The many transformations of Albert Facey

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In the last months of his life, 86-year-old Albert Facey became a best-selling author and revered cultural figure following the publication of his autobiography, A Fortunate Life. Released on Anzac Day 1981, it was praised for its “plain, unembellished, utterly sincere and un-self-pitying account of the privations of childhood and youth” (Semmler) and “extremely powerful description of Gallipoli” (Dutton 16). Within weeks, critic Nancy Keesing declared it an “Enduring Classic.” Within six months, it was announced as the winner of two prestigious non-fiction awards, with judges acknowledging Facey’s “extraordinary memory” and “ability to describe scenes and characters with great precision” (“NBC” 4).

A Fortunate Life also transformed the fortunes of its publisher. Founded in 1976 as an independent, not-for-profit publishing house, Fremantle Arts Centre Press (FACP) might have been expected, given the Australian average, to survive for just a few years. Former managing editor Ray Coffey attributes the Press’s ongoing viability, in no small measure, to Facey’s success (King 29). Along with Wendy Jenkins, Coffey edited Facey’s manuscript through to publication; only five months after its release, with demand outstripping the capabilities, FACP licensed Penguin to take over the book’s production and distribution. Adaptations soon followed. In 1984, Kerry Packer’s PBL launched a prospectus for a mini-series, which raised a record $6.3 million (PBL 7–8). Aired in 1986 with a high-ratings documentary called The Facey Phenomenon, the series became a national and regional newspaper, stage and radio productions, audio- and e-books, abridged editions for young readers, and inclusion on secondary school curricula extended the range and influence of Facey’s life writing. Recently, an option was taken out for a new television series (Fraser).

A hundred reprints and two million readers on from initial publication, A Fortunate Life continues to rate among the most appreciated Australian books of all time. Commenting on a reader survey in 2012, writer and critic Marieke Hardy enthused, “I really loved it [. . .] I felt like I was seeing a part of my country and my country’s history, that in a way, the history was a part of me” (Fraser). Registering a transformed reading, Hardy’s reference to Australian “history” is unproblematically juxtaposed with amused delight in an autobiography that invents and embellishes: not believing “half” of what Facey wrote, she insists he was foremost a yarn spinner. While the work’s status as a witness account has become less authoritative over time, it seems appreciation of the author’s imagination and literary skill has increased (Williamson).

A Fortunate Life has been read more commonly as an uncomplicated, first-hand account, such that editor Wendy Jenkins felt it necessary to refute as an “utter misrepresentation” that memoir is “transformed to the page by an act of perfect dictation.” Sidonie Smith and Julia Watson argue of life narratives that some “autobiographical claims [. . .] can be verified or discounted by recourse to documentation outside the text. But autobiographical truth is a different matter” (16).

With increased access to archives, especially digitised personnel records, historians have asserted that key elements of Facey’s autobiography are incorrect or “fabricated” (Roberts), including his enlistment in 1914 and participation in the Gallipoli Landing on 25 April 1915. We have researched various sources relevant to Facey’s early years and war service, including hard-copy medical and repatriation records released in 2012, and find A Fortunate Life in a range of ways deviates from “documentation outside of the text,” revealing intriguing, layered storytelling.

We agree with Smith and Watson that “autobiographical acts” are “anything but simple or transparent” (63). As “symbolic interactions in the world,” they are “culturally and historically specific” and “engaged in an argument about identity” (63). Inevitably, they are also “fractured by the play of meaning” (63). Our approach, therefore, includes textual analysis of Facey’s drafts alongside the published narrative and his medical records. We do not privilege institutional records as impartial but rather interpret them in terms of their hierarchies and organisation of knowledge. This leads us to speculate on alternative readings of A Fortunate Life as an illness narrative that variously resists and subscribes to dominant cultural plots, tropes, and attitudes.

Facey set about writing in earnest in the 1970s and generated (at least) three handwritten drafts, along with a typescript based on the third draft. FACP produced its own working copy of the typescript. Our comparison of the drafts offers insights into the production of Facey’s final text and the otherwise “hidden” roles of editors and publishers (Munro 1). The notion that a working man with basic literacy could produce a highly readable book in part explains Facey’s enduring appeal. His grandson and literary executor, John Rose, observed in early interviews that Facey was a “natural storyteller” who had related details of his life at every opportunity over a period of more than six decades (McLeod). Jenkins points out that Facey belonged to a vivid oral culture within which he “told and retold stories to himself and others,” so they eventually “rubbed down into the lines and shapes that would so memorably underpin the extended memoir that became A Fortunate Life.” A mystique was thereby established that “time” was very much his own voice (Jenkins). The publisher expressly aimed to retain Facey’s voice, content, and meaning, though editing included much correcting of grammar and punctuation, eradication of internal inconsistencies and anomalies, and structural reorganisation into six sections and 68 chapters.

We find across Facey’s drafts a broadly similar chronology detailing childhood abandonment, life-threatening incidents, youthful resourcefulness, physical prowess, and participation in the Gallipoli Landing. However, there are also shifts and changed details, including varying descriptions of childhood abuse at a place called Cave Rock; the introduction of (incompatible accounts of) interstate boxing tours in drafts two and three which replace shearing activities in Draft One; divergent tales of Facey as a world-standard athlete, league footballer, expert marksman, and powerful swimmer; and changing stories of enlistment and war service (see Murphy and Nile, “Wounded”; “Naked”).

Editted those editions concerned with childhood and youth, while Coffey attended to Facey’s war and post-war life. Drawing on C.E.W. Bean’s official war history, Coffee introduced specificity to the draft’s otherwise vague descriptions of battle and amended errors, such as Facey’s claim to have witnessed Lord Kitchener shot through the heart, which is inaccurate in Coffee’s typescript (206). This ending differs dramatically from the redemptive vision of the published narrative: “I have lived a very good life, it has been very rich and full. I have been very fortunate and I am thrilled by it when I look back” (412).

In The Wounded Storyteller, Arthur Frank argues that literary markets exist for stories of “narrative wreckage” (196) that are redeemed by reconciliation, resistance, rectification or rehabilitation, which is precisely the shape of Facey’s published life story and a source of its popularity. Musing on his post-war experiences in A Fortunate Life, Facey focuses on his ability to transform the material world around him: “I liked the challenge of building up a place from nothing and making a success where another fellow had failed” (409). If Facey’s challenge was building up something from nothing, something he could set to work on and improve, his life-writing might reasonably be regarded as a part of this broader project and desire for transformation, so that editorial interventions helped him realise this purpose.

Facey’s narrative was produced within a specific zeitgeist, which historian Joy Damousi notes was signalled by publication in 1974 of Bill Gammage’s influential, multiply-reprinted study of front-line soldiers, The Broken Years, which drew on the letters and diaries of a thousand Great War veterans, and also the release in 1981 of Peter Weir’s film Gallipoli, for which Gammage was the historical advisor. The story of Australia’s war now conceptualised fallen soldiers as “innocent victims” (Damousi 101), while survivors were left to “compose” memories consistent with their sacrifice (Thomson 237–54).

Viewing Facey’s drafts reminds us that life narratives are works of imagination, that the past is not fixed and memory is created in the present. Facey’s autobiographical efforts and those of his publisher to improve the work’s intelligibility and relevance together constitute an attempt to “objectify the self—to present it as a knowable object—through a narrative that re-structures [. . .] the self as history and conclusions” (Foster 10). Yet, such histories almost invariably leave “a crucial gap” or “censored chapter.” Dennis Foster argues that conceiving of narration as confession, rather than expression, “allows us to see the pathos of the simultaneous pursuit and evasion of meaning” (10); we believe a significant lacuna in Facey’s life writing is intimated by its various transformations.

In a defining episode, A Fortunate Life proposes that Facey was taken from Gallipoli on 19 August 1915 due to wounding that day from a shell blast that caused sandbags to fall on him, crush his leg, and hurt him "badly inside," and a bullet to the shoulder (348). The typescript, however, includes an additional but narratively irreconcilable date of 28 June for the same wounding. The later date, 19 August, was settled on for publication despite the author’s compelling claim for the earlier one: “I had been blown up by a shell and some 7 or 8 sandbags had fallen on top of me, the day by the 28th of June 1915, how I remembered this date, it was the day my brother Roy had been killed by a shell burst.” He adds: “I was very ill for about six weeks after the incident but never reported it to our Battalion doctor because I was afraid he would send me away” (Typescript 205). This account accords with Facey’s first draft and his medical records but is inconsistent with other parts of the typescript that depict an unjured Facey taking a leading role in fierce fighting throughout July and August. It appears, furthermore, that Facey was not
badly wounded at any time. His war service record indicates that he was removed from Gallipoli due to “heart troubles” (Reparation), which he also claims in his first draft.

Facey’s editors did not have ready access to military files in Canberra, while medical files were not released until 2012. There existed, therefore, virtually no opportunity to corroborate the author’s version of events, while the official war history and the records of the State Library of Western Australia, which were consulted, contain no reference to Facey or his war service (Interview). As a consequence, the editors were almost entirely dependent on narrative logic and clarifications by an author whose eyesight and memory had deteriorated to such an extent he was unable to read his amended text.

A Fortunate Life depicts men with “nerve sickness” who were not permitted to “stay at the Front because they would be upsetting to the others, especially those who were inclined that way themselves” (350). By cross referencing the draft manuscripts against medical records, we can now perceive that Facey was regarded as one of those nerve cases. According to Facey’s published account, his wounds “baffled” doctors in Egypt and Fremantle (353). His medical records reveal that in September 1916, Facey was characterised in Egypt as “tachycardia triggered by war-induced neuroses then raging from 28 June. This suggests that Facey endured seven weeks in the field in this condition, with the implication being that his debility worsened, resulting in his hospitalisation.

A diagnosis of “debility,” “nerves,” and “strain” placed Facey in a medical category of “Special Invalids” (Butler 541). Major A.W. Campbell noted in the Medical Journal of Australia in 1916 that the war was creating “many cases of little understood nervous and mental affections, not only where a definite wound has been received, but in many cases where nothing of the sort appears” (323). Enlisted doctors were either physicians or surgeons and sometimes both. None had any experience of trauma on the scale of the First World War. In 1915, Campbell was one of only two Australian doctors with any pre-war experience of “mental diseases” (Lindstrom 30). They treated patients from the General Base Hospital at Gallipoli camp, he claimed that all times nerve cases “almost uniformly towards under his charge (319). Bearing out Facey’s description, Campbell also reported that affected men “received no sympathy” and, as “carriers of psychic contagion,” were treated as a “source of danger” to themselves and others (323).

Credentialed by royal colleges in London and coming under British command, Australian medical teams followed the practice of classifying men presenting “nervous or mental symptoms” as “battle casualties” only if they had also been wounded by “enemy action” (Loughran 106). By contrast, functional disability, with no accompanying physical wounds, was treated as unnaturally and a “hysterical” reaction to the pressures of war. Mental debility was something to be feared in the trenches and diagnosis almost invariably involved charges of predisposition or malingering (Yiuquin 148–49). This shifted responsibility (and blame) from the war to the individual. Even as late as the 1950s, medical notes referred to Facey’s condition as being “constitutional” (Reparation).

Facey’s narrative demonstrates awareness of how harshly sufferers were treated. We believe that he defended himself against this with stories of physical injury that his doctors never fully accepted and that he may have experienced conversion disorder, where irrefutable experience finds somatic expression. His medical diagnosis of “nervous conditions” as a result of “stress” and “nervous Ftstress” on return to the war was faced with an “independent medical panel finally locates the cause of his ongoing illness—rupture of his spleen in the war—which results in an increased war pension).

Such experiences cast a different light on Facey’s observation of men suffering nerves on board the hospital ship: “I have seen men doze off into a light sleep and suddenly jump up shouting. ‘Here they come! Quick! Thousands of them. We’re doomed!’” (350). Facey had escaped the danger of death by explosion or bayonet but at a cost, and the war haunted him for the rest of his days. On disembarkation at Fremantle on 30 November 1915, he was admitted to hospital where he remained on and off for several months. Forty-one other sick and wounded disembarked with him (HMAT). Around one third, experiencing nerve-related illness, had been sent home for rest; while none returned to the war, some of the physically wounded did (War Service Records). During this time, Facey continued to present with “frequent attacks of pain and inner and gastrointestinal,” was often “short winded,” and had “heart trouble” (Reparation). He was discharged from the army in June 1916 but, his drafts suggest, his war never really ended. He began a new life as a wounded Anzac. His dependent and often fractious relationship with the Repatriation Department ended only with his death 66 years later.

Historian Marina Larsson persuasively argues that repatriated sick and wounded servicemen from the First World War represented a displaced presence at home. Many led similar lives of “disenfranchised grief” (80). Stephen Garton observes a distinctive Australian use of reparation to describe “all policies involved in returning, discharging, pensioning, assisting and training returned men and women, and continuing to assist them throughout their lives” (74). In Australia, defined concussive blasts with stabilisation of the nervous system (Eager 422). Facey was also badly shaken by exposure to the violence and abjection of war, including hand-to-hand combat and retrieving for burial shattered and often decomposed bodies, and, in particular, by the death of his brother Roy, whose body was blown to pieces on 28 June. (A second brother, Joseph, was killed by multiple bayonet wounds while Facey was convalescing in Egypt.)

Such changes anticipated the introduction of Post-Traumatic Shock Disorder (PTSD) to the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980. Recognising that patients had undergone a “genocide of trauma” and “panic disorders” (100, 33), so that did diagnosis such as “neuropsychic personality” (Echterling, Field, and Stewart 192) and “soldier’s heart,” that is, disorders considered “neurotic,” were “retrospectively reinterpreted” as a form of PTSD. However, Albert notes out that, despite such developments, war-related trauma continues to be contested (80).

We propose that Albert Facey spent his adult life troubled by a sense of regret and failure because of his removal from Gallipoli and that he attempted to compensate through storytelling, which included his being an original Anzac and seriously wounded in action. By writing, Facey could shore up his rectitude, work ethic, and sense of loyalty to other servicemen, which became necessary, we believe, because repatriation doctors (and probably others) had doubted him. In 1927 and again in 1933, an examining doctor concluded: “The existence of a disability depends entirely on his own unsupported statements” (Reparation).

We argue that Facey’s Gallipoli experiences transformed his life. By his own account, he enlisted for war as a physically robust and supremely athletic young man and returned nine months later to life-long anxiety and ill-health. Publication transformed him into a national sage, earning him, in his final months, the credibility, and affirmation he had long sought. Exploring different accounts of Facey, in the shape of his drafts and institutional records, gives rise to new reference to his “wounded storytelling” as well as to shifting cultural and medical conceptualisations and treatments of shame and trauma.

**References**


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