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Petr Šmejkal

Charles University in Prague

Faculty of Education

Department of English Language and Literature

**Portrayals of First World War trauma in
Virginia Woolf's *Mrs Dalloway* and Pat
Barker's *Regeneration***

Author: Petr Šmejkal

Supervisor: PhDr. Petr Chalupský, Ph.D.

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Abstract:

The aim of this thesis is to explore the portrayals of First World War trauma in Virginia Woolf's *Mrs Dalloway* and Pat Barker's *Regeneration* and compare them. The thesis will also try to describe the typical symptoms, possible causes and treatment of the trauma, as portrayed in literature. Since *Mrs. Dalloway* was one of the first literary works to deal with this kind of trauma, while *Regeneration* was written many years after the War, the thesis will also try to discover how this fact affected the way the trauma is portrayed in these novels.

Abstrakt

Cílem této práce je prozkoumat a srovnat zobrazení traumatu z první světové války v dílech *Mrs Dalloway* od Virginie Woolf a *Regeneration* od Pat Barker. Práce se také bude snažit popsat typické symptomy, možné příčiny a léčbu tohoto traumatu, jak byla zobrazena v literatuře. Vzhledem k tomu, že dílo *Mrs Dalloway* bylo jedním z prvních literárních děl, která se zabývala tímto typem traumatu, zatímco dílo *Regeneration* bylo napsáno mnoho let po konci války, tato práce se také pokusí zjistit, jak tento fakt ovlivnil způsob, kterým bylo válečné trauma v těchto dílech zobrazeno.

Key Words: First World War, trauma, symptoms, treatment

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Declaration

I hereby declare that I have elaborated this thesis individually and that all the sources that were used are listed on the Works Cited page. No other sources were used.

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Petr Šmejkal

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Introduction

The First World War was a gigantic conflict, which re-shaped most of the world as people had known it before. It was also a conflict in which thousands of young men lost their lives. Yet even many of those who were so lucky not to get killed or permanently damaged did not escape the memories of traumatizing events and other forms of psychological trauma sustained during the war. Since the war differed from previous conflicts significantly in many ways, the kind of psychological trauma from which the veterans were suffering was also different from what the society had been used to. Therefore, it was often very difficult for them to integrate back into the society and the people were not really able to help them.

One of the first British writers to portray this phenomenon in a novel was Virginia Woolf with her *Mrs. Dalloway* published shortly after the war in 1925, which features Septimus Smith, a shell-shocked WWI veteran, who struggles to return to normal life in post-war London. A great example of a novel from 1990's covering this topic is *Regeneration* by Pat Barker, first published in 1991. The story of *Regeneration* is only partly fictional and takes place in a war hospital, where many shell-shocked officers were being treated. The book features many veterans suffering from various forms of psychological damage sustained during the war as well as several psychiatrists, each trying to approach the treatment of their patients differently.

The aim of this thesis is to explore the theme of the First World War trauma and the way in which it is portrayed in the two texts, compare them and comment on the most significant similarities and differences.

The theoretical part tries to explore the topic and inform the reader about facts, specifically about understanding the term shell-shock, causes of the trauma and its treatment. This part also contains brief descriptions of the two novels.

The practical part works directly with the texts and tries to explore the individual topics outlined in the theoretical part, explore their portrayals in the texts and find any similarities or differences between them.

Shellshock

Veterans of the First World War suffering from psychological trauma are usually labeled as shellshocked. This term is very popular and is probably one of the first things to come to mind when thinking about traumatized First World War soldiers. As Tracey Loughran notes: “Shell shock is integral to our ideas of the First World War“ (101). The patients of the Craiglockhart war hospital in Barker’s *Regeneration*, as well as Woolf’s Septimus Smith, would be definitely all seen as perfect examples of people suffering from shellshock. From this, it may seem that we are actually trying to point out a single condition shared by the traumatized veterans. This would, however, be too simplistic and historically inaccurate, as the individual cases of shellshock vary too much. The problem arises when we try to define what shellshock actually means. Originally, the term shellshock was meant to describe “what was thought to be a reaction to trauma received from the concussive effects of exploding mortar shells in the battlefield” (Kassim). This definition suggests that the cause of shellshock was excessive mortar bombardment, one of the typical features of First World War battlefields. While this might be true in many cases, many Craiglockhart patients in *Regeneration* clearly show that this definitely was not the only possible cause and we can find many other examples where the trauma was caused by something completely different than exploding shells. In fact, almost any kind of psychological damage observed in a soldier would be automatically labeled as shellshock and the majority of the patients were not given much (if any) individual attention, since the cases were too frequent. This indicates that the term shellshock does not actually describe a single condition or diagnosis but refers to a “cluster of disordered symptoms” (Kassim), which may be different in every case. John Simkin names the most prominent of them:

The symptoms displayed under the term 'Shellshock' were extraordinarily numerous and different. Among regular soldiers hysteria - paralysis, blindness, deafness, contracture of limbs, mutism and limping were the most common, while officers mainly experienced nightmares, insomnia, heart palpitations, dizziness, depression and disorientation.

Treatment of Shellshock

Medical treatment of shellshock plays an important role in both *Regeneration* and the story surrounding Woolf's character Septimus Smith. While this issue will be addressed more thoroughly in the practical part, it is worth mentioning here as the methods described in the novels effectively cover many of the methods which were used by the real physicians.

For the first victims of shellshock, the situation was almost hopeless. The military authorities refused to treat shellshock victims as actually disabled and considered it mere avoiding military service. "Some even went so far as to say that they should be shot for malingering and cowardice" (Simkin). It is without doubt that this attitude made the psychological problems for the victims, the vast majority of whom were later really proved to be ill, even worse. With an increasing number of the cases, however, even the skeptics had to admit that shellshock was real and posed a threat that had to be dealt with. As a consequence, many medical centers "designated as hospitals for mental diseases and war neurosis" (Simkin) started emerging.

Unfortunately, the most common methods of treatment were very often cruel to the patients. These were mostly based on "physical re-education and the infliction of pain" (Simkin) and were usually used for treating regular soldiers. Their primary goal was not to help the soldiers get rid of their traumas but merely to suppress the symptoms, in order to enable their return to the battlefields as soon as possible. A great example of such approach is the electric shock treatment. This involved an electric current being applied to various body parts to cure the symptoms of Shellshock. For example, an electric current "would be applied to the pharynx of a soldier suffering from mutism or to the spine of a man who had problems walking" (Simkin). A scene in *Regeneration* depicts very naturalistically an occasion where such treatment is applied to a shellshocked soldier.

Those who were luckier (officers in most cases) had a chance to be treated with psychotherapy. Interestingly enough, W.H.R. Rivers, one of the central characters of *Regeneration* was one of the first psychiatrists in England to use psychotherapy as a method of working with their patients. Despite the fact that this method seemed to be

more effective and unlike the former mentioned sought to eliminate the core of the trauma, it was refused by many doctors “as it sometimes took patients years to recover and very few returned to the war” (Simkin). In other words, psychotherapy was not practical enough for the war cause. As we can assume from *Mrs. Dalloway*, however, these uninvasive methods became much more popular after the war, in the time when the severe and pragmatic treatment was not needed any more.

A New Kind of War

As mentioned earlier, the First World War battlefields were different and much more horrible than what people were used to so far, which certainly played a crucial role in development of psychological trauma. First of all, it is fair to say that most people were simply not ready for the war. As Paul Fussel notes, “Britain had not known a major war for a century” (Fussel 21). In fact, it was not very difficult to gather enough recruits for the war as the young men often voluntarily wanted to go, expecting a great adventure. A.J.P. Taylor comments that “no man in the prime of life knew what war was like. All imagined that it would be an affair of great marches and great battles” (Fussel 21). Little did they know that in fact, things would turn out to be much different. These naive men full of hopes and expectations were very quickly disillusioned by the brutal and horrible reality of the battlefields.

It is quite obvious that every war is and always will be a traumatizing event. The possible events which could permanently damage one’s mind are so many that it would probably be impossible to name them all. Seeing people die or get injured, living in constant fear, the impending possibility of one’s death – these are all factors contributing to the development of trauma. The First World War, however, introduced many new features which pushed the war experience on a whole new level. Although some of these things might seem obvious today, they meant a lot at the time of their massive introduction and completely re-shaped the basic conceptions of warfare as such.

Trench Warfare

The first thing that comes to mind when talking about the First World War and the Western Front is probably trenches. They are mentioned so frequently in this context that they have actually become one of the hallmarks of the War. It is quite fair since the soldiers spent the vast majority of their time in them. On the battlefields of the Western Front, the trenches were of great practical use. They provided cover and relative safety. It was also a much cheaper solution than building any kind of fortifications above ground. On the other hand, there were many problems connected with them. The trenches were usually not a very nice place to stay, for they were often “wet, cold,

smelly and thoroughly squalid” (Fussel 43). The overall atmosphere was only made worse by the sight and smell of dead bodies which were lying around. “Dead horses and dead men—and parts of both—were sometimes not buried for months and often simply became an element of parapets and trench walls” (Fussel 49). It is no wonder that this was an ideal environment for various kinds of infections and diseases. Among the most notable of them was the so called trench fever, “a particularly painful disease that began suddenly with severe pain followed by high fever” (Duffy), which was caused by lice. Another parasite constantly giving trouble to the men and spreading diseases was rats. They fed largely on dead bodies and often grew to extraordinary sizes. Most soldiers were afraid of them because they would even scamper across their faces in the dark and were also known to be the source of various infections.

Then there was one problem partly connected with the trenches, which was not of a physical character, but was very real for the minds of the soldiers. The trenches symbolized the positional character of the war. During most of the war there was a stalemate on the Western Front and, despite occasional local advances, the front did not actually move very much and remained largely stationary. This situation troubled the public and many even thought that the war would go on forever. “The likelihood that peace would ever come again was often in serious doubt” (Fussel 71). It must have been especially depressing for the soldiers, who saw the others die every day in exchange for little to none military achievement. As a consequence of this, many psychological disorders developed and a nihilistic way of thinking was very common among the combatants.

New weaponry

The beginning of the twentieth century was a time of great technological advancement. Unfortunately, the fact that the world got into a state of war caused that much effort was put into military research, especially into weapon development. Almost all of the existing weapons were somehow improved and some completely new designs were created. The weaponry ranged from small firearms like pistols and rifles, through hand grenades and land mines to truly weapons of mass destruction, such as tanks, heavy mortars and even poisonous gas strikes. It is almost unnecessary to mention how tremendous impact these weapons must have had on the psychological health of the soldiers, especially when many of the weapons’ main purposes were to demoralize the

enemy in cases where a direct annihilation was not possible. Moreover, practically all of the armies used military doctrines which were no longer suitable for the modern kind of warfare.

The most important modernization in the field of small firearms were probably the machine guns. “First used in the American Civil War, their effectiveness reached frightening new levels with World War” (Nash). Because of their limited mobility, they were used as defensive weapon. A single machine gun crew was capable of taking out dozens of attacking soldiers and would often do so as the attackers usually advanced in great numbers. Sometimes it was not even necessary to aim very precisely as it was certain that they would hit a target.

However, the most feared weapon of all was the artillery. It is true that cannons and weapons similar to them had existed many years before but “the First World War, relying on heavy fortifications and set-piece frontal attacks on these heavily defended positions, made artillery crucially important” (Sweet 7). Artillery strikes were particularly useful for attacking trenches, whose inhabitants had virtually no chance to escape. The psychological effect of these bombardments was enormous. In fact, the term shellshock itself is named after shells, the type of ammunition shot by these weapons. “While being shelled, the soldier either harbored in a dugout and hoped for something other than a direct hit or made himself as small as possible in a funk-hole” (Fussel 46). With a direct hit almost always being fatal, the fact that it was largely random and unknown where the next shell was about to land was enough to cause permanent damage to one’s mind. Furthermore, the bombardments were very frequent and caused huge amounts of casualties. Although it is a rough estimate, the sources acknowledge that the artillery strikes “accounted for over 60% of the fatalities on western front” (Nash).

Mrs. Dalloway and Septimus Smith

The first of the two literary works on which this thesis will concentrate is *Mrs Dalloway*, a novel written by Virginia Woolf. Published in 1925, only six years after the end of the First World War, *Mrs Dalloway* was among the first works to tackle the topic of a war veteran suffering from trauma sustained in the conflict who is trying to return to a normal life in the society.

The story takes place in post-war London and, “within the framework of twenty-four hours, consists of two intertwined lines of development, having for centers of interest first Mrs Dalloway, outwardly the perfect London hostess, and secondly Septimus Smith, a shell-shocked ex-soldier” (Guiguet 232). Although the story is very complex and elaborate, this thesis will deal mainly with the character of Septimus Smith and the ones surrounding him, since his case is relevant for the main topic.

Septimus experienced traumatizing events during the war, including the death of his friend Evans. As a consequence of this his mind started to deteriorate, until he developed severe psychosis. His young Italian wife Rezia tries to help him and takes him to several doctors. After being “somewhat brutally” (Brower 52) treated by Dr. Holmes, Rezia takes him to “Sir William Bradshaw, a prominent psychiatrist, who recommends rather firmly that Septimus should be taken to a sanatorium” (Brower 52). A few hours later, before they manage to take him away, Septimus commits suicide, throwing himself out of the window.

The novel is also one of the most notable and often-cited examples of British modernism. Woolf very often uses the so called stream of consciousness, a literary device which enables the reader to see directly into the minds of the characters. Because of this, the reader usually sees Septimus’ psychotic events (mainly consisting of hallucinations and delusions) through his own eyes. This makes the reader feel closer to the character and, at the same time presents, him with a new perspective on the matter.

Regeneration

The other literary work this thesis will deal with is *Regeneration*, written by Pat Barker first published in 1991. The novel is one of a few examples of modern fiction published on the subject (which is, unfortunately, somehow overshadowed by the literature and cinema on the Second World War) and presents the reader with a fresh perspective. The book also provides us with various examples of shell-shocked war veterans.

The story of *Regeneration* takes place during the War in the Craiglockhart War Hospital, a mental hospital for shell-shocked officers, and revolves around Dr. William H. R. Rivers, an “anthropologist turned psychiatrist” (Mullan) and his patients. The tender approach of Dr. Rivers towards his patients relying on psychoanalysis and inspired by Sigmund Freud’s learning is contrasted with the “more brutal, though also effective, methods of doctors such as Lewis Yealland, who is shown shocking a mute soldier back into speech through faradization” (Barrett) (a method which consists of inflicting pain through electroshocks). The most notable of Dr. Rivers’ patients include Siegfried Sassoon, a war poet who publicly protested against the continuation of the war, or Billy Prior, a patient suffering from mutism, struggling with his working-class background. The events and characters described in *Regeneration* are only half-fictional, most of whom (notably Dr Rivers, Siegfried Sassoon and Wilfred Owen) being based on their real-life counterparts. Several protagonists, however, are completely fictional, Billy Prior “being the most important invented character” (Mullan).

It is necessary to mention that *Regeneration* differs from the Septimus Smith’s story in *Mrs Dalloway* significantly, both in form and content. Unlike Woolf, Barker tells the story in a very conventional way, most of the time relying on the omniscient narration combined with frequent dialogues. *Regeneration* is also far more explicit when describing the war events leading up to the development of the trauma. Also the actual symptoms of the trauma are portrayed much more naturalistically. One of the possible reasons for this is the fact that in 1925 the events of the First World War were still too “acute” and had to be handled more carefully than in 1991, when the War was already a distant history.

Symptoms of Trauma

Both *Regeneration* and *Mrs Dalloway* describe the symptoms of the First World War trauma. Each of them, however, approaches this problem differently. Whereas *Mrs Dalloway* concentrates only on one character, *Regeneration* features many traumatized war veterans who exhibit various symptoms. All of them can be used as examples. Another big difference is in the way in which they are presented, since Woolf uses the stream of consciousness and describes the symptoms somewhat abstractly, while Barker tries to show them as objectively and historically accurately as possible. It is also important to mention that in *Regeneration*, the symptoms (and their causes) are depicted very naturalistically.

The first example mentioned in *Regeneration* proves this theory sufficiently. It is Burns, who had experienced a really bizarre and disgusting accident. “He’d been thrown into the air by the explosion of a shell and had landed, head first, on a German corpse, whose belly had ruptured on impact. Before Burns lost consciousness, he’d had time to realize that what filled his nose and mouth was decomposing human flesh” (Barker 19). As a consequence, Burns is unable to eat, since every time that he tries to do so, the incident recurs to him. Moreover, he suffers from nightmares and “from every nightmare he awoke vomiting” (Barker 19). Later in the story, Burns is also shown exhibiting insane behavior, as described in the scene where he goes out for a walk and finds several dead animals hanging on a tree. He cuts them loose and arranges them “in a circle round the tree” (Barker 39) and sits down naked in the center. It is implied that he stays there for several hours as “by late afternoon his presence was giving cause for concern” (Barker 39). However, he returns to the hospital in the evening but tells neither the medical staff nor his companions about his little adventure. Therefore, it is never again mentioned in the story.

Another interesting example is the case of Anderson, a military surgeon who had developed a huge psychological trauma. Despite the fact that his profession should make him used to seeing gore and violence, he now suffers from “extreme horror of blood” (Barker 31). Even a small drop is enough to make him react with horror and vomiting. This is evident in the scene where his roommate accidentally cuts himself while shaving, which triggers Anderson’s symptoms. Logically, this makes it

impossible for him to practice his profession as a doctor. Together with Rivers, they find the source of the trauma. Anderson finally recalls an incident where he was to treat a critically wounded French soldier, yet he “treated the minor wounds and missed the major one” (Barker 30), which resulted in the patient’s bleeding to death, hence Anderson’s fear of blood.

Billy Prior, one of *Regeneration*’s main characters, is also one of the most complicated ones when it comes to war trauma and its symptoms. The first thing that everyone notices about him when he first arrives to Craiglockhart is that he suffers from mutism and is able to communicate with the doctors only in writing. After a couple of days, however, he unexpectedly regains the ability to speak. He comments on this that “it’s happened before” (Barker 49) and when asked what causes him to suddenly go mute, he answers simply “When I get upset” (Barker 49). Dr River later explains what a possible cause of mutism might be: “Mutism seems to spring from a conflict between wanting to say something, and knowing that if you do say it the consequences will be disastrous. So you resolve it by making it physically impossible for you to speak” (Barker 96). When Prior’s file arrives, Rivers learns that he had experienced a breakdown during his stay in France, after which his condition had been deteriorating, until he was sent to Craiglockhart. Furthermore, it becomes evident that he also suffers from memory loss, which “applies to the later part of his service in France” (Barker 50), particularly to the events leading up to his breakdown. In psychological terms, Prior had probably repressed the memory, as repression is described as “putting painful thoughts and memories out of our minds and forgetting them“ (Niolon). In addition to this, the traumatic memories return to Prior in form of nightmares, from which he “wakes up screaming” (Barker 137). Rivers, who has now no other option than to try hypnosis, finally learns that the traumatic experience which had triggered Prior’s breakdown was the situation where two of his men were killed by a German shell and he had to look for their horribly dismembered remains and put them into bags.

Interestingly enough, both Anderson and Prior report that the events that had led to their breakdowns had not been their worst experiences from the war. Being a field surgeon, Anderson had definitely “seen many worse deaths” (Barker 30), and Prior, as an officer, had seen many of his men die and does not understand why such an event “should make him break down” (Barker 105). Rivers, however, explains that people are “thinking of

breakdown as a reaction to a single traumatic event, but it's not like that. It's more a matter of erosion. Weeks and months of stress in a situation where you can't get away from it" (Barker 105). In this sense, what had actually caused the breakdown in both cases was the stress accumulated over a long period of time, the traumatic experience itself being merely a trigger.

Probably the most bizarre is the case of Willard, who acts as he was paralyzed, while in reality he is not. In this case, the psychological symptoms have transformed into physical ones. Prior to being sent to Craiglockhart, Willard had been severely injured "when his company was retreating across a graveyard under heavy fire, and several tombstone fragments had become embedded in his flesh" (Barker 111). These wounds are almost healed but Willard insists that also his spine had been injured and he is still unable to walk. Even though he had been assured by various doctors that there is "no injury to the spine" (Barker 112), he still maintains this belief. Thanks to Dr Rivers' treatment, he gradually starts to realize that his condition is "not purely physical" (Barker 113) and becomes afraid that he might be accused of cowardice and malingering. Rivers, however, reassures him that this is not the case and gives him the following explanation:

It's true paralysis occurs because a man wants to save his life. He doesn't want to go forward, and take part in some hopeless attack. *But neither is he prepared to run away.* Paralysis is no use to a coward, Mr Willard. A coward needs his legs. (Barker 112)

Ultimately, Rivers' psychoanalytical approach proves to be successful since after several weeks, Willard is able to walk again.

Mrs Dalloway is, logically, not so rich in examples of First World War trauma symptoms, as it features only one traumatized veteran, Septimus Smith. The way in which the symptoms are portrayed is also very different. Another important notion is that both the war memories and symptoms of the trauma in *Mrs Dalloway* are depicted notably less naturalistically than in *Regeneration*. The most obvious explanation would be that this is so because of Woolf's original modernist style of writing, which focuses on the subjective reality of the characters rather than on the objective reality seen by the omniscient narrator, as in the case of Barker. Nevertheless, it is also possible that this difference is partly caused by the fact that *Mrs Dalloway* was published in 1925, only a

few years after the War had ended, and is one of the first novels to tackle the topic of psychological trauma caused by the First World War. In this time, the topic was still very current and had to be handled carefully, while in 1991 (the year when *Regeneration* was published), the First World War was already a distant past. Therefore, Barker could afford to be much more specific in depiction of the war events and symptoms, without upsetting the readers.

As opposed to Barker, Woolf does not really try to describe Septimus' symptoms in a traditional way but lets them become evident from Septimus' own stream of consciousness and reactions of the people around him. The history of his war service remains largely unknown. The reader only learns that "Septimus was one of the first to volunteer" and that he "went to France" (Woolf 64), which implies that he had fought at the Western Front. He had become good friends with Evans, his commanding officer. The War had, however, changed something in him since "when Evans was killed, just before the Armistice, in Italy, Septimus, far from showing any emotion or recognising that here was the end of a friendship, congratulated himself upon feeling very little and very reasonably" (Woolf 64). The death of Evans is further depicted as the key aspect of the trauma, as he almost constantly appears in Septimus' hallucinations. Septimus' condition is described multiple times as inability to feel anything. This had most probably been caused by the traumatic war experience (which the reader, unfortunately, knows very little about), as the horrors of the war might have caused Septimus to psychologically distance himself from reality and withdraw to his inner world. Furthermore Septimus seems to exhibit symptoms of schizophrenia, since schizophrenics usually suffer from delusions, hallucinations, lack of initiative and often "appear very emotionless, or have a very limited range of emotions" (Harrison), which matches Septimus' case perfectly. The hallucinations are a particular problem and will be analyzed more deeply in a separate chapter.

Hallucinations

Hallucinations are one of the typical symptoms of war trauma. When they start occurring, it usually signals that serious mental damage is present and that the person suffering from them starts losing touch with reality.

Despite their importance, hallucinations are not mentioned in *Regeneration* very often. In fact, only one character is shown experiencing them. Interestingly enough, the person is Siegfried Sassoon, who is not sent to the mental hospital primarily because he is suffering from war trauma. Besides later becoming a renowned poet, he is known for his strong anti-war views and had made these views public by publishing a declaration, in which he states that he believes that “the war is being deliberately prolonged by those who have the power to end it” (Barker 3). Therefore, the actual reason for him being treated in Craiglockhart is the fact that it is the only way for him to avoid being court-martialed.

The very first time when the reader learns that Sassoon occasionally suffers from hallucinations is when he is asked about them by Dr. Rivers during their first session. In this scene, he describes a rather special kind of hallucinations which he experienced in London – nightmares so strong that they did not stop even after he had woken up.

‘And the hallucinations?’ He found this more difficult. ‘It was just that when I woke up, the nightmares didn’t always stop. So I used to see...’ A deep breath. ‘Corpses. Men with half their faces shot off, crawling across the floor.’ ‘And you were awake when this happened?’ ‘I don’t know, it must’ve been, because I could see the sister.’ (Barker 12)

Despite the fact that this could mean a serious problem for Sassoon’s mental health, Dr. Rivers does not put much significance in this incident, which is actually mentioned only very scarcely later in the story. This is partly due to the fact that it figures in Sassoon’s file as one of the main reasons why he was placed in the mental hospital. However, everyone knew that the real reason behind that was the publishing of the Declaration. Another possible explanation might be that Dr. Rivers accounted this incident for a mere temporary breakdown (after all, Sassoon had experienced some traumatic events during the war).

The other occasion where hallucinations are encountered in *Regeneration* is situated approximately half way through the story and comes as a bit of a surprise to the reader. The scene starts with Sassoon noticing a strange tapping noise that no one seems to notice except for him. He does not consider it very important and goes to bed, thinking about his friends from the war. Everything seems to be quite normal. When he wakes up, however, he sees a person in the doorway.

He woke to find Orme standing immediately inside the door. He wasn't surprised, he assumed Orme had come to rouse him for his watch. What did surprise him, a little, was that he seemed to be *in bed*. (...) After a while he remembered that Orme was dead. (...) Perhaps if he turned his head it would be all right. He stared at the window's pale square of light, and when he looked back Orme had gone. (Barker 143)

Sassoon immediately compares this with his previous hallucinations and comes to the conclusion that this one was very different. The ones he had experienced in London were gory, "pointing to amputations and head wounds" (Barker 144). This was more "restrained and dignified" (Barker 144). Moreover, it had not followed on from a nightmare.

After some time Sassoon discusses this event with Dr. Rivers. Although he is a little reluctant at the beginning of the dialogue, he eventually shares valuable pieces of information with Rivers. He tells him that he is not frightened when he is having the hallucinations but feels guilt. Moreover, he admits that the seeing of Orme was not the only time that something like this had happened to him. In Sassoon's own words, it happened "once or twice" (Barker 188) but the way in which he comments on them further may indicate that he might be experiencing such incidents even more often. More importantly, however, the reader learns from this scene that the hallucinations at Craiglockhart inspired him to write some of his poetry. The following extract is a part of the poem that Sassoon shows to Rivers as a means of illustrating his thoughts.

When I'm asleep, dreaming and drowsed and warm,
They come, the homeless ones, the noiseless dead.
While the dim charging breakers of the storm
Rumble and drone and bellow overhead,
Out of the gloom they gather about my bed. (Sassoon)

Compared to *Regeneration*, hallucinations play a far more important role in the Septimus Smith's subplot of *Mrs Dalloway*. Although the War had already ended when *Mrs Dalloway* takes place, Septimus' mental problem did not cease to exist. This was not so uncommon, since "years after the War, many veterans still complained of frequent nightmares and hallucinations" (Heck). This kind of a problem was obviously prevalent largely in the worst cases and Septimus was, indeed, a very serious one. He is

diagnosed as a “case of complete physical and nervous breakdown” (Woolf 70). Thanks to his bad mental condition, he is experiencing hallucinations almost constantly.

The reader witnesses Septimus being delusional almost immediately after he and his wife Rezia are introduced in a park scene where they are taking a walk. Typically for Woolf’s style of writing, the whole event is seen from the protagonist’s own eyes.

Leaves were alive; trees were alive. And the leaves being connected by millions of fibres with his own body, there on the seat, fanned it up and down; when the branch stretched he, too, made that statement. The sparrows fluttering, rising, and falling in jagged fountains were part of the pattern. (...) All taken together meant the birth of a new religion. (Woolf 17)

With the help of this extract, it can be easily concluded that Septimus had probably already lost touch with reality and that his mind is most likely in a very bad shape.

Through hallucinations, the reader also first learns about Septimus’ friend Evans, who had been killed in the War and now appears as a recurrent character in many of his visions. It is interesting to notice that the intensity of the episodes containing Evans is gradually increasing throughout the story, possibly illustrating the deterioration of Septimus’ mind.

The first time Evans is mentioned, he actually is not seen at all, but is merely represented through Septimus’ anxiety. In this scene, which still takes place at the same park as the scene in the previous extract, Septimus feels that “white things were assembling behind the railing opposite. But he dared not look. Evans was behind the railings!” (Woolf 18) Yet he still remains unseen. During the very next encounter, however, a visual form of Evans is already present. This time, Septimus actually sees the dead man with his own eyes, when he notices that “a man in grey was actually walking towards them. It was Evans! But no mud was on him; no wounds; he was not changed (Woolf 52).” At this point, an interesting parallel could be seen with the earlier mentioned extract from *Regeneration*, where Sassoon sees Orme, one of his dead comrades. Evans, as well as Orme, both seem to be in a good physical condition, with no visible wounds or bruises. Some people might find this surprising, as it is implied that both persons died a very violent death. Nevertheless, there is one striking difference between the two cases. Whereas Sassoon does not consider it so important and it actually comes as a surprise to him, Septimus feels terror when experiencing it. In *Mrs*

Dalloway, there is stated numerous times that “he could not look upon the dead” (Woolf 52). In other words, he was afraid. This difference is very probably caused by the fact that the mental state of Septimus was much worse than Sassoon’s.

Finally, Septimus’ condition comes to the point where auditory hallucinations appear as well, so that he not only sees Evans but hears him as well. This is evident in the scene where Septimus is left alone at home and “the great revelation took place. A voice spoke from behind the screen. Evans was speaking” (Woolf 69). He starts speaking with Evans but is, in fact, speaking with himself, which frightens the others and forces his wife to call the doctor.

Treatment

Treatment of the war trauma is a very important part of *Regeneration* as well as *Mrs Dalloway*, however, the topic itself is handled diametrically differently by both of the novels. Whereas Barker tries to depict the treatment precisely and historically accurately, Woolf shows the negative side of the treatment.

As the mere title of *Regeneration* might suggest, treatment is actually what the entire story revolves around. In the center of attention stands Dr. Rivers, whose methods are depicted as “thoughtful, respectful, and gentle” (Barker) and who seems to endorse psychotherapy. His way of working with the patients is in many aspects original and pioneering. While most people believed that the patients should try to forget the traumatic experience, Rivers’ treatment “sometimes consisted simply of encouraging the patient to abandon his hopeless attempt to forget, and advising him instead to spend some part of every day remembering” (Barker 26). He is also being described as very successful in his efforts, as patients’ “nightmares began to be less frequent and terrifying” (Barker 26) within several weeks. Since the beginning of the story, his approach is contrasted with other much more straightforward ones. The first confrontation comes very soon after the introduction of Billy Prior. Prior is suffering from occasional mutism and memory loss. Immediately during one of their first sessions, he tells Rivers that he does not “agree with the treatment” (Barker 51) and that “Dr Sanderson was going to try hypnosis” (Barker 51), because he thinks that hypnosis might be able to help him better with recovering of the lost memory than the treatment he receives from Rivers. Nevertheless, Rivers refuses to use it in Prior’s case. Later in the story, he explains why he had done so and partly defends his point:

Basically, people who’ve dealt with a horrible experience by splitting it from the rest of their consciousness sometimes have a general tendency to deal with any kind of unpleasantness in that way, and if they have, the tendency is likely to be reinforced by hypnosis. In other words you might be removing one particular symptom – loss of memory – and making the underlying condition worse (Barker 68).

Despite the fact that Rivers later admits that he uses this method when “everything else has failed” (Barker 68), this moment is very crucial, since it shows not only Rivers’

professionalism but, more importantly, his distrust in the traditional methods of dealing with psychological trauma. He only sees them as the last resort, when everything else has failed.

Rivers is also portrayed as a good-hearted doctor, who takes his job seriously and really cares for his patients. Sassoon, for example, says that he “had come to take his father’s place (Barker 145).” At another point in the story, he is seen visiting one of his patients, Burns, who had been already released from the hospital. Despite the fact that Rivers is not obligated to visit him any more, he invites him to “spend the last few days of his leave at the family’s holiday cottage” (Barker 152) with him, which he accepts. Consequently, Rivers really spends a couple of days with him, while managing to help him to overcome his trauma.

Nevertheless, the most important confrontation of Rivers’ methods comes near the end of the book, where he “accepts an invitation to visit Queen Square” (Barker 223), a hospital where ordinary soldiers (not officers) were being treated by Dr Yealland. So far, the story has concentrated only on traumatized officers but Rivers already suspects that ordinary soldiers who happen to have psychological problems will have to exist under much worse conditions. What he sees inside, however, exceeds all his expectations. The hospital is overcrowded and the patients have very little or no personal space. The description provided in the book describes the situation sufficiently: “Contact with patients was restricted to a brisk, cheerful, authoritative greeting. No questions were asked about their psychological state. Many of them, Rivers thought, showed signs of depression, but in every case the removal of the physical symptom was described as a cure” (Barker 224). One does not have to be a psychiatrist to see that this approach is completely inappropriate in terms of psychological treatment and its main goal was probably to send the soldiers able to fight back to the front as soon as possible. This hypothesis is later confirmed by Dr Yealland, who praises the hospital by saying that “most of these patients would be out within a week” (Barker 224). This is, in fact, a direct opposite of the approach endorsed by Rivers, whose ultimate goal was to erase the source of the problem, since the symptoms would later cease to exist automatically.

Nonetheless, the worst shock is yet to come. It is the very naturalistically described treatment of private Callan, who is suffering from mutism. Dr Yealland describes the methods of treatment already tried with this patient, which consisted of “very strong

electric current applied to his neck and throat. Hot plates had been applied repeatedly to the back of the throat, and lighted cigarettes to the tongue” (Barker 227). What follows is the scene where Rivers witnesses the actual treatment. It lasts several hours and actually resembles torture more than a treatment. Callan is strapped to a chair and very violently forced to start speaking while receiving electric shocks. It is true that after several hours of this procedure, he starts speaking again, but the reader has a strong feeling that there is something wrong with the result of the treatment. As mentioned earlier, only the physical symptom was removed, yet the source of the problem probably still exists and it is possible that a relapse will occur. This assumption is actually made by Rivers in the book, as well, when he asked “questions about the relapse rate, the suicide rate, and received the expected reply. Nobody knew” (Barker 224).

Treatment of war trauma is also one of the main themes of *Mrs Dalloway*. However, the way in which Woolf approaches is very different from Barker. Whereas Barker is trying to give an objective account of the existing methods and controversy created by their confrontation, Woolf shows the negative side of such treatment. It is fair to mention that she was entitled to do so because she suffered from a mental illness herself, her condition being diagnosed as “manic depression” (McManamy). Since “lengthy asylum stays were a fact of life for her” (McManamy), she had a first hand experience of being treated by a psychiatrist herself.

The reader first learns about Dr Holmes, Septimus’ general practitioner. He is described as a “nice man” who is “interested in Septimus” (Woolf 68). He means well, yet Septimus’ case is unfortunately beyond his capabilities. Despite the fact that symptoms of mental problems are present in Septimus, he says multiple times that there is “nothing whatever the matter” (Woolf 67) with him. He gives Septimus several pieces advice, for example to “take an interest in things outside himself” (Woolf 16) or to “notice real things, go to a music hall, play cricket” (Woolf 19). However, it becomes evident that this is completely insufficient, since Septimus’ symptoms only get worse over time (as the reader learns through the stream of consciousness). Septimus does not like Dr Holmes and refuses his treatment, referring to him as “human nature” (Woolf 102). It is further explained that “Holmes seemed to stand for something horrible to him (Woolf 102). Ironically, it is also Dr Holmes who triggers his suicide, when he comes to

take him away. In an impulsive moment, Septimus rather chooses to jump out of the window than confront him.

When Septimus' symptoms worsen to such extent that it becomes unbearable and his wife starts worrying about him, he is taken to Sir William Bradshaw, a renowned psychiatrist. Being a real professional, he instantly notices that there is something wrong with Septimus and "ascertains in two or three minutes" (Woolf 71) that he is "very seriously ill" (Woolf 71). Sir William has no other choice than to send Septimus to an asylum, since he had threatened to kill himself and in such case it becomes "a question of law" (Woolf 71). Nevertheless, he makes a huge mistake of letting Septimus go home before he would be taken to the asylum. In the meantime, Septimus manages to commit a suicide.

One of the main reasons why Septimus despises doctors so much is the fact that they often contradict each other, since "Holmes said one thing, Bradshaw another" (Woolf 108). Whereas Holmes said that there was nothing wrong, Bradshaw immediately diagnosed him with a mental illness. Furthermore, the treatment suggested by both doctors is completely different. While Holmes tries to convince Septimus to go out, play cricket etc, Bradshaw suggests that he should be taken to an asylum, where he can rest. Septimus then, quite logically, reacts to this with distrust and refusal of both of them.

Coming Home

For many traumatized soldiers, their return home did not mean the end of their suffering. The society was still largely unaware of the severity of trauma which many soldiers had to face. Therefore, the sufferers often “had no choice but to acknowledge that their reputations as soldiers and men had been dealt a severe blow” (Bourke).

In *Mrs Dalloway*, Virginia Woolf is notably pessimistic in depicting how the society accepted the shell shocked veterans, as Septimus is met with a complete lack of understanding from everyone he comes in contact with. His wife, Lucrezia, does not really know what is going on and is not able to help her husband very much. Above all, she does not want to feel ashamed for Septimus in front of other people. Therefore, she tries to conceal his condition, making excuses like that “Septimus had been working too hard” (Woolf 17) instead of admitting the truth. Dr Holmes does not help the situation either, as he shows an even bigger lack of understanding. He represents the group of doctors who failed to see war trauma as a legitimate condition. His ignorance represented by the fact that he keeps saying that there is “nothing whatever the matter” (Woolf 67) with Septimus, although it is evident that it is not true. Even after the suicide, Holmes calls Septimus “the coward” (Woolf 108), showing no insight whatsoever. The final blow, however, comes when Septimus visits Sir William Bradshaw. As a professional psychiatrist, he understands very well what the problem is. Nevertheless, the treatment of his patients involves sending them to his asylums, where they will not be seen by the public. He is described as a man who “made England prosper, secluded her lunatics” (Woolf 73). It is no surprise that after visiting him, Lucrezia and Septimus felt desperate since, in fact, they “had asked for help and had been deserted” (Woolf 73). If the only solution means to put Septimus away, there is no hope for them left.

In this sense, not only the War is to blame for Septimus’ tragedy, but also the society, which had contributed to his downfall significantly. In the scene directly following Septimus’ suicide, Woolf uses irony to demonstrate this:

One of the triumphs of civilisation, Peter Walsh thought. It is one of the triumphs of civilisation, as the light high bell of the ambulance sounded. Swiftly, cleanly the ambulance sped to the hospital, having picked up instantly, humanely, some poor devil (...) That was civilisation. It struck him coming back from the East—the efficiency, the organisation, the communal spirit of London. (Woolf 110).

In this scene, Peter sees the ambulance which is carrying the fatally injured Septimus and considers it a triumph of civilisation, praising the communal spirit of London. In reality, however, it is the civilization that actually caused Septimus to suffer in the first place and the not understanding society, which contributed to his deterioration even more.

On the other hand, the overall tone of *Regeneration* is much more positive since most characters (as the title might suggest) finally overcome their trauma. Due to the fact that the story of *Regeneration* takes place still during the war, it is not possible for the reader to learn how successfully the main characters integrated back to the society. It is, however, possible to see the humiliation which ordinary traumatized soldiers had to endure when Rivers visits the Queen Square hospital.

Nevertheless, one striking similarity is to be found in the passage where Sarah, Billy Prior's girlfriend, comes to visit him at the hospital and accidentally enters a room full of physically mutilated War veterans. She realizes that "they'd been pushed out here to get the sun, but not right outside, and not at the front of the hospital where their mutilations might have been seen by passers-by" (Barker 160). It is very similar to the treatment that Sir William Bradshaw in *Mrs Dalloway* applies to his patients, which involves putting them away, so that the public is not disturbed by seeing the worst cases.

Conclusion

The First World War was, without any doubt, a gigantic and horrible conflict, which re-shaped the World beyond recognition. On the one hand, it accelerated the scientific progress and brought revolutionary technological inventions, some of which are being used to this day. On the other hand, it introduced means to kill people much more effectively than it had ever been possible before, which cost hundreds of thousands young men their lives. Furthermore, its seemingly unnecessary length combined with its extraordinarily cruel character caused an unexpectedly huge amount of soldiers to suffer from psychological trauma. Since the public was largely unaware of this and many doctors did not know how to approach this condition, the soldiers suffering from “shellshock” (as the condition was named) were often mistreated and later met with a lack of understanding as they were trying to integrate back into the society.

Both Virginia Woolf in her *Mrs Dalloway* and Pat Barker in *Regeneration* portray the phenomenon of First World War trauma differently by using their own styles and writing techniques. Whereas Barker uses a fairly conventional style with an omniscient narration combined with frequent dialogues, Woolf is famous for her modernist style of writing, which reflects the subjectivity of reality and notably uses the stream of consciousness as a means of letting the reader see into the heads of her characters.

The portrayal of the symptoms of the trauma is, therefore, significantly different in both novels. Barker tries to be exact and historically accurate while using a mixture of fictional and real historical characters. Woolf, on the other hand, is rather abstract in the description and often uses the stream of consciousness, through which the reader learns about most of Septimus’ symptoms, most importantly about his hallucinations. *Regeneration* is also, compared to *Mrs Dalloway*, much more explicit in depicting of both the symptoms and the causes of the trauma. One of the facts that contributed to this difference the most is that *Mrs Dalloway* was published just a few years after the war, while *Regeneration* came out many years after the war, in the time when the topic was not so current any more, which provided Barker with much more freedom in portraying the events.

The treatment of War trauma is a very important part of both novels. Nevertheless, it is again portrayed diametrically differently in both of them. The main character of

Regeneration is Dr W. H. R. Rivers, one of the psychiatrists who were among the first to introduce humane methods of working with the traumatized soldiers, based on psychotherapy. This approach proves to be successful, as most of Rivers' patients eventually show considerable improvement. Unlike Barker, Woolf is very pessimistic in *Mrs Dalloway* in terms of treatment of the trauma, which is partly caused by her own personal experience. Septimus' doctors do not seem to be helping him at all; moreover, they are portrayed as the ones who make his psychological state even worse.

On the whole, the overall tone of Septimus' subplot of *Mrs Dalloway* is much darker than the one of *Regeneration*. While it is true that Barker also shows the dark sides of the treatment of traumatized soldiers, the open ending might indicate that there is hope for most of the characters, who might be eventually able to return to the society. Woolf, on the other hand, attacks the society directly in Septimus' tragedy, as it is the people around him who ultimately fail to understand him and help him sufficiently. This point is further emphasized with the sad conclusion of the story, Septimus' suicide.

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