications.

We can take this relationship between literature and mental illness a step further. Because literature has the ability to bring public attention to the impact of mental illness and to challenge the way society treats mental illness, it is uniquely able to shape public policy. The importance of the policy arena to medicine is well articulated, but the relationship between literature and medical policy has not yet been sufficiently explored. The connection between literature, medicine, and the humanities is only beginning to be acknowledged, but the initial outcomes suggest that there is great benefit to be had. I have demonstrated through my analysis of PTSD in Morrison’s works one approach to begin to explore the generative outcome of dual analysis of the medical field and the humanities. As part of their inquiry into the ethical and social implications of their research, scientific studies employ investigators to conduct “criticism and interpretation of culture,” but this research often focuses on the sociological, religious, and anthropological aspects of culture (Clayton 127-28). However, as my analysis of PTSD in Morrison’s novels has shown, literature communicates in great complexity and nuance the individual and social factors surrounding mental illness. No other discipline can as exhaustively and tangibly relate the effects of mental illness across individuals, cultures, and time. The importance of literature as a portrayal of cultural opinion and thus a valuable voice in medical policy debates becomes an argument for the recognition of literature as a valuable player in public policy discourse.

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