Diagnosing Billy Pilgrim: A Psychiatric Approach to Kurt Vonnegut’s *Slaughterhouse-Five*

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"That’s the attractive thing about war," said Rosewater.
"Absolutely everybody gets a little something."

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Kurt Vonnegut’s *Slaughterhouse-Five* has been widely discussed as an antiwar novel based on the author’s own experiences in World War II. As a German POW, Vonnegut witnessed the bombing and complete destruction of Dresden, and *Slaughterhouse-Five* is the author’s manifestation of what he called “a process of twenty years [. . .] of living with Dresden and the aftermath” (Allen 163). Indeed, the words that describe the war, the Dresden events, and their effect on the people who experienced them did not come easily to Vonnegut. In an interview in 1974, he commented on the difficulties of articulating his experiences: “I came home in 1945, started writing about it, and wrote about it, and wrote about it, and WROTE ABOUT IT” (Allen 163). This agony is echoed in the first chapter of the novel:

> When I got home from the Second World War twenty-three years ago, I thought it would be easy for me to write about the destruction of Dresden, since all I would have to do would be to report what I had seen [. . .].

> But not many words about Dresden came from my mind then. [. . .] And not many words come now, either [. . .]. (2)

Vonnegut’s problems with articulation are evidence of the long-term consequences of his witnessing those events. Although critics generally recognize that
the war, and particularly the destruction of Dresden, had a traumatizing effect on Vonnegut, the nature of that trauma and how it manifests itself in the novel have yet to be explored in a systematic manner. A fresh look at Slaughterhouse-Five using psychiatric theory not only offers new insight into the work but also opens a window on the author himself. Vonnegut’s writing of Slaughterhouse-Five can be seen as a therapeutic process that allows him to uncover and deal with his trauma. By using creative means to overcome his distress, Vonnegut makes it possible for us to trace his path to recovery. We slowly narrow in on his condition using the novel as a conduit first to the protagonist, Billy Pilgrim, then to the narrator, and finally to the author himself.

Lawrence Broer has suggested that “[p]robably no characters in contemporary fiction are more traumatized and emotionally damaged than those of Kurt Vonnegut” (3). Billy Pilgrim in Slaughterhouse-Five certainly supports Broer’s observation. Even his wife, Valencia, who is unaware of Billy’s psychological turmoil, gets “a funny feeling” that he is “just full of secrets” (121). Attempting to define Billy’s psychological state more precisely, critics have frequently associated Slaughterhouse-Five and its protagonist with schizophrenia, most likely inspired by the author’s own comments on the title page characterizing the novel as “something in the telegraphic schizophrenic manner of tales of the planet Tralfamadore.” Yet even some of the critics who describe Billy as schizophrenic seem uneasy with that assessment. In the introduction to a recent collection of essays on Vonnegut, for example, Harold Bloom qualifies his description of Billy as suffering from schizophrenia with the parenthetical comment, “(to call it that)” (1). Symptoms of schizophrenia have to be present for at least six months before the disease can be diagnosed, and it is not caused by an external event. Schizophrenics usually suffer from hallucinations, in most cases hearing voices, and from social and occupational dysfunction (Diagnostic and Statistical Manual of Mental Disorders 285). Those criteria do not apply to Billy. His problems are directly related to his war experiences. Furthermore, after he returns home from the war, he manages to lead, at least externally, a very functional life—having a family, running a business, and being a respected member of society. He does not suffer from hallucinations. Rather, Billy’s fantasies seem more the result of a vivid imagination that he uses as a sense-making tool to deal with his war trauma.

Psychiatry can provide tools for a systematic approach to the trauma visible in the novel. The psychological consequences of the experience of war and especially the Dresden bombings can be readily analyzed using the criteria now established by psychiatrists to diagnose posttraumatic stress disorder (PTSD). Traumatic experiences have been described for centuries, but PTSD has only been recognized as an independent psychiatric classification since its inclusion in the 1980 edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Sparked by extensive research with Vietnam veterans, the 1980 Manual for the first time provided psychiatrists with both a name and operational criteria to assess the effects of traumatic experiences in an organized fashion and to lay
to rest a variety of earlier theories and labels, such as “Soldiers Irritable Heart,” “Schreckneurose,” “shell shock,” or “combat neurosis” (Saigh and Bremner 1–2). In general, PTSD stems from “an inadequate way of coping with extreme stress” (Kleber, Figley, and Gersons 234). The most recent edition of the Manual (1994) describes PTSD as the result of a “person experiencing, witnessing, or being confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others” (427) and to which he or she responds with “intense fear, helplessness, or horror” (428). The exposure to the trauma results in symptoms such as persistently re-experiencing the events “in the form of distressing images, thoughts, perceptions, dreams, or reliving [them].” Being reminded of the event can also trigger “psychological or physiological reactivity” (Kaplan and Sadock 1227). Furthermore, a diagnosis of PTSD requires symptoms of “persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness” as well as “persistent symptoms of increased arousal” (DSM 424).

These criteria for the diagnosis of PTSD help to explain and summarize the different facets of Billy’s state of mind in the novel. One important insight is that PTSD is believed to be caused not only by the traumatizing events themselves; the “psychosocial atmosphere in a society is clearly a factor that facilitates or hinders the process of coping with stressful life events” (Kleber, Figley, and Gersons 2). This can also be observed in the novel. When Billy returns home, America does not provide him with the possibility of working through his war experiences, particularly the bombing of Dresden, and thus occasions Billy’s chronic suffering. The most striking symptom of Billy’s condition is his altered perception of time. He sees himself as having “come unstuck in time”:

Billy has gone to sleep a senile widower and awakened on his wedding day. He has walked through a door in 1955 and come out another one in 1941. He has gone back through that door to find himself in 1963. He has seen his birth and death many times, he says, and pays random visits to all the events in between.

He says.

Billy is spastic in time, has no control over where he is going next, and the trips aren’t necessarily fun. (23)

Being “spastic in time” thus is a metaphor for Billy’s repeatedly re-experiencing the traumatic events he went through in the war, particularly as a POW during the Dresden bombings. Psychologically, Billy has never fully left World War II; instead, in Jerome Klinkowitz’s words, he lives in a “continual present” (55). In Trauma and Recovery, Judith Herman describes a similar situation with regard to former captives suffering from PTSD. While imprisoned, they “are eventually reduced to living in an endless present” (89). After their release, they “may give the appearance of returning to ordinary time, while psychologically remaining bound in the timelessness of the prison” (89). It has also been observed that a for-
mer prisoner "even years after liberation, [...] continues to practice doublethink and to exist simultaneously in two realities, two points in time" (89–90).

Billy's situation is comparable to that of the soldiers Herman describes. Although he is "outwardly normal" (175), the traumatic memories persistently intrude on him in forms typical to people suffering from PTSD. At times Billy also finds himself simultaneously at two different points of his life, for example, "simultaneously on foot in Germany in 1944 and riding his Cadillac in 1967" (58). Billy frequently relives the past through his dreams, distressing recollections, and flashback episodes. Often certain "internal or external cues that symbolize or resemble an aspect of the traumatic event" (DSM 428) trigger painful memories or cause Billy to re-live the war episodes. Psychiatrists note specifically that "sensory phenomena, such as sights, sounds, and smell that are circumstantially related to the traumatic event [...] reactivate traumatic memories and flashbacks" in PTSD sufferers (Miller 18). This symptom is readily observed in the protagonist and explains the novel's abundance of both psychological and structural "linking devices" between different scenes of Billy's life (Klinkowitz 78). For instance, the novel repeatedly mentions certain colors ("ivory and blue," "orange and black") or smells ("mustard gas and roses") that carry significance in Billy's past. Other triggers include sounds, such as a siren (57, 164), which Billy associates with the Dresden air raid alarms: It "scared the hell out of him" (57) and "he was expecting World War Three at any time" (57). Not surprisingly, seconds later he is "back in World War Two again" (58). In another episode, the sight of men physically crippled by war going from door to door selling magazines immediately causes great distress to Billy, himself mentally crippled by the war:

Billy went on weeping as he contemplated the cripples and their boss. His doorknobs clanged hellishly.

He closed his eyes, and opened them again. He was still weeping, but he was back in Luxembourg again. He was marching with a lot of other prisoners. It was a winter wind that was bringing tears to his eyes. (63)

A barbershop quartet that performs at his anniversary party causes a strong response in Billy because they remind him of the four German guards in Dresden who, when they saw the destruction of their hometown, "in their astonishment and grief, resembled a barbershop quartet" (179). The memory of the German guards lies at the center of Billy's trauma, the destruction of Dresden. In this case Billy first responds with physical symptoms, looking as if "he might have been having a heart attack" (173). Finally, away from the guests, Billy "remembered it shimmeringly" (177) but does not revisit that event. The Dresden bombings and their effect are too painful to relive and at first even too frightening to remember. Thus the strong physical and psychological reaction to the barbershop quartet, which even disturbs Billy's usually normal outward appearance, shows how deeply Billy has buried his Dresden memories.
Suppression of parts of the trauma goes hand-in-hand with other techniques of evading the trauma, such as avoiding “thoughts, feelings, or conversations associated with [it],” as well as “activities, places, or people that arouse recollections” (DSM 428). Billy displays all of these symptoms prominently. He hardly ever talks about his experiences in the war, even eluding the topic when his wife questions him about it (121–23). This behavior accords with studies of prisoners of war that “report with astonishment that the men never discussed their experiences with anyone. Often those who married after liberation never told even their wives or children that they had been prisoners” (Herman 89).

Another striking feature of Billy’s behavior that connects with the symptom of avoidance and also is among the criteria for PTSD is his diminished responsiveness to the world around him. He is described as one who “never got mad at anything” (30) and bears everything without reaction, because “[e]verything was pretty much all right with Billy” (157). Throughout the novel Billy’s range of affect is severely restricted, shown most prominently in the much repeated phrase “So it goes,” his passive and emotionless reaction to tragedy and death. Robert J. Lifton observed similar reactions toward death in survivors of the Hiroshima bombing, reactions he labeled “psychic numbing” (115) or “psychic closing-off” (125). For Billy, avoidance and “psychic numbing” are protective shields, offering him the possibility to live an “outwardly normal” (175) life.

However, it is impossible for Billy to stop the intrusion of his memories completely because the events have destroyed him inside, which now mirrors the ruins he saw in Dresden. At first he seeks help by committing himself to a mental hospital because he felt “that he was going crazy” (100). Yet just as mainstream American society does not provide an atmosphere conducive to recovery from the horrors of war, the psychiatric establishment also fails Billy. By neither providing an accurate diagnosis nor offering any coping mechanisms, it proves itself completely separated from true world experience. When Billy checks himself in, “the doctors agreed: He was going crazy” (100), but “[t]hey didn’t think it had anything to do with the war. They were sure Billy was going to pieces because his father had thrown him into the deep end of the Y.M.C.A. swimming pool when he was a little boy and had then taken him to the rim of the Grand Canyon” (100). Billy thus falls victim to the previous tendency in psychiatry to underestimate the role of “an external factor, something outside the person” in causing trauma and to focus instead only on “individual vulnerability as the reason for people’s suffering” (Kleber, Figley, and Gersons 11, 13).

Billy and his roommate, fellow war veteran Rosewater, thus embark on their own path of “trying to re-invent themselves and their universe” (101) in order to cope with the war events. In what has been referred to as “a desperate attempt to rationalize chaos” (Merrill and Scholl 69), they resort to science fiction. Billy claims that he was kidnapped by aliens from the planet Tralfamadore and displayed there in a zoo. Tralfamadorian philosophy, which opposes trying to make sense out of occurrences, helps Billy deal with the horrible events and their con-
sequences by reinterpreting their meaning. When he asks the Tralfamadorians why they chose to abduct him, they tell him: "Why you? Why us for that matter? Why anything? Because this moment simply is. [. . .] There is no why" (76–77). These beliefs enable Billy to avoid some of the distress he feels when facing death:

“When a Tralfamadorian sees a corpse, all he thinks is that the dead person is in bad condition in that particular moment, but that the same person is just fine in plenty of other moments. Now, when I myself hear that somebody is dead, I simply shrug and say what the Tralfamadorians say about dead people, which is ‘So it goes.’” (27)

Although the idea of Tralfamadore as a coping mechanism may strike one as bizarre, it seems to Billy the only option in a world that fails to provide him with a different path. As Leonard Mustazza points out, Vonnegut, by indirectly identifying Kilgore Trout’s science fiction novels as the source of Billy’s ideas, “takes pains to show whence Billy’s fantasy derives, and, in this regard, the novel proves to be quite realistic, a portrait of one of life’s (especially war’s) victims” (302). With the help of his Tralfamadorian fantasy and his idea of time travel, Billy conquers his trauma in a way that enables him to function. He controls his anxiety, so that nothing can surprise or scare him; and his symptoms of arousal are confined to his trouble sleeping and his occasional bouts of weeping (61). However, Herman points out that “the appearance of normal functioning [. . .] should not be mistaken for full recovery, for the integration of the trauma has not been accomplished” (165). The price Billy pays for appearing normal is high. Not only is he bound to a life of indifference, passivity, and a science fiction fantasy, but also he can never fully escape from the trauma that continues to intrude into his life.

The story of Billy’s trauma is not the only one in the novel; it is framed by that of the narrator, who is a fictionalized version of Vonnegut himself. Although separated from Billy’s story, some of the “linking devices” (Klinkowitz 78) found there, the Tralfamadorian “so it goes,” the smell of “mustard gas and roses” (4, 7), and even a “Three Musketeers Candy Bar” (9), also appear in the first chapter.6 At the same time, the narrator interrupts Billy’s story on several occasions to authenticate the events. The text implies that because the horrible consequences of the bombing of Dresden truly happened but are too far removed from normal experience to be easily reported, they can neither be completely fictionalized nor simply repeated through an eyewitness account. The novel thus becomes a mixture of autobiography and fiction that simultaneously binds Vonnegut to and distances him from the text and its implications.

Traumatic memories are usually not verbal, but surface as visual images (de Silva and Marks 166). Before they can be shared with others, they first have to be translated into language—a task that, difficult in itself, is complicated by avoidance and denial. PTSD sufferers are often unable to recall important aspects
of the trauma (DSM 428). This is a problem the narrator faces when he simply cannot remember much about the war (14). Even though he continually tries to write the novel, he feels unable to do so. On finishing the book after nearly a quarter of a century, he considers it “a failure” (22). In fact, as Peter Freese points out, “the thematic center of his novel [Dresden] is endlessly circumnavigated but never fully encountered” (221). This aspect of the novel is what Herman calls “the central dialectic of psychological trauma”: “the conflict between the will to deny horrible events and the will to proclaim them aloud” (1).

This difficulty of expressing the events is enhanced by the political and societal denial surrounding them. The narrator shares Billy’s experience that America does not offer an atmosphere that easily allows recovery. Because there is no forum for a discussion of the events, “I wrote the Air Force back then, asking for details about the raid on Dresden, who ordered it, how many planes did it, why they did it, what desirable results there had been and so on. I was answered by a man who [. . .] said that he was sorry, but that the information was top secret still” (11). Just as there is no public discussion of the events, there is also no discussion of them in private conversation. Most of the victims of the air raids were Germans, the aggressors and major victimizers of the war. Therefore, the question of whether it is even legitimate to talk about the horrible and traumatizing aspects of the bombings is part of every discussion of the bombings:

I happened to tell a University of Chicago professor at a cocktail party about the raid as I had seen it, about the book I would write. He was a member of a thing called The Committee on Social Thought. And he told me about the concentration camps, and about how the Germans had made soap and candles out of the fat of dead Jews and so on.

All I could say was, “I know. I know. I know.” (10)

The desperate “I know. I know. I know” seems by no means Vonnegut’s “expression of his exasperation at having to hear, once again, about the horror of the death camps” (275), as Philip Watts contends. Rather it is an acknowledgment of the difficulty and inability to talk or write about a topic that deeply affected one’s psychology, but which at the same time cannot be separated from questions of guilt, because it necessarily includes portraying the victimizers of the war, the Germans, as suffering during the bombings. Consequently one needs to design one’s own coping strategies and path of healing to deal with the horror of the Dresden air raids.

For Vonnegut, the recovery process is bound to literary production, so he understands his works as “therapy” (Allen 109). His war and particularly his Dresden experience have not left him scarless. What we learn in the novel is corroborated by comments that the author has made in interviews; the two together point to an underlying trauma. Vonnegut especially emphasizes his amnesia about Dresden:
[The book was largely a found object. It was what was in my head, and I was able to get it out, but one of the characteristics about this object was that there was a complete blank where the bombing of Dresden took place, because I don’t remember. And I looked up several of my war buddies and they didn’t remember, either. They didn’t want to talk about it. There was a complete forgetting of what it was like. There were all kinds of information surrounding the event, but as far as my memory bank was concerned, the center had been pulled right out of the story. (Allen 94)

Writing *Slaughterhouse-Five* meant the long and painful process of uncovering what Vonnegut had pushed out of his consciousness. Even though it is painful, psychiatrists see the telling of the story of one’s trauma as an important step in the recovery from PTSD (Herman 177). Herman stresses how difficult it is “to come face-to-face with the horrors on the other side of the amnesiac barrier” (184). Successful therapy requires a balancing act, because “[a]voiding the traumatic memories leads to stagnation in the recovery process, while approaching them too precipitately leads to a fruitless and damaging reliving of the trauma” (Herman 176). Vonnegut tries not to face his suppressed memories directly but to get to the core by slowly uncovering layer after layer. The novel reflects this process of narrowing in on himself through the two trauma stories. Billy’s story allows an indirect and detached exploration of the effects of the Dresden bombing because the character is mostly fictional. The narrator’s story parallels Vonnegut’s on one level, but on another level, it is an integral part of a work of fiction. Removing himself from the factual to the fictional plane by creating the narrator allows Vonnegut a degree of distance from himself and his experiences. Consequently, the final point of recovery in this process of self-therapy is not achieved in the novel but rather comes with its completion:

I felt after I finished *Slaughterhouse-Five* that I didn’t have to write at all anymore if I didn’t want to. It was the end of some sort of career. I don’t know why, exactly. I suppose that flowers, when they’re through blooming, have some sort of awareness of some purpose having been served. Flowers didn’t ask to be flowers and I didn’t ask to be me. At the end of *Slaughterhouse-Five*, [. . . ] I had a shutting-off feeling, [. . . ] that I had done what I was supposed to do and everything was OK. (Allen 107)

However, although *Slaughterhouse-Five* is the result of a successful self-treatment, telling the story does not mean that the trauma can then be forgotten. As in psychotherapy, which aims at “integration, not exorcism” (Herman 181) of trauma, the Dresden experience does not lose its important position in Vonnegut’s life after he completes the novel; but it can now be adequately integrated into the author’s past. The events may no longer paralyze the writer, but they are still available for further creative exploration, thus continuing as “the informing structure of all his novels” (Leeds 92). Yet Vonnegut has done more than cure himself. As Herman points out:
In the telling, the trauma story becomes a testimony. [...] Testimony has both a private dimension, which is confessional and spiritual, and a public aspect, which is political and judicial. The use of the word testimony links both meanings, giving a new and larger dimension to the patient's individual experience. (181)

By publishing *Slaughterhouse-Five*, which draws the reader into the path of healing, the stories of Billy, the narrator, and consequently Vonnegut take on a public dimension. They draw attention to something that we often prefer to suppress and deny although it is important to remember, namely, the crippling nature of war and the terrible toll that modern warfare extracts from those forced to live through it.

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**NOTES**

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1. A few of the many examples include Leonard Mustazza ("Vonnegut's Tralfamadore and Milton's Eden") who refers to Billy as "schizophrenic" (302); Lawrence R. Broer (Sanity Plea), who characterizes Billy's state as "schizophrenic deterioration" (91); Peter Freese ("Slaughterhouse-Five or, How to Storify an Atrocity"), who describes Billy's story as sounding "suspiciously like the biography of a man who develops schizophrenia" (212).
2. Hallucinations are defined as "a sensory perception that has the compelling sense of reality of a true perception but that occurs without external stimulation of the relevant sensory organ" (*DSM* 767, emphasis added).
3. Billy's more externally observable erratic behavior after the plane crash and his wife's death by carbon-monoxide poisoning also does not comply with the criteria for the diagnosis of schizophrenia. Rather, it seems consistent with the consequences of a head trauma he might have suffered in the crash, adding to Billy's traumatized state by worsening his psychic condition even further.
4. The combination "ivory and blue" appears throughout the novel, usually as a reference to bare feet and implying cold or death. The image originates in the war when Billy sees "corpses with bare feet that were blue and ivory" (65). The significance of the colors "orange and black," which reappear in the striped pattern of a tent put up for his daughter's wedding (72), is connected to the POW train Billy rides during the war, which was "marked with a striped banner of orange and black" (69). The recurring smell of "mustard gas and roses" is also connected to death. Its significance arises from Billy's experience of having to dig out victims from under the Dresden ruins after the raids: "They didn't smell hard at first, were wax museums. But then the bodies rotted and liquefied, and the stink was like roses and mustard gas" (214).
5. Donald Greiner was the first to note the applicability of Lifton's ideas to Vonnegut's text. For further detail see Donald Greiner's 1973 essay "Vonnegut's Slaughterhouse-Five and the Fiction of Atrocity.
6. The "Three Musketeers Candy Bar" is directly related to a scene in which Billy's wife Valencia visits Billy in the mental hospital a few years after the war and eats a "Three Musketeers Candy Bar" (107). The significance of the image, however, lies in the time of the war. After the Battle of the Bulge, Billy is part of a group of soldiers, called by one of them, Weary, "the Three Musketeers" (48). Weary later blames Billy for breaking up the (completely imagined) great union of the Three Musketeers and becomes obsessed with wanting Billy dead.
WORKS CITED


