

Haunting Representations

Exploration of Trauma in Virginia Woolf's *Mrs. Dalloway* and Pat
Barker's *Regeneration*

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Table of Contents

Acknowledgements	3
1 Introduction	5
2 Trauma in the Twentieth Century	11
2.1 Trauma and Modernity	11
2.2 Shell Shock and Post-Traumatic Stress Disorder	12
2.3 Trauma and Psychoanalysis: Freud and Rivers	16
2.4 Trauma and Literature	19
3 <i>Mrs. Dalloway</i>	22
3.1 Woolf's Articulation of Trauma	22
3.1.1 The Shell-Shocked Septimus Smith	22
3.1.2 Woolf's Modernist Narrative Form	24
3.1.3 Communication Difficulties and Modernist Healing	30
3.2 A Plurality of Voices	35
3.2.1 Feminist Narratology and Virginia Woolf	35
3.2.2 Social Trauma	39
4 <i>Regeneration</i>	48
4.1 Barker's Articulation of Trauma	48
4.1.1 Barker's Articulation of the Trauma of Doctor Rivers's Patients	48
4.1.2 Barker's Postmodern Concerns: The Importance of the Witness and Communication	55
4.1.3 The Dubious Healing Powers of the Talking Cure and the "Presentness" of the Past	62
4.2 A Plurality of Voices	68
4.2.1 Feminist Narratology and Pat Barker	68
4.2.2 Social Trauma	70
4.2.3 Intertextuality	80
4.2.4 <i>Regeneration</i> : Historiographic Metafiction?	82
5 Conclusion	86
Works Cited	91

(26.973 words)

1 Introduction

While psychological war trauma has been around for as long as battles have been fought, the condition was only fully acknowledged by the authorities after it had reached widespread proportions during the First World War. This war, with its extraordinarily powerful transportation systems, shells, trenches, gas attacks and near perpetual bombardments, has come to stand for the idea of modern, mechanical warfare (Gilbert 422-23). The high number of traumatised individuals can be explained as a response to the immense stresses and anxieties that were brought by this new, modern war (Leese 2). Throughout the twentieth century, people sought to understand war trauma and other, related, mental disorders, as notions such as “shell shock” and “post-traumatic stress disorder” entered the military and medical discourse. The pervasive interest in psychological trauma during the last century has also been attested by numerous literary works featuring traumatised soldiers, such as Virginia Woolf’s modernist novel *Mrs. Dalloway* (1925), and by the emergence of “trauma fiction” in the 1980s, which counts Pat Barker’s *Regeneration* (1991) among its significant examples.

By investigating how trauma – both personal and social trauma – is represented in the post-World War I novels, i.e. *Mrs. Dalloway* and *Regeneration*, this dissertation seeks to inquire if and how Woolf’s modernist exploration and articulation of trauma in *Mrs. Dalloway* can be seen to persist in Barker’s *Regeneration*. Barker’s novel refuses to be tied down to one literary label, but could be described as a piece of trauma fiction and as postmodern in its use of certain stylistic features and in its link with the context of the late twentieth century. I assert that by examining trauma in these works, it could become clear that certain modernist interactions with and articulations of trauma, in particular those of Virginia Woolf, continue to be relevant at the end of the century. The investigation into a potential persistence of modernism with regard to explorations and articulations of trauma could

ultimately yield insight into the strand of opinion in literary history that observes a continuity, rather than a clear break between the (rather indefinite) categories of modernism and postmodernism. In addition to pointing out parallels between *Mrs. Dalloway* and *Regeneration*, the dissertation seeks to reveal certain differences by relating Barker's work to its postmodern and "post-traumatic" context. With the term "post-traumatic" context I am referring to the last decades of the twentieth century, when the term "post-traumatic stress disorder" was coined and people felt the urge to look back on the catastrophes that characterised the twentieth century, an urge also reflected in literature by the emergence of trauma fiction (Renard 184-85). Differences between the works under investigation could ultimately bring into relief the historical situatedness of the writing about trauma at the beginning and at the end of the twentieth century.

In order to explore this matter, I will first of all delve into the twentieth century's understanding of trauma, since the works of Virginia Woolf and Pat Barker, as well as the authors' articulations of trauma, are deeply embedded in, and interact with their historical contexts. A concise historical-theoretical overview will investigate the historical development of the understanding of "trauma" – in particular of "shell shock" and "post-traumatic stress disorder" – in the twentieth century, the presence of trauma in the psychoanalytic theories of Sigmund Freud and W.H.R. Rivers, and some of the ways trauma was introduced in twentieth-century literature. Certain aspects that will be touched upon in this first chapter will be elaborated on in succeeding chapters, such as *Regeneration's* place in the genre of trauma fiction and the possible connection between Greg Forster's concept of social trauma and Elaine Showalter's discussion of male hysteria.

Subsequently, Virginia Woolf's *Mrs. Dalloway* will be discussed by investigating the author's articulation of trauma. Given that trauma enters the novel primarily in the character of Septimus Smith, a shell-shocked war veteran trying to come to terms with his war

experience, the first part of this chapter will mainly focus on Woolf's depiction of this traumatised character. Particular attention will be paid to the way Woolf reveals the soldier's loss of identity and some of the pathological symptoms connected to his condition. In order to explore if and how Woolf's modernist articulation of trauma can be seen to persist in Barker's *Regeneration*, the next section of this chapter will examine Woolf's modernist experimentation with certain narrative techniques that seem particularly suited to the representation of trauma. In a third section, the author's representation of Septimus's communication difficulties will be explored. This will lead to a more profound insight into the soldier's traumatised state, as well as to an understanding of Woolf's modernist approach to concepts such as healing and mourning. In order to broaden the perspective from Septimus's individual trauma to "society's trauma", *Mrs. Dalloway* will, in a fourth section, be examined from a feminist narratological angle, with a particular focus on Woolf's introduction of multiple voices and perspectives through her use of free indirect discourse. This analysis will allow me to explore in what way Woolf's modernist narrative anticipated certain postmodern tendencies. Moreover, by connecting the insights from this analysis to Greg Forster's concept of social trauma and to Elaine Showalter's theory concerning male hysteria, I will examine how the characters in Woolf's novel are implicated in each other's traumas. Ultimately, the insights gained from the different sections should reveal Woolf's modernist articulations of the personal trauma of Septimus Smith, as well as her exploration and representation of the trauma of her society.

The next chapter will then investigate Pat Barker's articulation of trauma in *Regeneration*. The first part will examine in what way Barker writes about the trauma of doctor Rivers's patients in Craiglockhart hospital. Given that certain narrative techniques used by Woolf are also typical features of the genre that *Regeneration* belongs to, namely trauma fiction, I will investigate in what way Barker adopts some of the same techniques to articulate

trauma in her novel. Even though this could lead to certain parallels between the works of Woolf and Barker, I will also investigate if and how Barker, who wrote at a very different time than Woolf, takes some aspects of her narrative into a different direction. This will be examined in a second section, where *Regeneration*'s interest in the perspective of the witness to trauma and in the communication of traumatising experiences will take centre stage. By studying in a third section how *Regeneration* introduces the talking cure, Barker's approach towards healing and mourning should become clear. To create a parallel structure with the chapter concerning *Mrs. Dalloway*, *Regeneration* will also be looked at from a feminist narratological angle in a fourth subchapter, by focusing on Barker's introduction of multiple voices and perspectives. Moreover, the notion of social trauma and Showalter's feminist discussion of shell shock will again be related to the insights gained from this feminist narratological analysis, so as to examine in what way Barker's characters are implicated in each other's traumas. Additionally, I will investigate how Barker takes aspects of her narrative further than Woolf, by pointing to the author's introduction of dialogues and intertextuality. Finally, to end the chapter on *Regeneration*, I will briefly examine whether Barker's novel belongs to what Linda Hutcheon calls "historiographic metafiction", a term closely associated with works of postmodern literature. Given that the combination of fact and fiction, which is characteristic of historiographic metafiction, takes centre stage in *Regeneration*, it is worth exploring whether Hutcheon's term applies to Barker's narrative. Moreover, if the novel proves to belong to this category, then this would mean that Barker's work takes a different direction than Woolf's modernist work.

A study of trauma in these works of Woolf and Barker can be particularly compelling as certain current debates about trauma resonate directly back to the era of the Great War and to this era's assumptions about the shattered nerves and minds of returning soldiers (Dodman 7). In the works of Woolf and Barker, thinking about trauma is inextricably intertwined with

questions of gender, memory, identity and mourning. The interplay between personal feelings and society's expectations, the treatment of traumatised individuals, questions surrounding (private and public) identity, limited gender roles for men and women, the question on how to deal with and mourn immense losses: these are matters and questions that did not only influence thinking during the previous century, but that still remain relevant today and therefore deserve deeper investigation. For instance, in February 2017, Matthew Green reported in *The Guardian* that British army soldiers discharged from duty in Afghanistan due to psychological wounds experience significant loss of identity and often feel guilty for not complying with public expectations: "He just thinks he's a weak person and in his own words he's 'pathetic'" (Green). These traumatised men often feel isolated and helpless because their wounds are "invisible", and, even today, they sometimes hear from army colleagues there is nothing wrong with them (Green). Fiction can play an important role in the recognition of this trauma. It can be argued that novels such as *Mrs. Dalloway* and *Regeneration* give a voice to victims by refusing to ignore or diminish the suffering of traumatised individuals: "Fiction gives eyes to the horrified narrator. Eyes to see and weep" (Ricoeur qtd. in Luckhurst 85).

The continuation of modernism with regard to articulations of loss and trauma has been studied by scholars before. In *The Persistence of Modernism: Loss and Mourning* (2009), Madelyn Detloff argues that modernist articulations of loss, trauma and recovery are still relevant – even though contexts have changed – since the modernist past functions in "a 'patched' present" still troubled by modernist constellations of personal trauma and militarized violence (10). In *Mourning, Modernism, Postmodernism* (2009), Tammy Clewell perceives a resemblance between the modern and postmodern novel, noting that both engage with and try to articulate an "ongoing mourning" (10). Furthermore, Pamela Caughie's *Virginia Woolf and Postmodernism: Literature in Quest and Question of Itself* (1991) makes the connection between Woolf and postmodernism explicit. Woolf's treatment of trauma has

been studied before, and discussions of her fiction such as Anna Snaith's "Virginia Woolf's Narrative Strategies: Negotiating between Public and Private Voices" and Karen DeMeester's "Trauma and Recovery in Virginia Woolf's *Mrs. Dalloway*" were instrumental to the study of trauma in *Mrs. Dalloway* in this dissertation. Barker's treatment of trauma has been discussed by numerous critics including Karen Knutsen and Virginie Renard, who, in *The Great War and Postmodern Memory* (2013) investigates how *Regeneration* engages with Barker's postmodern world. Lastly, Laurie Vickroy has already drawn an explicit parallel between *Mrs. Dalloway* and *Regeneration* in "A Legacy of Pacifism: Virginia Woolf and Pat Barker" (2004). Even though this dissertation builds on insights offered by these and other critics, it also seeks to expand on a comparison between Woolf and Barker and reveal new insights by combining an examination of trauma in *Mrs. Dalloway* and *Regeneration* with a study of the relationship between modernism and postmodernism and between modernism and trauma fiction. Additionally, an exploration of these works from a feminist narratological angle, an angle not usually taken into account in comparisons between Woolf and Barker, could yield insight, not only into the way both authors critically explore social trauma by introducing a plurality of voices, but also into the relationship between Woolf's modernism and Barker's postmodern tendencies. Finally, instead of focusing solely on trauma, this dissertation also considers the authors' approaches towards healing, an aspect that, overall, seems to be underexposed in studies that relate Woolf's *Mrs. Dalloway* to the work of a contemporary author like Barker. An examination of this aspect could, however, lead to insight into the continued relevance of Woolf's modernist articulations of trauma and mourning at the end of the twentieth century.

2 Trauma in the Twentieth Century

2.1 Trauma and Modernity

At the turn of the twentieth century, life changed substantially. The traditional Victorian framework with its fixed values and norms transformed to abstract structures, and the network of social relations and local traditions was disrupted in favour of a focus on the individual and on an increasingly international space (Luckhurst 20). The site where these transformations were most prominent was the city, which Walter Benjamin described as the place where the overwhelming rush of new media, mass crowds and new modes of transportation resulted in “a series of shocks and collisions” (Luckhurst 20). Moreover, relying on Freud’s idea that shocks overwhelm psychic defences, Benjamin associated the increasing individualisation and industrialisation in the city with traumatic encounters (Luckhurst 20).

Luckhurst notes that the origin of the idea of trauma is generally linked to the expansion of the railway system – the symbol of British modernity – in the 1860s (21). According to Max Nordau, railway travelling could result in nervous overstimulation since passengers were continuously confronted with changing scenes and they persistently underwent little shocks not necessarily perceived by consciousness (Luckhurst 22). In addition to Nordau’s ideas concerning a link between trauma and the railways, Harrington argues that medical theories regarding psychological trauma were directly linked to the responses of Victorian surgeons to the so-called “railway spine condition” (31-32). The term “railway spine” was first introduced in the nineteenth century to denote a “concussion” of the spine following a railway accident (Luckhurst 22). However, in 1900, Charles Dana explained that the idea of a “concussion” of the spine had better be replaced by the term “traumatic neurosis” (Luckhurst 34). Victims were believed to suffer a variety of disorders ranging from disordered memory, disturbed

sleep and frightful dreams to paralysis, melancholia and impotence (Luckhurst 22). The nineteenth-century surgeons examining the condition also gradually investigated the role of psychological factors, such as “fright”, “terror”, and “emotional shock”, in evoking physical disorders (Harrington 32). This was many years before Freud considered the subject and half a century before the realities of shell shock during the First World War led to the acknowledgement of “psycho-neuroses” (Harrington 32).

2.2 Shell Shock and Post-Traumatic Stress Disorder

Certain terms used to denote trauma reveal a significant connection between trauma and the war. During the twentieth century, this correlation was visible in labels such as “battle fatigue”, “combat stress” and “shell shock”, which circulated to describe traumatised soldiers (Bonikowski 1). In the course of the century, however, one can observe an evolution to less militaristic terms such as PTSD (Post-Traumatic Stress Disorder), which implied that not only soldiers but anyone could suffer the effects of trauma (Bonikowski 1). The terms shell shock and PTSD cannot easily be fused (Dodman 7). Dodman notes that these related disorders cannot simply be seen as chronological synonyms for the “railway spine” condition accompanying the nineteenth-century expanding railroad (7). Rather, shell shock and PTSD are essentially derived from and shaped by the historical contexts in which they originated (Dodman 7). For example, Peter Leese describes shell shock as both an individual experience and a historically situated condition: “muscles, vocal cords and limbs respond to the soldier’s distressed mind, but that same distressed mind absorbs too the sympathy of comrade and relative, the outrage of editor and MP, the censure of officer and pension doctor” (10). This is why, in order to comprehend the significance of “trauma” and its articulations in the works of Virginia Woolf and Pat Barker, I will try and explain the origins of the terms shell shock and

PTSD and briefly investigate in what way these terms are linked to or embedded in historical discourses.

“Shell shock” has always been a rather indistinct term, which has acquired new layers of meaning over time (Leese 159). During the First World War, the diagnosis of shell shock was accompanied by a complex debate regarding the status of “wounding, the body, psyche and trauma” (Armstrong 20). In his 1915 paper “A Contribution to the Study of Shell Shock”, the Cambridge academic psychologist Charles Myers reported on the cases of three combatants whose injuries to the nervous system he related to the soldiers’ exposure to exploding shells (Luckhurst 49-50). Some of the soldiers’ symptoms included restricted vision, shivering, a loss of taste and smell, crying and retrograde and anterograde amnesia (Luckhurst 50). Later on in the war, however, as the numbers affected rose, the direct link between explosions and physical changes became dubious (Armstrong 20). By the end of the war, physical issues had largely been replaced by psychological ones and shell shock was seen as “an extreme state of mind affecting thousands, explicable ... in terms of trauma” (Armstrong 20). Soldiers’ symptoms of mutism, anxiety, amnesia and repetitive nightmares, which appeared to have no visible organic cause, revealed that the effects of the war were not limited to bodily wounds, but also disrupted the mind and the soldier’s ability to make sense of the war experience (Bonikowski 1). In general, however, the traumatic neuroses of war only received partial recognition by doctors at the time: “a physical wound was still necessary to call a soldier a true casualty of war” (Leese 178).

Elaine Showalter notes that the emotionally disturbed soldier presented a sharp contrast to the heroic visions and ideals of masculinity that dominated Victorian society (169). To be manly was to tolerate the filth of the trenches, the noise and the constant threat of death without complaining or getting emotionally affected (Showalter 169). Emotional repression formed the basis of the British masculine ideal, which is why shell-shocked soldiers, who

were essentially emotionally disturbed, were considered “unmanly” (Showalter 169). Virginie Renard adds that the term “shell shock” was indeed viewed with scepticism at the time, because the condition “disempowered soldiers and reduced them to a state of passivity and fragility usually ascribed to (hysterical) women” (176). It was considered to be impossible for “true” men to be affected by this disorder, which is why it was often, especially in the beginning, dismissed as “a form of cowardice and malingering” (Renard 176). In the chapter “Male Hysteria”, Showalter explicitly parallels shell shock with female hysteria by noting that both conditions caused a crisis in constricting Victorian gender ideals (171). Hysteria was mostly associated with women and its emotional and physical symptoms were “quick, successive changes in mood or activity, fits, fainting, vomiting, choking, sobbing, paralysis or excessive laughter” (Leese 17). Ronald Paul comments on Showalter’s theory, noting that even though by 1916 shell shock accounted for 40 per cent of the casualties, its existence is barely acknowledged in early war novels written by men (159). This “collective literary amnesia” could suggest that the male writers themselves “shared a sense of masculinist denial of the trauma at the time” (Paul 159).

Towards the end of the Great War and in the years afterwards, British combatant poets, such as Wilfred Owen and Siegfried Sassoon, as well as novelists, such as Virginia Woolf and Rebecca West, started to explore shell shock from a wider cultural perspective (Leese 161-62). Leese notes it was in this period that shell shock was associated with anti-war sentiment, disillusion, the brutalities of military injustice and the questioning of masculine identity and ideals (162). Victorian certainties, such as the idea of progress towards civilisation, were severely questioned by the horrors of war and people failed to comprehend and work through the mass destruction (Renard 185). The poets Sassoon and Owen wanted to describe their helplessness, anger and anguish to insure the real war experience, and not the idealised, heroic image that the older generations adhered to before the war, would be

remembered by future generations (Renard 178). The vocabulary of war trauma these poets adopted, was used by later authors such as Virginia Woolf, who was inspired by Sassoon to create the shell-shocked Septimus Smith in *Mrs. Dalloway* (Renard 178-79). Also Pat Barker, who introduces Sassoon and Owen as protagonists in *Regeneration*, was largely inspired by the lives and writings of these poets (Renard 179).

Renard notes that the image of shell shock became predominant again at the end of the twentieth century, in the 1980s and 1990s, a period characterised by an increasing interest in memory, especially the memory of traumatic events (176). According to Antoine Prost and Jay Winter, this interest may be explained by the fact that people felt a sense of urgency due to the disappearance of the last war veterans (Renard 86). Moreover, the international context was marked by a new war and atrocities in the Balkans, and people felt the need to understand what Eric Hobsbawm calls the “short twentieth century”; a brief but barbaric century characterised by two world wars, the Vietnam War, the Cold War, nuclear threats, genocides and the epidemics of aids (Renard 86). These catastrophes resulted in a “post-traumatic mood” in the late 1980s and 1990s and urged people to look back on the Great War, the catastrophe that opened this barbaric century (Renard 184-85). The efflorescence of First World War narratives that can be observed in the late twentieth century was thus directly related to this growing interest in traumatic memory (Renard 176).

Leese argues that while the soldiers who suffered shell shock during the Second World War were often able to re-adapt to society, American ex-servicemen who fought in the Vietnam War were not (171). This is why, in the 1970s, a group of anti-Vietnam War psychiatrists brought the condition of Vietnam veterans to the public’s attention and defined what they called “Post-Traumatic Stress Disorder” (Leese 171). In 1980, this condition was officially recognised by the American Psychiatric Association as a “psychiatric injury for which compensation would be recoverable at law without proof of any actual physical harm”

(Pugh and Trimble qtd. in Luckhurst 27). Whereas initially the term was linked to war, it became known for uniting “war veterans, Holocaust survivors and feminists speaking out over the traumas of rape and sexual abuse” (Luckhurst 58-59).

Current debates about PTSD can be traced back directly to the Great War and to the “anxieties and assumptions about the shattered nerves and minds of returning soldiers” that were circulating then (Dodman 7). However, whereas the traumatised character of the 1920s and 1930s reflected the language of disillusionment and loss that characterised the period, the traumatised figure in more recent literature is “informed by later forms of war neuroses and reflects the ‘post-traumatic mood’ of a period still trying to come to terms with the catastrophes of the so-called ‘short twentieth century’” (Renard 180-81).

2.3 Trauma and Psychoanalysis: Freud and Rivers

Given that the notion of trauma and the modernist literature of an author such as Virginia Woolf can in various ways be related to psychoanalytic insights that surfaced at the beginning of the twentieth century, I will in this section briefly look at Sigmund Freud and W.H.R. Rivers, who both studied trauma from a psychoanalytic point of view. In *Studies on Hysteria*, Freud declares that certain forms of hysteria are caused by so-called “sexual traumas” (“Case Histories”). Children who are sexually abused in early infancy do not experience this as traumatic, since they do not yet possess the symbolic tools to comprehend what is happening (Freud “Case Histories”). A later event in life, however, can activate the memory of the assault, which is now sexually interpreted and consequently attains “traumatic power” (Freud “Case Histories”). Bistoien et al., who acknowledge the impact of psychoanalysis on the history of trauma studies, argue that the Freudian concept of *Nachträglichkeit* is central to the psychoanalytical understanding of trauma (671). The term implies that it is not “what

happened” that is of crucial importance, but the way in which the subject reacts to an event that determines the traumatic effects (Bistoen 672).

Freud revised his theory in *Studies on Hysteria* after being confronted with patients suffering from “traumatic neuroses”, such as shell shock (Forster 267). In *Beyond the Pleasure Principle* (1920), he writes about an instinctual opposition between death drive and Eros; between the impulse of human beings towards (self-)destruction and the impulse to perpetuate life (Forster 267). The psychoanalyst discovered that soldiers’ nightmares, in which painful experiences were repeated, spoke to a death drive, which went against his earlier theory of wish-fulfilment in dreams (Bonikowski 7-8). Freud linked the “compulsion to repeat” horrible experiences in the soldiers’ nightmares to a “fundamental self-destructive tendency within the psyche”; “it was as if these men were no longer on a circuitous path, which would mean life, but on a short circuit to death, a repetitive loop that prevented them from living” (Bonikowski 8). Furthermore, typical for this death drive is that it is “silent” and invisible; “it cannot be observed directly but can only be deduced from its effects” (Bonikowski 9). Freud, as well as other psychoanalysts, strove to let the soldiers’ silence speak by providing a space for the traumatic symptoms “to signify in a way that could be heard and interpreted” (Bonikowski 10). Freud’s theory of the death drive in nightmares can be linked to what he calls the “repetition compulsion”: “those re-enactments in the present of psychic events that have not been safely consigned to the past ... and that disrupt the unruffled present with flashbacks and terrifying nightmares, intrusive fragments of an unknown past that exceeds the self’s (relatively) coherent and integrated story about itself” (Forster 260).

Army doctor W.H.R. Rivers, who worked at Maghull Hospital and Craiglockhart War Hospital, was partly inspired by Freud’s theories (Young 362). Unlike Freud, however, Rivers intensively studied shell-shocked cases during the Great War, which provided him with first-hand observations to write about (Luckhurst 55-56). It is relevant to briefly mention some of

Rivers's ideas here, as the historical figure is one of the protagonists in Pat Barker's *Regeneration*. In his paper "Repression of War Experience", Rivers writes about shell shock as caused by psychological conflict, "as a *process* of active forgetting rather than a structure or *state* of mind, like dissociation" (Luckhurst 55-56). According to Rivers, amnesia, typically associated with shell shock, was an appropriate adaptive response that allowed for psychical survival in extreme circumstances (Luckhurst 56). War neurosis, however, meant that painful thoughts were pushed into the unconscious only to well up again at unexpected times (Luckhurst 56). This led to a neurotic state, with men suffering relapses unless the specific painful memory was confronted and meaning was attached to the experience (Luckhurst 56). Young notes Rivers shared a few general theories with Freud, such as the "pervasiveness of unconscious conflicts, the tendency of neurotics to re-enact repressed experiences, and the therapeutic value of self-narratives" (371-72). However, Rivers himself disregarded much of Freud's psychoanalysis, especially the theory that precocious sexual experience causes hysteria (Luckhurst 56). Instead, he focused on the idea of "psychic conflict", which is mediated by a repression of unpleasant experiences (Luckhurst 56). In shell shock novels, Rivers's analytic theory is often confronted with the so-called disciplinary theory (Leese 73). Eric Leed identifies the disciplinary method, of which doctor L.R. Yealland was the most notable adherent, with the "quick cure" or "Queen Square method": doctors "bullied" patients into recovery by using techniques that were principally derived from animal training, such as "electric shocks, shouted commands or isolation" (qtd. in Leese 73-74). Rivers's analytical method on the other hand is, according to Leed, best represented by, but not identical to, psychoanalysis (Leese 73-74).

2.4 Trauma and Literature

According to Van der Wiel, trauma “shows” itself in physical symptoms; it is as if “the body ‘speaks’ what the overwhelmed mind cannot” (16). With regard to literature that deals with trauma, this translates itself to the fact that the text, like the body, displays the traumatic symptoms related to a particular, “unspeakable” experience (Van der Wiel 16). However, referring to Luckhurst, Van der Wiel remarks that, even though a traumatic experience is very specific, over the years a trauma canon has been established, which conventionalises the narratives of trauma fiction (16). For instance, Anne Whitehead identifies various stylistic devices that are meant to reproduce the effects of trauma, such as “the ghost story, the fantastic, the haunted house, adoption of the child’s perspective, and intertextuality” (Van der Wiel 16). Especially the intertextual presence of past texts within a more recent text is linked to trauma, as the technique suggests the “resurfacing of the repressed, forgotten or traumatic past” (Renard 193). In *Regeneration* for instance – one of the novels that, according to Luckhurst, launched trauma fiction in the 1990s – Pat Barker introduces poems of Siegfried Sassoon and Wilfred Owen, which signal the “haunting power” of the past (Renard 193). Apart from these stylistic devices, Whitehead also distinguishes repetition and a “dispersed or fragmented narrative voice” as typical elements of trauma narratives (Renard 193). According to Whitehead, the impact of trauma can only be truthfully conveyed and represented when its forms and symptoms are imitated, which is why trauma narratives are characterised by a collapse in temporality and chronology (Van der Wiel 16). This is in line with Laurie Vickroy’s suggestion that trauma narratives do not only rely on trauma as a subject matter, but also “incorporate the rhythms, processes, and uncertainties of trauma” within their consciousness and structures (qtd. in Luckhurst 88). Trauma turns around ordinary causality; the effect of a traumatic experience is only registered long after the initial shock and “can

retrospectively rewrite life narrative” (Luckhurst 81). This is why trauma can only be conveyed by a rupture in narration, by what Arthur Frank terms “an anti-narrative of time without sequence, telling without mediation” (qtd. in Luckhurst 81). According to Luckhurst, it is for this reason that literary trauma scholars are interested in modernist literary form, which is experimental, fragmented and sceptical of familiar narrative conventions: “fractured Modernist form mimics narrative possibility disarmed by trauma” (81). Since the forms adopted by trauma literature tend to evoke similarities with modernism, Tim Armstrong even goes as far as to recast the modernist movement as a kind of trauma literature (Luckhurst 89).

Dodman also correlates modernism with trauma, in particular with shell shock, when he explains that shell shock novels “link up the newness of modernist form with the striking unfamiliarity of broken men and male minds” (13). Furthermore, he notes shell shock novels do not only engage with the novelty of shell shock at the time of the Great War, but also continue to offer valuable information for our modern understanding and remembrance of shell shock and trauma in general (Dodman 13). Both during the war and in the years thereafter, novelists helped to define and keep in circulation shell shock and its related discourses, while at the same time experimenting with new ways to represent shell shock (Dodman 15).

In his article “Freud, Faulkner, Caruth: Trauma and the Politics of Literary Form”, Greg Forter adds a political dimension to the perceived link between trauma and modernism by claiming that the discourses of psychoanalysis and modernism can be considered “parallel efforts to map the traumas of modern gender and race” (261). By experimenting with “inventive and radically new *forms* for mediating psychosocial experience”, modernist literature gives insight into these traumas of modern racism and misogyny, whereas the theoretical speculations of Freud’s psychoanalysis can only approximate those traumas (Forter 261). In his study, Forter focuses on “social traumas”, traumas “induced by patriarchal

identity formation”, which, like shell shock, have deforming effects on the psyche that result in “compulsively repeated and highly rigidified social relations” (260). In my analysis of *Mrs. Dalloway* and *Regeneration*, Forter’s concept of social trauma will be linked to Showalter’s discussion of shell shock and female hysteria, which will reveal in what way characters are implicated in each other’s traumas.

In trying to turn a traumatic experience into a story – for instance by letting the traumatic symptoms “speak” – literature dealing with trauma corresponds to psychoanalysis. In order to cure trauma, “traumatic memory” has to be converted into “narrative memory” (Renard 189). Psychoanalytic therapy wants the traumatised patient to remember the past “as a coherent story that will allow the subject to integrate the past by giving it meaning and inscribing it in the *past* rather than reliving it in the present” (Renard 189). Ricoeur describes the role that literature can take on: “Fiction gives eyes to the horrified narrator. Eyes to see and weep” (qtd. in Luckhurst 85). However, according to Ricoeur, narrative is not simply an act of turning the chaos of trauma into order, as plots always incorporate contradiction and complexity; emplotment is an act of “discordant concordance” (qtd. in Luckhurst 84-85). Virginia Woolf’s experiments with narrative time for example “take us into ‘uncharted modes of discordant concordance’” (Ricoeur qtd. in Luckhurst 85). Finally, Bonikowski notes that in order for literature to tell the story of the First World War, it does not necessarily need to convert traumatic experiences into narratable events, but should rather “allow silence to speak” (15).

As has become clear from the previous sections, novels dealing with trauma are embedded in and engage with particular historical discourses, which is why Virginia Woolf’s *Mrs. Dalloway* and Pat Barker’s *Regeneration* will be related to their historical contexts.

3 Mrs. Dalloway

3.1 Woolf's Articulation of Trauma

3.1.1 The Shell-Shocked Septimus Smith

Leese notes that Woolf probably knew of the *Report of the War Office Committee of Enquiry into 'Shell Shock'*, which was widely discussed in the press just a couple of months before she conceived the character of Septimus Smith, a trauma victim and figure specifically connected to the First World War (166). Woolf was appalled that the public seemed to be eager to forget about the war and she was aware that the War Office Committee investigating shell shock was raising doubts about the condition as “an excuse for malingering and insubordination” (Vickroy 46). Furthermore, Woolf's depiction of shell shock and its treatment is also derived from her own experiences with depression since “Smith's symptoms resemble those of depression as much as traumatic neurosis” (Leese 166). Having spent time in the type of places war survivors were being sent to, Woolf was familiar with the isolation and alienation that these veterans felt as they tried to make sense of their experiences (Vickroy 46).

The way in which the character of Septimus Smith is presented, suggests he suffers from deferred war neurosis, a condition that inevitably changes “the victim's faith in the assumptions he has held in the past about himself and the world” (DeMeester 650). Before the war, Septimus felt passionate to fight for England's values and to defend the honour of his country: “Septimus was one of the first to volunteer. He went to France to save an England which consisted almost entirely of Shakespeare's plays” (Woolf 95). Moreover, it seems that during the war, Septimus behaved like a true Englishman, able to repress his feelings at the most difficult of times. The moment his close friend Evans is killed in battle, Septimus does

not react emotionally, but rather feels good about himself for feeling so little (Woolf 94-95). After the war, however, Septimus's perception of the world changes fundamentally. The old British traditions and conventions have lost the meaning they held before, and Septimus, suffering a post-war identity crisis, reinterprets them in light of the horrors he has experienced (DeMeester 657). Whereas before he appreciated literature, especially Shakespeare, he now interprets texts in an entirely different light, based on his war experiences: "Here he opened Shakespeare once more. (...) How Shakespeare loathed humanity (...) This was now revealed to Septimus; the message hidden in the beauty of words" (Woolf 97). The soldier no longer sees the beauty of words, but hidden messages that disclose the dark reality of human nature. Furthermore, after the war, Septimus suddenly realises that he feels completely numb: "He could reason; he could read, Dante for example, quite easily ("Septimus, do put down your book," said Rezia, gently shutting the *Inferno*), he could add up his bill; his brain was perfect; it must be the fault of the world then – that he could not feel" (Woolf 96). It does not seem coincidental that Septimus is here reading *Inferno*, the part of Dante's *Divina Commedia* that narrates the horrors people experience in hell. Septimus's reading material also works on a symbolic level, referring to the soldier's personal hell, which is caused by the traumas of war. Furthermore, whereas his wife Rezia longs to have children, Septimus shivers at the very thought, and frequently expresses his belief that it would be thoughtless to bring children into a world that is so cruel and emotionless (Woolf 97-98). Septimus has thus transformed into a different person after the war: he not only feels numb, but also has clearly developed a disillusioned view of humanity and the world, which to him has become "a vicious and desperate place in which human beings have neither kindness, nor faith, nor charity beyond what serves to increase the pleasure of the moment" (Woolf 98). According to Hynes, the English culture of the 1920s was informed and defined by a belief in traditional values that promoted the war, as well as by a total disillusionment with those values (283). Woolf's

representation of Septimus's war trauma clearly shows the damaged man's language of disillusionment and loss.

Bonikowski notes that the shell-shocked soldier, upon returning home from the battlefield, discovers that his home has been made *unheimlich* not only by the displacements he has experienced in battle, but also by his symptoms of amnesia, speechlessness, repetition compulsion, hallucinations and sleeplessness (133). After the Armistice, Septimus often panics, feels afraid and has trouble sleeping. Moreover, he is frequently visited by ghosts, in particular by the spectre of his good friend Evans, which repeatedly haunts him: "There was his hand; there the dead. White things were assembling behind the railings opposite. But he dared not look. Evans was behind the railings!" (Woolf 27). Even though Septimus is able to express utterances and does not suffer from speechlessness, he does have trouble articulating meaningful sentences, which I will examine in more detail in a next section. Finally, Woolf's traumatised soldier also frequently hallucinates, most notably when he believes he hears sparrows singing to him in Greek (Woolf 26).

3.1.2 Woolf's Modernist Narrative Form

DeMeester parallels shell-shocked soldiers like Septimus to modernist authors, who similarly lost faith in traditional ideologies of the past, especially past literary forms (650). Woolf, rather than order the psychological chaos linked to trauma the way traditional narratives would have done, preserves this chaos in her narrative form (DeMeester 650). In this way, the author's modernist narrative form is particularly suited to the representation of the damaged psyche of Septimus Smith (DeMeester 649). It should be noted, however, that the narrative form also goes beyond the representation of Septimus's trauma, since it is particularly suited to echo the chaotic experience of modern city life as well, as, for instance, illustrated by

Clarissa's walk through London: "the carriages, motor cars, omnibuses, vans, sandwich men shuffling and swinging; brass bands; barrel organs; in the triumph and the jingle and the strange high singing of some aeroplane overhead was what she loved; life; London" (Woolf 4).

In her essay "Modern Fiction" (1925), Woolf makes a distinction between the "materialist" narrative focus of Edwardians like Arnold Bennett, and the new "spiritualist" focus of "the moderns" (Parsons 47). Consequently, Woolf rejects the Edwardian novel and argues that instead of concentrating on external events and outward descriptions, modern novels should be more concerned with the mental life of characters (Parsons 47). Woolf, however, also rejects James Joyce's narrative form in *Ulysses* (1922), since it is too much concentrated on one individual's mind and "refuses to acknowledge the interaction of consciousness with the world around it" (Parsons 50). Septimus Smith's traumatic war experiences "shattered the cohesion of his consciousness and left it fragmented, a stream of incongruous and disconnected images and bits of memory devoid of the connections and relationship necessary to give meaning to those experiences" (DeMeester 653). According to DeMeester, Woolf was able to convey this fragmentation of consciousness by writing her narrative from the characters' "prespeech levels of consciousness", where fragmented thoughts have not yet been sequentially arranged into a narrative (DeMeester 650-51). DeMeester, as well as other critics, adopt the early twentieth-century term "stream-of-consciousness" to describe Woolf's narrative style (651). However, Anna Snaith makes a distinction between this term and "indirect interior monologue", which, according to her, is a more precise term to describe *Mrs. Dalloway's* narrative form (133). In this dissertation, I will adopt Snaith's term, rather than "stream-of-consciousness", as this will also allow me to draw a parallel with Pat Barker's literary form. Snaith argues that indirect interior monologue "occurs when a character's thoughts are presented in the third person by the narrator. The

narrator enters the mind of the character and reports his or her thoughts verbatim, but the first and second person pronouns of direct interior monologue are absent” (134). The voice of the narrator is therefore merged with the voice of the focalizer. Woolf discards the Edwardian omniscient narrator and reduces external descriptions, while also rejecting the narrator who is made absent by the characters’ internal monologues (Snaith 135). Instead, she prefers a movement between the public relating of events and the privacy of thought in order to move smoothly from voice to voice (Snaith 137-38). The way Woolf uses this narrative technique to convey the temporal and spatial dislocations typically associated with war trauma – in particular the identity crisis that leaves Septimus Smith confused – can be observed in the following extract:

It was horrible, terrible to see a dog become a man! (...) Heaven was divinely merciful, infinitely benignant. It spared him, pardoned his weakness. But what was the scientific explanation (for one must be scientific above all things)? Why could he see through bodies, see into the future, when dogs will become men? It was the heat wave presumably, operating upon a rain made sensitive by eons of evolution (Woolf 74).

Septimus is clearly hallucinating in this extract, as he sees a dog transforming into a man. Moreover, the strange vision is accompanied by vivid but chaotic thoughts that seem to make no sense and that jump, without reason, from one thing to another. Indirect interior monologue is here used to give insight into the subconscious processes of Septimus’s traumatised mind, and it also reveals the soldier’s search for scientific clarifications that could explain his strange visions. At the same time, the voice of the narrator is still present and first person pronouns are absent. Woolf’s narrative technique emphasizes the way in which an event, in this case the First World War, may have a great impact on the individual

consciousness (Showalter Introduction xx). Additionally, in trying to portray her characters from multiple perspectives, rather than from the fixed perspective of an omniscient narrator, Woolf – influenced by psychoanalytic theories regarding a multi-layered self – tried to capture the complexity of human identity, which is never two-dimensional, but rather the product of past and present experiences (Showalter Introduction xx-xxi). For instance, whereas the previous example presented Septimus’s private thoughts, the following example shows a different perspective on Septimus’s condition, by focusing on his wife Rezia’s thoughts about him, which highlight the soldier’s changed self: “She could tell nobody, not even Septimus now, and looking back, she saw him sitting in his shabby overcoat alone, on the seat, hunched up, staring. And it was cowardly for a man to say he would kill himself, but Septimus had fought; he was brave; he was not Septimus now” (Woolf 25). In this extract, the reader not only gets an insight into Rezia’s thoughts, but also sees Septimus – who is wearing a shabby overcoat and is sitting hunched up, gazing into nothingness – through Rezia’s eyes. This instance of focalization shows Septimus’s condition from a distance and it creates a painful scene that conveys the loneliness and helplessness of a traumatised soldier. Moreover, the portrayal of a calm Septimus in this extract contrasts with the soldier’s own chaotic thoughts and rich imagination. Woolf’s narrative technique will be examined in more detail in a next subchapter – related to feminist narratology and social trauma – where it will form the starting point to explore society’s traumas and to draw certain parallels with Barker’s *Regeneration* and postmodernism.

Woolf’s use of indirect interior monologue, which gives insight into people’s mental lives, is only one narrative technique that incorporates the chaos intrinsic to trauma. Related to Woolf’s wish to convey the interior life of her characters is her use of the flashback, which disrupts the temporal order of the narrative. Like Freud, Woolf believed that events in early childhood were decisive for adult identity, which is why she makes use of flashbacks and

fragments from childhood experience in *Mrs. Dalloway* (Showalter Introduction xviii-xix). These childhood experiences have stayed in the characters' consciousness and come up at unexpected times, usually because a certain event or sensation triggers the memory of these past experiences (Showalter Introduction xviii-xix). Peter Walsh for instance remembers past events, which are sparked by his meeting with Clarissa: "There was Regent's Park. Yes. As a child he had walked in Regent's Park – odd, he thought, how the thought of childhood keeps coming back to me – the result of seeing Clarissa, perhaps" (Woolf 60). The technique of the flashback can also be related to trauma, with Luckhurst noting that the flashback was especially experimented with in the 1990s, when the notion of trauma was widely discussed (185). Luckhurst explains, "the flashback is an intrusive, anachronic image that throws off the linear temporality of the story. It can only ever be explained belatedly, leaving the spectator in varying degrees of disorientation or suspense" (180). The flashback is able to convey the frozen moment of a traumatic impact: "it flashes back insistently in the present because this image cannot yet or perhaps ever be narrativized as past" (Luckhurst 180). Additionally, it is possible to link Luckhurst's theory of the flashback to the concept of *Nachträglichkeit*, according to which the traumatic impact of an experience is recognised and intensified long after the experience itself (Bistoien 679). In *Mrs. Dalloway*, the meeting between the characters Peter Walsh and Clarissa Dalloway, who had not seen each other in a very long time, triggers the memory of a past experience for Walsh, namely Clarissa's rejection of his marriage proposal when they were both still young. This past experience continues to haunt Walsh throughout the novel. Moreover, even though he tries to tell himself he no longer loves Clarissa, the pain and grief that come to the surface when he is in her presence suggest he still has feelings for her, which makes Clarissa's past rejection all the more traumatic.

In addition to the techniques of indirect interior monologue and flashbacks, a third and final prominent narrative technique that is able to incorporate trauma into the structure of

Woolf's novel is repetition. According to Freud, traumatic neurosis was typically marked by an obsessive return to horrifying scenes, which the psychoanalyst termed "repetition compulsion" (Luckhurst 9). Christine Froula argues that "in *Mrs. Dalloway*, as looser structures of repetition and refrain (Big Ben's striking of the hours, 'Fear no more the heat o' the sun') mark their progress through the day, the characters battle psychic perils that write small the great crisis of loss, grief, and anger facing post-war Europe" (89). One of the most notable examples of repetition in *Mrs. Dalloway* is the frequent reappearance of a line from Shakespeare. Before going to the florist's, Clarissa sees a funeral song from Shakespeare's "Cymbeline" in a shop window: "As she read in the book spread open: Fear no more the heat o' the sun Nor the furious winter's rages" (Woolf 10). According to Detloff, these words are soothing and "invoke a sense of reparation", since Clarissa sees the verse at a time when she is struggling to come to terms with the traumatic losses caused by the war (163). The quote seems to imply that one should not fear death, as it is part of the natural cycle of life and can offer a release from life's burdens, such as the consuming heat of the sun or the winter's rages. The words reappear throughout the novel, with Septimus repeating the lines right before he commits suicide, and Clarissa mentioning them while reflecting on Septimus's suicide: "The young man had killed himself (...) she repeated, and the words came to her, Fear no more the heat of the sun. She must go back to them" (Woolf 204). Along with Septimus's suicidal embrace of death, Clarissa eventually decides in this extract not to fear death, but to return to her party and celebrate life. Although Detloff notes the allusion to Shakespeare could be seen to invoke a sense of regeneration, to perform the function of the elegy, she also argues that Clarissa's elegiac impulses are questionable (163). Within the context of Shakespeare's play, the elegiac performance does not work because Imogen, the lost object who is lamented, is not dead but drugged (Detloff 163). Moreover, Imogen is not part of the working class like Septimus, but the daughter of a king, who is "among the least

likely to bear the ravages of the sun or the ‘furious winter’s rages’” (Detloff 163). Detloff consequently notes the mourning song “says more about the disguised nobility of the lamenters than it does about the ‘dead’ youth” (163-64). Moreover, Detloff points to the imperative form of “fear no more”, which refers to the imperative function of elegies that demand mourners to cease mourning, “to let go”, as life must go on (164). This is why, after reading the line, Clarissa thinks of Lady Bexborough, who stoically opens her shop with the telegram announcing her son’s death still in her hand (Detloff 164). However, by letting Clarissa repeat the line multiple times, Woolf seems to suggest that, even though certain characters like Lady Bexborough succeed in moving on with their lives after the great trauma caused by the war, Clarissa has to keep reminding herself to “let go”. Moreover, if we keep in mind DeMeester’s assertion that Woolf’s modernist narrative form incorporates trauma in its very structure, and if we recall that “repetition compulsion” is a typical symptom of trauma, then Woolf’s constant repetition of the line from “Cymbeline” indicates that trauma in the novel is ultimately not overcome but repeated, in the same way that traumatised people keep repeating traumatising events in their minds.

3.1.3 Communication Difficulties and Modernist Healing

Typical of Septimus’s traumatised mental state is his inability to make sense of his war experience and of his suffering following this experience (DeMeester 658). According to DeMeester, Woolf’s characterisation of Septimus recognises that the shell-shocked soldier’s fundamental problem was not necessarily his suffering, but his desire and inability to give meaning to his suffering (658). For the trauma survivor, telling the story of his/her trauma and communicating his/her experience to others is a first step in the healing process and “expresses the hope that it will also be a socially reconstitutive act – changing the order of

things as they are and working to prevent the enactment of similar horrors in the future” (DeMeester 660). The theme of communication, in particular Septimus’s almost obsessive concern with communication, is ever-present in *Mrs. Dalloway*. At a certain point, Septimus realises that communicating his trauma and the experiences that caused it, could be the key to recovery: “Communication is health; communication is happiness. Communication, he muttered” (Woolf 102). Moreover, Septimus believes he is constantly receiving messages from the dead, which he feels he has to communicate to the rest of the world (Woolf 74). Bonikowski notes these messages regard “the absence of what repelled him in human relationships and promise the fullness of a meaning without lack: the absence of crime, wounds, and death, and the fullness of love, beauty, poetry, and song” (156). Septimus’s condition puts him out of touch with his former self, past beliefs and post-war reality, but it puts him in touch with a certain fullness, which can be observed the moment an airplane flies overhead, writing letters in the sky (Bonikowski 156). Whereas the other London citizens try to decipher the letters, Septimus feels the intense beauty of the spectacle, without feeling the need to understand what letters the airplane is writing (Bonikowski 156). The letters “signal” something beautiful to him, which cannot be expressed in everyday language: “So, thought Septimus, looking up, they are signalling to me. Not indeed in actual words; that, is, he could not read the language yet; but it was plain enough, this beauty” (Woolf 23).

Also in Septimus’s own attempts to communicate with others, the fullness of meaning he seeks in communication refuses to be contained by everyday language (Bonikowski 157). Septimus is often reduced to stammering – a well-known symptom of shell shock – and Woolf’s fragmentary, incomplete sentences convey his inability to communicate meaningful, complete messages to others: “‘I – I -’ he stammered. (...) Love, trees, there is no crime – what was his message? He could not remember it. ‘I – I -’ Septimus stammered” (Woolf 107-108). The fact that Septimus here ultimately does not succeed in communicating a message,

but instead ends up stammering, illustrates that the fullness of meaning the soldier constantly receives and seeks to communicate, transcends everyday language. Furthermore, if we recall DeMeester's assertion that telling the story of trauma is a first step in the healing process, then Septimus's stammering shows that, despite his efforts, he does not succeed in starting a healing process.

In response to his stammering, Doctor William Bradshaw tells Septimus: "Try to think as little about yourself as possible" (Woolf 108). According to DeMeester, the result of the efforts of Bradshaw to silence Septimus is twofold: Bradshaw, by robbing Septimus of the possibility of giving meaning to his war experiences, not only makes sure that the soldier is not able to properly recover, but also destroys "his own culture's meaningful recovery from the war" by perpetuating an ideology that sacrificed an entire generation of young men to the First World War" (662). Septimus is an outsider in a society that aims at covering up and ignoring problems (Zwerdling 125). When people like the shell-shocked soldier become too distressing, they are dealt with by agents of the governing class, like Bradshaw, who try to make sure the problematic cases are controlled (Zwerdling 125): Bradshaw "made it impossible for the unfit to propagate their views" (Woolf 109). Moreover, the doctor's response to Septimus's communication difficulties is the result of upper-class training, which deemed any excessive display of emotion inappropriate (Zwerdling 125).

DeMeester notes that although Woolf – and modernist fiction in general – accurately depict/s trauma and evoke/s a psychological condition in literature that science only began to understand many years later, her narrative is ill-suited to depict recovery (652). To recover, Septimus has to escape the repetition and "the prespeech chaos of his traumatized psyche" and start forming his fragmented thoughts into a coherent narrative that can be communicated (DeMeester 652), which the soldier, as was shown, does not succeed in. However, Bonikowski argues that Woolf seems to suggest that the silence of the "death drive", which

essentially resists representation because it is linked to the unconscious, may be “a way of communicating the traumas of war” (16). When Septimus commits suicide, doctor Holmes is not able to understand the meaning of Septimus’s death and instead of showing compassion, he exclaims: “The coward!” (Woolf 164). Clarissa Dalloway on the other hand, who learns of Septimus’s suicide at her party, understands why the soldier did it; it was a way for him to communicate: “Death was defiance. Death was an attempt to communicate” (Woolf 202). A distinction thus needs to be made between the “unspeakable” and the “incommunicable”: while it is true that there may be no words available to speak of one’s suffering, it may be possible to communicate the suffering to someone who can witness the pain (Detloff 28). Clarissa sees Septimus’s choice to end his life as a revolutionary act, whereby he escapes the attempts of Bradshaw to ignore his war experience and perpetuate a structure that sacrificed an entire generation to the war: “Life is made intolerable; they make life intolerable, men like that?” (Woolf 202).

However, DeMeester argues that ultimately, Septimus’s death changes nothing (663). Even though Clarissa understands Septimus’s act and sees it as a way of communicating, she herself does not change and returns to her high-society party; “she chooses repression and recommits herself to a life, like Bradshaw’s, devoted to perpetuating the status quo” (DeMeester 663). This is why it can be argued that Clarissa, in refusing to change in response to Septimus’s message, “robs his death of meaning” (DeMeester 663). The hope that communication would be a “socially reconstitutive act”, which could change the order of things, thus seems to be left unfulfilled. Clarissa Dalloway herself reflects on this idea in the short story “Mrs. Dalloway in Bond Street”: “Thousands of young men had died that things might go on” (qtd. in Zwerdling 123). Woolf thus depicts the way in which the governing classes seem to live in the past: they are unable to change in a society that desperately needs and demands a transformation (Zwerdling 123-24). Peter Walsh perfectly illustrates this when

he turns Miss Parry's glass eye into a symbol, representing the older generation's resistance to change: "It seemed so fitting – one of nature's masterpieces – that old Miss Parry should turn to glass. (...) She belonged to a different age" (Woolf 178).

Patricia Rae observes that many critics consider Woolf's literary engagement with the war as a type of modern elegy (14). Whereas the traditional elegy has a therapeutic effect, the modern elegy can be described as what Elizabeth Bishop calls "an art of losing" (qtd. in Rae 14). Rather than curing themselves and mourning losses, modern elegists "practise losing farther, losing faster, so that the 'One Art' of the modern elegy is not transcendence or redemption of loss but immersion in it" (Rae 14). This corresponds to Tammy Clewell's assertion that one of the central elements of Woolf's modernism is her search not to heal wartime wounds, but to keep them open in order to resist a forgetting of the trauma caused by war (26). In this way, Woolf introduces an "ongoing mourning" of loss and a certain hostility towards consolation and its therapeutic imperative (Clewell 3). The idea that Woolf keeps wounds open instead of healing them has come up on a number of occasions in my discussion of Woolf's articulation of trauma. I argued that the repetition of the line from Shakespeare's "Cymbeline" indicated a perpetual mourning, revealing that trauma in the novel is ultimately not overcome but repeated. Also the technique of the flashback can be seen to reinforce the idea that many characters – such as Peter Walsh and Septimus Smith – are still living in the past and are remembering past losses instead of healing wounds and moving on. Furthermore, Septimus's attempt at communication by committing suicide has no profound effect, as the older generations are "made of glass" and even Clarissa returns to her party in response to his message. By revealing a strong desire to communicate his experiences instead of repressing them, and by committing suicide to escape the control of his doctors, Septimus resists the post-war mentality that reinforces forgetting.

3.2 A Plurality of Voices

3.2.1 Feminist Narratology and Virginia Woolf

In “Towards a Feminist Narratology” (1986), Susan Lanser criticises traditional narratology, questioning its androcentric bias and the fact it has created a classification system for describing the structure of stories, without considering contextual aspects such as gender relations (343). A feminist narratology on the other hand, which seeks to link feminist theory and narratology, takes into account the historical and social contexts of texts (Lanser 344-45). Moreover, it views gender as a narratological category relevant to the analysis of texts, and pays special attention to narratives written by women in order to make the historical canon of narratology more adequate to the diversity of narrative (Lanser 345). Robyn Warhol therefore describes feminist narratology as “the study of narrative structures and strategies in the context of cultural constructions of gender” (5). She notes for instance that instead of focusing solely on a narrative technique like free indirect discourse, feminist narratology can “provide a context for politicizing that analysis, for considering the gendered implications” (6).

Teresa de Lauretis describes “gender” as a social construction of “woman” and “man” that has much to do with history and practices; with “the outer world of social reality” and “the inner world of subjectivity” (32). Moreover, the fact that gender exists in social reality and is linked to social relations makes it a political issue that deserves attention (de Lauretis 38). De Lauretis often cites Virginia Woolf in this respect, who was especially concerned with women’s marginal position in society and with the creation of a literary form and language that could faithfully portray female consciousness (Parsons 108). In *A Room of One’s Own* (1929), a pioneering text in feminist literary criticism, Woolf for instance notes the subservient role of women in society when she writes “women have served all these centuries

as looking-glasses possessing the magic and delicious power of reflecting the figure of man at twice his natural size” (41). Furthermore, Woolf’s search for a language that could give insight into female consciousness was linked to the idea that a woman writer did not share the “male” language of classical knowledge and masculine expertise (Armstrong 43-44). This was thus a language Woolf had to resist in order to reveal new perspectives in writing (Armstrong 43-44).

In her article concerning feminist narratology, Lanser proposes a distinction between public and private narrative levels to study women’s texts (349). She refers to Bakhtin’s assertion that narratives never contain a single voice, but rather introduce different voices that interact with each other to create a layered structure of various discourses (Lanser 349). According to Lanser, “a narratology adequate to women’s texts ... would have to acknowledge and account for this polyphony of voice, identifying and disentangling its strands” (349-50). Lanser’s demand for a distinction between different voices is especially relevant with regard to Woolf, as a division between public and private voices frequently manifests itself in Woolf’s extensive use of indirect interior monologue (Snaith 133). Woolf’s narrators may be said to speak with a public voice, whereas a character’s inner thoughts can be linked to a private voice (Snaith 134). The narrative technique of indirect interior monologue avoids either an extreme public or extreme private voice; it instead allows Woolf to combine both voices and move from public to private, outer world to inner world (Snaith 134-35). Through free indirect discourse a narrator reports a character’s thoughts, though the narrator continues to talk of the character-focalizer in the third person (“Narrated”). This results in a “dual voice”: the narrator is present but is merged with the private voice of the character concerned (“Narrated”). In the following passage from *Mrs. Dalloway*, for instance, Clarissa Dalloway’s thoughts and perceptions as she is choosing flowers for her party are reported by the narrator, who talks of Clarissa, the character-focalizer, in the third person:

And as she began to go with Miss Pym from jar to jar, choosing, nonsense, nonsense, she said to herself, more and more gently, as if this beauty, this scent, this colour, and Miss Pym liking her, trusting her, were a wave which she let flow over her and surmount that hatred, that monster, surmount it all; and it lifted her up and up when – oh! A pistol shot in the street outside! (Woolf 14).

Also visible in the extract is a less formal syntax with short, incomplete sentences and exclamations, which is typical of a narrative technique that reproduces the associative connections within a character's mind ("Narrated"). Furthermore, Zwerdling notes that Woolf is especially interested in "the life of society and its effect on the individual", which she explores through her plurality of voices (qtd. in Snaith 133). In *Three Guineas*, Woolf herself comments on this connection between public and private world, saying: "The public and the private worlds are inseparably connected; ... the tyrannies and servilities of the one are the tyrannies and servilities of the other" (214-15). Woolf's comment is, according to Knutsen, closely related to a feminist slogan of the twentieth century: "The personal is political" (143).

Mezei, building on the idea that a text houses a polyphony of voices, notes that in *Mrs. Dalloway* a complicated textual struggle can be observed between narrators and character-focalizers, a struggle created by Woolf's use of free indirect discourse (67). Woolf's modernist form, which moves from voice to voice, goes beyond a focus on the "female" voice to reveal multiple perspectives and discourses. Because the narrative constantly switches perspective, male discourse is replaced by female discourse, only to be replaced by male discourse again, and so on (Mezei 83). According to Parsons, Woolf "imagined the possibility of moving beyond gender categories, advocating an androgynous literary aesthetic that would represent neither a specifically masculine nor specifically feminine point of view" (82). Furthermore, the shifts between points of view result in the fact that the reader meets

characters without ever being allowed to fully understand who they are or what their roles are within the narrative (Matson 171). Woolf therefore challenges uniformity within her narrative and her experimental form resists a consistent reading (Caughie 14). The author's writing forces us to make connections and refuses to allow us mastery over the text (Matson 169). According to Caughie, Woolf's technique could, for this reason, be linked to postmodern fictional strategies, which similarly resist "the search for a totalising, consistent reading" (14). In line with Caughie's assertions, Snaith notes that Woolf's technique is innovative because it looks forward to postmodernism with its persistent shifting and sharing of voices, avoiding a single, defining point of view (146-47). Although Woolf at times searches for unity within her narrative, her use of multiple voices ultimately acknowledges variety and fragmentation, and, rather than trying to impose unity on this multiplicity, the author accepts the plurality and seeks structures that allow for ambiguity (Snaith 147). Woolf writes about her resistance to totalizing narratives and narrators in her diary about Lytton Strachey: "[Gibbon] has a point of view and sticks to it' I said. 'And so do you. I wobble'" (qtd. in Snaith 147-48). Ruth Page argues that the variety of voices is also politically important since it draws attention to the experience of certain groups or individuals who might otherwise be excluded (11-12). Related to this idea, Linda Hutcheon, in defining postmodernism, notes that especially women writers have helped "develop the postmodern valuing of the margins and the ex-centric as a way out of the power problematic of centres and of male/female oppositions" (16). In writing a narrative that resists a totalising reading and that introduces various voices, including voices of outsiders, Woolf's modernist novel therefore seemed to anticipate certain postmodern tendencies.

3.2.2 Social Trauma

In order to illustrate the insights from the previous subchapter in *Mrs. Dalloway*, and make the connection with trauma more explicit, I will adopt Forter's concept of social traumas and link this to Showalter's discussion of "male hysteria". In the introduction of this dissertation, Forter's study of social traumas was briefly cited in connection to the link between modernism and trauma. The term "social trauma" is used by Forter to denote trauma that has deforming effects on the psyche, giving rise to "compulsively repeated and highly rigidified social relations" (260). However, as opposed to "shocks", these social traumas are chronic and thoroughly woven into the structure of society, which can make it difficult to recognise them as social disturbances (260). For instance, the acts of violence that accompanied the initial subjugation of women in society have gradually been "socially sublimated into ongoing, systematic practices and patterns of behaviour" (Forter 260). Given that social trauma is linked to the social location of the traumatised, the concept makes it possible to focus on the differences between forms of trauma, such as the trauma of white male subject-formation and the trauma connected to repressive conventional femininity (Forter 280). According to Forter, literary modernism gives insight into these traumas by experimenting with new forms for "mediating psychosocial experience" (261). Furthermore, characters' stories, which appear to be "personal", can often not be told independently; they are essentially intertwined, "regardless of whether the characters know each other", because they are all involved in the same social history (270). This seems to be in line with Cathy Caruth's assertion that "history, like the trauma [Caruth just discussed], is never simply one's own, that history is precisely the way we are implicated in each other's traumas" (192).

I suggest Forter's concept of social trauma can be related to Elaine Showalter's discussion of male hysteria, and, subsequently, to Woolf's *Mrs. Dalloway*. Showalter's

discussion is relevant in this dissertation, not only because it addresses the way in which trauma can be linked to gender constructions, and applies these ideas to *Mrs. Dalloway*, but also because Pat Barker used Showalter's text as an important source for *Regeneration*, which the author acknowledges in the notes to her work. Showalter argues that shell shock was not only caused by the chronic conditions of fear, horror, disgust, tension and grief, but was related to a wider cause, namely the social expectations of the masculine role in war (170-71). The repression of fear that caused shell shock was essentially an exaggeration of masculine role expectations, "the self-control and emotional disguise of civilian life" (Showalter 171). Showalter finds support for her assertion in *Shell-Shock and Its Lessons* (1917), in which Smith and Pear write: "the suppression of fear and other strong emotions is not demanded only of men in the trenches. It is constantly expected in ordinary society" (qtd. in Showalter 171). In *Mrs. Dalloway*, this tendency to repress emotions is illustrated on numerous occasions. Richard Dalloway, for example, a respectable member of the governing class, constantly struggles to express his feelings and eventually is not able to tell his wife that he loves her: "The time comes when it can't be said; one's too shy to say it ... Here he was walking across London to say to Clarissa in so many words that he loved her" (Woolf 126). Society's focus on self-control, as exemplified by the case of Richard Dalloway, has, according to Zwerdling, "everything to do with the ability to retain power and to stay sane" (125).

The countless emotionally incapacitated men during the First World War fundamentally challenged heroic visions and masculinist fantasies, which is why shell shock was often perceived as a form of malingering or cowardice (Showalter 169). According to Showalter, shell shock was a disguised form of male protest, not only against the war but also against the repressive concept of "manliness", in the same way that female hysteria was a form of protest against patriarchal values that enforced a narrowly defined femininity (172).

In fact, the lack of autonomy and powerlessness of the shell-shocked soldier can be paralleled to women and to the “tight, domestic, vocational, and sexual spaces” allowed to women (Showalter 173-74). This perceived link between shell shock, a condition that “effeminised” men, and female hysteria is the reason why women were able to understand shell shock better than most men (Showalter 190). They understood “that powerlessness could lead to pathology, that a lasting wound could result when a person lost the sense of being in control, of being ‘an autonomous actor in a manipulable world’” (Showalter 190). Female novelists critically appropriated the theme of shell shock and made explicit connections between “psychiatric therapies and the imposition of patriarchal values insensitive to passion, fantasy and creativity” (Showalter 190).

Woolf reveals that not only the shell-shocked Septimus Smith, but every character in *Mrs. Dalloway* is exposed to the pressures of dominant patriarchal discourses. It is particularly through her creation of connections between characters that Woolf examines forms of oppression and the possibilities of resistance to these forms (Matson 163). Even though many characters never actually meet in the novel, their lives interconnect on a deeper level, thereby illustrating Forter’s statement that the stories and traumas of characters in modernist fiction are often intertwined because these characters inhabit the same social space. Moreover, by focusing on the inner world of characters through her use of free indirect discourse, Woolf gives insight into the way private voices often seem to clash with public voices, which creates a critical picture of Mrs. Dalloway’s society.

The most obvious parallel is the one between Clarissa, a woman in a man-governed world, and the outsider Septimus, an “effeminised” man in a society that believes in heroic ideals. Overall, it can be argued that Woolf’s novel shows how Clarissa, like Septimus, is forced to conform to certain ideals held by the governing class, as her world is transformed from a lesbian-friendly and female-centred to a heterosexual and male-centred social world

(Abel 31). Adopting the technique of the flashback, Woolf gives insight into Clarissa's memories of her youth, which are often emotionally loaded. Clarissa's earliest memories are connected to Sally's arrival at Bourton, an event "which infuses the formal, repressive atmosphere with a vibrant female energy" (Abel 31). In an environment where flowers are being pressed beneath dictionaries by Clarissa's aunt – an act that suggests the cultural oppression of women – Sally's sensuality and warmth immediately spark intense feelings in Clarissa (Abel 31). Moreover, when Sally kisses Clarissa, "the most exquisite moment of her whole life", Clarissa's life is changed forever: "The whole world might have turned upside down!" (Woolf 38). However, both women understand that their lives will inevitably be interrupted by men, as is symbolically illustrated by the following scene in which Peter interrupts the women's kiss (Abel 32):

The others disappeared; there she was alone with Sally. (...) She uncovered, or the radiance burnt through, the revelation, the religious feeling! – when old Joseph and Peter faced them: "Star-gazing?" said Peter. It was like running one's face against a granite wall in the darkness! It was shocking; it was horrible! (...) She felt his hostility; his jealousy; his determination to break into their companionship (Woolf 38-9).

Peter is seen as an irritating intruder, whose masculine intervention shatters the exquisite, almost religious moment of exclusive female connection (Abel 32). This sudden, horrible rupture – which traumatises Clarissa, who calls the experience "shocking" – is emphasized typographically by Woolf's use of the dash, which abruptly breaks off Clarissa's thoughts and feelings. Clarissa's inner world is here revealed through the use of free indirect discourse. Especially the exclamations reproduce Clarissa's positive inner reaction to Sally's kiss on the

one hand, and her negative inner reaction to Peter's intervention on the other hand. The break between the women is felt to be as unyielding as a granite wall. The voice of the narrator reports the character-focalizer's thoughts in the third person ("she felt his hostility") and merges with Clarissa's private voice. The specific instance of male interruption in the extract illustrates how Clarissa, who belongs to the governing class, has to conform to certain patriarchal conventions, such as a high-society marriage with a man, instead of being free to spend her life with the woman she loves. Woolf's character puts romance behind her to marry the appropriate husband and construct a public identity. Moreover, once she is married to Richard, Clarissa feels she has lost part of her true identity, a feeling that is reverberated in the novel's title, which refers to Clarissa by her husband's name. Clarissa has moments where she feels invisible, which she links to her married state and public identity (Zwerdling 140): "She had the oddest sense of being herself invisible; unseen; unknown (...) this being Mrs. Dalloway; not even Clarissa any more; this being Mrs. Richard Dalloway" (Woolf 11). The character's decision to follow conventional expectations of marriage is apparently second choice, and differs with a former, more individual and independent voice (Zwerdling 140). Also Septimus's inner life, which exhibits emotional excess, stands in contrast to the heroic public self that his society links to soldiers, and to men in general. Both Clarissa and Septimus thus have to conform to constricting ideals of femininity and masculinity, giving rise to an inner protest that becomes visible through Woolf's use of free indirect discourse.

Despite her reflections on the restrictions in the life of high-society women – after all, "her old Uncle William used to say a lady is known by her shoes and her gloves" (Woolf 11) – Clarissa overall seems to be relatively content with her life. Woolf's protagonist has made the best of the life she was born into and is endowed with the power of transforming everyday, domestic events into moments of art (Transue 67). She takes pleasure in bringing people together at her parties and is able to create an environment that gives harmony to the

chaotic events of everyday life (Transue 67). Besides revealing the dark side of female containment, Woolf thus also “implied the broadening, not the rejection, of the domestic wisdom traditionally cultivated by women” (Marder qtd. in Transue 81-82). Despite Clarissa’s realisation that she has to conform to certain constricting gender ideals, which links her to Septimus, she does not feel the need to escape her world, like Septimus does, but rather finds pleasure in her life’s little moments of happiness.

A parallel between Septimus and Clarissa nevertheless becomes visible again the moment Clarissa shows sympathy for Septimus’s suicide, which marks a contrast with the way the governing class usually deals with outsiders (Zwerdling 128). Especially through her portrayal of the nerve specialist, Woolf exposes the heartlessness of nerve therapies that aimed at enforcing conventional gender roles (Showalter 192-93). Snaith notes that “integral to the public aspect of the novel is the issue of authority and Woolf’s representation of those characters who hold positions of public importance”, with the harshest attack falling on Smith’s doctors, who are figures of medical authority (138). Nerve specialist Sir William Bradshaw is a tyrant who does not want to hear about Septimus’s memories, while general practitioner Holmes is a bully who prescribes cricket and porridge to “cure” the soldier (Showalter 193). Both doctors insist that in order to heal, Septimus must conform to a routine life (Showalter 193). Since male patients and male psychiatrists were too deeply implicated in patriarchal structures to see the meaning of shell shock, Woolf suggests that only Clarissa understands that Septimus’s problem is feeling too much for a man and that men like Holmes and Bradshaw, who embody patriarchal conventions, “make life intolerable” (Showalter 193-94). Women writers like Woolf therefore “played an important role in explicating the significance of gender and power in therapeutic strategies, and in addressing the ethical and emotional questions raised by the treatment of shell shock” (Showalter 194). By withdrawing from her party after the news of Septimus’s suicide, Clarissa allows herself to think about his

death with imaginative sympathy, “understanding his feelings and situation instinctively with some part of her self that scarcely functions in the public world she normally inhabits” (Zwerdling 141). Given that Clarissa belongs to a governing class that feels threatened by emotional people like Septimus, her sympathy for the soldier shows that an inner part of herself resists the ideal of public stoicism in favour of a deep private connection with the traumatised soldier.

Although the inner connection between Septimus Smith and Clarissa Dalloway seems to be the dominant one, Smith exhibits parallels with other characters as well, which mainly come to the surface through Woolf’s focus on the characters’ consciousness. Like Septimus, also Doris Kilman, a woman from German descent, is a war victim and outsider, who represents a voice of resistance in *Mrs. Dalloway* (Zwerdling 133). Ignored by society because she refuses to “pretend that the Germans were all villains” (Woolf 135), Kilman finds herself in a position of poverty and isolation, which embitters her and makes her “despise herself and her society in alternate flashes of emotion” (Zwerdling 133). Like Septimus, she is not able to control her strong feelings, and her passionate nature vents itself in unpredictable surges (Zwerdling 133). Furthermore, Kilman loathes Clarissa, who occupies a respectable position in society, but she also feels intense love for Clarissa’s daughter Elizabeth, as is shown through Woolf’s use of free indirect discourse: “if she could grasp her, if she could clasp her, if she could make her hers absolutely and for ever and then die; that was all she wanted” (Woolf 144). In her secretive lesbian attachment to Elizabeth, Doris therefore shows more resemblances to Clarissa’s inner life than she would care to admit. However, Doris cannot let her emotions see the light of day if she wants to have any chance at belonging to the public world (Zwerdling 133). Whereas Septimus refuses to conform to public conventions, and chooses to let his inner life become visible to the outside world, Doris realises “the lid of convention is heavily and firmly in place in the world around her, and so

her intense emotional life must be lived entirely in her own mind” (Zwerdling 133). Woolf again makes a distinction between private life and public life; two lives that need to be kept separated in the case of Doris Kilman.

Also Peter Walsh exhibits parallels with the traumatised Septimus Smith. Like Clarissa, Peter is part of the governing class, which means he is tied to the class’s conventions and its constricting ideals of masculinity. However, in the course of the novel, it becomes clear that Walsh has a difficult time controlling his feelings for Clarissa, admitting the woman has a profound effect on his nerves: “Yet Heaven knows he loved her. She had some queer power of fiddling on one’s nerves, turning one’s nerves to fiddle-strings, yes” (Woolf 66). Showalter’s concept of male hysteria becomes visible again in this extract, and Woolf’s use of a chiasm emphasizes the way Clarissa plays Walsh’s nerves like she would a fiddle, allowing the man no emotional control over his own inner life. Just like Septimus’s shell shock can be seen as an internal protest to the gender ideals the soldier needs to adhere to, Walsh’s inner emotional turmoil refuses to be contained by ideals of stoicism and repression. Zwerdling notes that “what one sees throughout *Mrs. Dalloway* is a single disease that takes different forms. Peter’s or Septimus’s or Kilman’s emotional compulsiveness and display, their gaudiness or profligacy, are the antithesis of the denial of feeling in the governing class” (136).

It is one of the triumphs of civilisation, as the light high bell of the ambulance sounded. (...) That was civilisation. It struck him coming back from the East – the efficiency, the organisation, the communal spirit of London. (...) It is the privilege of loneliness; in privacy one may do as one chooses. One might weep if no one saw. It had been his undoing – this susceptibility – in Anglo-Indian society; not weeping at the right time, or laughing either (Woolf 165-66).

Through free indirect discourse, the reader is given insight into Peter Walsh's voice, which is presented by the narrator in third person and past tense. A clear movement from present tense ("it is one of the triumphs") to past tense ("that was civilisation") can be observed, which indicates a movement from the voice and thoughts of the narrator to the voice and thoughts of Peter Walsh, the focalizer, that are reported by the narrator. Whereas Walsh's public self needs to be efficient and stoical to function properly in the public world – one has to be "civilised" in order to be a part of "civilisation" – his private self, away from external constrictions, is allowed to do as it pleases. Walsh is aware his inner life does not conform to public expectations; he notes that his "susceptibility" – which stands out in the extract by means of dashes – constitutes his downfall in Anglo-Indian society. Most activities in the novel, like the organisation of ambulance activities in the extract, are essentially routine in nature and seem to suggest that "it is only by ignoring the more devastating facts and deep scars of recent history that the 'social system' has managed to keep functioning" (Zwerdling 124). Only the private self is able to respond appropriately to traumatic events, not remaining efficient and stoical the way it is promoted by the public authorities, but allowing empathy and sadness to come to the surface; "one might weep if no one saw". Whereas all the characters mentioned thus seem to reveal a personal story, they are ultimately implicated in each other's traumas, as they all find themselves in the same social space that forces certain public expectations.

4 *Regeneration*

4.1 Barker's Articulation of Trauma

4.1.1 Barker's Articulation of the Trauma of Doctor Rivers's Patients

Karolyn Steffens notes that Pat Barker, when talking about her *Regeneration* trilogy, always invokes “contemporary conceptions of trauma”, which stem mainly from a context in which Freudian psychoanalysis and post-traumatic stress disorder are at the centre of the popular imagination (36). In an interview with Sheryl Stevenson, Barker explained that the reason for writing *Regeneration* stemmed from her own memories of her grandfather and stepfather who fought in the Great War (173). Her grandfather was deaf and had a bayonet wound, but never explained how he got the wound; it “was speaking for him” (Stevenson 173). For Barker, “silence and wounds were therefore linked together in that particular way” (Stevenson 173). Barker's stepfather was similarly marked by the war as he suffered a “paralytic stammer” (Stevenson 173). In the interview, Barker explains that “war, wounds, impeded communication, and silence” all became tangled up in her mind with masculinity (Stevenson 173). In her work *Unclaimed Experience* (1996), contemporary trauma theorist Cathy Caruth defines trauma as “much more than a pathology, or the simple illness of a wounded psyche: it is always the story of a wound that cries out, that addresses us in the attempt to tell us of a reality or truth that is not otherwise available” (qtd. in Steffens 37). According to Steffens, Barker's description of her grandfather's wound that speaks for him reverberates in Caruth's description of the narrative of trauma as “the story of a wound that cries out” (37).

Regeneration, like *Mrs. Dalloway*, mainly focuses on the repercussions of the war, in particular on the psychological effects of the war experience on individuals. Instead of

describing battle scenes, the novels of Barker and Woolf show the impact of the war on characters at the home front, who have to find a way of coming to terms with what they experienced (Vickroy 45). As mentioned in the introduction to this dissertation, many critics, including Virginie Renard and Roger Luckhurst, consider Pat Barker's *Regeneration* one of the Great War novels that belong to the genre of "trauma fiction". Barker's novel "embodies the traumatic historical event of the First World War through characters bearing the burden of this man-made catastrophe" (Renard 195). In the same way that Woolf incorporates trauma into the structure of *Mrs. Dalloway*, Renard notes that Barker's *Regeneration* not only refers to trauma and includes shell-shocked characters, but also goes beyond using trauma as subject matter; it incorporates the chaos of trauma within its very structure (195). To represent trauma, novelists like Barker typically draw on formal techniques that imitate symptoms of trauma and that "depart from conventional and realist modes of representation" (Renard 193). Trauma fiction, like postmodernist fiction, experiments with narrative techniques in order to question the possibility of ever representing the past through narrative, and to convey the deforming impact of a traumatic event (Renard 193). In my introduction, various key stylistic features of trauma fiction were described, such as disrupted temporality, intertextuality, repetition and a dispersed or fragmented narrative voice (Renard 193). Moreover, these features led certain critics (notably Tim Armstrong) to recast modernist literature as a kind of trauma literature, because, as Whitehead claims, "if trauma is at all susceptible to narrative formulation, then it requires a literary form which departs from conventional linear sequence" (qtd. in Luckhurst 88). Although Woolf explicitly quotes Shakespeare's "Cymbeline" multiple times in her narrative, intertextuality is, overall, not as prominent in *Mrs. Dalloway* compared to the works of trauma fiction mentioned by Renard and Whitehead. However, a fragmented narrative voice, repetition, and disrupted temporality by means of flashbacks are

clearly characteristic of Woolf's modernist form in *Mrs. Dalloway*, as was revealed in my previous chapter.

In *Regeneration*, as in *Mrs. Dalloway*, repetition is an important narrative technique that incorporates trauma into the structure of the novel, since certain motifs, symbols and key episodes are frequently repeated, which “mirrors the effects of trauma as the intrusive return of what once was” (Renard 194). According to Caruth, to be traumatised is to be possessed by a certain image or a certain event, which is why traumatised soldiers are repeatedly haunted by this image or event (Jackson 52-53). One of the most prominent recurring motifs in *Regeneration* is that of the ghost, which reappears throughout the novel and symbolises the temporal and spatial dislocation that is linked to the traumatic war experience (Renard 199). Here, another parallel can be drawn with Woolf's *Mrs. Dalloway*, as Septimus is frequently visited by the ghost of his late friend Evans. Whereas *Mrs. Dalloway* only contains one traumatised character haunted by ghosts, in *Regeneration* ghosts seem to take centre stage, as numerous figures experience ghostly encounters. Whitehead, who describes the ghost story as a stylistic device of trauma fiction, which is meant to reproduce the effects of trauma, even notes that Barker's novel can be read as a revision of the ghost story, in which “the spectres that haunt the soldiers represent a form of psychological possession” (qtd. in Renard 199). Especially images of broken bodies and human flesh encountered during the war, continue to haunt the traumatised veterans (Renard 199). Siegfried Sassoon¹, for instance, repeatedly sees decaying corpses with half their faces shot off, spread out across the streets of London (Barker 12). Furthermore, also the ghost of a soldier named Orme visits Sassoon in his hospital room: “When I woke up, somebody was standing just inside the door. I knew who it

¹ I am here referring to the fictional Siegfried Sassoon. However, Barker relied heavily on historical sources when creating her characters, which means that, overall, there is no great difference between her fictional characters and their historical counterparts.

was. I couldn't see the face, but I recognized his coat.' He paused. 'Orme. Nice lad. Died six months ago'" (Barker 188).

Billy Prior, also a patient at Craiglockhart hospital, has similar encounters with "ghosts" from the past. He is first sent to hospital for mutism, but when he regains the ability to speak, he is still haunted by nightmares and seems to be obsessed by the image of a disembodied eye. The symbol of the (disembodied) eye appears throughout *Regeneration* and even makes appearances in the other two novels of the trilogy as well (Jackson 190). In a therapeutic session, it is revealed that the cause of Prior's obsession can be traced back to a particular war experience, in which Prior, while cleaning up trenches after an attack that he commanded, suddenly found himself staring at a human eye on the ground: "He got it out, transferred it to the palm of his hand, and held it out towards Logan. (...) 'What am I supposed to do with this gob-stopper?'" (Barker 103). Later on in *Regeneration*, aspects of this key passage are repeated, this time from Rivers's point of view. After having hypnotised Prior, Rivers returns to his own room and looks at himself in his mirror: "He pulled down his right lid to reveal a dingy and bloodshot white. *What am I supposed to do with this gob-stopper?*" (Barker 106).

The disruptions of time and space, typical of trauma, are thus often experienced by the characters and represented by Barker through the repetition of ghostly images of mutilated bodies, which come back to haunt the soldiers (Renard 200). Like Freud, Rivers² is convinced that the ghosts that haunt his patients are not "real". However, they exercise a disturbing, and sometimes dangerous, effect on his patients (Brannigan 102-103). Furthermore, Barker's use of repetition shows her "awareness that the working-through of complex issues is an ongoing, never quite accomplished process" (Renard 194). In the same way, Woolf's repetition of the line from "Cymbeline" pointed to the fact that trauma in the novel is ultimately not overcome,

² I am here referring to the fictional Rivers, not the historical Rivers.

but repeated, making it clear that working through complex, traumatising events is an ongoing process that is never entirely accomplished.

Besides the narrative technique of repetition, Barker, like Woolf, also frequently introduces flashbacks into the structure of her novel, which “throw off the linear temporality of the story” (Luckhurst 180). Within the chronological recording of events inside Craiglockhart hospital, the symptoms of the traumatised soldiers disrupt the chronology of the narrative, “since they insistently replay the past with their mimetic re-enactments of the traumatic moment” (Jackson 58). After having had dinner with his close friend Graves outside of Craiglockhart, Sassoon is walking back to the hospital when his stroll suddenly reminds him of the destructive effects of the war he witnessed in France, and his memory takes him back to that “sunless land”:

He began to relax and swing along as he might have done in France. He remembered the march to Arras (...). Then ... No more walls. Ruined buildings. Shelled roads. ‘From sunlight to the sunless land.’ And for a second he was back there, Armageddon, Golgotha, there were no words, a place of desolation so complete no imagination could have invented it (Barker 44).

The sudden “then” indicates the moment Sassoon envisions the past experience. For a second, the sun disappears and he is back where buildings are destroyed and roads are shelled. The incomplete sentences (“No more walls. Ruined buildings. Shelled roads”) that together form a tricolon, create a single, powerful impression. This undesired recalling of traumatising events is also experienced by Rivers’s patient Burns, who, during the war, landed on top of a corpse that was filled with gas, causing the corpse to explode and fill Burn’s nose and mouth with decomposing flesh (Barker 19). Whenever Burns tries to eat, his mind goes back to this

experience, and when he dreams about the traumatising event, he wakes up vomiting. Like Woolf, Barker thus often interrupts events or her characters' thoughts by resorting to flashbacks, which suggest the intrusive nature of (traumatic) memories that "return against the will and conscious control of the subject" (Renard 194). Since traumatic experience refuses to be organised on a linguistic level, trauma emerges disruptively in the text, in the form of flashbacks (Jackson 53). Whereas Barker seems to adopt the technique of the flashback almost exclusively to go back to soldiers' traumatising past experiences, Woolf also introduces many flashbacks that take characters back to a moment in the past when they were happy, as was shown by Clarissa's memories of Sally, for instance. This difference could be linked to the fact that *Regeneration* belongs to the genre of trauma fiction, whereas Woolf's modernist text is not exclusively concerned with the trauma of its shell-shocked character.

In addition to repetition and a disrupted temporality by means of flashbacks, a third technique used by both Woolf and Barker that integrates the chaos of trauma into the novel's structure is a dispersed or fragmented narrative voice, which is created by the use of free indirect discourse. Like Woolf, Barker is "a master of the art of free indirect discourse", entering minds unannounced to give insight into (traumatised) characters' thoughts and feelings (Knutsen 14). This technique furthermore allows Barker to merge the voice of the narrator with the voices of the different characters, creating a complex whole of merging voices and maintaining a degree of distance (Knutsen 17). Westman argues that Barker's choice of this form is important, since the plot of the novel is not built around actions and events at the front, but – as in *Mrs. Dalloway* – around characters' emotional experiences (59). Moreover, traumatised characters often have a difficult time articulating their experiences and feelings, which is why an insight into their minds can be particularly revealing. In the same way that Woolf's insight into Rezia's thoughts and point of view offers the reader a different perspective on Septimus's shell shock than the one created by

Septimus's own thoughts and feelings, Barker gives insight into doctor Rivers's thoughts, thereby offering a different perspective on the traumatised soldiers than the one created by the point of view of the patients themselves. This is visible, for instance, in the following extract, where the voice of the narrator seems to merge with the voice of Rivers:

Something about the isolation of the small figure under the huge windows made him pause. (...) Housemartins were weaving to and fro above the tennis courts (...) how skilful they were at avoiding collision (...) he couldn't ignore Prior's breathing, or the whiteness of the knuckles where his left hand gripped the chair. He turned and looked at him, noting the drawn, anxious face (Barker 60-61).

The reader is given insight into Prior's condition through Rivers's eyes and thoughts, which are reported by the narrator. Especially the sentence "how skilful they were at avoiding collision" seems to reveal Rivers's own thoughts while he is watching the sky. The isolation and helplessness of the traumatised individual, who is sitting all by himself, is suggested, as well as certain external symptoms of his condition, such as the strained, "anxious face" and white knuckles. The scene depicted here reminds us of the scene in *Mrs. Dalloway* where Rezia's perspective revealed an isolated and helpless Septimus, sitting hunched up on a park bench. In a next subchapter, Barker's narrative technique, in particular her introduction of a plurality of voices, will form the starting point of a discussion of social trauma in *Regeneration*.

It has become clear that Woolf and Barker adopt much of the same narrative techniques in their novels. Moreover, both authors do not only use trauma as a subject matter, but also incorporate the chaos of trauma into the very structure of their novels. Even though *Regeneration* belongs to the genre of trauma fiction, which leads Barker to use certain

techniques, in particular the technique of the flashback, in a slightly different way than Woolf, for instance to accentuate the trauma of Rivers's patients, Woolf's modernist novel adopts similar techniques that introduce the chaos and symptoms of trauma. This is what led Tim Armstrong to consider modernist fiction as a kind of trauma fiction. Whereas Barker's narrative form is especially concerned with conveying the trauma of Rivers's patients, Woolf's modernist form also goes beyond conveying the trauma of Septimus, for instance to reveal the chaos of modernity.

4.1.2 Barker's Postmodern Concerns: The Importance of the Witness and Communication

The previous section mainly focused on a general continuity between Woolf's modernist articulation of trauma and Barker's articulation of trauma, as it revealed that both authors seem to incorporate trauma into the very structure of their novels by introducing repetition, a fragmented narrative voice and disrupted temporality by means of flashbacks. However, whereas Woolf wrote her novel just a couple of years after the end of the First World War, Barker did not experience the war first-hand, and she seems to attune her novel to contemporary ideas and concerns "by reading past and present through one another" (Smethurst 2). Especially the character of Rivers is noteworthy in this respect, since the military psychoanalyst "appears as an emissary of our trauma-sensitized present" (Luckhurst 53). The reader mainly learns about the soldiers' traumas through the therapy sessions organised by Rivers, who has no first-hand experience of the war and is therefore aligned with Barker and the reader (Alden 57): "[I wanted] to have as the dominant viewpoint a person like Rivers who had never been in a trench and who knew only what he had been told. His

interest, sympathy and detachment are meant to approximate to the standpoint of a modern reader” (Barker qtd. in Alden 58).

Moreover, Barker’s innovative use of Rivers as a focalizer is of crucial importance, as it can be linked to the emergence of “post-Holocaust witness culture” (Smethurst 2). According to Middleton and Woods, postmodernity, in particular the last decade of the twentieth century, when *Regeneration* was published, was characterised by a “post-traumatic mood”: the period was haunted by “the memories of disaster, genocide, war, [and] the Holocaust” (qtd. in Renard 184). Related to this “post-traumatic mood” was the period’s tendency to revisit the Great War from the perspective of the victims and witnesses, which is also why shell shock takes the centre stage in recent representations of the war: “what now prevails in narratives of war is ... the story of ... the *witness* and *victim* of the atrocities of war” (Renard 180). On the one hand – as has become clear from the previous section of this dissertation – *Regeneration* focuses on the stories, memories, and visions of traumatised soldiers, thereby revealing the perspective of the victims of war. However, by using doctor Rivers as a dominant focalizer, Barker also attunes her novel to the contemporary interest in the perspective of the witness to atrocities.

For instance, *Regeneration* evokes contemporary discourses of witnessing by updating the long tradition of opposing the treatments of doctor Yealland and doctor Rivers (Smethurst 2). Yealland was the most well-known adherent of the disciplinary treatment, which brutally and almost demonically “bullied” patients into getting better (Showalter 177). Rivers’s³ analytic method on the other hand was much gentler and employed “the most advanced Freudian ideas” (Showalter 178). In *Regeneration*, Rivers attends Yealland’s treatment of Callan, a traumatised soldier suffering from mutism. To cure Callan’s symptom, Yealland locks himself up in an electroshock room with the patient, and keeps applying electric current

³ Here I am referring to the historical Rivers.

to Callan's throat and neck until the young man has recovered his ability to speak (Barker 229-30). Rivers reacts to Yealland's treatment "both as a First World War doctor and as a late twentieth-century witness" (Smethurst 2). Just before Yealland's treatment of the patient takes place, he asks Rivers: "Do you have time to witness a treatment?" (Barker 227). Furthermore, when Yealland inflicts the first shock on the patient, Rivers fails to keep a professional façade and he immediately aligns himself with the victim (Smethurst 8): "Rivers during all that time scarcely moved. His empathy with the man in the chair kept him still" (Barker 230). Rivers therefore becomes a "horrified eyewitness" to Yealland's treatment of a traumatised patient, which evokes the late twentieth-century reader's response to Yealland's cruel methods (Smethurst 5-6).

Rivers is a witness, not only to Yealland's harsh methods, but also to his own patients' traumas. The traumatised characters at Craiglockhart hospital try to testify to what they have experienced to Rivers, "the listener to trauma" (Renard 198), who often resembles Freud when executing his talking cure: "Rivers sat back in his chair. 'Would you like to tell me something about that early part?'" (Barker 50). Rivers has to observe his patients and try to "save" them by being the medium through which they achieve sanity (Brannigan 105). Moreover, by turning Rivers into a witness and "healer" of his patients' traumas, Barker combines traditional and contemporary concerns and ideas. She does not merely adapt psychoanalysis or employ trauma as a discourse, but rather puts the late twentieth-century trauma discourse in dialogue with Rivers's early twentieth-century psychoanalytic method (Steffens 38). Steffens notes that unlike the majority of trauma theory, which mainly relies on Caruth's reading of Freud and focuses on "the repetition compulsion, melancholia, and unspeakability" associated with trauma, Barker emphasizes the importance of verbally expressing survival as a means to recover (39). *Regeneration*, as the title itself already indicates, does not focus on "unspeakability" and "aporia", but illustrates recovery or

“regeneration” and the power of the talking cure to heal the traumatised soldiers (Steffens 39):
“The truth is, my major theme — of all my work — is *recovery*” (Barker qtd. in Steffens 39).

In the therapeutic scenes in *Regeneration*, Rivers relies on “autognosis” or self-understanding, which concerns the discussion of traumatic experiences and stimulates the patient to use the new information he has learned about himself in the interest of recovery (Mukherjee 52). The therapist urges his patients to acknowledge what they cannot consciously and immediately know; he urges them “to circumscribe the impossible” (Mukherjee 53):

Rivers’s 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. Neither brooding on the experience, nor trying to pretend it had never happened (Barker 26).

In order to set his shell-shocked patients free from the ghosts of the war, Rivers offers them “a kind of Freudian therapy based on the verbalisation or narration of the past, a ‘talking cure’ that should allow them to *work over* and *through* their trauma” (Renard 201). Whitehead similarly notes *Regeneration* “shifts from ‘a series of ghost stories, in which Rivers’s patients are haunted by their pasts and by the recent dead, to a detective story’, in which Rivers must uncover the missing fragments of memory which will enable his patients to see or speak clearly again” (qtd. in Brannigan 105). The talking cure ultimately aims at achieving closure by narrating a traumatic event, giving it a beginning, middle and an end (Renard 201).

Rivers’s therapy, which encourages patients to acknowledge and discuss traumatic events, goes against the prevailing idea at the time that the patient had to try and repress a traumatic experience: “The typical patient, arriving at Craiglockhart, had usually been

devoting considerable energy to the task of forgetting whatever traumatic events had precipitated his neurosis” (Barker 25). As was explained, this idea of repression is also central in *Mrs. Dalloway*, where characters from the governing class repress their true feelings and Septimus’s doctors refuse to truly listen to what the soldier tries to say. Arthur Frank, however, argues that in postmodern times, “the capacity for telling one’s own story is reclaimed”, and the idea that narratives can “repair” the damaged individuals is introduced (7). In the modern period, the dominating story of illness is the medical narrative; “the physician becomes the spokesperson for the disease, and the ill person’s stories come to depend heavily on repetition of what the physician has said” (Frank 5-6). What is different in postmodern times is that people recognise that their experiences – which often include a loss of identity or feeling of disillusionment – involve more than the medical story can tell (Frank 6). This is why they feel the need to tell their own story; to find “a voice they can recognize as their own” (Frank 7). Moreover, postmodern storytelling is essentially reciprocal: the telling is directed at an “other” who recognizes and values the teller, which is why “all stories have an element of testimony” (Frank 18). Dennis Brown’s description of Rivers as “a postmodern hero” (187) therefore seems appropriate, since the doctor represents a humane and patient therapy that allows and even encourages traumatised soldiers to articulate their own story in the hope that this will lead to healing. Rivers, who is an interested listener and interpreter – unlike *Mrs. Dalloway’s* doctors – in this way becomes an important figure representing late twentieth-century’s interests.

Similarly to *Regeneration*, *Mrs. Dalloway* considers communication to be of vital importance, since Septimus realises that “communication is health; communication is happiness” (Woolf 102). However, as opposed to the patients in *Regeneration*, Septimus is not able (and not encouraged) to communicate his experiences and feelings to doctors who are willing to listen. Illustrating Arthur Frank’s claims about the medical narrative in modern

times, Bradshaw and Holmes become the spokespeople for Septimus's illness and put forward their own "medical" narratives, which deny Septimus's own voice. Moreover, Woolf's soldier is often reduced to stammering – "I-I-' Septimus stammered" (Woolf 108) – and, despite his efforts, does not succeed in starting a healing process, partly because he is not able to form his fragmented thoughts into a coherent narrative and partly because his doctors, contrary to the "postmodern hero" Rivers, rob him of the possibility to give meaning to his war experiences. The difference between *Mrs. Dalloway* and *Regeneration* with regard to communication (difficulties) can furthermore be illustrated by comparing Septimus Smith to the poets Siegfried Sassoon and Wilfred Owen in *Regeneration*. Certain critics, such as Peter Leese, have noted that Woolf's Septimus Smith owes something of his appearance, character, name (S.S.) and war experience to Sassoon (166). According to Mukherjee, like Sassoon, Smith is "gripped by an affliction beyond words" (57). However, unlike Sassoon, Woolf's character "memorializes the past without narrating it", failing to process his loss of being through narrative or aesthetic representation (Mukherjee 57). For Sassoon, writing poetry is a way of communicating the past. Smith was also a poetry enthusiast before the war, but in his case, the war disturbed him so profoundly that instead of translating his experiences into meaningful poetic discourse, he discards poetry altogether. Yousaf and Monteith add that although *Regeneration* emphasizes the various ways in which combatants suppress the unspeakably traumatic events they experienced at the front, poets like Sassoon and Owen also want to "reveal what is concealed and to recapture those very experiences in words that elude the mute and stammering soldiers" (x-xi).

"Oh, they're not about the war." He hesitated. "I don't write about that. (...) I suppose I've always thought of p-poetry as the opposite of all that. The ugliness."

Owen was struggling to articulate a point of view he was abandoning even as he spoke. “S-Something to to t-take refuge in” (Barker 84).

In this extract, Wilfred Owen’s approach to the war and to poetry seems to contradict the one of Sassoon. Sassoon wants to reflect on his experiences in writing instead of repressing his memories. The putting to paper of his war experiences helps him to work through traumatic events: “writing the poems had obviously been therapeutic” (Barker 26). Owen on the other hand, who is more visibly traumatised than Sassoon, makes clear he does not want to write about the war, since poetry should represent beauty, not the ugliness of war. Instead of writing about his traumatising war experiences, Owen thus prefers to repress these experiences. Part of Owen’s war neurosis shows itself in stammers, which Barker here represents typographically – “s-suppose”; “p-poetry”; “to to t-take” – in the same way that Woolf reflects Septimus’s stammering in her writing. Renard notes that the image of the stuttering mouth, as well as “the visual representation of stammering on the page, illustrates the need to testify and its impossibility most clearly” (205). The traumatised patient is torn between the desire to speak and the need to remain silent, which causes a stammer (Renard 205). Shortly after this discussion with Sassoon, however, Owen abandons his point of view and decides to write about the war after all. This is why it can be argued that Owen wants to find a way of capturing his experiences in words that elude his stammering: since he is not able to verbally form a coherent, clear narrative, he decides to put thoughts to paper, forming a coherent narrative in writing. In other words, both Sassoon and Owen reclaim the capacity for telling their personal stories in writing. By focusing on Rivers’s talking cure and on the ability of poetry to reveal personal stories, Barker therefore seems to attune her novel to what Arthur Frank calls the postmodern interest in reclaiming the capacity for telling one’s own story, in finding one’s personal voice to create a narrative that can “repair” war damage (7).

4.1.3 The Dubious Healing Powers of the Talking Cure and the “Presentness” of the Past

Despite the obvious focus on recovery in *Regeneration*, the healing powers of communicating one’s story should be nuanced, as a number of critics have noted a fundamental “crisis of testimony” in Barker’s novel (Renard 204). Renard argues that Barker “both endorses and distrusts the belief in the healing powers of narration as catharsis, and presents narrative testimony both as remedy and as poison” (202). Indeed, Barker’s representation of memory and trauma shows she questions the power of narrative to represent and cure war trauma, since the talking cure aims, not only at relieving the soldiers’ suffering, but also at making the traumatised fit for combat again. Towards the end of *Regeneration*, Rivers reflects on this: “normally a cure implies that the patient will no longer engage in behaviour that is clearly self-destructive. But in present circumstances, recovery meant the resumption of activities that were not merely self-destructive but positively suicidal” (Barker 238). As Rivers notes, recovery means sending soldiers back to the situations that caused trauma in the first place. Moreover, the traumatised are ultimately not “saved” by the doctor’s treatment but instead sent to their deaths. This crisis of testimony is evident both at the level of plot and on a more symbolic level (Renard 204). In addition to his reflections, Rivers has a nightmare in which his observation of Doctor Yealland’s treatment with electric shocks is compared to his own influence on Sassoon’s decision to return to the front (Brannigan 106). When he tries to analyse the nightmare, he realises that both he and Yealland, even though his own methods are gentler, are controlling people, fitting young people back into the role of warriors, and silencing protests: “In an infinitely more gentle way, he silenced his patients; for the stammering, the nightmares, the tremors, the memory lapses, of officers were just as much unwitting protest as the grosser maladies of the men” (Barker 238). Symptoms such as

stammering, blindness, deafness, paralysis, mutism, nightmares and insomnia are all unconscious expressions of opposition to the war and Rivers realises that his relationship with his patients – who have either “spoken out” or are unable to speak – is not necessarily directed towards healing, but is rather a form of domination in which he functions as the instrument of control and authority (Brannigan 106). Like doctor Bradshaw in *Mrs. Dalloway*, Rivers fits soldiers back into a role that they had rejected.

Rivers’s reflections on his own role in sending soldiers back to the war reveal that the doctor, who is essentially a spectator not directly involved in the fighting, starts questioning his attitude and becomes more and more sceptical towards the war and his role in it. This is most obvious towards the end of the trilogy, when Rivers starts suffering from the same haunting flashbacks that possess his shell-shocked patients (Renard 213). According to Detloff, both Barker and Woolf “encourage self-positioning and introspection on the part of the spectator” (135). The authors insist that we must investigate and respond to the causes of suffering (Detloff 135). Even though spectators cannot feel the same suffering as the traumatised soldiers, they can nevertheless be inspired to acknowledge the connections between their own “locations within systems of structural violence” and those communicated by the soldiers (Detloff 135). A few small remarks can be made on Detloff’s claims, which could point to certain parallels and differences between *Mrs. Dalloway* and *Regeneration*. The previous section of this dissertation already revealed that Barker attunes her novel to contemporary interests by focusing on Rivers as a witness or listener to trauma. It could be argued that also Clarissa Dalloway functions as a witness to trauma – although not a direct witness like Rivers – as she hears of Septimus’s suicide at her party and is the only one who reflects on his act and realises its importance. However, whereas Detloff argues that Woolf insists we investigate and respond to the causes of suffering, Clarissa herself does not change in response to Septimus’s suicide and returns to her party. Rivers, on the other hand, clearly

reflects on his own position and becomes more sceptical about the war the more he listens to his traumatised patients, which culminates in his own “traumatised” state at the end of the trilogy. It can therefore be argued Rivers actively responds to the suffering he witnesses, as opposed to Clarissa, who passively responds to Septimus’s suffering. Furthermore, Clarissa and Rivers are not in similar positions of authority. Whereas Clarissa, as a high-society woman, is not actively involved in the war, Rivers as a war therapist does find himself in an authoritative position, as he has to treat patients in order to send them back to the war. It is therefore mainly Rivers who is inspired to acknowledge the connection between his own position of authority within systems of structural violence and the locations communicated by the soldiers.

By revealing Rivers’s realisation that his talking cure is ultimately not directed towards closure and healing, but towards perpetuating a system of domination and violence, *Regeneration’s* approach to healing and mourning comes close to that of *Mrs. Dalloway*. According to Patricia Rae, when investigating contemporary authors’ approaches to loss and mourning, it is relevant to revisit the texts produced during and between the First and Second World War, “because ‘the work of mourning’, or, more precisely, the ‘resistance’ to this work, was central to this literature” (13). As was explained in my previous chapter, a modernist text like *Mrs. Dalloway* leaves mourning unresolved by rejecting closure and consolation, without, however, recommending evasion or repression (Rae 22). Instead of “healing”, which implies a forgetting of the past and a moving on, Woolf focuses on “an ongoing mourning” (Clewell 26), for instance by repeating the line from “Cymbeline” or by introducing flashbacks to the past. According to Clewell, postmodernist writers revive modernist authors’ refusal of closure and their focus on an ongoing mourning (3). Renard notes that for Barker, “ghosts cannot and should not all be explained away; there always remains an excess that ought not to be reduced to a teleological, closed story” (216). Given

that Rivers realises he “heals” soldiers only to send them back to the war to keep the fighting and the trauma going, *Regeneration* indeed offers no closed narrative of the war and leaves mourning unresolved. Furthermore, Barker also clearly refuses to forget about the past and move on – two necessary steps in order to heal – by focusing on the haunting power of the past. John Brannigan elaborates on the idea of a haunting past in Barker’s work, by noting that both ghostly apparitions and uncanny experiences, which represent the return of the dead, function to unsettle the present (113). Barker represents an ongoing crisis through the trope of displacement, drawing a parallel between the hospital corridors of Craiglockhart and the fields surrounding the hospital, and the topographical features of the trenches and of no-man’s land (Brannigan 113). This parallel reinforces the idea that Rivers’s patients feel as if they are still at the front, listening for incoming shells and seeing the corpses of their fellow soldiers lying around them (Brannigan 113). One of Rivers’s patients even describes a corridor in the hospital as “a trench without the sky” (Barker 17). Also the disruption of temporal linearity in the novel adds to the idea that the past never ends; war is a repetitive event, “the ghostly resurgence of past wars, and the heralding of wars still to come” (Renard 216). Patients suffering from amnesia are “obliged to *repeat* the repressed material as a contemporary experience instead of, as the physician would prefer to see, *remembering* it as something belonging to the past” (Freud qtd. in Brannigan 114). Rivers’s patients are therefore “stuck in time”, as they continue to relive one specific experience or trauma (Brannigan 114). Furthermore, Sassoon and Owen often experience time as something haunting (Brannigan 117), which becomes visible in the following extract:

[Owen:] “Sometimes when you’re alone, in the trenches, I mean, at night you get the sense of something *ancient*. As if the trenches had always been there. (...) It’s as if all other wars had somehow... distilled themselves into this war”

(...)

[Sassoon:] “I saw the limbers against the skyline, and the flares going up. What you see every night. Only I seemed to be seeing it from the future. A hundred years from now they’ll still be ploughing up skulls. And I seemed to be in that time and looking back. I think I saw our ghosts” (Barker 83-84).

Whereas notions of repetition, cyclical recurrence and “the sense of something ancient” determine Owen’s experience of the war, Brannigan notes that Sassoon’s view of the war is filtered through the “postmodern lens of the future anterior”, which, according to Lyotard, is the defining tense of the postmodern (118). Moreover, it seems that Sassoon adopts a metafictional perspective, since he transports himself into the future, appropriating the perspective of Barker’s readers and seeing the ghosts of his own time. Both Owen and Sassoon therefore see the present through images of its “ghostly resemblances” through time (Brannigan 118). In this way, Barker, like Woolf, represents an ongoing mourning, refusing to write a closed narrative of war and of the trauma that accompanies it.

Barker’s representation of the Great War as a haunting ghost can, among other things, be linked to the outbreak of the Gulf War in 1991, which was reported through images of soldiers in the trenches, struggling to find gas masks and artillery (Brannigan 114). It should not then come as a surprise that in Barker’s *Regeneration* “the war repeats the time of other wars, churns up the dead of other centuries, and refuses to be contained in its present time” (Brannigan 114). The past is constantly rewritten and interacts in a dialogue with the present. This idea could be linked to Linda Hutcheon’s assertion that “postmodern fiction suggests that to re-write or to re-present the past in fiction and in history is, in both cases, to open it up to the present, to prevent it from being conclusive and teleological” (110). In *Regeneration*, society is at war with its past, which it can never truly come to terms with. Trauma is

ultimately repeated and both Woolf and Barker point to an ongoing mourning by refusing to create closed narratives of war. In this way, Clewell's assertion that postmodern fiction revives modernist fiction's approach to healing and mourning can be confirmed, as both *Mrs. Dalloway* and *Regeneration* foreground an ongoing mourning.

4.2 A Plurality of Voices

4.2.1 Feminist Narratology and Pat Barker

Explaining her desire to give a voice to the home front, Barker makes a distinction between her work and the works of male authors: "In a lot of books about war by men the women are totally silenced. The men go off and fight and the women stay at home and cry; basically, this is the typical feature" (Barker "A Backdoor"). Ronald Paul adds that most contemporary, classic novels of the First World War were written by men profoundly influenced by their own fighting experiences in the trenches (147). Barker's female perspective on the domestic effects of shell shock on the other hand can only be found in a few other novels, most notably Rebecca West's *The return of the soldier* and Virginia Woolf's *Mrs. Dalloway* (Paul 147). By moving the focus from the trenches to the home front, Barker questions the mythically heroic connotations of war that can be found in many texts written by men (Paul 159).

Despite the claims of critics like Margaretta Jolly that Barker abandons her feminist perspectives in the *Regeneration* trilogy to focus on masculine identities and relations, Brannigan notes that Barker "has always focused on questions of gender from feminist perspectives, no matter what the gender of her central characters" (170). In fact, the reorientation of her focus to issues of masculine identity and male society is an important development within Barker's feminism, since the author questions gendered assumptions about war (Brannigan 171-72). As Sharon Monteith mentions: "Barker is much more energized by the ways in which gender stereotyping may distort and repress the personal development of individuals of both sexes than in exploring typically male or female preoccupations" (127). Based on Monteith's comment we can draw a parallel between the authorial intentions of Barker and Woolf. In line with Woolf's desire to move beyond gender categories in order to create an "androgynous" narrative that takes into account male and

female views, Barker feels it is impossible to “deal with one gender in isolation from the other” (Barker qtd. in Moseley 45).

As was mentioned earlier, feminist narratology, which seeks to combine feminism and traditional narratology, pays close attention to different voices, both public and private ones, in (mainly women’s) texts. Where Woolf’s modernist narrative constantly shifts between public and private voices, Paul argues that a blurring of the private and the public is also “one of the prime, ideological focal points of Pat Barker’s trilogy, where the complex psychology of the individual response to war is set clearly within a framework of warring social forces” (154). Barker’s fiction is highly character-driven, and it is precisely in the characters themselves, which all occupy a specific place within the social landscape, that the author investigates memory, trauma and historical forces (Yousaf & Monteith intro viii). Bernard notes that “no doubt, in her rendering of psychological time, Barker follows in Woolf’s steps” (179). Like Woolf, Barker is, according to Knutsen, “a master of the art of free indirect discourse” and frequently alternates focalization to present the reader with numerous points of view (14). By switching from one character’s perspective to another’s, the author avoids a “controlling central narrative consciousness” (Brannigan 171). To reveal different perspectives, Barker does not limit herself to free indirect discourse, however, as the many conversations between doctor Rivers and his patients are equally significant in bringing out various points of view, which will become clear in my next subchapter. Since every character in *Regeneration* is linked to a particular discourse or response to the war experience, Knutsen describes Barker’s work, in Bakhtinian terms, as a “dialogic” narrative that, instead of putting forward one authoritative centre or single meaning, includes various voices that interact with each other (14-15). Both *Mrs. Dalloway* and *Regeneration* thus resist a monological version of the war experience by introducing a plurality of voices that often belong to society’s outsiders.

4.2.2 Social Trauma

In order to illustrate the previous insights, and make the connection with trauma more explicit, I will again combine Forter's concept of social trauma and Showalter's discussion of "male hysteria", as this will also allow me to draw certain parallels between *Mrs. Dalloway* and *Regeneration*.

Arguably, one of the most important characters with regard to the gender discourse in *Regeneration* is doctor Rivers, who frequently reflects on gender roles and patriarchy. As was mentioned earlier, Barker chose to adapt Showalter's feminist interpretation of shell shock in *The Female Malady*, and it is mainly through the character of Rivers that the author engages with Showalter's text. In the following extract, insight is offered into the thoughts of the focalizer Rivers, but the doctor's voice is mediated by the voice of the narrator, causing the two voices to merge.

They'd been trained to identify emotional repression, as the essence of manliness. Men who broke down, or cried, or admitted to feeling fear, were sissies, weaklings, failures. Not *men*. And yet he himself was a product of the same system. (...) Fear, tenderness – these emotions were so despised that they could be admitted into consciousness only at the cost of redefining what it meant to be a man (Barker 48).

While the voice of the narrator dominates the beginning and end of the passage, the voice of Rivers becomes slightly more visible in the middle section ("and yet he himself was a product of the same system"), though the narrator is still clearly present in the use of the third person and past tense. In this passage, the reader is presented with a reflection on the artificial construction of gender, which Showalter discusses in her text on male hysteria. To be a man

meant to repress your feelings; to be strong and heroic. The dominant public discourse of Rivers's time is being referred to by the offensive names that men who broke down emotionally were often called: "sissies", "weaklings", "failures". It is immediately clarified, however, that it is Rivers's task, not to encourage the expression of emotions, but to make sure the men do not break down again when they re-enter the war: "His patients (...) were still expected to do their duty and return to France. It was Rivers's conviction that those who had learned to know themselves, and to accept their emotions, were less likely to break down again" (Barker 48). The inner lives of Rivers's patients must be laid bare – which runs counter to everything the men have been taught – in order for the soldiers to rebuild themselves into true men (Brannigan 98). On the one hand, Rivers's patients want to recover from the trauma of war, but at the same time they realise that in voicing their fears and in laying bare their emotions, their identity as men is threatened and they risk losing their sense of belonging to British society and culture (Renard 203). Relying on Showalter's feminist discussion of shell shock, Barker therefore "traces the traumatisation of masculine subjectivity in the war back to the construction of that subjectivity in the first place (Brannigan 98). The extracts reveal that the symptoms Rivers encounters in his traumatised patients are triggered, but not caused by the traumatising war experiences; they are "the products of a longer process of constructing particularly restrictive and repressive ideologies of masculinity" (Brannigan 98). Here the definition of social trauma is evoked: trauma that is not caused by shocks, but is woven into the structure of society and has deforming effects on the psyche, as it gives rise to compulsively repeated social relations and gender constructions (Forster 260). The previous extract also shows that Rivers, being a doctor in a war hospital, occupies an authoritative position and participates in the patriarchal construction of gender roles, by teaching men how to deal with their emotions so they will not break down again. Showalter mentions that (the historical) Rivers was among those who "saw male hysteria as

an inferior kind of psychic response to conflict” (qtd. in Harris 292). The goal of the doctor’s therapy was primarily to handle the condition as quickly as possible so the soldiers could re-enter the war “sane” again (Harris 292). Shaddock notes that characters like Rivers are products of the public school system and they function “within a still-intact nineteenth-century British ideology of masculinity, a cultural belief system that inculcated Victorian boys into the variant roles necessary to the creation and preservation of the British empire” (qtd. in Knutsen 119). Rivers’s voice, which is merged with the voice of the narrator, thus largely corresponds to the public discourse surrounding “effeminate” men, a discourse in which Rivers as a therapist represents an authoritative voice.

Rivers’s treatment of traumatised soldiers, despite being directed at fitting men back into their role as active, heroic warriors, is benign compared to that of his colleague, doctor Yealland. According to Bernard, Yealland, who uses electric shock treatments to force his patients to speak, can be seen as “a terrifying variation on Woolf’s Dr. Bradshaw” (180), as he refuses to listen to his patients’ needs while performing his cruel treatments: “You must speak, but I shall not listen to anything you have to say” (Barker 231). This indeed seems to reverberate Dr. Bradshaw’s conversations with Septimus, in which the doctor does not really care to listen to what the soldier tries to say: “‘I-I-’ he stammered. (...) ‘Yes?’ Sir William encouraged him. (But it was growing late.) (...) ‘Try to think as little about yourself as possible’.” (Woolf 107-108). Smethurst argues that “because Yealland enforces his injunctions with painful electric shocks, he becomes not just an ‘executor of authority’ but an interrogator and torturer as well” (11). By contrasting Yealland and Rivers, Barker attunes her novel to contemporary discourses of torture, and by focussing on Rivers’s therapy as being closer to late-twentieth-century psychotherapeutic practice than it is to Yealland’s barbaric methods, the author constructs a narrative of progress (Smethurst 13).

In line with Showalter's thesis of a parallel between shell-shocked soldiers and women, Rivers notes that his patients suffering from war neurosis can be linked to women, since their condition "had produced in men the same disorders that women suffered from in peace" (Barker 222). Moreover, Rivers reflects on the fact that trench warfare has created passive and emasculated men, by mobilizing them into confining holes in the ground: "The war that had promised so much in the way of 'manly' activity had actually delivered 'feminine' passivity" (Barker 107-108). Harris argues that Barker "strategically separates men from masculinity", by examining how the roles assigned to soldiers are brought into crisis by the "feminising" experiences of the war (303). *Regeneration* introduces a number of images to illustrate this idea of emasculation. David Burns, one of Rivers's shell-shocked patients, explains in a conversation with Rivers that when he was discharged from the army he noticed that the home front no longer considered him to be a true man: "In London, Burns said, on his first trip out in civilian clothes, he'd been handed two white feathers" (Barker 174). Knutsen mentions that girls and women were often encouraged to publicly shame men who did not enlist or who refused to wear a military uniform – a symbol of masculinity – by giving them chicken feathers, "a symbol of cowardice and emasculation" (128). In this way, Barker reveals that gender definitions are constructed in order to maintain certain "societal features"; "the traits rendered inherent to women are not inherent at all but learned, just as war circumstance endorsed certain traits to be learned by men" (Harris 300). The neurotic symptoms in people resisting the gender expectations in society are thus not just the result of individual pathology; "they are caused by a society that prescribes strict gender roles for men and women" (Knutsen 113). Rather than individual trauma, the idea of social trauma is thus evoked.

Although *Regeneration* illustrates Showalter's feminist discussion of shell shock, this particular gendered view is only one voice in Barker's work (Knutsen 115). Most notably,

Barker also explores the trauma of male subject-formation by giving a voice to homosexual characters. Knutsen notes that “the constraints on gender roles during the war led to one, monolithic form of masculinity shaped by the dictates of ‘compulsory heterosexuality’” (116-17). As Hynes suggests, “masculinity in 1918 was manifested in two ways – in heterosexuality, and in war” (234). Being a homosexual, being a pacifist, or suffering a mental breakdown were all seen as “unbecoming” to men (Harris 292). In a conversation with Rivers, Sassoon explains that he suspects Wilfred Owen’s admiration for him is more than friendly: “I knew about the heroworship, but I’m beginning to think it was rather more than that” (Barker 243). Moreover, Sassoon confesses to Rivers that he himself is homosexual, claiming that after reading Edward Carpenter’s *The Intermediate Sex*, which offers a positive outlook on homosexuality, he felt reassured, knowing that he “wasn’t just a freak” (Barker 54). Rivers, however, representing the authoritative voice in *Regeneration*, warns Sassoon to be careful, saying that even though “there’s nothing more despicable than using a man’s private life to discredit his views,” it is sadly something “frequently done” (Barker 55). Especially psychoanalytical treatments saw it as their mission to “repair” or “cure” homosexual individuals and guide them towards their “biologically determined” sexual identity by imposing sexual conformity (Knutsen 131). In *Regeneration*, homosexual patients are either referred to psychiatrists for this purpose or they go to prison, which Rivers points out to Sassoon:

“Apparently he’s being – the boy – sent to some psychiatrist or other. (...) To be cured.” (...) Rivers said cautiously, “Surely it’s better for him to be sent to this psychiatrist than to go to prison? (...) After all, in war, you’ve got this enormous emphasis on love between men – comradeship – and everybody approves. But at the same time there’s always this little niggle of anxiety. Is it the right kind of love? Well,

one of the ways you make sure it's the right kind is to make it crystal clear what the penalties for the other kind are" (Barker 204).

Psychoanalysis is thus shown to be an essential part of a patriarchal society that "marginalizes, punishes and incarcerates those who fail to follow its dictates" (Knutsen 132). Not only shell-shocked soldiers who resist the ideals of stoicism and heroism, but also homosexuals who resist ideals of masculinity, belong to this group of outsiders. Ironically, doctor Rivers himself is a homosexual. By being *Regeneration's* embodiment of psychoanalytical treatment, he therefore actively participates in the system that believes men like him have to be cured. However, it can be argued that Barker uses Rivers's "outsider" status as a homosexual in a subversive way in order to reflect on the "constructedness of gender" (Knutsen 113). Through a conflation of the personal and the political, Barker therefore illustrates "social rather than individual pathologies" (Knutsen 131), which can again be linked to the idea that social, rather than individual trauma takes centre stage in the novel. Barker reveals that the authorities, calling a homosexual person sick, disregard the fact that the entire nation suffers from a deep-rooted trauma.

In the same way that Woolf's narrative creates connections between the inner lives of her characters, most notably between the outsider Septimus Smith and high-society woman Clarissa Dalloway, Barker's conflation of the private and public shows that some of her characters seem to be connected on a deeper level as well, even though at first sight they represent different voices. In this way, both authors reveal that despite their characters' differences, they suffer the same social traumas. Rivers, for instance, exhibits parallels with Siegfried Sassoon, who is sent to Craiglockhart hospital, not because he suffers from shell shock, but because he has openly expressed pacifist views. Rivers and Sassoon are therefore "sane" men living in a mental hospital, and both characters are ambiguous because they

represent anti-war as well as pro-war views (Moseley 62). Moreover, Barker's characters are both homosexuals and therefore occupy an outsider position in British society. In a conversation between both men, Rivers notes that, being in an authoritative position, he is not expected to support Sassoon's pacifist views on the war, but has to try and change these views: "'You realize, don't you, that it's my duty to ... to try to change that? I can't pretend to be neutral'" (Barker 15). Barker's use of suspension points, however, reveals that while Rivers's public voice is putting forward a pro-war view, something inside him seems to hesitate slightly. Furthermore, Rivers explains that Sassoon belongs to thousands of people whose "*private lives* make their loyalty to their country suspect" and he tells him "it's time you grew up. Started living in the real world" (Barker 204-205). However, Barker shows Rivers's conversations with patients, most notably with Sassoon, challenge his notions about the war, making him aware of his own authoritative position. The doctor, who starts out with a pro-war, patriotic point of view – "he'd been both by temperament and conviction deeply conservative, and not merely in politics" (Barker 249) – gradually learns that nothing can justify the suffering brought by war, and that his therapy is less concerned with the needs of his patients than with the needs of the government (Knutsen 155). Rivers thus increasingly adopts a more modernist view of the war as futile mass slaughter (Knutsen 71). Towards the end of the novel, Rivers realises that Sassoon's protest is anything but irrational: "He looked up at the tower that loomed squat and menacing above them, and thought, *Nothing justifies this. Nothing nothing nothing*" (Barker 180). In this extract, Rivers's voice, which is reported by the narrator and invigorated by Barker's italic typography and repetition, is revealed. The voice contrasts with the public opinion he is supposed to have in his authoritative position as therapist. At the end of *Regeneration*, Sassoon and Rivers seem to reverse roles as a "healed" Sassoon chooses to abandon his protest against the war and returns to the front out of loyalty to his men, whereas Rivers retreats from Craiglockhart with a loss of direction (Nickerson

205): “The sheer extent of the mess seemed to be forcing him into conflict with the authorities over a very wide range of issues ... medical, military. Whatever.” (Barker 249). Knutsen notes that “the dialogue between traditionalist and modernist views of the war”, which is typical of Barker’s work, “is therefore brought out within a single character” (71). However, as was shown, this particular dialogue is also brought out in the conversations between Rivers and Sassoon.

In the article “A Legacy of Pacifism: Virginia Woolf and Pat Barker”, Laurie Vickroy argues for a parallel between Septimus Smith and Barker’s shell-shocked soldier Billy Prior. Like Smith, (and Rivers), Prior becomes a “locus for confronting conflicts over war, gender, [and] sexuality” (Vickroy 48). The character’s rebellious consciousness and behaviour allows Barker to give a representative voice to an outsider (Paul 157). Moreover, Prior suffers from a speech disorder, which functions as “the site of trauma and the trope of a poetics of resistance to authority and coercion” (Bernard 181). For instance, Prior initially resists Rivers’s talking therapy because he despises the power of doctors and, by extension, the state. He only communicates with Rivers in writing: “At last Prior scribbled something, then turned over on his side to face the wall. Rivers leant across and picked the pad up. Prior had written: ‘NO MORE WORDS’” (Barker 43). Words and unrealistic ideals, circulated by the authorities, were what drew Prior to the war. Now he decides to let his speech disorder, his silence, speak as a form of protest. The use of capital letters reinforces Prior’s enraged attitude. Through Prior’s perspective, as through Septimus’s perspective, the reader is given insight into British society’s cynical and hypocritical treatment of its outsiders (Vickroy 48). According to Paul, “it is this conflation of the personal and the political that makes Barker’s portrait of First World War Britain such a powerful, ideological statement” (155). Furthermore, Prior resists social norms through his active bisexuality, another thing he has in common with Woolf’s soldier, although Woolf does not explicitly elaborate on this aspect of Smith’s character

(Vickroy 48). As Rivers's patient, Prior thus "personifies conflicts between the state and the individual and between duty to authority and rebellion" (Vickroy 48). Whereas dissociation can be a fundamental defence mechanism, helping people to cope with fear, Barker also warns that cutting off emotions, as is promoted by the authorities, can lead to an incomplete identity, rather than "a fully feeling and functioning one" (Vickroy 49). Like Woolf, Barker contrasts this dissociated reaction with "an individualized, questioning, and vulnerably human one" (Vickroy 49). This kind of reaction acknowledges the sensory realities of war and reveals the dangers of a mythology like the ideal of masculine bravery (Vickroy 49). Billy Prior represents a voice of reason in a society that is not able to see its own ideological contradictions (Waterman 77). Moreover, Barker remarked during an interview that being an outsider like Prior allows one to develop "a certain kind of insight" (Barker qtd. in Waterman 77). In the same way, Septimus Smith embodies the voice of an outsider, proclaiming an "insane" truth that other people, such as Doctor Bradshaw and Richard Dalloway, who are figures of authority fully implicated into patriarchal structures, refuse to see.

Whereas in Woolf's modernist novel, free indirect discourse seems to be the main narrative technique to evoke private and public voices, the previous discussion of *Regeneration* has shown that Barker does not only rely on free indirect discourse, but also introduces conversations between doctor Rivers and his patients, which are just as important in revealing a public-private dialectic. Furthermore, Woolf's continuous oscillation between different perspectives, which belong to characters that are often rather ambiguous, can also be observed in *Regeneration*. Both authors' narratives are highly character-driven, as it is in the characters themselves that responses to the war and to social forces are revealed. Waterman notes that Barker clearly agrees with Woolf and others that social norms justifying warfare are omnipresent in everyday life, "maintained by ideological and repressive apparatuses" (89). It is the traumatised individual – such as Septimus Smith or Billy Prior – who becomes the site

of resistance to the dominant power (Waterman 88): “the human being becomes the locus of political struggle, manipulated, controlled, and finally destroyed by the same power that creates and defines it” (Waterman 90). In line with the notion of social trauma, Moscovici argues that society’s binary opposition between “us” and “them” is a symptom of “modern man’s psychic distress” (qtd. in Waterman 58). Waterman’s claim that “them” refers in *Regeneration* to all those outsiders who do not conform to society’s restrictive ideals – shell-shocked soldiers, homosexuals, and pacifists (58) – can be applied to both *Regeneration* and *Mrs. Dalloway*. Both Barker and Woolf are aware of this constructed reality – of social traumas – as they investigate its effects on individuals by focusing on the public and private aspects of everyday life. This enquiry into the nature of the self and “the art of shifting perspective” are described by Linda Hutcheon as typically postmodern (11). Moreover, Hutcheon also notes that it is mainly women writers who “have helped develop the postmodern valuing of the margins and the ex-centric as a way out of the power problematic of centres and of male/female oppositions” (16).

Given that Barker’s narrative is dynamic, revealing different points of view without privileging one opinion or discourse, Waterman notes that “readers looking to Barker for clear-cut, definitive answers to society’s ills may be disappointed” (xiv). This is in line with Knutsen’s description of Barker’s work as a “dialogic” narrative that lets various voices, including those of outsiders, interact with each other, instead of introducing one single meaning (14-15). In the same way, *Mrs. Dalloway* resists a monological version of the war experience by creating an experimental narrative that focuses on the inner lives of characters and that introduces a plurality of voices, including the voice of outsiders like Septimus. As was mentioned in the chapter on *Mrs. Dalloway*, Caughie argues that “the point of Woolf’s continually experimental form, like the point of postmodern fictional strategies, is to resist the search for a totalizing, consistent reading” (14). This is why both Barker’s and Woolf’s

narratives can be linked to the postmodern “questioning of any totalizing or homogenizing system” (Hutcheon 12). Like Pamela Caughie, I would therefore argue, not that Virginia Woolf is a postmodernist author, but that in questioning some of the aesthetic and critical positions of her time, she seemed to anticipate certain postmodernist tendencies.

4.2.3 Intertextuality

Whereas Woolf’s most important narrative device to represent public and private voices is free indirect discourse, Barker’s use of this same technique is supplemented by her use of conversations between doctor Rivers and his patients, and by her use of intertextuality, which creates an extensive dialogue between various voices, including ones that have often been forgotten in the past. In this way, Barker explores Woolf’s modernist interest in revealing different perspectives further, in order to engage with both past and present voices. Barker’s interaction with past texts could be linked to Latham’s assertion that “postmodernist works display common features such as the creation of mosaics of quotations and adaptations from the past, that is to say various (direct or indirect) references to other works” (“Introduction”). However, unlike postmodernist works that adopt a “playful” or ironic approach to fiction by introducing past texts (Latham “Introduction”), Barker combines the texts in a serious manner. The author mainly interacts with canonical war texts written by men, such as the poetry of Wilfred Owen and Siegfried Sassoon. The authority of these poets, who both fought in the trenches, is part of what Samuel Hynes calls “the aesthetic of direct experience” (qtd. in Joyes 171). Hynes’s statement is directly linked to the idea that only those who fought in the trenches could understand the war and write truthfully and significantly about their war experiences (Joyes 171). Barker interacts with this idea by introducing some of the most well-known First World War poetry, but by loosening the mythological connotations that are

connected to these texts, she disrupts the “exclusionary division between combatants and civilians” (Joyes 171). In this way, Barker reveals that the home front suffered its own traumas, and that even though the voices of non-combatants have not always found their way into canonical war literature, they nevertheless need to be addressed to create a more complete picture of the war experience.

For instance, at a certain point in *Regeneration*, Barker reconstructs Owen’s poem “Disabled”, which features a wounded soldier who contemplates his altered relationship with the home front (Joyes 177). Even though Owen’s poem does not bitterly blame women for male suffering like Sassoon’s “Glory of Women”, it does depict women as unsympathetic towards wounded soldiers (Joyes 177): “Tonight he noticed how the women’s eyes passed from him to the strong men that were whole” (Owen 58). Barker, however, complicates Owen’s testimonial authority by focusing on the point of view of the young female munitions worker Sarah Lumb (Joyes 178). When visiting a hospital, Sarah, who becomes the focalizer, notices the “disabled” of Owen’s poem and immediately understands that her presence makes the people’s suffering worse:

She had to blink several times before she saw them, a row of figures in wheelchairs
(...) Simply by being there, by being that inconsequential, infinitely powerful creature:
a pretty girl, she had made everything worse (...) She strode on through the heat, not
caring where she was going, furious with herself, the war ... Everything (Barker 160).

Sarah does not immediately look away as the women do in Owen’s poem, but she looks at the wounded men and understands that her presence and the fact that she is not wounded makes everything worse. Moreover, she feels angry because she is helpless and is “being forced to play the role of Medusa when she meant no harm” (Barker 160). A lot of soldiers blamed

women for encouraging them to go to war and resented them for not understanding the horrors they experienced (Joyes 179). Barker's subtle intertextuality "challenges the authorial privilege conferred by the aesthetic of direct experience" and recasts Owen's eyewitness perspective by introducing the perspective of a non-combatant character (Joyes 171), which reveals that women suffered their own traumas. Through Sarah, Barker explores what goes on behind the female gaze, thereby providing the readers with a different perspective than the one they find in a lot of canonical war literature, such as Owen's "Disabled". This again corresponds to Barker's postmodern tendency to introduce a complex whole of different voices, including voices of outsiders.

4.2.4 *Regeneration*: Historiographic Metafiction?

Many critics have argued that Pat Barker's *Regeneration* refuses to be tied down to one specific literary label. Dennis Brown, however, suggests the trilogy corresponds closely to Linda Hutcheon's view of the postmodern novel as "historiographic metafiction", a term Hutcheon created in the 1980s (188). With Barker mentioning in the Author's Note to *Regeneration* that: "Fact and fiction are so interwoven in this book that it may help the reader to know what is historical and what is not" (251), and Hutcheon arguing that readers of historiographic metafiction experience "the double awareness of both fictiveness and a basis in the 'real'" (107), it is worth briefly exploring if *Regeneration* can indeed be classified as a piece of historiographic metafiction.

Whereas certain theorists, such as Jameson and Eagleton, have criticised postmodernist writing for its perceived lack of historical and political substance, Hutcheon argues "postmodernism is deeply invested in history", since it tends to revisit history through fiction "and effectively interrogates the possibility of ever knowing the past" (Renard 45). In

fact, historical fiction has been defined as an important subcategory of postmodernist literature, with Linda Hutcheon calling “historiographic metafiction” the dominant form of this literary current (Wesseling 3).

Regeneration is clearly based on historical facts. The novel takes place in the historical Craiglockhart hospital, and describes the relationship between such historical figures as psychologist W.H.R. Rivers, Siegfried Sassoon and Wilfred Owen. These characters’ stay in the hospital and Rivers’s treatment of their conditions are historically verifiable, for instance through letters of the real Sassoon and published works of Rivers, which Barker refers to in the notes to her work (251). Moreover, the author sticks to well-known facts about the revisions Sassoon suggested to Owen concerning the latter’s poetry (Barker 251). As was already revealed, *Regeneration* is also characterised by a large number of direct references to past texts, such as Sassoon’s “A Soldier’s Declaration”, which Barker introduces in its entirety on the first page of her novel, and certain poems written by Owen. Although a very large amount of historical information was therefore available to Barker, she also created a psyche for her characters and introduced the less well-documented voices of outsiders such as Billy Prior and Sarah Lumb to interact with the voices of her historical figures. According to Brannigan, “Barker the historian and Barker the novelist are thoroughly interfused”, as she seamlessly blends “historical fact with the literary vitality of fictional characters like Prior and fictionally expanded dialogue, [and] thoughts (95). Moreover, Hutcheon notes that historiographic metafiction foregrounds “the ex-centrics, the marginalized, the peripheral figures” and that even historical characters ultimately take on a different, eccentric status to arrive at a postmodern ideology of plurality (113-14). This is visible in *Regeneration*, which not only introduces less well-known voices of women, but also presents historical characters like Owen and Sassoon as outsiders in a society that forcefully imposes norms and is responsible for social traumas.

While some critics have described postmodernism as “a nostalgic withdrawal from the present” and others consider it ahistorical, Hutcheon notes that postmodernism, and historiographic metafiction in particular, express “the ‘presentness’ of the past” (34). This notion of “presentness of the past” has already been explored in a previous subchapter of my dissertation, where the First World War was seen as a never-ending trauma, as something haunting. Consequently, Barker’s text can be seen as a “postmodern vision of history”, characterised by the compulsive return of a past and its repressed ghosts (Gérardin).

Even though certain links can be established between *Regeneration* and Hutcheon’s definition of historiographic metafiction, Barker’s novel is, overall, not explicitly ironic or parodic in its interaction with the past, and thus does not comply with the description of historiographic metafiction as “self-reflexive, parodic” interrogation of history (Hutcheon 225). This is why Brannigan suggests that the labels “realism” or “experimental historical fiction”, and not historiographic metafiction, come closest in describing the general tendencies of *Regeneration* (173). Ultimately, Barker’s introduction of past texts and historical figures serves to create a realistic narrative that truthfully depicts war experiences. Nevertheless, Brannigan acknowledges that Barker questions the nature of the real, as she “leaves holes and silences where realism promises presence and speech” (173). Furthermore, *Regeneration* conflates the real and the fictive and plays with high and low forms, most notably with the Gothic fictional form, which makes the novel comply with the definition of postmodern fiction as playful and experimental (Brannigan 173). Moreover, instead of privileging the “omniscient pretence” of the realist form, Barker’s work wants to imagine alternative histories by introducing dialogic structures and shifts in narrative perspective (Brannigan 173). In this way, *Regeneration* shows that history can only be approached in a subjective and fragmentary way, as it pictures individual experiences of history marked by “traumatic fragmentation” (Gérardin). This “problematized inscribing of subjectivity into

history” is typical of historiographic metafiction (Hutcheon 117-18). The reader of *Regeneration* is constantly shown different points of view with regard to the war experience, through free indirect discourse, conversations between different characters or past texts that present the personal opinions or feelings of its author, which adds to the idea that the interpretation of a historical event is always subjective.

It has become clear it is rather complex to try and fit *Regeneration* within one specific genre or literary tradition. Whereas the novel exhibits aspects that can be linked to Hutcheon’s definition of historiographic metafiction, it does not entirely belong to this category. I would therefore suggest following Karen Knutsen in her assertion that Barker’s work seems to develop into implicit historiographical metafiction by using the genre of the historical novel in new ways (150). While the novel appears to be written in the realistic style of the traditional historical novel, Barker rewrites the past through a contemporary lens (Knutsen 9). Moreover, instead of adhering entirely to the traditional realism of the historical novel, Barker conflates fact and fiction, and introduces past texts, historical figures, Gothic forms, voices of outsiders, the notion of subjectivity and the idea of a haunting, opaque past to combine historical and modern-day understandings of the Great War.

5 Conclusion

Woolf's impact on literature, as well as her articulations of trauma, have been discussed by scholars on numerous occasions. Various critics have also compared Woolf's work to works of contemporary authors. However, a comparison between Woolf's *Mrs. Dalloway* (1925) and Barker's *Regeneration* (1991), two works dealing with the First World War, left some room for further exploration. Both novels are embedded in their time, *Mrs. Dalloway* as a modernist post-war work, and *Regeneration* as a postmodern piece of trauma fiction set during the First World War, which is why an examination of the authors' explorations of trauma could lead to insight, not only into the writing about trauma at the beginning and end of the twentieth century, but also into the continued significance of Woolf's modernist articulations of trauma.

This dissertation examined the way in which trauma – both personal and social trauma – is represented in *Mrs. Dalloway* and *Regeneration*. In this way, it sought to enquire if and how Woolf's modernist exploration and articulation of trauma in *Mrs. Dalloway* persists in Barker's *Regeneration*. Besides pointing out parallels between the novels, the chapters also revealed a few differences by relating Barker's work to its postmodern and “post-traumatic” context of writing.

Before examining trauma in these works, a theoretical-historical framework was offered, which positioned the term “trauma” in the context of medical, military, psychoanalytical and literary discourses that circulated in the twentieth century. This chapter showed that in order to gain insight into the articulations of trauma in the works of Woolf and Barker – authors who wrote about trauma during very different times – one has to keep in mind that certain notions, such as “shell shock” and “PTSD”, are derived from and shaped by the historical contexts in which they originated. Whereas “shell shock” is closely linked to the

period of the Great War itself, “PTSD” came into use at the end of the century, following advancements in military and medical debates. Moreover, the chapter revealed that an examination of *Regeneration* should take into account the great interest in trauma at the end of the century, an interest reflected by the emergence of trauma fiction in the 1980s.

The dissertation then zoomed in on a discussion of *Mrs. Dalloway* and *Regeneration*, two works that focus on the repercussions of the Great War, in particular on the psychological effects of traumatising war experiences. Instead of setting their novels in the trenches to describe battle scenes, both Woolf and Barker reveal the impact of the war on people at the home front, who are trying to come to terms with what they have experienced.

In order to investigate if and how Woolf’s modernist articulations of trauma could be seen to persist in Barker’s *Regeneration*, a number of aspects were examined that either allowed me to draw parallels between *Mrs. Dalloway* and *Regeneration*, or that led me to observe certain differences. Given that the traumatising effects of the war mainly enter Woolf’s novel in the character of Septimus Smith, the chapter concerned with *Mrs. Dalloway* first of all investigated Woolf’s portrayal of this shell-shocked character. Most relevant for my investigation, however, were some of Woolf’s narrative techniques, which proved to be very suitable, not only for representing the chaos of modernity, but also for depicting psychological trauma. As Karen DeMeester notes, Woolf not only uses trauma as a subject matter in her novel, but also seems to incorporate the chaos intrinsic to trauma into the very structure of her novel. In order to explore this thought, three important narrative techniques were examined, namely free indirect discourse, the introduction of temporal dislocations by means of flashbacks, and repetition. With regard to Barker’s articulation of trauma, various critics have noted that *Regeneration* belongs to the genre of trauma fiction. Interestingly, the typical features of trauma fiction, such as temporal dislocations, repetition and a fragmented narrative voice, also proved to be essential characteristics of Woolf’s experimental form. This

resemblance was also noted by Tim Armstrong, who considers modernist literature as a kind of trauma fiction because it presents a break with conventional modes of representation and introduces chaos and disorder into its narrative structure by means of innovative narrative techniques. In this respect, an important parallel could be observed between Woolf's articulations of trauma and those of Barker: both authors do not only write about trauma, but also seem to incorporate the chaos and symptoms of trauma into the structure of their novels by means of similar narrative techniques. The authors' uses of these techniques, however, also seemed to differ slightly on some occasions. For instance, whereas both authors use flashbacks, which disrupt the chronological order of the narratives, Barker seemed to introduce flashbacks primarily to give insight into certain traumatising past events experienced by patients of doctor Rivers. Woolf on the other hand also introduces flashbacks that take her characters back to past moments when they experienced happiness.

Whereas the narrative forms of *Mrs. Dalloway* and *Regeneration* revealed certain similarities, and allowed for trauma to be incorporated into the structure of the novels, the approaches of Woolf and Barker with regard to the representation of communication (difficulties) seemed to differ, which I linked to Barker's postmodern concerns. The theme of communication takes centre stage in both novels, with Septimus realising the importance of communicating his traumatising experiences, but failing to construct a coherent and meaningful narrative, and with doctor Rivers providing a space for traumatised soldiers to articulate their war experiences in the interest of recovery. However, *Regeneration* was published at a time when the perspective of the witness to atrocities started to prevail in narratives, which is why it seems appropriate that Barker focuses on Rivers's position as a witness to trauma. Moreover, in the modern period the medical narrative often tended to overshadow individual stories and voices, as was illustrated by Septimus's doctors, who are the spokespeople for Septimus's illness and deny the soldier's own voice. In postmodern

times on the other hand, which saw the emergence and legitimisation of the PTSD diagnosis, the capacity for telling one's personal story is reclaimed and the idea that narratives have the ability to cure damaged individuals is introduced. Barker's focus on the talking cure and on Rivers as an attentive listener and interpreter, who encourages soldiers to articulate their story in the hope this will lead to recovery, therefore seems to attune the novel to contemporary interests.

Related to the theme of communication (difficulties), the authors' approaches to healing were also considered. It became clear that *Mrs. Dalloway* overall leaves healing unresolved, as the narrative resists closure and introduces an ongoing mourning. Similarly, *Regeneration* introduces doubts concerning the healing powers of the talking cure. Moreover, Barker's novel presents the traumatising past as something that continues to haunt the present, which indicated that the narrative, like *Mrs. Dalloway*, resists closure. The perceived continuity between Woolf's and Barker's approaches to healing was supported by a few critics, such as Tammy Clewell, who has noted that postmodern texts often revive modernism's refusal of closure and focus on an "ongoing mourning" rather than on a definitive healing.

Finally, the plurality of voices in *Mrs. Dalloway* and *Regeneration* was examined from a feminist narratological perspective. This angle allowed me to connect the narrative technique of free indirect discourse to Woolf's and Barker's interests in a private-public dialectic. Moreover, the insights gained from this section were linked to Greg Forster's concept of social trauma and to Elaine Showalter's discussion of male hysteria in order to expand my perspective from the trauma of individuals to what could be described as the trauma of society. It became clear that various characters in *Mrs. Dalloway* and *Regeneration* represent their authors' knowledge of, and perspectives on, the link between expectations surrounding gender roles and psychological trauma. Both Woolf and Barker contrast

individuals, who struggle to comprehend and articulate traumatising events, with authorities adopting a rationalised discourse that emphasises control and denies the realities of war. Furthermore, in this discussion I argued that Woolf seems to anticipate certain postmodern tendencies that can also be found in *Regeneration*, such as the experimental enquiry into the nature of the self, the art of shifting perspectives, the questioning of any totalizing system, and the focus on the eccentric or outsider as a way out of the power problematic of male/female oppositions. Barker's narrative, however, seemed to take certain aspects further than Woolf. Whereas Woolf's most important narrative device to move from public to private voices is her use of free indirect discourse, Barker supplements this technique by introducing elaborate conversations between doctor Rivers and his patients, and by introducing past texts into her narrative, which she sometimes transforms in order to bring out less well-known voices. Finally, this section was concluded with a brief reflection on historiographic metafiction, which showed that while a few aspects of Hutcheon's definition of this genre seemed to apply to *Regeneration*, Barker's novel, overall, does not let itself be labelled easily, as it incorporates aspects of a few literary genres.

Both modernism and postmodernism are notions that are not easily defined, which makes it rather problematic to come to general conclusions about their connection. Moreover, there are disagreements with regard to the relationship between these notions, with some critics considering postmodernism to represent a clear break from modernism, while others talk of a continuation of modernism. In this dissertation, I have focused on "trauma", an aspect that is fundamental in Woolf's *Mrs. Dalloway*, a modernist novel, and in Barker's *Regeneration*, a novel with postmodern tendencies. I have tried to point out certain parallels between the articulations of trauma in these novels to argue in favour of a continuity between modernism and postmodernism. In addition, elements were discussed that seem to take Barker into a different direction than Woolf or that attune her novel to postmodern concerns at the

end of the century. Moreover, even though Woolf seemed to anticipate certain postmodern tendencies in her narrative, Barker takes certain aspects a step further, in particular the introduction of a plurality of voices. This is why it can be argued that postmodernism does not only continue certain modernist tendencies, but also tends to reinforce some of these tendencies.

Works Cited

- Abel, Elizabeth. "Between the Acts of *Mrs. Dalloway*." *Virginia Woolf and the Fictions of Psychoanalysis*. University of Chicago Press, 1989, pp. 30-45. *Google Books*, https://books.google.be/books?id=KzDtq9NMKrcC&hl=nl&source=gbs_navlinks_s.
- Alden, Natasha. "Regenerating the Past: Fact and Fiction in the *Regeneration* Trilogy." *Reading Behind the Lines: Postmemory in Contemporary British War Fiction*. Manchester UP, 2014, pp. 52-117. *Google Books*, https://books.google.be/books?id=eOqSDAAAQBAJ&hl=nl&source=gbs_navlinks_s.
- Armstrong, Tim. "Mapping Modernism." *Modernism: A Cultural History*. Polity Press, 2005, pp. 23-47.
- . "Modernity, Modernism and Time." *Modernism: A Cultural History*. Polity Press, 2005, pp. 1-23.
- Barker, Pat. "A Backdoor into the Present: An Interview with Pat Barker, One of Britain's Most Successful Novelists." *Lola Press Magazine*, n.p., 15 March 2015, www.lolapress.org/elec1/artenglish/reus_e.htm.
- . *Regeneration*. 1991. Penguin Books, 1992.
- Bernard, Catherine. "Pat Barker's Critical Work of Mourning: Realism with a Difference." *Études anglaises*, vol. 60, no. 2, 2007, pp. 173-184. *Cairn*, www.cairn.info/revue-etudes-anglaises-2007-2-page-173.htm.
- Bistoën, Gregory, et al. "Nachträglichkeit: A Freudian Perspective on Delayed Traumatic Reactions." *Theory & Psychology*, vol. 24, no. 5, 2014, pp. 668-687. 10.1177/0959354314530812.

- Bonikowski, Wyatt. "‘Death Was an Attempt to Communicate’: Virginia Woolf’s *Mrs. Dalloway*.” *Shell Shock and the Modernist Imagination: The Death Drive in Post-World War I British Fiction*. Ashgate Pub. Company, 2013, pp. 133-171.
- . "Introduction: Shell Shock and the Traces of War.” *Shell Shock and the Modernist Imagination: The Death Drive in Post-World War I British Fiction*. Ashgate Pub. Company, 2013, pp. 1-17.
- Brannigan, John. *Pat Barker*. Manchester UP, 2005.
- Brown, Dennis. "The *Regeneration* Trilogy: Total War, Masculinities, Anthropologies, and the Talking Cure.” *Critical Perspectives on Pat Barker*, edited by Sharon Monteith, University of South Carolina Press, 2005, pp. 187-203.
- Caruth, Cathy. "Unclaimed Experience: Trauma and the Possibility of History.” *Yale French Studies*, no. 79, 1991, pp. 181-192. *JSTOR*, www.jstor.org/stable/2930251.
- Caughie, Pamela L. *Virginia Woolf and Postmodernism: Literature in Quest and Question of Itself*. University of Illinois Press, 1991.
- Clewell, Tammy. "Introduction: Rethinking Loss; Remapping the Novel.” *Mourning, Modernism, Postmodernism*. Palgrave MacMillan, 2009, pp. 1-25.
- . "Woolf and the Great War.” *Mourning, Modernism, Postmodernism*. Palgrave MacMillan, 2009, pp. 25-55.
- De Lauretis, Teresa. "The Violence of Rhetoric: Considerations on Representation and Gender.” *Technologies of Gender: Essays on Theory, Film, and Fiction*. Indiana UP, 1987, pp. 31-51.
- DeMeester, Karen. "Trauma and Recovery in Virginia Woolf’s *Mrs. Dalloway*.” *MFS Modern Fiction Studies*, vol. 44, no. 3, 1998, pp. 649-673. *Project Muse*, [doi:10.1353/mfs.1998.0062](https://doi.org/10.1353/mfs.1998.0062).

- Detloff, Madelyn. *The Persistence of Modernism: Loss and Mourning in the Twentieth Century*. Cambridge UP, 2009.
- Dodman, Trevor. "Introduction: Shell Shock and the World War I Novel." *Shell Shock, Memory, and the Novel in the Wake of World War I*. Cambridge UP, 2015, pp. 1-21.
- Forster, Greg. "Freud, Faulkner, Caruth: Trauma and the Politics of Literary Form." *Narrative*, vol. 15, no. 3, 2007, pp. 259-285. *JSTOR*, www.jstor.org/stable/30219258.
- Frank, Arthur W. "When Bodies Need Voices." *The Wounded Storyteller: Body, Illness, and Ethics*. 2nd ed., the University of Chicago Press, 2013, pp. 1-27. *Google Books*, https://books.google.be/books?id=qacxAQAAQBAJ&hl=nl&source=gbs_navlinks_s.
- Freud, Sigmund, and J. Breuer. "Case Histories." *Studies on Hysteria*, translated and edited by James Strachey, Basic Books, 2000. *Google Books*, https://books.google.be/books?id=Bo44DgAAQBAJ&printsec=frontcover&hl=nl&source=gbs_atb#v=onepage&q&f=false.
- Froula, Christine. "Mrs. Dalloway's Postwar Elegy: Women, War, and the Art of Mourning." *Virginia Woolf and the Bloomsbury Avant-Garde: War, Civilization, Modernity*. Columbia UP, 2005, pp. 87-129. *Google Books*, https://books.google.be/books?id=GN7UgbL4kKoC&hl=nl&source=gbs_navlinks_s.
- Gérardin, Isabelle. "Two Contemporary Representations of the Great War between Emotion and Irreverence: William Boyd's and Pat Barker's *Regeneration*." *Études Britanniques Contemporaines*, vol. 41, 2011, pp. 105-118. *OpenEdition*, <https://journals.openedition.org/ebc/2351#quotation>.
- Gilbert, Sandra M. "Soldier's Heart: Literary Men, Literary Women, and the Great War." *Signs*, vol. 8, no. 3, 1983, pp. 422-450. *JSTOR*, www.jstor.org/stable/3173946.

- Green, Matthew. "Military Wives Demand Action on Psychological Wounds of War." *The Guardian*, 26 February 2017, www.theguardian.com/uk-news/2017/feb/26/military-wives-ptsd-mental-health-speak-out-raise-awareness#comments.
- Harrington, Ralph. "The Railway Accident: Trains, Trauma, and Technological Crises in Nineteenth-Century Britain." *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930*, edited by Mark S. Micale & Paul Lerner. Cambridge UP, 2001, pp. 31-57. *Google Books*, https://books.google.be/books?id=GOdu8X99oAYC&hl=nl&source=gbs_navlinks_s.
- Harris, Greg "Compulsory Masculinity, Britain, and the Great War: The Literary-Historical Work of Pat Barker." *Critique: Studies in Contemporary Fiction*, vol. 39, no. 4, 1998, pp. 290-304. *Taylor & Francis Online*, <https://doi.org/10.1080/00111619809599537>.
- Hutcheon, Linda. *A Poetics of Postmodernism: History, Theory, Fiction*. Taylor & Francis e-Library ed., Routledge, 2004.
- Hynes, Samuel. "Anti-Monuments." *A War Imagined: The First World War and English Culture*. The Bodley Head, 1990, pp.283-311.
- . "The Last of the Home-Front Wars." *A War Imagined: The First World War and English Culture*. The Bodley Head, 1990, pp. 216-235.
- Jackson, Roberta Joan. *Narratives of Trauma and the Production of Traumatized Narratives as Contexts for Pat Barker's Regeneration Trilogy*. Dissertation, The University of Leeds, 2003.
- Joyes, Kaley. "Regenerating Wilfred Owen: Pat Barker's Revisions." *Mosaic: An Interdisciplinary Critical Journal*, vol. 42, no. 3, 2009, pp. 169-183. *JSTOR*, www.jstor.org/stable/44030674.
- Knutsen, Karen Patrick. *Reciprocal Haunting: Pat Barker's Regeneration Trilogy*. Waxmann, 2010.

- Lanser, Susan. "Toward a Feminist Narratology." *Style*, vol. 20, no. 3, 1986, pp. 341-363. *JSTOR*, www.jstor.org/stable/42945612.
- Latham, Monica. "Introduction: Legacies: Modernism Then and Now." *A Poetics of Postmodernism and Neomodernism: Rewriting Mrs. Dalloway*. Palgrave Macmillan, 2015. *Google Books*, https://books.google.be/books?id=cQLACQAAQBAJ&hl=nl&source=gbs_navlinks_s
- Leese, Peter. *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War*. Palgrave, 2002.
- Luckhurst, Roger. *The Trauma Question*. Routledge, 2008.
- Matson, Patricia. "The Terror and the Ecstasy: The Textual Politics of Virginia Woolf's *Mrs. Dalloway*." *Ambiguous Discourse: Feminist Narratology and British Women Writers*, edited by Kathy Mezei, University of North Carolina Press, 2000, pp. 162-187. *Google Books*, https://books.google.be/books?id=HPNECQAAQBAJ&hl=nl&source=gbs_navlinks_s
- Mezei, Kathy. "Who is Speaking Here? Free Indirect Discourse, Gender, and Authority in *Emma*, *Howards End*, and *Mrs. Dalloway*." *Ambiguous Discourse: Feminist Narratology and British Women Writers*, edited by Kathy Mezei, University of North Carolina Press, 2000, pp. 66-93. *Google Books*, https://books.google.be/books?id=HPNECQAAQBAJ&hl=nl&source=gbs_navlinks_s
- Monteith, Sharon. "Warring Fictions: Reading Pat Barker." *Moderna Språk*, vol. 91, no. 2, 1997, pp. 124-129. *ResearchGate*, www.researchgate.net/publication/296741327_Warring_fictions_Reading_Pat_Barker
- Moseley, Merritt. "*Regeneration* (1991)." *The Fiction of Pat Barker*. Palgrave Macmillan, 2014, pp. 61-76. *Google Books*, https://books.google.be/books?id=-lgdBQAAQBAJ&hl=nl&source=gbs_navlinks_s.

- . "The *Regeneration* Trilogy." *The Fiction of Pat Barker*. Palgrave Macmillan, 2014, pp. 44-61. *Google Books*, https://books.google.be/books?id=-lgdBQAAQBAJ&hl=nl&source=gbs_navlinks_s.
- Mukherjee, Ankhi. "Stammering to Story: Neurosis and Narration in Pat Barker's *Regeneration*." *Critique: Studies in Contemporary Fiction*, vol. 43, no. 1, 2001. *Taylor & Francis Online*, <http://dx.doi.org/10.1080/00111610109602171>.
- "Narrated Monologue." *Anglistik – Uni Freiburg*. Albert-Ludwigs-Universität Freiburg, www2.anglistik.uni-freiburg.de/intranet/englishbasics/Consciousness02.htm.
- Nickerson, Katherine, and Steven Shea. "W.H.R. Rivers: Portrait of a Great Physician in Pat Barker's *Regeneration* Trilogy." *The Lancet*, vol. 350, no. 9072, 1997, pp. 205-209. *The Lancet*, [https://doi.org/10.1016/S0140-6736\(97\)02033-3](https://doi.org/10.1016/S0140-6736(97)02033-3).
- Owen, Wilfred. "Disabled." *The Poems of Wilfred Owen*, edited by Owen Knowles, Wordsworth Editions Limited, 2002, pp. 57-58. *Google Books*, https://books.google.be/books?id=qO350DeGItwC&hl=nl&source=gbs_navlinks_s.
- Page, Ruth. "Feminist Narratology in Context: Postmodern Feminist Narratology." *Literary and Linguistic Approaches to Feminist Narratology*. Palgrave Macmillan, 2006, pp. 11-17.
- Parsons, Deborah. *Theorists of the Modernist Novel: James Joyce, Dorothy Richardson, Virginia Woolf*. Routledge, 2007.
- Paul, Ronald. "In Pastoral Fields: The *Regeneration* Trilogy and Classic First World War Fiction." *Critical Perspectives on Pat Barker*, edited by Sharon Monteith, University of South Carolina Press, 2005, pp. 147-161.
- Rae, Patricia. "Introduction: Modernist Mourning." *Modernism and Mourning*, edited by Patricia Rae. Bucknell UP, 2007, pp. 13-50.

- Renard, Virginie. *The Great War and Postmodern Memory: The First World War in Late 20th-century British Fiction (1985-2000)*. P.I.E. Peter Lang, 2013.
- Showalter, Elaine. Introduction. *Mrs. Dalloway*, by Virginia Woolf, 1925, edited by Stella McNichol, Penguin Books, 2000, pp. xi-xlv.
- . "Male Hysteria: W.H.R. Rivers and the Lessons of Shell Shock." *The Female Malady: Women, Madness and English Culture 1830-1980*. Pantheon Books, 1985, pp. 167-194.
- Smethurst, Toby. "The Making of Torture in Pat Barker's *Regeneration*." *Critique*, vol. 55, no. 4, 2014, pp. 1-16. *Taylor & Francis Online*, 10.1080/00111619.2013.783781.
- Snaith, Anna. "Virginia Woolf's Narrative Strategies: Negotiating between Public and Private Voices." *Journal of Modern Literature*, vol. 20, no. 2, 1996, pp. 133-148. *JSTOR*, www.jstor.org/stable/3831471.
- Steffens, Karolyn. "Communicating Trauma: Pat Barker's *Regeneration* Trilogy and W.H.R. Rivers's Psychoanalytic Method." *Journal of Modern Literature*, vol. 37, no. 3, 2014, pp. 36-55. *JSTOR*, www.jstor.org/stable/10.2979/jmodelite.37.3.36.
- Stevenson, Sheryl. "With the Listener in Mind: Talking about the *Regeneration* Trilogy with Pat Barker." *Critical Perspectives on Pat Barker*, edited by Sharon Monteith, University of South Carolina Press, 2005, pp. 175-187.
- Transue, Pamela J. "*Mrs. Dalloway* and *To the Lighthouse*." *Virginia Woolf and the Politics of Style*, State University of New York Press, 1986, pp. 65-111. *Google Books*, https://books.google.be/books?id=SNDZ_0syswwC&hl=nl&source=gbs_navlinks_s.
- Van der Wiel, Reina. "Introduction: Trauma, Psychoanalysis, Literary Form." *Literary Aesthetics of Trauma: Virginia Woolf and Jeanette Winterson*. Palgrave Macmillan, 2014, pp. 1-23. *Google Books*,

https://books.google.be/books?id=JQs6AwAAQBAJ&printsec=frontcover&hl=nl&source=gbs_atb#v=onepage&q&f=false.

Vickroy, Laurie. "A Legacy of Pacifism: Virginia Woolf and Pat Barker." *Women and Language*, vol. 27, no. 2, 2004, pp. 45-50. *ProQuest*,
<https://search.proquest.com/docview/198818341?accountid=11077>.

Warhol, Robyn R. "The Look, the Body, and the Heroine: A Feminist-Narratological Reading of 'Persuasion'." *NOVEL: A Forum on Fiction*, vol. 26, no. 1, 1992, pp. 5-19. *JSTOR*,
www.jstor.org/stable/1345602.

Waterman, David. "Heroic Masculinity and the Enemy Within: The *Regeneration* Trilogy." *Pat Barker and the Mediation of Social Reality*. Cambria Press, 2009, pp. 57-93.
Google Books,
https://books.google.be/books?id=Rj86Yb3YnCoC&hl=nl&source=gbs_navlinks_s.

---. "Preface." *Pat Barker and the Mediation of Social Reality*. Cambria Press, 2009, pp. xiii-xv. *Google Books*,
https://books.google.be/books?id=Rj86Yb3YnCoC&hl=nl&source=gbs_navlinks_s.

Wesseling, Elisabeth. "Postmodernism and History." *Writing History as a Prophet: Postmodernist Innovations of the Historical Novel*. John Benjamins Publishing Company, 1991, pp. 1-17. *Google Books*,
https://books.google.be/books?id=hGG6oUXFa9wC&hl=nl&source=gbs_navlinks_s.

Westman, Karin. *Pat Barker's Regeneration: A Reader's Guide*. Continuum, 2001.

Woolf, Virginia. *A Room of One's Own*. 1928. Penguin Books, 2004.

---. *Mrs. Dalloway*. 1925. Edited by Stella McNichol, Penguin Books, 2000.

---. "Three Guineas." *A Room of One's Own and Three Guineas*. 1992. Edited by Anna Snaith, Oxford UP, 2015, pp. 87-217. *Google Books*,
https://books.google.be/books?id=ZudcBgAAQBAJ&hl=nl&source=gbs_navlinks_s.

Young, Allan. "W.H.R. Rivers and the War Neuroses." *Journal of the History of the Behavioral Sciences*, vol. 35, no. 4, 1999, pp. 359-378. *Wiley Online Library*, 10.1002/(SICI)1520-6696(199923)35:4<359::AID-JHBS3>3.0.CO;2-9.

Yousaf, Nahem, and Sharon Monteith. "Introduction: Reading Pat Barker." *Critical Perspectives on Pat Barker*, edited by Sharon Monteith, University of South Carolina Press, 2005, pp. vii-xxiii.

Zwerdling, Alex. "Mrs. Dalloway and the Social System." *Virginia Woolf and the Real World*. University of California Press, 1986, pp. 120-144. *Google Books*, https://books.google.be/books/about/Virginia_Woolf_and_the_Real_World.html?id=9YkTuYctVEwC&redir_esc=y.