

Trauma and the Novel: Virginia Woolf's *Mrs Dalloway*

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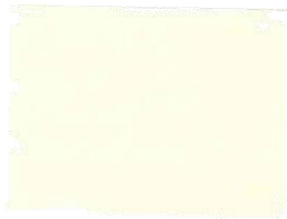
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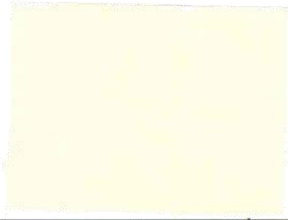
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ABSTRAKT

Tato bakalářská práce se zabývá tématem traumatu v novele *Paní Dallowayová* od Virginie Woolfové. Cílem teoretické části této bakalářské práce je informovat o definici traumatu v souvislosti s lidskou pamětí, vzpomínkami a jednotlivými zdroji post-traumatické stresové poruchy. V neposlední řadě bude zmíněna také souvislost se samotným životem Virginie Woolfové. Tato práce podkryje autorčinu maniodepresivní poruchu a pokusí se určit, nakolik jsou její životní události zásadní v kontextu knihy.

V praktické části se objevuje analýza traumatu jednotlivých postav v knize. Jedná se o postavu Clarissy Dallowayové, ženy středního věku z vyšší společnosti, jejíž příběh odráží nejistotu a smutek z povrchního života a manželství z rozumu. Dále se jedná o postavu válečného veterána Septima Warrena Smithe, který trpí post-traumatickou stresovou poruchou a na konci knihy spáchá sebevraždu.

Klíčová slova: trauma, paměť, maniodeprese, PTSD, Septimus, Clarissa, Virginia Woolf

ABSTRACT

This bachelor thesis writes about trauma in Virginia Woolf's novel *Mrs Dalloway*. The theoretical part aims to inform about the source of trauma, its connection with human memory, and various sources of post-traumatic stress disorder, especially affecting war veterans. In this context, the theoretical part mentions the life of Virginia Woolf. It reveals the author's manic-depressive illness and tries to determine the importance of her life in the context of the novel.

The practical part contains an analysis of the trauma in the novel and breaks down the trauma of individual characters as they appear in Woolf's writing. This covers the character of Clarissa Dalloway, a middle-aged woman from high society, whose story reflects the insecurity and sadness of the upper life and the marriage of reason. The second character is a war veteran Septimus Warren Smith, who suffers from a post-traumatic stress disorder and commits suicide at the end of the book.

Keywords: trauma, memory, manic depression, PTSD, Septimus, Clarissa, Virginia Woolf

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INTRODUCTION

This bachelor thesis deals with trauma in the novel *Mrs Dalloway* by Virginia Woolf. In this modernist novel, the author sought to highlight the issue of modern society and the post-war world. To do so, Virginia Woolf uses the stream of consciousness technique and includes the concept of trauma into an internal narration of the characters. The book provides a look inside the minds of Clarissa Dalloway, a middle-aged, upper-class woman whose internal wounds are not visible on the surface, and Septimus Smith, a war veteran suffering from PTSD. This thesis aims to determine those forms of trauma and analyse traumatic narration in the novel. According to Cathy Caruth, “trauma describes an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, the uncontrolled repetitive appearance of hallucinations and other intrusive phenomena.”¹ Therefore, trauma is not experienced simultaneously as the event is happening and the event “can only be understood as traumatic after the fact, through the symptoms and flashbacks and the delayed attempts at understanding that these signs of disturbance produce.”² The symptoms of trauma were defined as post-traumatic stress disorder as late as 1980 when it was diagnosed by the American Psychiatric Association.³ The term trauma was first used in the seventeenth century when it was defined as a “bodily injury caused by an external agent.”⁴ Since then, trauma was found primarily in works concerning physical wounds. Only in the 1895 edition of *Popular Science Monthly*, there was a statement saying: “We have named this psychical trauma, a morbid nervous condition.”⁵ After that, around the beginning of the nineteenth century, the meaning of trauma shifted from being defined as physical to an issue of a psychical kind. Regarding the correlation between industriousness, physical wounds, and psychical trauma, psychiatrists were analysing the effect of railway disasters and their impact on mental health. “It should come as no surprise, then,” as Luckhurst writes in *The Trauma Question*, “that the general scholarly consensus is that the origin of the idea of trauma was inextricably linked to the expansion of the railways in the 1860s.”⁶ In *Beyond the Pleasure Principle*, Freud described traumatic neurosis as a condition that “occurs after severe mechanical concussions, railway disasters and other accidents involving

¹ Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 2016), 58.

² Luckhurst, *The Trauma Question* (Chicago: University of Chicago Press, 2000), 2.

³ Van der Wiel, *Literary Aesthetic of Trauma: Virginia Woolf and Jeanette Winterson* (London: Palgrave Macmillan, 2014), 3.

⁴ Luckhurst, *The Trauma Question* (Chicago: University of Chicago Press, 2000), 2.

⁵ *Ibid.*, 2.

⁶ Luckhurst, *The Trauma Question* (Oxon: Routledge, 2008), 21.

a risk to life.”⁷ After the First World War, psychotherapists were examining the cases of war neuroses affecting soldiers, namely the symptoms of shell shock, which was characterized by “mutism, loss of sight or hearing, spasmodic convulsions or trembling of the limbs, anaesthesia, exhaustion, sleeplessness, depression, terrifying and repetitive nightmares,”⁸ while these symptoms were often associated with female hysteria. William Brown claimed that these symptoms are “bodily expressions of obstructed or “repressed” emotions.”⁹

Although the suffering of Clarissa and Septimus comes from completely different areas, they are somehow connected throughout the story. This connection is highlighted in the final scene, where Clarissa finds out that Septimus has killed himself. To understand this connection and its correlation better, we must look at each of these characters individually. The trauma experiences of these two characters are different in numerous ways. Septimus was impacted by the war and his trauma is defined through the symptoms of post-traumatic stress disorder. Clarissa’s trauma is of a different kind. The task is to examine the portrayal of her repressed emotions, sexual misorientation, and the sense of isolation that she feels in concern with the outer world and her younger self. Her trauma is not caused by one huge event, but it feels like it emerged from repressing her emotions to fill up society’s demands. In the book, the feeling of losing herself resonates in the following sentence: “I’m not even Clarissa anymore, just Mrs Dalloway. Mrs Richard Dalloway.”

Another aspect to be analysed is the way the narrator tells and expresses the symptoms of trauma at a time when the diagnoses of mental illnesses were far from what is known nowadays. In correlation with that, Virginia Woolf’s life is examined as well as the possible projection of her own trauma. Being affected by these events led to her having “so-called breakdowns, possibly diagnosed as mania, depression or bipolar malady.”¹⁰ It is possible that Woolf used the experience of her own issues when narrating the panic attacks and dissociations of Septimus Smith. On the other hand, the rejection of patriarchal society and her strive for being independent is something that connects her to the character of Mrs Dalloway. The question is in what aspect the author drew from her subconscious while narrating these two.

⁷ Freud and Strachey, *Beyond the Pleasure Principle* (New York: Norton, 1989), 6.

⁸ Ruth Leys, *Trauma: A Genealogy* (Chicago: University of Chicago Press, 2000), 84.

⁹ *Ibid.*, 84.

¹⁰ Suzette A. Henke., “Modernism and trauma,” *The Cambridge Companion to Modernist Writers*, ed. Maren Tova Linett (Cambridge: Cambridge University Press, 2010.): 165.

I. THEORY

1 TRAUMA AS A LITERARY TERM

1.1 Defining trauma

This chapter aims to define *trauma* as a term, including the meaning of the word in its initial form. *Trauma* was derived from a Greek word that stands for *wound*. The word was first used in English in the seventeenth century, referring to a “bodily injury caused by an external agent.”¹¹ Looking back to the 19th century, the event that gave rise to the studying of neuroses was the expansion of railways, resulting in a high number of industrial accidents. In 1871, a so-called Railways Regulation Act provided passengers with compulsory service during their travel, and since then, at least 200 passenger deaths have been reported every year, peaking in 1874 with 758 passenger deaths.¹² At that time, the blending of physical and psychic symptoms attained its label as a shell shock, a traumatic neurosis, or a hysteria.

Hysteria was identified and therefore separated from neurological manifestations by Babinski, who determined the symptoms as “dissociative states, including memory disturbances, vivid nightmares, fugue, identity disturbance, and physical complaints.”¹³ What supported Babinski’s theory was Jean-Martin Charcot’s study of male hysteria in 1876. He presented six cases of men who suffered from *névrose traumatique* due to industrial accidents, as the disease first broke out from a physical injury, and then flourished into various symptoms attacking the nerves and causing mental paralysis, including *traumatic retrograde amnesia*.¹⁴ This theory might have been considered controversial since hysteria was “etymologically and historically associated only with women.”¹⁵ The reason why the idea of men suffering from hysteria was so often omitted was that the symptoms of the disease in men were more persistent and stable, unlike in women. Charcot also noted that the moment of shock was probable to cause the patient to lose track of time and be unable to process new memories after the traumatic event. “The symptoms of the traumatic neuroses vary according to how soon they are observed after trauma.”¹⁶

¹¹ Roger Luckhurst, *The Trauma Question* (Oxon: Routledge, 2008), 2.

¹² *Ibid.*, 21.

¹³ Jacques Dayan, and Bertrand Olliac, “From Hysteria and Shell Shock to Posttraumatic stress disorder: Comments on psychoanalytic and neuropsychological approaches“ *Journal of Physiology-Paris* 104, no. 6 (September 2010): 297.

¹⁴ Roger Luckhurst, *The Trauma Question* (Oxon: Routledge, 2008), 35.

¹⁵ *Ibid.*

¹⁶ Abram Kardiner, *The Traumatic Neuroses of War* (Washington: National Research Council, 1941), 7.

1.1.1 Traumatic neuroses

Before the war of 1914-1918, the studies of traumatic neuroses were scarce and the experiences were labelled according to the provoking agent, i.e., lightning neurosis, railroad spine, shell shock, etc. The first one to introduce the term *traumatic neurosis* was Hermann Oppenheim, a neurologist from Berlin. “Oppenheim had studied the cases of the railway and industrial accidents and had concluded that the consequent symptoms were the result of ,molecular changes in the central nervous system‘ or in the ,vascular system of the brain‘.”¹⁷ He identified the origin of the shock as a matter of the action of the nervous system rather than of the structure of the nerves and considered the neurosis treatable because its origin was not permanent. He defined the impact of a traumatic experience by these symptoms: unrest, excitement, fear, increased arousal, melancholic mood, irritability, and phobias. Except for those of a psychological kind, Oppenheim also distinguished physical symptoms including, inter alia, dizziness, absence of movements, increased tendon reflexes, speech disturbances, and sensory involvement. However, concerning the connection between the body and mind, Oppenheim always “regarded a psychic trauma as primary.”¹⁸

Although the work of Oppenheim was widely criticised in Germany, the term *trauma neurosis* was better accepted in France thanks to Jean-Martin Charcot.

1.1.2 World War I – ‘Shell Shock’

Even before World War I, some saw the development of technology, especially in the military sphere, as a thread that could have a negative impact on society. In 1910, Captain L. R. Richard predicted that “large scale mechanized warfare was likely to produce a high proportion of mental casualties in any future conflict.”¹⁹ His prognosis was right, and soon there was a huge number of soldiers who suffered from a condition similar to hysteria, yet not thoroughly studied. The first psychologist to label this condition by the term *shell shock* was Charles Samuel Myers, who described the symptoms of shell shock in his article published in *The Lancet*. He addressed three cases of soldiers whose wounds were caused by shell explosions, that is, the name of the condition was determined by the cause of it. The symptoms included blurred vision, shivering, crying, a loss of taste and smell, and amnesia. Concerning the paper written by Myers in 1915, shell shock was identified as “a violent,

¹⁷ Roger Luckhurst, *The Trauma Question* (Oxon: Routledge, 2008), 34.

¹⁸ Bernd Holdorff, “The Fight for ‘Traumatic Neurosis’, 1889–1916: Hermann Oppenheim and His Opponents in Berlin.” *History of Psychiatry* 22, no. 4 (2011): 466.

¹⁹ Johanna Church, “Literary Representations of Shell Shock as a Result of World War I in the Works of Virginia Woolf and Ernest Hemingway“ *Peace & Change* 41, no. 1, (January 2016): 52.

exterior physical cause yet also appeared to be an interior, psychical condition.”²⁰ His founding engendered the participation of other scientists and soon shell shock became a well-known term in the academic and public society. Nonetheless, the experts were not fully united in their theories. While some of them used “traditional pathologic reasoning and postulated a physical origin”²¹, others preferred to analyse the psychological cause, such as “the inhibited expression of traumatic memories.”²² Eventually, the latter became more significant for the course of study, because not only soldiers who were directly endangered by an explosion, but also others were experiencing shell shock. The British government, therefore, preferred psychoanalytic explanations over the physical ones.

Digging deeper into the psychological symptoms, they seemed to be very similar to symptoms of hysteria. The soldiers suffering from shell shock experienced disrupted sight or hearing, feelings of confusion, depression, sleeplessness, and exhaustion. Their sleep was disrupted, and the traumatic experiences kept reoccurring in their dreams, although they were not able to properly remember those due to extensive amnesia. In *The Traumatic Neuroses of War*, the symptoms of men suffering from trauma were divided into acute, transitional, and stabilized forms. It took about two or three weeks until the acute symptoms stabilized. But afterward, they could have remained that way for at least another ten years.

As for the medical category of these symptoms, the British army doubted the legitimacy of shell shock as a medical condition, due to senior officers having suspicions that soldiers might only use those conditions to avoid fighting; shell shock victims were therefore often stigmatized during the World War I.²³ Scientists were examining the reason a catastrophic event has a bigger impact on some people while others can process it without any harm. The symptoms of hysteria, as Charcot noted, could be inherited, and therefore one’s mental state would be determined not only by the tragic event but also biologically. Regarding Charcot’s research, 70 per cent of the men he examined were raised by hysterical mothers, which caused the sons to be prone to identical symptoms.²⁴ The soldiers who suffered from shell shock were treated as weak and “inconsistent with contemporaneous notions of masculinity,

²⁰ Roger Luckhurst, *The Trauma Question* (Oxon: Routledge, 2008), 50.

²¹ Mary C. Vance, and Joel D. Howell, “Shell Shock and PTSD: A Tale of Two Diagnoses” *Mayo Clinic Proceedings* 95, no. 9, (September 2020): 1827.

²² *Ibid.*

²³ Frances Miley and Andrew Read, “Soldiers don’t go mad: Shell shock and accounting intransigence in the British Army 1914-18” *The British Accounting Review* 53, (2021): 2.

²⁴ Roger Luckhurst, *The Trauma Question* (Oxon: Routledge, 2008), 36.

nationalism and the virtue of fighting for King and country.”²⁵ Around 1916, senior officers started to banish publishing about shell shock to limit knowledge about the illness and decrease the number of cases. The term was completely abolished by the committee in charge of military diagnostic nomenclature in 1918.²⁶ After the war, the term has been replaced by names such as *not yet diagnosed*, *nervous*, or *exhaustion*, which were “less suggestive of incapacitation.”²⁷

But conclusively, the war evoked a huge shift in psychoanalytic studies and World War II only highlighted the importance of not abolishing psychiatric terms. In 1941, the Ministry of Pensions approved the right of the veterans to receive compensation if they are unable to work after experiencing shock from a blast, hence “psychoneurosis became a legitimate cause for payments.”²⁸ In the second half of the twentieth century, the psychological trauma of war was studied even further and finally diagnosed as PTSD in 1980.²⁹ The main symptoms of post-traumatic stress disorder were identified as “flashbacks, including nightmares and relentless intrusions of traumatic memories; hypervigilance and arousal by sudden acoustical noises; and emotional constriction, numbing and anhedonia (the inability to feel).”³⁰

1.2 Trauma and the ego

According to Lesley, the key concept of trauma is not the event itself, but rather than the question of *what* has happened, it is the “subjective experience of shock and its lasting effect that defines the event as traumatic.”³¹ It is rather needed to ask *who* experienced the event and *how* did one respond to it. Thus, the level of trauma depends on one’s perspective of the event and its integration into “existing dynamics and structures of meaning.”³² Healing from traumatic events is often an ongoing process and it might take years before the patient comes to terms with one’s inner state. This chapter intends to look deeper into the human

²⁵ Frances Miley and Andrew Read, “Soldiers don’t go mad: Shell shock and accounting intransigence in the British Army 1914-18” *The British Accounting Review* 53, (2021): 5.

²⁶ Mary C. Vance, and Joel D. Howell, “Shell Shock and PTSD: A Tale of Two Diagnoses” *Mayo Clinic Proceedings* 95, no. 9, (2020): 1828.

²⁷ *Ibid.*

²⁸ *Ibid.*

²⁹ Reina C. Van der Wiel, *Literary Aesthetic of Trauma: Virginia Woolf and Jeanette Winterson* (London: Palgrave Macmillan, 2014), 3.

³⁰ Suzette A. Henke., “Modernism and trauma,” *The Cambridge Companion to Modernist Writers*, ed. Maren Tova Linett (Cambridge: Cambridge University Press, 2010.): 160.

³¹ Joan Lesley, and Sverre Varvin. “‘Janet vs Freud’ on Traumatization: A Critique of the Theory of Structural Dissociation from an Object Relations Perspective.” *British Journal of Psychotherapy* 32, no. 4 (October 2016), 438.

³² *Ibid.*, 438.

mind and determine how the victim deals with trauma over time. In *Traumatic fiction*, Anne Whitehead noted that the “knowledge of trauma is composed of two contradictory elements.”³³ One of those is the traumatic event itself, that is, while happening, rather registered than experienced. The other element is the memory of it, which is only uncovered with time, while the human mind processes the mental response to the event.³⁴ But in some cases, the patient himself might not be aware of the unpleasant memories, as it is something that the ego tends to avoid and push further into the unconscious. Those memories are then only reawakened through occasional flashbacks.

1.2.1 Traumatic memory

The process of acknowledging an event as traumatic does not happen simultaneously with the incident itself, because the event is “experienced too soon, too unexpectedly, to be fully known”³⁵ but rather as a postponed reaction to that event, resulting in worsening mental condition and developing traumatic neuroses. According to Cathy Caruth, trauma is generally described as a “response to an unexpected or overwhelming violent event or events that are not fully grasped as they occur.”³⁶ She identifies it as a response, because the trauma is hidden in the unconscious, and the symptoms of traumatic experience do not manifest immediately, therefore the victim does not necessarily identify the event as traumatic at first, but only in response after a time when the traumatic experience reoccurrences through flashbacks, nightmares or hallucinations. Caruth heavily based her research on the work of Sigmund Freud, who examined the human ego versus the unconscious, considering trauma as not only the wound itself but of something that addresses us “in the attempt to tell us of a reality or truth that is not otherwise available.”³⁷ Trauma uncovers the unconscious; hence, the repressed material comes to the surface once the period of peace is over. Freud identified the time-space between the event and the occurrence of neurotic symptoms as the “incubation period.”³⁸ Thus, the traumatic event is fully acknowledged retrospectively through the repetitive unconscious. In addition to Freuds’ theory of repetition, there is also a theory by Pierre Janet that deals with the split of the ego. While the event is not fully processed by the conscious mind, the ego produces a defence mechanism against trauma.

³³ Anne Whitehead, *Trauma Fiction* (Edinburgh: Edinburgh University Press, 2004), 162.

³⁴ *Ibid.*, 162.

³⁵ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 2016), 4.

³⁶ *Ibid.*, 91.

³⁷ *Ibid.*

³⁸ *Ibid.*, 119.

This defence mechanism is done through dissociation, which is defined as a “splitting off of a *traumatic memory* from the rest of consciousness.”³⁹

1.2.2 The Freudian theory

The hypothesis of Sigmund Freud links adults’ hysteria together with the trauma of a sexual nature that had occurred during one’s childhood. He analyses trauma from the point of view of repressed impulses that are manifesting via traumatic experiences. According to Freud, the process of ego development is filled with energy from the first instinctual impulses. However, not all these impulses are compatible with each other, and only some of them are allowed to develop and become part of the ego. The rest of these impulses are pushed back, i.e., repressed, into the unconscious.⁴⁰ The first attempts of curing the patients of neuroses were filled with uncertainty and experimentation. To reverse the re-experiences of traumatic events, psychoanalysts were examining the patient’s unconscious, and after the examination, they tried to communicate the interpretation to the patient. Nevertheless, this method was found to be insufficient, and not resolving the therapeutic problem. The doctors shifted to a psycho-analytic technique that aimed to make the patient recall the unconscious material through his memory and confirm the doctor’s conclusion. Although the patients had the ability to remember bits and pieces, it was impossible to withdraw everything that had been repressed. As an outcome of the pleasure principle, the patients were doomed to experience the consequences of those repressed feelings in the present, without remembering them as something that has happened in the past.⁴¹ One of the obstacles preventing the unconscious to become the conscious is the ego, more precisely its tendency to deprecate the unpleasable and repress the awful. Another phenomenon that occurs during the psycho-analytic treatment is the compulsion to repeat, which arises once the repressed material in the unconscious is partly loosened.⁴² It does not only refer to the reoccurrence of experiences by patients suffering from neurosis, but it also considers compulsive symptoms in the lives of ordinary people, such as someone whose relationships all go through the same stages and possess the same patterns. Those compulsions could emerge from early infantile influences and cannot be resolved unless the unconscious is loosened. “The child’s sexual researches, on which limits are imposed by his physical development, lead to no satisfactory

³⁹ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 2016), 141.

⁴⁰ Sigmund Freud, and James Strachey. *Beyond The Pleasure Principle* (New York: Norton, 1961), 5.

⁴¹ *Ibid.*, 12.

⁴² *Ibid.*, 14.

conclusion.”⁴³ This means that unfulfilled desires towards the parent and the feeling of disappointment could affect the person in a way that causes him to be prone to thinking negatively about his abilities and carrying the loss of affection concerning the opposite-sex parent into adulthood.⁴⁴

⁴³ Sigmund Freud, and James Strachey. *Beyond The Pleasure Principle* (New York: Norton, 1961), 15-16.

⁴⁴ Ibid.

2 TRAUMA AND NARRATION

This chapter intends to describe the biggest movement that emerged at the beginning of the twentieth century; that is modernism, and inform about its relation to trauma literature, distinguishing between writers who experienced the war, and between those who could only interpret the trauma of soldiers from afar. Regarding Virginia Woolf, her writing was affected not only by the war but also by her personal struggles and trauma from childhood abuse, as well as the loss of her family members. All of these factors eventually contributed to the development of the author's mental illness.

2.1 Trauma and modernism

Virginia Woolf is to this day considered one of the leading writers of the modernist movement. She was one of those who brought new ways of writing to the surface, and, with each piece of writing, she displayed a profound ability to perceive the world around her in much detail and describe it from various changing perspectives. At the beginning of the twentieth century, modernism was the most widespread movement concerning culture and literature. "One of the main values that literary modernism challenged was the liberal rationalism of the previous centuries."⁴⁵ It was breaking free from the traditional ways, and just as technology was blooming and cities were filled with industry, writers were finding new ways to work with literature. The authors' focus on the individual was furthermore determined by the War. The rise of the wounded soldiers and mentally ill patients during World War I gave birth to modernist works possessing traumatized characters whose death became the climax of those stories. In *Death, Men and Modernism*, the author argues that the main character of the twentieth-century tragedies was most often a male. According to Freedman, disaster projects itself through the face of a young man: "with a cap and uniform, he is a soldier; with a crown of thorns, he is a God."⁴⁶ For Freedman, the dying young man is not only a masculine figure but also serves as a symbol of its decline. The tragedy in the men's faces represents the failure of modernity. From the beginning of those novels, the reader can see the character's fate clearly. The characters are doomed to die from the first pages; therefore, the readers can sense the incoming climax at the beginning of the plot. Finally, the death of the character then comes "as both shock and culmination."⁴⁷ Besides

⁴⁵ Vincent Sherry, *The Great War and the Language of Modernism* (New York: Oxford University Press, 2003), 17.

⁴⁶ Ariela Freedman, *Death, Men and Modernism* (New York: Routledge, 2003), 3.

⁴⁷ Ibid.

Mrs Dalloway's Septimus Smith, such male figures can be found in E. M. Forster's *Howards End*, D. H. Lawrence's *Women in Love*, or Ford Madox Ford's *The Good Soldier*. The range of literary works shaped by the war has been wide, and so are the perspectives that can be applied when analysing those works. Carl Krockel divides the twentieth-century authors into two groups – the war writers who reacted to the terrors of war based on their own experiences, and modernist writers who reacted to the “war's ideological consequences, not directly to its violence.”⁴⁸ Modernists depicted the period of war in rather a detached, impersonal way. Krockel noted that there are contradictions that infiltrated the forming of the modernist movement during and after the war, between “soldier and civilian, direct and indirect experience, entrapment inside and outside historical events, realism and experimentation, physical and psychological trauma.”⁴⁹ According to Henke, female modernist writers “exhibit, the powerful influence of post-traumatic testimony in works that attempt to represent a range of quotidian traumas suffered not only by soldiers in battle and war veterans haunted by military flashbacks, but by noncombatants who, in domestic isolation, endure an overwhelming sense of loss, bereavement, anxiety, and emotional rupture.”⁵⁰ One of them is Virginia Woolf, who was not directly threatened by gun fires and shell explosions, but she was aware of the presence of war and the consequences of it shaped the way she illustrated the paralysed society in her work. In terms of traumatic narratology, LaCapra characterizes Virginia Woolf's writing as “post-traumatic” in the sense of her own personal, but also wider cultural crisis, steaming from her experience of child abuse and her “sensitivity to the problematic nature of existence in post-World War I Europe.”⁵¹

2.2 Virginia Woolf's manic-depressive disorder

Considering the background of Virginia Woolf's life, there is no wonder her writing is saturated with the presence of her trauma. Those who discussed her novels, such as Roger Poole, Mark Spilka, and Murray Sherman saw her writing process as a means of coping with her psychological wounds. They claimed that “her fiction functioned as a defense mechanism against grieving, against confronting unresolved feelings of guilt, defilement, anger, and loss.”⁵² These opinions consider her neurosis the main reason for her creativity, implying

⁴⁸ Carl Krockel, *War Trauma and English Modernism* (New York: Palgrave Macmillan, 2011): 7.

⁴⁹ *Ibid.*, 9.

⁵⁰ Suzette A. Henke., “Modernism and trauma,” *The Cambridge Companion to Modernist Writers*, ed. Maren Tova Linett (Cambridge: Cambridge University Press, 2010.): 161.

⁵¹ LaCapra, *Writing history, writing trauma* (Baltimore: Johns Hopkins University Press, 2001), 180.

⁵² Thomas C. Caramagno, „Manic-Depressive Psychosis and Critical Approach to Virginia Woolf's Life and Work“ *Modern Language Association* 103, no. 1 (January 1988), 10.

that the root of her imagination lies in her desire for a “depersonalized union with the cosmos because she was afraid to live fully outside fiction.”⁵³ The reason behind her mental state cannot be defined by one single cause. Critics consider not only her repressed sexuality but also the attachment to her mother and the abuse from her older brothers that she experienced as a child, along with the loss of her relatives. All of these factors resulted in Virginia’s inability to form a coherent identity as a woman. Nonetheless, while living in a society where marriage was a commonly considered necessity, Virginia’s perspective of marrying a man contradicted the general opinion. She regarded marriage “a very low-down affair, linked to high society.”⁵⁴ Although not rejecting the idea of marriage fully, she preferred marriage as a concept of two equal individuals who respect each other, putting the mental connection over a physical one. She wanted someone to bring her a sense of security but does not lock her in a cage. She had no trouble having a good relationship with men, and according to Dally, she liked “male company and preferred the male mind.”⁵⁵ But she saw those associations rather platonically, and there was no sign of any other attraction than mental. “She could appreciate male beauty and enjoy a chance touch, but any hint of sexual interest brought down the shutters.”⁵⁶ She did not approve of women being humiliated and treated as submissive during sexual intercourse and the idea of male dominance left her feeling uncomfortable. Although Virginia eventually married Leonard Woolf, she admitted to him that she did not feel any physical attraction and “when he kissed her, she went cold.”⁵⁷ On the contrary, she was sexually attracted to women. Besides the organic nature of her sexuality, the need for female affection could be perhaps partly ascribed to the lack of closeness to her mother. The generosity of Virginia’s mother and the fact she had seven other children were the root of the mother-daughter lack of contact. Her mother was so preoccupied with other people that she had “little emotion to spare for Virginia.”⁵⁸ The first symptoms of depression and anxiety stroke after the loss of her mother, when the thirteen-years old Virginia retreated to her room, hiding from the outside world. Throughout the following years, she craved female attention. She dealt with her loss by looking for someone to fill up the maternal role in her life, and as Mark Spilka described it, by “neurotic

⁵³ Thomas C. Caramagno, „Manic-Depressive Psychosis and Critical Approach to Virginia Woolf’s Life and Work“ *Modern Language Association* 103, no. 1 (January 1988), 10.

⁵⁴ Peter Dally, *The Marriage of Heaven and Hell: Manic Depression and the Life of Virginia Woolf* (New York: St. Martin’s Press, 1999): 56.

⁵⁵ *Ibid.*, 70.

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*, 87.

⁵⁸ *Ibid.*, 32.

attachments to older women.”⁵⁹ The first woman who was able to satisfy Virginia’s need for compassion was Violet Dickinson. Their bond was based on mutual sympathy but was seen as a purely platonic, mother-child relationship. “Inevitably there were moments when Virginia’s emotional demands became too much, and Violet told her so.”⁶⁰ Her female crushes then included Madge Vaughan, who later became an inspiration for the character of Sally Seton in *Mrs Dalloway* and Vita Sackville-West, whom she met in 1922, and two years later, the two women became lovers, and their relationship continued for years.

Regarding Virginia’s illness, her depression deepened in 1904, when her father died of cancer. Her mourning was later replaced by a manic episode when she became “wildly excited”, and “three nurses were needed to control her.”⁶¹ From that moment, she was bound to be experiencing flashes of anger and excitement, which took turns with moments of panic attacks and “intense despair.”⁶² She even heard voices that were tempting her to “all kinds of wild things.”⁶³ Her breakdowns often included “headaches, insomnia, reluctance to eat, and explosive irritability.”⁶⁴

For a decade, Virginia’s health was under the examination of Dr Savage, a well-known figure throughout the whole Stephen family. He diagnosed her state as *neurasthenia*, a “convenient Victorian euphemism that covered a variety of vaguely recognizable symptoms.”⁶⁵ She was diagnosed with the same label as her father Leslie, implying that she might have inherited her bipolar disorder from him. But Virginia did not approve of Dr Savage’s opinion fully, because he “identified sanity with social conformity”⁶⁶, and did not consider her own experience of the illness and the need of establishing a sense of self besides the “insane” episodes. Because the symptoms of her illness were incoherent and quickly changing, there were moments when she felt sane and was aware of the difference between those symptoms and her normal personality; she needed to know that “somewhere beneath the bewildering panoply of symptoms there was a real Virginia.”⁶⁷ But establishing a clear sense of self and the world was almost impossible for a depressive-manic like her. While

⁵⁹ Mark Spilka, *Virginia Woolf’s quarrel with grieving* (Lincoln: University of Nebraska, 1980): 9.

⁶⁰ Peter Dally, *The Marriage of Heaven and Hell: Manic Depression and the Life of Virginia Woolf* (New York: St. Martin’s Press, 1999), 49.

⁶¹ *Ibid.*, 51.

⁶² *Ibid.*, 52.

⁶³ *Ibid.*, 51.

⁶⁴ *Ibid.*, 65.

⁶⁵ Thomas C. Caramagno, „Manic-Depressive Psychosis and Critical Approach to Virginia Woolf’s Life and Work“ *Modern Language Association* 103, no. 1 (January 1988): 11.

⁶⁶ *Ibid.*, 13.

⁶⁷ *Ibid.*

experiencing the manic episode, one's perception is distorted by the strong emotions and a "sudden vision of life's true meaning."⁶⁸ The patients become unable to perceive things clearly, as they "re-create the world and replace it with inflated visions of themselves."⁶⁹ Thus, the heightened imagination only subsidized Virginia's writing and ideas started coming easily and quickly. However, these episodes were fleeting, and once her mood shifted and she became depressed, she was capable of nothing. As she wrote in her notes, she felt "such an exaggerated tiredness; such anguishes & despairs; & heavenly relief & rest; & then misery again."⁷⁰ While the manic episode put subjectivity over the objective reality, in a depressive episode, Virginia felt guilty and worthless; she found it extremely hard to relate to the real world and ascribe meaning to being a part of it. According to Caramagno, fiction functioned therapeutically for Virginia because while reading a text, one must deal with "subject-object transactions that make a whole"⁷¹, which is like distinguishing between manic-depressive states versus objective reality. Virginia was at least partly capable of discovering the basis of sanity through her writing, yet she could not develop a strong self-identity, and constantly balancing on the edge of two realities eventually led to her suicide in 1941.

⁶⁸ Thomas C. Caramagno, „Manic-Depressive Psychosis and Critical Approach to Virginia Woolf's Life and Work“ *Modern Language Association* 103, no. 1 (January 1988): 14.

⁶⁹ Ibid.

⁷⁰ Ibid., 15.

⁷¹ Ibid., 17.

II. ANALYSIS

3 TRAUMA IN MRS DALLOWAY

Although Virginia Woolf has never been directly affected by the war, she saw it for what it was and knew it did not end for society once the battles stopped. The presence of it was still in the air, manifesting through the injured soldiers; the men whose lives were changed and damaged forever, and who brought the terrifying spirit of war to the non-combatants as they returned home. Set in post-war London, *Mrs Dalloway* blends the experience of a returned soldier with the experience of a high-class woman and her intrapersonal conflicts. However, Woolf not only included trauma in the form of individual experiences, but she also depicted the rotten spirit of modern society and the incompetence of psychiatry in the 1920s. The narrativization in the novel is highly interpretative, subjective, and portrayed from various changing perspectives, settled in a third-person narrator who travels from mind to mind. As the reader gets access to the day-to-day minds of Clarissa and Septimus, their trauma is also interpreted and perceived by the people around them, forming a brand-new image of those characters. Moreover, the book is not a usually conceived novel with a linear concept of time. The events in the novel are not in chronological order but occur abruptly, just like the thoughts and associations in one's mind. This method of a narrative is more in tune with the actual reality and helps to capture the organic universe. Anna Benjamin explains that "traditional linear outline-form, which divides people and events into a single moment and a single place, cannot convey the organic reality."⁷² Woolf's ability to convey that reality is one of the reasons why the novel might be hard to read. On behalf of that, *Mrs Dalloway* cannot be read as a novel with a dynamic plot, but rather as a probe into the characters' minds, including their thoughts, memories, and associations. That encourages the reader to pay close attention and read between the lines, discovering a wide range of meanings and references. Thanks to this technique the reader not only sees the perspective of an external narrator but is allowed to understand each character in depth.

Even though the experiences of Clarissa Dalloway and Septimus Warren Smith are different at the core, they are connected through a similar way of thinking. For instance, both characters are fond of poetry – they are rather sentimental, as opposed to the society that they despise, e.g., Clarissa's husband Richard, who is more into politics. Clarissa and Septimus come from different backgrounds, but they perceive the world through similar

⁷² Anna S. Benjamin, "Towards an Understanding of the Meaning of Virginia Woolf's 'Mrs Dalloway'" *Wisconsin Studies in Contemporary Literature* 6, no. 2 (Summer, 1965), 215.

lenses and often make deep, negative judgments about the society they live in. Concerning the contrast, the trauma of these two differs not only by the source of it but also in the manner it is presented to the reader. The expression of trauma is more explicit in Septimus' case, as he is unable to reverse his illness and control his behaviour. Once he has been damaged, he is unable to recall the past self and return to his core identity, with little possibility of healing, as the study of shell shock is in its infancy and none of the doctors seems to diagnose him appropriately. The actions and issues of his mind are described openly as they happen, although the interpretation might not be fully objective, as the perspective of each character is subjective and individualistic. Clarissa's case is different; she is mentally present, and she only acknowledges her suffering through the stream of her memories, while being completely capable of looking undisturbed externally, although she feels disconnected from everyone. In terms of sanity, these two characters might be understood as Virginia's projection of her unbalanced mind, fluctuating on the scale of sane and insane. While Septimus represents insanity, it is possible that Woolf drew from her states of disillusionment when describing his perception of reality. However, creating the character of Septimus was not just a case of Virginia's experience but the character's features might have been based partly on her childhood friend Rupert Brooke who died during the war. In *Modernism and Trauma*, Henke refers to Virginia's manuscript notes in *The Hours*, where she wonders if the character of Septimus should be "founded on Ron R [Rupert Brooke?]," or "founded on me?" His personality is to "be left vague – as a mad person is," so he "can be partly R.; partly me."⁷³ On the contrary, Clarissa represents the sane; she is present in her mind and aware of her actions and the origin of her melancholy.

They are indeed opposite polarities in many ways, in fact, they could be seen as representing two extremes. Septimus, as the one who has been part of the war, is certainly prone to be affected horribly. Losing the capacity to participate in everyday life, there is no wonder he ends up broken. Compared to him, Clarissa is completely safe, her life is undisturbed, untouched, and perfect in a way that seems almost unrealistic. And yet she feels bored, unfulfilled, unhappy, searching for meaning, feeling like she is in a cage, trapped in day-to-day ordinariness, leaving her empty. But what would Septimus give for feeling a little ordinary, for having to live through a little everyday triviality; that is the paradox behind these two.

⁷³ Suzette A. Henke., "Modernism and trauma," *The Cambridge Companion to Modernist Writers*, ed. Maren Tova Linett (Cambridge: Cambridge University Press, 2010.): 165.

All in all, Woolf was certainly connected to both characters, let it be Septimus' manic states and paranoia, or Clarissa's feeling of dissatisfaction and despise towards marriage and the inability to form an identity in a world of high society.

3.1 Septimus Smith

The character of Septimus Smith could be considered a direct representation of the shell-shocked soldier. The war has already ended on the battlefield, but not for society, and especially not for Septimus, who struggles to escape the memories. He seems to be stuck in a loop where he continuously re-experiences the terrors that he went through during the war. Most of the time he is present physically, but mentally he starts to isolate and dwell on his internal world, rejecting the external. To capture his inner conflict, Woolf refers to Septimus by various descriptions, such as “the criminal who faced his judges; the victim exposed on the heights; the fugitive; the drowned sailor; the poet of the immortal ode; the Lord who had gone from life to death.”⁷⁴ The judges, in Septimus' case, are the doctors, who are cold, and detached, sweeping his case off the table with seemingly professional, yet ineffective treatments. His wife is also in a position of a judge, misunderstanding him and his illness, because she regards sadness as something everyone experiences at some point in life, and thinks that “Septimus let himself think about horrible things, as she could too, if she tried.”⁷⁵

Moreover, the traumatic response manifests itself on two contradictory levels. Initially, the war paralyzed him, causing him to feel eternal numbness and an inability to process any real emotions. When he witnessed the death of his friend Evans, Septimus “congratulated himself upon feeling very little and very reasonably.”⁷⁶ He watched the last shells explode with indifference, not fully processing the loss of a friend. For several years after the war, he felt cold and shallow, and although he was perfectly rational, something has been missing; “he could not taste, he could not feel.”⁷⁷ Nonetheless, he was still sane, peaceful, and undisturbed, and his brain worked perfectly. “It must be the fault of the world then,”⁷⁸ he assumed. He blamed the world for making him numb but at the same time, he felt guilty for deceiving everyone, for even marrying his wife without loving her. He perceived his inability

⁷⁴ Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 90.

⁷⁵ *Ibid.*, 61.

⁷⁶ *Ibid.*, 80.

⁷⁷ *Ibid.*, 81.

⁷⁸ *Ibid.*, 81.

to feel like a “sin for which human nature has condemned him to death.”⁷⁹ It is only after four or five years after the war that he starts to experience the opposite of apathy.

While feeling little in his consciousness, the repressed feelings start coming to the surface even more intensely, suddenly, and unexpectedly; Septimus is unable to process and understand them fully through his conscious mind. He develops a neurosis that includes heightened sensitivity of senses, hallucinations, and feelings of paranoia. His wife Rezia recalls that he often “saw faces laughing at him, calling him horrible disgusting names, from the walls, and hands pointing round the screen.”⁸⁰ And then he “began to talk aloud, answering people, arguing, laughing, crying, getting very excited and making her write things down. He had increased senses, he felt “the sun growing hotter, cries sounding louder.”⁸¹ He almost stops communicating with the external world and instead, talks to Evans, who speaks to him from the dead, in such moments when “a voice spoke behind a screen. Evans was speaking. The dead were with him.”⁸² What is interesting about Septimus’ consciousness is that while being haunted by the unconscious; besides his insane self, he gets into these, as to say, manic moments, feeling as if he has gotten to know the truth about the world, he feels as “the Lord who had come to renew society,”⁸³ and compares himself to “Greeks, Romans, Shakespeare, Darwin,”⁸⁴ coming to reveal the ‘supreme secret’ to the Cabinet. First, that “trees are alive; next, there is no crime; next, love, universal love.”⁸⁵

Furthermore, Septimus’ trauma is not shown solely through his subjective perspective, but also through the eyes of a passer-by Maisie Johnson, who perceives Septimus as “looking queer,” and “awfully odd,”⁸⁶ or the character of Peter Walsh, as he walks past Septimus and Rezia in the park and thinks to himself “what awful fix had they got themselves into, both to look so desperate as that on a fine summer morning?”⁸⁷ He wonders why would Rezia look so desperate, and what must the young man said to her. These two are not only unable to find a common ground, but his trauma transforms onto her, and she feels, at times, helpless and confused by his behaviour, feeling that she is the one suffering, she feels as if he was selfish because she cannot comprehend the reason behind his behaviour. Based on the

⁷⁹ Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 84.

⁸⁰ *Ibid.*, 61.

⁸¹ *Ibid.*, 63.

⁸² *Ibid.*, 86.

⁸³ *Ibid.*, 22.

⁸⁴ *Ibid.*, 62.

⁸⁵ *Ibid.*, 62.

⁸⁶ *Ibid.*, 23.

⁸⁷ *Ibid.*, 65.

diagnosis by Dr Holmes, she considers Septimus healthy, only letting himself surrender to grief. She is not able to acknowledge the true nature of his trauma and feels sad, as if “she had nobody to tell” and considers Septimus indifferent because he “did not see her and made everything terrible.”⁸⁸ Accordingly, Septimus feels the same, day by day drifting away from Rezia, and he gets upset when she tries to engage him in a conversation and interferes into his stream of thoughts. “Interrupted again! She was always interrupting.”⁸⁹ He grows a stranger, and he perceives the world as a stranger too, drawing from his feeling of “eternal loneliness”⁹⁰ in his suffering. That is, he feels isolated from his subjective perspective, and the outer narrator could argue that he is by no means alone. But objectively, the unbalanced mind remains a secret to those who do not experience the same, while medical diagnoses appear to be too general to be able to capture everything that is going on in the individual's head, therefore the person drifts apart from his closest ones. Although Septimus gets the opportunity to get help, none of the doctors seems to pay real attention to Septimus' feelings and assumptions and sweep him off the table with the conclusion that he just needs rest, sending him to isolation.

The events in the novel lead the reader to a scene in the park, where, among other characters, is Septimus Warren Smith with his wife, and although he is mentally in his distorted reality, Rezia acts upon the advice of Dr Holmes and tells Septimus to indulge in outside interests; she tells him to look at the sky at the aeroplane writing some smoky letters. Regarding the signals in the sky, Septimus sees them, just as everyone involved, from his subjective perspective of what is written there. He thinks that they were signalling to him, but not in actual words because “he could not read the language yet; but it was plain enough.” Simultaneously, the white smoke most probably reminds him of something because tears start streaming down his cheek as he is looking up – that is the essence of taking interest in external things.

But his focus quickly shifts to the trees in the park, invoking a sudden sense of knowing the truth; because the trees are alive, he feels “the excitement of the trees rising and falling rising and falling with all their leaves alight and the colour thinning and thickening from blue to the green of a hollow wave, like plumes on horses' head, feathers on ladies', so proudly they rose and fell.”⁹¹ He would not put his focus onto the real world; for it has

⁸⁸ Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 20.

⁸⁹ *Ibid.*, 21.

⁹⁰ *Ibid.*, 22.

⁹¹ *Ibid.*, 19.

disappointed him that much. He would consider himself connected to nature, he would recognize “the leaves being connected by millions of fibres with his own body.”⁹² Perhaps it may be only his illness causing him to mistake trees for people, but it could be interpreted differently. It might be said that here, for Septimus, the trees are a symbol of life, and they most likely represent something pure, something to hold onto while coming to terms with his illness.⁹³

In terms of his relation to the human vs the natural world in the novel, the connectivity to trees might symbolize the opposite of what Septimus sees concerning the doctors that misdiagnose him, the *human nature*. During the scene in the park, Rezia recalls Dr Holmes; the first doctor to examine Septimus, who said that there was “nothing whatever the matter”⁹⁴ and that “health is largely a matter in our own control.”⁹⁵ He advised Septimus to do activities, to indulge himself in the external world, and claimed that his symptoms were nothing but nerve symptoms. Septimus could not stand him, referring to him as “the damned fool”⁹⁶ and “the repulsive brute, with the blood-red nostrils.”⁹⁷ He considers him to be the embodiment of ‘human nature;’ of something rotten and untrustworthy. After all, his disgust with the world and society permeates the whole novel and Rezia recalls that he was perfectly reasonable when explaining the wickedness of people to her. He despised people, he “knew everything” and “could see them making up lies as they passed in the street.”⁹⁸ He considered humans to be “lustful animals” who “have neither kindness, nor faith, nor charity beyond what serves to increase the pleasure of the moment.”⁹⁹ Moreover, he relates his disgust with people his favourite writers, stating “how Shakespeare loathed humanity,” and “Dante the same, Aeschylus the same.” And although Rezia wanted children, he could not grasp the thought of bringing a child into a world so rotten. Septimus considered that hatred a hidden message, “the secret signal which one generation passes, under disguise, to the next.”¹⁰⁰

During the novel, the reader accompanies Septimus' visit by Sir William Bradshaw, whom Rezia believes to “cure Septimus at once.”¹⁰¹ From Bradshaw's point of view,

⁹² Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 19.

⁹³ David Bradshaw, “Mrs Dalloway and the First World War”, *The British Library: 20th century* (May 2016).

⁹⁴ Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 84.

⁹⁵ *Ibid.*, 85.

⁹⁶ *Ibid.*

⁹⁷ *Ibid.*

⁹⁸ *Ibid.*, 61.

⁹⁹ *Ibid.*, 83.

¹⁰⁰ *Ibid.*, 82.

¹⁰¹ *Ibid.*, 77.

Septimus is a case of “extreme gravity,”¹⁰² and “complete physical and nervous breakdown.”¹⁰³ He diagnoses his every symptom as one in an advanced stage, including his tendency to treat words as symbols, ascribing them with meanings, and not paying attention to the interpretation. During the examination, Septimus is asked questions about his participation in the war, but he is unable to form a coherent sentence and does not see his actions in the war as a case of honourable matter, but rather he feels guilt, saying that he “committed a crime.”¹⁰⁴ Yet he could not remember it – what was the crime? Love and trees were all that he thought of, he wanted to pass a message, nonetheless, he was not able to deliver it to Sir William Bradshaw fully, not capable of forming a constructive sentence. Finally, Bradshaw makes somehow a quick, definite decision after seeing Septimus for three-quarters of an hour, ordering rest in a house in nature, as he usually does with somebody like Septimus; there have been plenty of those who thought they were the new Jesus and plenty of those who threatened to kill themselves. All those cases were clear to Bradshaw; he had a straightforward solution, or rather a postponement of one. Those cases were, just as Septimus, to be removed from humanity, surrounded by nobody but the nurses, allowed to rest and nothing more. However, to condemn a mentally secluded person to further isolation while simultaneously telling him not to indulge in thinking about himself might be somehow contradictory and leave no successful results. The question is if implying that the person is doomed to lay in bed and be allowed to do nothing by himself does not only deepen the feeling of self-incompetence, as if there was no hope for the person to be healed, for his mind to be renewed. Here, the verdict leaves Septimus to feel betrayed and deserted, as if everybody gave up on him.

Speaking of suicidal tendencies, there is a definite ‘yes’ to the question if Septimus ever expressed his death instincts, as the reader learns to know not only through his moments of contemplating life and thinking about death but also through the memories of his wife. During the novel, Rezia recalls a time when Septimus and she were standing by the river and she heard her husband suddenly say: “Now we will kill ourselves.”¹⁰⁵ At times like these, Rezia has felt terrified by the fascinated look on his face that he got when he saw something that aroused the thought of death in his mind, such as a train passing, or an omnibus. Yet, “he did not mean it,”¹⁰⁶ thought Rezia. There certainly were warning signs, and it is only

¹⁰² Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 88.

¹⁰³ *Ibid.*, 88.

¹⁰⁴ *Ibid.*, 89.

¹⁰⁵ *Ibid.*, 61.

¹⁰⁶ *Ibid.*, 89.

paradoxical that when it comes to Septimus' suicide in the final of his story, he does the act in complete awareness, while being sane, only to prevent his life from being taken away from him by human nature. For once, he is allowed to own his sanity, and to demonstrate the irony of the doctors treating him with cold hypocrisy, expecting him to be the victim they consider him to be. Septimus wants Dr Holmes to see; to understand the message, and he waits, before throwing himself out of the Bloomsbury window. He cannot let Dr Holmes take his life from him. Instead, he screams "I'll give it to you!" as he jumps out the window. Dr Holmes witnesses this act and cries: "The coward!"¹⁰⁷, referring to him as someone who gave up, but for Septimus, the act of suicide was quite the opposite, allowing him to be at least once capable of deciding for himself, demonstrating the ownership of his soul. All in all, the meaning behind Septimus' suicide is the desire to die with honour rather than being deprived of life by others.

3.2 Clarissa Dalloway

Regarding Clarissa Dalloway, she is, in the context of the novel, seen as a double character to Septimus, although the way they are connected, and the essence of her suffering is fully expressed only after Septimus' suicide. Anyhow, some elements of the novel invoke a sense of interconnection. Right at the beginning of the novel, while choosing flowers for her party, Clarissa is startled by a passing motor car; she jumps as she hears the *violent explosion*.¹⁰⁸ When she comes out on the street, the motor car is still there, and opposite the street, there is Septimus Smith, who feels that the throb of the motor engine sounds "like a pulse irregularly drumming through an entire body."¹⁰⁹ Although for possibly different reasons, both of them are affected by the motor car. Moreover, like Septimus, Clarissa finds herself relating to trees, feeling like a "mist between the people she knew best; who lifted her on their branches as she had seen the trees lift the mist."¹¹⁰ The way Clarissa and Septimus perceive the world is often merging, although they see the things and people through different eyes, coming from contrasting environments. Septimus is a war survivor, and he experienced the war first-hand, unlike Clarissa, who was aware of the war only from afar. Although she realizes the effect it has on society, and that not everyone has been spared. "The War was over, except for some one like Mrs Foxcroft at the Embassy last night... or

¹⁰⁷ Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 140.

¹⁰⁸ *Ibid.*, 11.

¹⁰⁹ *Ibid.*, 12.

¹¹⁰ *Ibid.*, 7.

Lady Bexborough... with the telegram in her hand, John, her favourite, killed; but it was over,”¹¹¹ she thinks to herself. Nevertheless, she copes with all that is wrong by focusing on pleasurable things instead; things that make living more enjoyable, and make her life seem fulfilled, as she pushes away her feelings, her deepest desires, and her sexuality. She might appear shallow, for example in the eyes of Mrs Killman, who perceives Clarissa as an upper-class woman who only cares about meaningless things. The reality is, she feels that she has no choice but to indulge in shallow pleasures, as she already missed her chance to be involved in things that she really cared about; she never dared to be as adventurous, as thoughtful, as *absurd* as her old acquaintances, or lovers; Sally Seton and Peter Walsh. From one perspective, she values the peace, security, and privacy of life with Richard Dalloway, but on the other hand, she regrets giving up the excitement and love she felt for Sally and Peter in her youth. She seems unable to find a balance between her contradicting values, and as she digs into her memory, she deeply regrets her decision, and she longs for things to go back.

The fundamental issue of Clarissa’s identity seems to be implied by the very title of the novel, *Mrs Dalloway*. Considering Clarissa’s and Virginia’s views of marriage and patriarchy it might be understood as a way of outlining the problem, seeing Clarissa’s fear of being perceived solely as her husband’s wife, and losing her authenticity and individuality. She feels shattered, isolated, drifting apart from her husband Richard, presumably because he is so different, often engaged in conversations with Lady Bruton, who shares his enthusiasm for politics. Clarissa knows that she lacks something that Lady Bruton makes up for, and she feels as if she and Richard were growing apart.

The first impression of Clarissa Dalloway is a lady opening her Westminster windows, recalling her eighteen-year-old self, gazing from a window into the garden. From the eyes of her neighbour, she is described as a charming woman, very upright and “vivacious, though she was over fifty, and she grown very white since her illness.”¹¹² The impression of her appearance is the opposite of her anxiety. Despite living in the city for over twenty years, she still, in the middle of the street, feels “a particular hush, or solemnity; an indescribable pause; a suspense.”¹¹³ But that might be her heart, said to be affected by influenza. Or possibly her constant anxiety, and the feeling of being “out, out, far out to sea and alone.”¹¹⁴

¹¹¹ Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 3.

¹¹² *Ibid.*, 2.

¹¹³ *Ibid.*

¹¹⁴ *Ibid.*, 6.

When Clarissa comes home after buying flowers for her evening party, she discovers that Richard, her husband, had been invited to Lady Bruton's lunch party. Clarissa feels disappointment, but this disappointment does not necessarily involve the feeling of jealousy, rather than a feeling of her failure; of the unquestionable realization that "Lady Bruton, whose lunch parties were said to be extraordinarily amusing, had not asked her." The fact of repeating this sentence twice within the scope of two pages only emphasizes Clarissa's frustration. She is no longer able to cope with things as easily as in her youth. She fears the passing of time, "how year by year her share was sliced," and the rest that remained "was capable any longer of stretching, of absorbing, as in the youthful years."¹¹⁵ In the present, the zest of the young is gone, and Clarissa feels "shrivelled, aged, breastless." She can no longer recall the old emotions and the excitement with which she did her hair. And she feels, somehow, behind in life. As if everyone was more capable than her, for she thinks of herself as knowing "nothing; no language; no history; she scarcely read a book now."¹¹⁶ From her inner thoughts and her perception of others, it seems that Clarissa lacks a sense of dignity and self-identity. She feels intimidated even by Miss Killman, who is poor, single, and heavy Christian. Clarissa despises Mrs Killman, because "she was never in the room five minutes without making you feel her superiority, your inferiority; how poor she was; how rich you were."¹¹⁷ The cause of her worries is not only the vanishing of time but also endless thoughts contemplating her sexuality. Interrupting her sleep, "she could not dispel a virginity preserved through childbirth which clung to her like a sheet."¹¹⁸ She feels the lack of something significant concerning Richard, and, throughout her whole life, she could not help herself from feeling a certain coldness towards men. Clarissa identifies her sexuality as "a scruple picked up Heaven knows where, or, as she felt, sent by Nature."¹¹⁹

However, she could easily catch herself feeling this sparkling joy in the presence of women; she often found herself "yielding to the charm of a woman."¹²⁰ In the novel, the reader learns that Clarissa's nostalgia revolves, besides the character of Peter Walsh, around Sally Seton, her old friend from childhood. Sally represented everything that Clarissa feels she lacked or was afraid to express; "a sort of abandonment, as if she could say anything, do

¹¹⁵ Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 26.

¹¹⁶ *Ibid.*, 6.

¹¹⁷ *Ibid.*, 9.

¹¹⁸ *Ibid.*, 28.

¹¹⁹ *Ibid.*, 28.

¹²⁰ *Ibid.*

anything.”¹²¹ The feeling for Sally was nothing like the experience with men. It was pure, protective, and compassionate. As she recalls coming down to dinner to meet Sally, Clarissa compares her feelings to the ones of Othello; “if it were now to die ‘twere now to be most happy.”¹²² She only now, after processing her memories, realizes the clarity of her feelings, because “what was this except being in love?”¹²³ It seems that Clarissa has never considered the true nature of her feelings in the past, and now she is sentimentally recalling those sparks of joy. But, she does this regarding not only her memories with Sally but also those of Peter Walsh, with whom she used to be close to the extent that she almost considered marrying him. But considering marriage, she thought that “a little licence, a little independence there must be between people living together day in day out in the same house.”¹²⁴ She found that with Richard, and although their marriage lacked the passion, at least she got to keep her soul and privacy. Peter was quite the opposite and he wanted to share everything with Clarissa. Now she is reminded of him, not only in her mind but physically as he approaches her front door and visits her in her London home. She is delighted to see him after many years, yet somehow flustered by his presence; “so surprised she was to see him, so glad, so shy, so utterly taken aback.”¹²⁵ She starts having doubts about the choice of not to marry him – why would she make up her mind *that way*?

During their conversation, she identified an emotion that “caught her heart and made the muscles of her throat stiff.”¹²⁶ Is it possible that she still had feelings for Peter? It almost creates the impression as if she suddenly felt something long forgotten, that she has not felt in years. But besides the feeling of excitement, she felt somehow ashamed, as if he were capable of something that she could never do. She feels like this compared to everyone; Peter, Sally, and even her daughter Elizabeth, who, unlike Clarissa, is aspirational, and wants to have a profession – to be occupied with something important instead of “trivial chatterings”.¹²⁷ In comparison to the interests of her daughter or her husband, Clarissa felt hollow, undefined, almost losing her identity. After her daughter leaves with Mrs Killman to the shops, she sits by the window and thinks about human privacy and how love and

¹²¹ Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 29.

¹²² *Ibid.*, 31.

¹²³ *Ibid.*

¹²⁴ *Ibid.*, 5.

¹²⁵ *Ibid.*, 36.

¹²⁶ *Ibid.*, 38.

¹²⁷ *Ibid.* 128.

religion are the *cruellest things* in the world, resembling Mrs Killman, and that they “would destroy that, whatever it was, the privacy of the soul.”¹²⁸

“Life was that – humiliation, renunciation.”¹²⁹ When Peter Walsh enters the house, Clarissa is forced to stop and think about her manners, because she notices how he perceives her. Peter made her “see herself; exaggerate.”¹³⁰ She often recalls their old arguments and how he blamed her for choosing to live by conventions. How ordinary she felt in his presence, how different were their values. Peter did not care about the beautiful things; “it was the state of the world that interested him.”¹³¹ And he never forgot to remind Clarissa about the shallowness of her mind, saying that “she had the makings of the perfect hostess.”¹³² Truth has it, she has become one, and despite being the hostess of a grandiose party and having important people come to her house (even the Prime Minister), she felt as if it was not real; she had this feeling of “being something, not herself, and that everyone was unreal in a way; much more real in another.” Perhaps the parties serve as a means of escape, as an opportunity to become someone different; someone happy, being able to say what could not have been said any other time. By throwing a party Clarissa could feel a sense of dignity and importance. She uses parties as a coping mechanism, at least to feel something for a little moment; for she could not feel the happiness as she used to; she “could not think, write, even play the piano.”¹³³ But it was all volatile, momentary, and non-lasting.

When Mrs Dalloway hears about Septimus’ death, she feels somehow similar to him. But how could she, living a peaceful life, perceiving the victims of war from safety. Yet there is no right to say that those who suffer differently do not suffer at all. For that statement to be made, suffering would have to be measurable, and perhaps objective. However, suffering is a subjective matter, and there is no presumption as to say who has or has not had the right to be mentally conditioned by an event or, for that matter, by the nonsense of life. Mrs Dalloway feels that heavily; that corruption, lies, and chatter. Life is fundamentally stressful for her; she sees it as an “overwhelming incapacity, one’s parents giving it into one’s hands, this life, to be lived to the end, to be walked with serenely; there was in the depths of her heart an awful fear.”¹³⁴ Clarissa realizes once she hears about Septimus’ death,

¹²⁸ Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 118.

¹²⁹ *Ibid.*, 157.

¹³⁰ *Ibid.*, 157.

¹³¹ *Ibid.*, 5.

¹³² *Ibid.*, 5.

¹³³ *Ibid.*, 114.

¹³⁴ *Ibid.*, 173.

that death means an embrace. And she almost feels glad that he did it and thrown it away, that horrible life, for she is not that brave to leave it behind. From the final thoughts of Clarissa, it seems that in fact, she had a lot in common with Septimus. She thought about him as if he were fond of poetry; perhaps he was a thinker, just like her. She even recalls Sir William Bradshaw, describing him as a “great doctor, yet to her obscurely evil, capable of some indescribable outrage.”¹³⁵ Actually, the hatred the characters feel towards Bradshaw stems from Woolf’s own experience, as she most probably drew from the figures in her life. As Dally writes: “Virginia could never have opened herself up to Craig. He represented everything she hated about bullying male authority. She fused him with Savage, and the two became Sir William Bradshaw in Mrs Dalloway.”¹³⁶ Nor Virginia, nor Clarissa, nor Septimus were only this or only that; they were not strictly insane, nor strictly sane, as the doctors imagined treating them; seeing the characters in black and white. Speaking of sanity, Clarissa’s state is not so severe and extreme as Septimus’, but she, just like him, feels as if she was losing the capacity to feel, perceive and interpret reality fully, to find happiness in the ordinary; she has everything, but because there is nothing to pursue anymore, she ends up feeling empty. It might have not been only the incapacity to feel, but in her case, to communicate her needs and express her feelings was a task that she was never able to conduct. And only after so many years of self-sabotage does she realize the truth while self-reflecting and coming to terms with her regrets and seeing the hollowness of the rich.

¹³⁵ Woolf, *Mrs Dalloway* (London: Harper Press, 2013), 173.

¹³⁶ *Ibid.*, 121.

CONCLUSION

The definition of psychological trauma has been developing since the 19th century. The conditions caused by traumatic events has been changing many forms and diagnoses before being finally diagnosed and identified under the term *post-traumatic stress disorder*. The causes of these conditions are various; each being subjectively experienced by the survivor, therefore these conditions differ in their cause, but come together through the symptoms. In the case of the novel, be it the anxiety and the fear of the world that haunted both main protagonists, or the moments of Clarissa's self-doubt and Septimus' feeling of superiority. Whereas Septimus' unconscious contains the horrors of war, Clarissa's unconscious is filled with suppressed feelings; her whole life.

Clarissa Dalloway is a character somehow perceived as mentally present, but deep within she feels torn, detached from reality, and unable to find a common ground between her inner desires and the way she is recognized and looked on by the people around her. She resembles the confusion of growing up and feeling separated from her younger self, as well as the disjunction between her inner and outer persona.

To look at it from a wider perspective, Septimus Warren Smith is not only perceived as an individualistic character, but he represents a whole generation of these soldiers. Each of them carried their own wounds, sharing the terror and the unfamiliarity of the world outside war. After being torn apart from reality, they could not stand the pressure of the world, just as the world has not been able to comprehend their shell-shocked minds. Thankfully the study of shell shock neuroses has undergone extensive changes to be diagnosed properly and recorded as a mental condition with a cause and a solution, and PTSD is nowadays treated as such.

In summary, Virginia Woolf managed to portray trauma in its vulnerability, and subjectivity and depicted its characteristics and manifestations to a large extent. While leaving space for the reader's imagination, the characters she created possessed feelings and symptoms that are known to a wide range of people suffering from neurosis now and then. From a more subtle point of view, she encouraged a wave of sympathy towards the characters, while making those characters relatable to the audience and perhaps not so queer concerning what is known today.

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