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TRAUMA AND LITERATURE: VIRGINIA WOOLF'S CONTRIBUTION TO THE STUDY OF PTSD

Keywords: Virginia Woolf, trauma, PTSD, shell-shock, scriptotherapy

> "It was one of the horrors of Virginia's madness that she was sane enough to recognise her own insanity, just as one knows that one is dreaming when one begins to wake. But she could not wake." (Quentin Bell)
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> "Reflect on the patriarchs. True, they had money and power, but only at the cost of harboring in their breasts an eagle, a vulture, forever tearing the liver out and plucking at the lungs—the instinct for possession, the rage for acquisition which drives them to desire other people's fields and goods perpetually; to make frontiers and flags; battleships and poison gas; to offer up their own lives and their children's lives." (Virginia Woolf, *A Room of One's Own*)
>
> "The traumatized—the subjects of history—are deprived of a language in which to speak of their victimization." (Shoshana Felman)

Introduction

Not only Virginia Woolf's work of genius, but also her personal life sparked a lot of interest and controversy, mainly due to the health and mental problems she struggled with, from a very early age. Her traumatising life experiences (from close relatives' deaths to child abuse, war or patriarchal discrimination) but also the way she unsuccessfully managed to internalize them, had a strong

impact on her mental health. The attitude of a demanding and intransigent father aggravated an already frail mental health, especially after losing her mother in 1895 (at only eleven years old). However, as Virginia Woolf herself confessed in her journals, her father's death, offered her the freedom to write. She was certain that while he was still alive, her writing would have never happened and his life would have ended hers (Woolf 1980: 208).

Virginia Woolf's personal life and connections to her acclaimed form of art have been thoroughly analysed, both previously and following her death by suicide, in 1941. This study focuses primarily on Virginia Woolf's continuous battle with mental health, as well as how the writer's life experiences were influenced by the societal context of the beginning of the twentieth century and how these personal circumstances shaped her writing. The article argues that the writer's personal traumas, such as familial losses and experiences of sexual abuse, profoundly transformed both her psychological condition and her literary output. Woolf's feminist views and her critique of patriarchal structures, which were integral to her writings, are also a key point in this paper. As referenced by her nephew and biographer Quentin Bell (11) (a patriarchal figure whose talent was considered inferior to his aunt's) as well as her own autobiographical work, or her husband's journals, it appears that mental health issues were exacerbated and wrongly diagnosed or mistreated by the unexperienced predominantly male psychiatrists from the beginning of the twentieth century. Analysed in connection with the massive psychiatric and psychological advances in the field of the human psyche, stress related affections and trauma, Virginia Woolf's bouts of illnesses earn different connotations in the twenty-first century.

Mirrored by the biased male-dominated literary criticism from the literary world of her time, the patriarchal supremacy heightened Woolf's anxiety and deeply impacted her own perception as a writer: "her anxiety reached maximum levels when she was publishing something; here moods improved enormously when she felt *admired*" (Bell 107). It was mostly fear of criticism, as

Bell (28–29) writes in his aunt biography: "she was very aware that to the public she might appear *mad*. Her dread the ruthless mockery of the world contained within it the deeper fear that her art, and therefore herself, was a kind of sham, an idiot's dream of no value to anyone" (Bell 28–29). Moreover, the historical events like the World Wars (particularly in the novel *Mrs. Dalloway*) and her involvement with the Bloomsbury Group, influenced without doubt her thematic choices or character construction. The depiction of a war veteran, Septimus Warren Smith, reflects the psychological damage of war and societal neglect, which followed the collective war trauma.

Already perceived by the scholars as an author whose personal challenges were intricately connected to her literary work (Toms 1–2; Woolf 2018: 116), Virginia Woolf's mental health struggles were often misunderstood or mishandled—by both family and specialists (Poole 3). This has undoubtedly affected her personal life and had an enormous impact on her writing. Sue Roe described Woolf as someone who "used the process of writing as a way of shaping meaning: language did not immediately express but rather gave her access to the insights her work reflects" (Roe 130). This blend of personal suffering and societal oppression contributed to the limited understanding and appreciation of her work. Woolf's literary techniques (especially her deep explorations of character consciousness) can be interpreted as proofs of resistance against the confining societal and narrative norms: her art develops from being innovative to becoming an act of defiance against the patriarchal structures that constrained her, while she successfully used talent to take control over her identity and articulate the problems that she struggled with. Marie-Helen Rosalie Stahl (2) argues that in novels such as *To the Light House,* Virginia Woolf lights up "the inner world of the female protagonists in contrast to their external world, revealing the social constraints that women face in society" (2). Some of the themes she chose to depict in her novels reflect her personal battle with mental health stigma or they critique the era's medical practices, while they also intertwine with her broader concerns about gender

inequality. As early as the beginning of the twentieth century, she managed to challenge traditional boundaries between sanity and insanity. Her oeuvre thoroughly scrutinises the intersection of gender, mental health, and artistic expression, in an attempt to portray how human consciousness ends up being shaped by societal expectations.

The aim of this study is to shed more light on the image of Virginia Woolf, the woman behind the writer, seen through the lens of her medical struggles, but in close connection to the shortcomings of the medical system of those times and its predilection to diminish mental health concerns in general, and marginalise women patients, in particular. Through her literary achievements, Woolf not only sought personal healing (making use of 'scriptotherapy') but did so through fighting against the societal biases, which transformed her work into an in-depth study of the human condition.

WW1, PTSD and Trauma Theory

i. The Contribution of Post-World War I Literature to the Depiction of Trauma

The entire literature written a decade after World War I is a "literature of trauma" (DeMeester 649) with characters like Woolf's Septimus Warren Smith (from the novel *Mrs. Dalloway*), in constant need to make their drama meaningful, on their journey towards healing. This is not an easy parcourse, because the trauma survivor experiences an "inability to communicate his experiences to others and thereby give those experiences meaning and purpose" (649) and this makes rehabilitation strenuous. The detailed exploration of Septimus' case reveals his alienation, selective memory issues or bouts of paranoia which are illustrators of the veteran's stringent need for attentive and empathic care. Many writers and authors of 'trauma literature' intuitively had depicted the characters' struggle to communicate their suffering. This is indeed a crucial step in moving on with one's life, a process comparable to assembling the pieces of a puzzle together. However, it is only a supportive

listener that can help sufferers articulate their trauma (DeMeester 655; Shay 4, 173; Herman 138, 224; Wiesel 33).

Erich Auerbach investigates innovative narrative techniques and their emergence in literature as a phenomenon (after and as a response to the World War atrocities, in the conscience of the people who managed to survive): "sometimes many individuals, or many fragments of events, are loosely joined so that the reader has no definite thread of action which he can always follow" (545). The scholar's analysis extends this discussion about the emergence of adapted narrative techniques to mimic the disjointed reality of post-war survivors (in connection with their shattered consciousness). He argues that the dissipation of "reality into multiple and multivalent reflections of consciousness" (551) (which emerged in post-war literature) is a direct consequence of experiencing war atrocities, as well as a means of criticism. In the context of trauma, the therapeutic power of a narrative or any form of artistic expression is one of Woolf's undisputed accomplishments. However, this narrative therapy is not just about recounting events, but also about finding meaning while establishing a connection among them. This idea is further explored by other scholars; in his book *Conversations with Elie Wiesel,* we find out about a survivor's need to "record events for future generations, the main obsession during the war, so the tales should not be lost or wasted" (Cargas 5).

ii. The Narrative of Trauma Survivor

Herman's book, *Trauma and Recovery*, gives an incredibly detailed explanation of what victims' divulgements meant for the development of psychotherapy as we know it. Freud and the psychiatrists of his times developed the practice of listening to sufferers' stories, having no idea where this path may lead, when trying to decipher the mysteries of hysteria in women (13, 17). While encouraging women to speak about their lives, Freud reached the terrifying conclusion that all women suffering from hysteria had been victims of sexual

abuse in early life. Herman then explains how the results of such findings were immediately considered implausible and unrealistic due to their social implications (not only the middle class but mostly the higher classes, had numerous hysteria cases amongst women).

Consequently, Freud chose to ignore the findings of his study, due to the scale of unbearable truth it accounted for (14). Still filled with controversy, scholars and activists such as Florence Rush named Freud's reassessment "The Freudian Cover-up" (Kitzinger 253) in a famous article from 1977, which bears the same title. Other theorists, such as Sayers, believed that while Rush focused mainly on the psychoanalyst's patriarchal motivation behind his decision to turn a blind eye on the findings of his study, theorists such Masson (mostly because it was an unpopular theory among his peers) accused Freud of deliberately corrupted and subjective reasons (286).

Tal was another theoretician who underlined a victim's urge to communicate (one way or another) the trauma story, as a means of gaining purpose and a sense of normality in the life that follows the abuse. Tal names it a "universal drive to testify" as well as to communicate the "historical truth, which leads ... to what might be called the documentary fallacy" (120). The same theoretician gives Jill Morgan's example, a victim of sexual abuse, who believed that reaching out to other female victims was the condition for her "survival to be meaningful" (120).

Based on decades of experience as an adviser, Dr Jonathan Shay believes that when it comes to counselling veterans, the existence of storytelling is crucial: healing depends on "being able safely to tell the story to someone who is listening and who can be trusted to retell it truthfully to others in the community" (4). This lack of meaningful conversation can be perceived by the veteran as an imposed silence, and in Septimus' case, it accentuated his weakness. "The psychological damage aggravated by a culturally prescribed process of post-war reintegration that silences and marginalizes war veterans" (DeMeester 649) was something that deepened his drama. The veteran's

storytelling itself becomes of therapeutic importance, with the main goal being that he shares his traumatic experience in a supportive environment which facilitates healing. The narrative becomes similar to rearranging shattered pieces of chaotic memories.

Many other scholars have underlined the importance of a 'narrative' or a 'story' (Herman 1, 177, 183, 213) which the traumatized veteran needs to structure, from the initial pre-narrative struggle to the fully developed one (similar to reassembling a jigsaw) (184, 187, 213), in the absence of which the victim cannot move on. To achieve that for her character and even for herself, Woolf conveyed the fragmented psyche making use of the stream-of-consciousness story-telling (which fully opposes the traditional types of narratives). Woolf created such a pre-narrative (inspired by her own trauma) by thoroughly portraying Septimus' dissolution of consciousness. She was successfully able to depict this fragmentation in her novels, displaying the "psychological chaos caused by trauma, instead of reordering it as more traditional narratives do" (DeMeester 650). Therefore, storytelling becomes more than a literary device; it equates a critical psychological tool that helps suffering individuals (such Woolf herself was) to comprehend and re-evaluate their daunting life experiences.

iii. Shell-Shock Diagnosis, Treatment and its Limitations

"The Report of the War Office Committee of Enquiry into Shell-Shock" published in 1922 (around the same time Septimus' character was created) interprets shell-shock as "a commotional and/or emotional disturbance and a mental disorder," as well as a "functional nervous incapacity" affecting soldiers in trenches, due to the continuous exposure to "explosions and projectiles" (4). The document also states that, since not all patients were exposed to shell-bursts, there must have been some other reasons behind the increasing number of mentally incapacitated veterans. Amongst other triggering factors, the above-mentioned paper indicates: the vast amount of physical training leading to

exhaustion, the unfamiliar environment, or the feelings of repulsion, hardship and anxiety (added to the factors of standard neurosis, encountered in the civil environment). The report also suggests the hypothesis that 'shell-shock' incapacitated veterans might even have been wrongly diagnosed, since "the term was very loose and ill-informed" (5–6). The increasing numbers of soldiers' crushing down under the burden of presupposed 'shell-shock' had therefore forced the institutions in charge to have a closer look into it. However, soldiers "passing through medical establishments" were still labelled as suffering from shell-shock (5–6).

A veteran with post-trenches erratic behaviour was often considered as irresponsible. The same study, however, expressed the difficulties arising from the "lack of statistics" around this affection (7) and had quite a difficult time in producing evidence in front of the Committee, going as far as to quote examples of traumas from Shakespeare's *Henry IV* or even *Romeo and Juliet* (11–12).

However, the report also included as possible causes of the affection, strange reasons such as the insufficient or inefficient training of the soldiers and the effect of going to war with undisciplined troops. Revolting causes such as cowardice or lack of loyalty were not completely dismissed; severe punishment was applied to veterans which led to 'shell-shock', its occurrence in relation to courts-martial, the hypothesis of the affection getting contagious (138) or applying treatment based on merits (198).

Whereas this post-war condition was not perfectly understood by doctors, treatment for 'shell-shock' varied widely and often reflected bias and lack of proper care. Some soldiers were treated with rest and support, while others underwent more aggressive interventions such as electroconvulsive therapy (Loveland 253) or hypnosis (25). However, stigma surrounding off-trenches mental illness meant that many soldiers were reluctant to seek treatment or disclose their symptoms for fear of being labelled or even get killed as a punishment; after World War 1, in the UK only (until it was eradicated in 1930)

more than 300 war veterans received death penalty by shooting due to presupposed cowardice (Taylor-Whiffen in Loveland 26).

iv. PTSD's Late Recognition in the Field of War Trauma

In our times, PTSD is the fourth most commonly diagnosed psychiatric disorder in the United States of America, with an overwhelming over 600.000 possible symptom combinations which increase its ambiguity, up to the point where it allows a soldier who commits war crimes, to share the same diagnosis with his victims (Sehgal 1). This complexity underscores the challenge in diagnosing and understanding PTSD, which paradoxically groups perpetrators of war crimes and their victims under the same diagnostic category (due to the enormous of symptom combinations).

It is only recently (in 1980, shortly after the returning of American troops from Vietnam) that veterans have been examined through the lens of their personal suffering and not only though their own acts of violence (through the one they have inflicted in others). Historically, it took multiple global conflicts for medical professionals to fully grasp the profound psychological impact war has on soldiers' psyche. Specialists speak about permanent changes to brain function and structure, particularly in areas linked to fear and memory, such as the amygdala and hippocampus (Theodoratou et al. 2). Herman highlights other dysfunctionalities such as "lasting alterations in the endocrine, autonomic, and central nervous systems (…) the regulation of stress hormones" (238).

Overwhelming feelings of intense fear, helplessness or horror or the habit of persistently re-experiencing the event (e.g., through dreams, flashbacks, reliving the event, distress, or physiological arousal in response to internal or external cues) (Herman 379; DSM IV 277) are just a few of a large variety of symptoms surrounding PTSD. Dr Shay prefers a less discriminatory terminology (as opposed to the term of post-traumatic stress-disorder) such as "psychological injury" (179) and he actively mitigates against the official name, which adds to existing stigma. When thinking about it as an injury, the dignity

of the soldier is restored, transforming it into an "entirely honourable" disposition and makes possible the social integration back to civility (181). Williams et al. name the recollection of past events "an autobiographical memory," essential for one's sense of self, social identity and goal pursuit (122). Traumatic experiences lead to general memory loss, and therefore affect one's successful journey in the world. Usually, people experiencing this type of traumas avoid all types of stimuli which may trigger painful memories, but if their symptoms persist for more than a month—such was the case of Septimus—the patient must therefore be dealing with acute stress disorder (127).

PTSD as a mental disorder was recognised by specialists as late as in 1980, when it was introduced in the official Diagnostic and Statistical Manual of Mental Disorders: DSM (Tal 135). The description, diagnosis and symptoms are similar to the ones of shell-shock (observable in Woolf's character) and they vary from: mental imbalance, hyper-vigilance, sleep disruption or memory loss. Shay also talks about the variety of symptoms, adding to the generalized list "the intrusive memories" (169). The Manual asserted that PTSD can be chronic or delayed, following an event which is "outside the range of usual human experience," resulting in "diminished responsiveness to the external world, referred to as psychic numbing or emotional anaesthesia" (236). It "usually begins soon after the traumatic event," with feelings of detachment and estrangement from other people (such as Septimus often evoked), the disorder being "apparently more severe and longer lasting when the stressor is of human design" (236). The recovery process goes hand in hand with a thorough comprehension of all its profound connotations, but damage to the central system caused by malnutrition or head trauma has also been identified as possible causes.

Many other theoreticians have analysed the psychological side effects of the war; Grossman for example, believes that killing in combat is a phenomenon neglected by specialists (3) arguing that the pressure felt prior to committing

murder is immense; therefore, many soldiers fail to fire, which can cost them their and their comrades' lives (4). This intense pressure associated with killing (even in self-defence), places an overwhelming pressure, since many soldiers are unable to save themselves or fight back. Therefore, they consciously refuse self-defence, as if they perceived their own life as less valuable than their enemy's life. This hesitation shows the multitude of consequences the act of killing can have on human psyche: it is not natural for sane people to kill other humans, and most of them are not psychologically fit to easily come to terms with doing so. A year after the war ended, J. W. Appel and G. W. Beebe argued that a soldier can stay in combat, a maximum of 200–240 days before getting psychologically injured, while adding that "there is no such thing as getting used to combat" (in Herman 37). However, this type of information did not appeal to the military authorities, and they often neglected or never followed such findings with specific measures, in order to lessen the pressure on the soldiers and smooth their reintegration into society (Shay 181; Herman 47, 57).) It was not feasible for military authorities to accept that no one truly becomes accustomed to combat, and to accept theories which suggested that humans are frail and present limited endurance in sustained warfare: this was not at all a winner's frame of mind. Whether it was disregard for these scientific findings, disbelief or chosen ignorance, the decision makers did not impose rotations or mandatory rest periods to avoid soldier's prolonged exposure to combat (Herman 70, 89; Tal 119).

v. Recognition of PTSD and its Feminist Implications

Not just war veterans struggle to deal with painful memories; analysing the victims of incest's surest path toward healing, McNaron & Morgan (15) argue that only speaking about it we may "threaten its continued, unacknowledged presence." Commenting on McNaron & Morgan's research, Kali Tal emphasises that "by translating the overwhelming and anxiety-producing memories into language, (…) women begin to transform their painful experiences into more

manageable stories" (172). Communicating the trauma to others validates one's experiences and Tal's conclusions in this matter are enlightening: the introduction of the new terminology of PTSD in 1980 "replaced terms such as shell-shock and battle fatigue, and thus acknowledged the connection between war-related trauma and other traumatic experiences such as rape, incest, incarceration in concentration camps" (135). Therefore, the incorporation of post-traumatic stress-disorder into the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) could also be interpreted as a strategic weapon for feminists all over the world (Tal 135). They viewed it as a means to delve deeper into the complexities of women's experiences (particularly in the context of trauma), and to offer new lenses for interpreting these experiences within women's literature. By recognizing PTSD as a legitimate psychological condition, feminists sought to shed light on the often overlooked or misunderstood aspects of women's lives primarily the impact of trauma on their mental health. This recognition provided means and official proof for feminists to advocate for greater awareness and understanding of the diverse range of negative experiences that women go through, as well as to challenge traditional narratives and representations of women in literature (Tal 135). Tal wonders whether "all feminist literature is based in trauma" (136) and since this may just remain a rhetorical question, he argues that one thing is certain: statistics have shown that the "relative number of women who have been traumatized far exceeds the number of men who have survived combat or even the number of men who wore military uniforms during the Vietnam War era" (136).

Another trauma theoretician, Cathy Caruth, reminds us that "trauma is not simply an effect of destruction but also, fundamentally, an enigma of survival" (58). Making peace with the past as well as the process of recreating and reinterpreting "memories until they take a manageable form" or "learning to accept the world as it is" (Tal 145) are the keys to healing, whereas "the patient who cannot make peace with his or her memories represents a failure of the

psychotherapeutic process" (145). Caruth's (58) perspective on trauma highlights its dual nature: the immediate damage it causes and the enduring struggle of living with it. Consequently, surviving trauma is as much about the continuous effort to process and integrate painful experiences as it is about reliving the initial event. The process of healing involves actively engaging with memories, transforming them into forms that one can handle, and accepting the present reality. This transformation and acceptance are crucial for healing.

Virginia Woolf's Literary Contribution to the Understanding of PTSD

i. Virginia Woolf's Personal Relationship with Trauma

Suzette Henke and David Eberle call Woolf's early life a "daunting catalogue of traumas" (in Ahmed 4). On top of the personal ordeals, the collective calamity brought by the World Wars inflated further the pressure on such a fragile psyche, which struggled from childhood to adjust to life's often cruel circumstances. Virginia Woolf often succumbed to despair, due to a multitude of stressors, which deepened her agony her episodes of depression from 1895, 1904 or 1910 to only name a few, documented by her nephew, Quentin Bell (11).

As already pointed out, Auerbach wrote in *Mimesis* about the modernists' unique manner of reflecting the turbulence brought by the World War; a Europe "unsure of itself" was a very favourable terrain for 'odd' writing techniques to arise. In the mournful atmosphere of "universal doom" (551) that surrounds many of the literary works of that time, Auerbach acknowledges the "symptoms of confusion and helplessness" belonging to a disaster struck humanity which left the reading public "with an impression of hopelessness" (551). The same theoretician interprets the suffering and struggles of those times as one of the main driving energies behind Woolf's and other modernists' innovative genius, giving *To the Lighthouse* as an example—a novel that "breathes an air of vague and hopeless sadness" (551).

Woolf purposely tried to create a new type of fiction, and the proof lies in Quentin Bell's biography of his aunt; she was aware that her novels (therefore her writing style) might appear "mad" to her readers, but she was still determined to invent a new type of fiction (Bell 28). She herself wrote in *A Writer's Diary* that the process of creating *Mrs. Dalloway* would be "the devil of a struggle. The design is so queer and so masterful (…) certainly original and interests me hugely" (Woolf 1954: 57).

However, her anxiety crises were getting worse immediately after publishing a new book, while tensely waiting for the reviews: "her dread of the ruthless mockery of the world contained within it, the deeper fear that her art and therefore herself, was a kind of sham, an idiot's dream of no value to anyone (…) favourable notice was more valuable than mere praise; it was a kind of certificate of sanity" (Bell 28–29).

Scholars such as Henke have written about a form of therapy through writing: "scriptotherapy" (xvi), which undoubtedly helped Virginia Woolf to overcome her sadness and deep sense of loss, throughout the difficult years of adolescence and youth:

> The subject of enunciation theoretically restores a sense of agency to the hitherto fragmented self, now recast as the protagonist of his or her life drama. Through the artistic replication of a coherent subject-position, the life-writing project generates a healing narrative that temporarily restores the fragmented self to an empowered position of psychological agency. (Henke xvi)

What Virginia Woolf managed to achieve through her writing and especially through the creation of her character, Clarissa Dalloway, was to reintegrate her own haunting memories and writing her experience of trauma in a coherent narrative (Theut 24).

Other scholars believe that Woolf constructed all her female characters to reach that specific form of restorative mental lucidity required in the healing process (Chen 3), "especially since for this particular author, writing is healing and the redeeming of her fragmented self" (4). Stephanie Heine also observes a

correlation between Woolf's art and the notion of traumatic memory defined by Sigmund Freud (29), in other words, the way in which these memories migrate into her literary texts. References to traumatic events like World War I do not occur in the form of narrated past events, but mere memories or "present symptoms that are encountered and acted out by the readers" (Heine 40).

Woolf makes use of a revolutionary fictional technique in her novels: she uses two different facets of the same 'self' when creating some of her characters, as she confesses in *Sketch of the Past*: "It would be interesting to make the two people, I now, I then, come out in contrast. And further, this past is much affected by the present moment. What I write today I should not write in a year's time" (Woolf 1985: 75). Therefore, Woolf articulates a hidden facet of the 'self', which is not a static entity and draws its complexity from past experiences and current reflections about it. These shape the 'self' and offer meaning to one's personal history and unique path in life. The multifaceted 'self' is therefore a continually evolving one and very useful for a writer and not only from the character development point of view. Less similar to previous literary forms of expression, this modernist technique becomes synonymous with any person's own inner voice.

During her life, apart from her fictional work, Virginia Woolf wrote an impressive number of diaries—something that may have started out of therapeutical reasons (journaling is known to aid with the mental restructuring of the trauma) and developed further into a mastered skill. The writer embarked on her diary-writing journey at the tender age of fourteen in 1897, and it continued until her tragic death at fifty-nine in March 1941, just four days before her suicide: "Thirty-Eight handwritten diary volumes are safeguarded today in the United States and England. Together they offer some 2,312 entries and 770,000 words" (Lounsberry 1). In her book *Becoming Virginia Woolf. Her Early Diaries and the Diaries She Read*, Barbara Lounsberry identifies three stages of diary writing in the writer's life: the exploration one, the maturity and the experienced phase. Initially, Woolf's diaries from 1897 to

mid-1918 represent a period of experimentation, which offers glimpses from her formative years, documenting her thoughts, experiences, and literary aspirations from adolescence and young adulthood. Transitioning into the period from 1919 to 1929, Woolf's diary entries take on a more mature and minimalist tone, reflecting her burgeoning modernist sensibilities. During this phase, her writing becomes more focused and introspective, often capturing the essence of her creative process with metatextual entries. The final stage of Woolf's diary-keeping (from 1930 until her death), is marked by a notable growth in both quantity and intensity. During these years, the entries indicate a heightened engagement with her inner thoughts but also in other diary writers' work, which she read and analysed during her final years (Lounsberry 2). Writing was a big part of Woolf's life, and she managed to successfully succumb into it as her own form of therapy, which worked.

ii. War Veterans' Mental Struggle Reflected in the Creation of Septimus

The atrocities of the war scar the survivors, marking these invisible but permanent wounds, which change them thoroughly. Veterans' social life is totally compromised, while PTSD becomes a silent killer: an overburdening disorder, aggravated by unsympathetic psychiatrists, unable or unwilling to care. At the beginning of the twentieth century, soldiers' psychological pain was a taboo subject and the "Report of the War Office Committee of Enquiry into 'Shell-Shock" published in 1922 discloses that soldiers who suffer distress in trenches were not psychologically fit to fight (393). The specialists looked at war trauma as the 'shell-shock' effect (with symptoms ranging from tremors, pounding headaches, amnesia, visual or auditory hallucinations), as the result of exposure to exploding shells (402).

DeMeester (656) argues that "since the publication of *Mrs. Dalloway*, substantial advances have been made in our understanding of war neurosis and the psychological effects of trauma." Scholars argue (Bonikowski 24) that one purposeful aspiration of Virginia Woolf when writing *Mrs. Dalloway* is

connected to the writer's own personal trauma and the incorrect treatment recommended by the psychiatric elite of time, to trauma survivors. In our days, the terrible effect deflagrations have on human psychic are well documented. But things were much different one hundred years ago and especially when it came to dealing with women's mental distress: "the medical establishment generally ordered them to come to terms with their femininity by getting married, having children, and learning to be a better mother" (Tal 136). Another renowned scholar, Roger Poole (3) argues that through the process of creating Septimus, Virginia Woolf may have tried to exorcise her past insidious memories.

Septimus Warren Smith is a self-made war hero who enrolled voluntarily and miraculously survived World War I: a "pale-faced" man with a very uneasy look "which makes complete strangers apprehensive too" (Woolf 2016: 11), a very terrified young man, "as if some horror had come almost to the surface and was about to burst into flames" (12). The veteran was certainly going through a 'shell-shock' crisis, but was treated by unsympathetic doctors. He was "paralyzed" by noisy London, looking almost hypnotised at the tree pattern on the curtains of the motor car that startled him, leaving him "rooted to the pavement" (12), while the dangerous world around him "wavered and quivered and threatened to burst into flames" (12).

Septimus' thoughts and words of suicide overwhelm his wife, Rezia, whose cry for help in the most apprehensive moments of her husband's crises, remained mute, therefore unheard. His numbness often got him staring absent-mindedly by his wife's side, while he "did not see her and made everything terrible" (19). She did indeed care too much that others might hear her husband's declared wish to die; however, in those times, the threat of being institutionalised made other atrocities seem pale. Peter Knox-Shaw argues in "The Otherness of Septimus Warren Smith" that the character's response to war-stress is delayed (in DeMeester 656); it is only some years after returning from the trenches that his neurosis fully takes shape. Septimus' stress disorder

manifests a delayed reaction, and it did not exhibit immediately after he returned from the trenches. Significant things have happened from the moment he returned from the trenches and the illness's initial symptoms: meeting and marrying Rezia and returning (now married) to the United Kingdom. It is obvious that Septimus suffered from even a more severe type of PTSD—what specialists call today acute stress disorder (Williams et al. 127).

Septimus would often even hallucinate about his lost friend and commanding officer, Evans, seeing him "behind the railings" (Woolf 2016: 20). Some critics such as Suzette Henke analysed the veteran's case from a Freudian angle, only acknowledging the "repressed desire and guilt as the cause of megalomaniac fantasies and paranoia" (in DeMeester 654). However, there are some other facets of Septimus' obsession with his now-dead comrade and superior, Evans. Woolf is very explicit about his untreated and uncommunicated grief and horror experienced in trenches, especially when he saw Evans dying in front of him.

Judith Herman in *Trauma and Recovery* underlines the importance of the "emotional attachments among fighting men" (25) also asserted by W.H.R. Rivers (professor of neurophysiology, psychology and anthropology) in his attempt to cure his most famous patient, a veteran named Sassoon. Treated with "dignity and respect" by his doctor, "rather than being silenced, he was encouraged to write and talk freely about the terrors of war" (Herman 21–22). To be able to convince Sassoon to return to the trenches (the accepted way to assess if a therapy was successful), Rivers discovered that "fear was something stronger than patriotism, abstract principles, or hatred of the enemy" which could not motivate the veteran as the "love of soldiers for one another" (35) did. The theory behind this magical cure was that the "strongest protection against overwhelming terror was the degree of relatedness between the soldier, his immediate fighting unit, and their leader" (37). In his imagination, Evans was part of Septimus' life even after he died, in the form of vivid hallucinations. Herman argues that in the case of trauma survivors there is a

> sense of alienation, of disconnection, [which] pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion. When trust is lost, traumatized people feel that they belong more to the dead than to the living. (Herman 52)

Acclaimed psychiatrist in the field of WWII trauma, Dori Laub, a Romanian Jew and victim of the Holocaust, speaks about this "imperative to tell" of the traumatized, who simply must utter his or her story to the world, to be able to survive (not just the other way around) a mission that becomes "an all-consuming life-task" (Laub 77). However,

> no amount of telling seems ever to do justice to this inner compulsion. There are never enough words or the right words (…) and never enough listening or the right listening to articulate the story that cannot be fully captured in thought, memory, and speech. (77)

Laub is certain that no trauma survivor can find peace in silence, because the future life after the ordeal is only a "substitution for the mourned past" (78); therefore, the PTSD sufferers cannot replace their dead comrades (which most of the times they witnessed dying) with real people from his present, real life. This is why Rezia cannot compete with Evans and cannot reach Septimus: the voluntary or imposed act of silence "serves as a perpetuation of its tyranny" (Laub 78). Laub also reiterates the importance of that interior double (that could take the shape of a comrade's hallucination), constructed by the traumatised in the moments they face terror. This further becomes a condition of survival: "a creative act of establishing and maintaining an internal witness, who substitutes for the lack of witnessing in real life" (79).

We can identify Evans as Septimus' double, forced to separate from, once he returns from the trenches. The veteran perceives his real wife as being intrusive, when she tries to bring him back to reality, as if she was inappropriately prying, "always interrupting" (Woolf 2016, 20) when trying "to make him notice real things" (21). Rezia is too much aware of her husband's slow but certain social death, since he is talking "aloud to himself, out of doors"

(21) which he ought not to, because people "must notice" (19). Judith Herman (70) emphasises the veteran's need for "tangible evidence of public recognition" once returned at home, and identifies a "general lack of public awareness, interest, and attention." DeMeester also observes that Septimus' frustration is caused by this "limitations of language" (655); he is not able to speak out the trauma or to offer new meanings to his experiences, through the use of language. In today's terms, the sufferer would undergo psychotherapy sessions: a form of "communication between a trauma survivor and an untraumatized listener" (655). Therefore, veterans often "fear their sacrifices will be quickly forgotten" (Herman 70). The inability to form trustful relationships once back from the trenches is also a trait Woolf intuitively gifts her character with. According to the same scholar, "combat veterans will not form a trusting relationship until they are convinced that the therapist can stand to hear the details of the war story" (138), while most of the time they fail to do so.

The traumas left Septimus with his mind and consciousness fragmented and dissolute; Woolf herself, in *A Writer's Diary,* wrote that her novel *Mrs. Dalloway* was meant to be a tool used to "to criticise the social system and show it at work, at its most intense" (Woolf 1915: 56). DeMeester (653) believes that the key to Septimus' recovery lies in the causes of the problem. The critic disagrees again with Suzzette Henke who misdiagnosed the character as schizophrenic and also interpreted his suffering through the lens of the homophobic stigma around presumed homosexual desires, concluding that the real crime he ever committed was homosexuality. Septimus' obsession with Evans can indeed be interpreted on the basis of what may appear to be intense homosexual feelings of affection towards his comrade. It was natural for such unacceptable feelings to be repressed and interpreted as guilt, in strict and homophobic patriarchal Victorian society; therefore, this observation is not totally dismissible. Rezia confuses the reader even further, when she comments that: "everyone has

friends who were killed in the War. Everyone gives up something when they marry" (Woolf 2016: 49).

This hypothesis becomes even more credible if we consider aspects of Virginia Woolf's personal life; however, there is not sufficient evidence in the text to fully sustain it. It is more plausible that the strong impact of all the horrors he witnessed in the trenches could be the main source of Septimus' anguish and despair: "all the other crimes raised their heads and shook their fingers and jeered and sneered over the rail" (80) as well as the vivid images of his dead friend: "It was Evans! But no mud was on him; no wounds; he was not changed" (61). Showalter (172) argues that healing for Septimus was impossible, since true patriotic soldiers were not allowed to show any display of emotions, while Smith (195) believes the veteran was denied any right to mourning, therefore healing, by his gender. Septimus' mourning and suffering "feminize him" with grief wrongly assumed to be an unpatriotic trait (Anisiei 4). His and Rezia's obsessive and continuous dread that people "might notice" (Woolf 2016: 18) is a typical example.

Common words such as hunger, fear, death hold different meanings for ordinary people and become "different realities" for the trauma survivor. Bouts of paranoia are another common symptom of PTSD: such as when he pointed "at her hand take her hand, look at it terrified" (Woolf 2016: 58) (when he saw Rezia was not wearing her wedding ring). The characteristic 'gazing' and 'staring' are other undisputable symptoms: so profoundly encapsulated in their obsessive thoughts, sufferers' attention is difficult to be re-directed towards the meaningful. Rezia's desperate attempts fail when she is trying to make him 'see', repeatedly imploring him to 'look' (21).

Numbness affected Septimus' ability to speak about the endured ordeals or to express his depleting feelings and memories, in order to leave some room for healing. Herman stresses the link between the patient's difficulty to verbalise the trauma and its physiological effect: "preliminary results of brain scanning studies of patients with PTSD, using the sophisticated technique of positron

emission tomography, suggest that during flashbacks, specific areas of the brain involved with language and communication may indeed be inactivated" (240).

These findings can also be correlated with the brain's response to trauma and the body's reaction to perceived threat (known as fight-or-flight response), which has a typical reaction in the body: increased heart rate, heightened alertness, and the release of stress hormones like adrenalin, etc. (Vingerhoets et al. 34). However, any dysregulations of this response (usually caused by exposure to severe trauma) is identified as one of the causes of PTSD (Sherin 263). The reverse effect is that people with PTSD have been found to continually produce high amounts of fight-or-flight hormones even when there is no danger (Vingerhoets et al. 36). However, trauma affects individuals differently, and people's responses, when in a life-threatening situation, are not the same. While some may experience numbness and difficulty expressing their trauma verbally (known also as the 'declarative memory dysfunction' or "the ability to consciously remember and reproduce emotionally neutral material"), others may exhibit hyperarousal or avoidance behaviours (Samuelson 346). While the existing literature agrees that the memory dysfunction is both a pre-existing factor and a consequence of PTSD, memory problems reduce the patient's resources to address life's demands and can have a negative consequence on patients' ability to benefit from psychological treatment (349).

Many other theorists reiterate the victim's urge to speak out the trauma in a coherent narrative; but speaking out also meant that doctors knew how to listen—little from their behaviour depicted in Mrs. Dalloway suggests empathy. Septimus was very explicit in his intention to kill himself to escape his doctors:

> it was too late now. Holmes was coming. Razors he might have got, but Rezia, who always did that sort of thing, had packed them. There remained only the window, the large Bloomsbury-lodging house window, the tiresome, the troublesome, and rather melodramatic business of opening the window and throwing himself out. It was their idea of tragedy, not his or Rezia's (for she was with him). Holmes and Bradshaw like that sort of thing. (Woolf 2016: 131–132)

DeMeester (650) asserts that it is remarkable that Woolf ingeniously identifies the shell-shocked veteran's essential difficulty: not the suffering during the war, but the failure in giving meaning to this suffering, depriving the protagonist of purpose and leaving him with an existential emptiness. Emphasising the recovering process, DeMeester highlights Woolf's early understanding of a form of healing philosophy behind 'logotherapy', a concept and technique implemented by a Holocaust survivor and psychiatrist, Viktor E. Frankl (659). In his masterpiece *Man in Search for Meaning*, Frankl underlines every person's continuous search for purpose throughout life. The absence of meaning leads to an existential frustration, which sets the conditions for common neurosis to develop, just as Woolf imagined her character's development when back from trenches.

iii. Secondary Traumatic Stress as Reflected in Rezia's Behaviour

Secondary traumatic stress is not recognised by DSM-5 as an official mental health diagnosis and is often used "interchangeably with vicarious trauma" (Craigen et al. 40). Theoreticians such as Figley have analysed STS as the legitimate behaviour "resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from wanting to help a traumatized or suffering person" (7). Recent studies highlight the increased attention which should also be given to family members of the PTSD sufferer, which may experience STS.

Rezia's own suffering caused by her husband's alienation made her a highly eligible candidate to develop PTSD. Her husband's frequent crises carved deeply inside her and before she knew it, anxiety and anguish took over. Her incapacity to speak to someone about her husband's bouts of madness can lead readers into thinking that his suicide would have come to her as a relief: "and he would not kill himself; and she could tell no one. 'Septimus has been working too hard'—that was all she could say to her own mother. To love makes one solitary, she thought. She could tell nobody, not even Septimus now" (Woolf

2016: 19). His illness made two victims, not just one: "it was she who suffered—but she had nobody to tell" (19).

Condemned to silence, Rezia became a collateral victim of PTSD and her inability to seek help sentenced her to continual misery: "I am alone! I am alone!" (20). From a different angle, Rezia's own form of trauma could be seen as proof of domestic unloyalty, since at one point she just "can't stand it any longer" (Woolf 2016: 17) and abandons her husband to doctor Bradshaw's incompetency. She even complains about being rewarded with so much suffering, her own anguish distracting her from Septimus'. Memories and home country nostalgia make us wonder whether, on top of her struggles with Septimus, she is not suffering from homesickness, another symptom of depression caused by a traumatic change of environment, living "without friends in England" because she "had left Italy for his sake" (12). Her home country seemed distant, almost inaccessible, like a beautiful dream, or a mirage:

> Far was Italy and the white houses and the room where her sisters sat making hats, and the streets crowded every evening with people walking, laughing out loud, not half alive like people here, huddled up in Bath chairs, looking at a few ugly flowers stuck in pots! (19)

Dr Holmes, apart from repeating to Rezia that "nothing is the matter" (12) with her husband, recommended treatments ranging from music shows to crocket or other games played outside. Not that they would be inefficient, however, PTSD sufferers taken outside of their comfort zone and exposed to situations they do not feel at ease with, do not improve; on the contrary, this may even aggravate their condition since the victim "prefers to be with familiar people than with strangers" (Herman 218). Holmes's reassurances and recommendations, though most likely intended to help, fail to address the specific needs of Septimus. The suggestion to engage in public activities like music shows or outdoor games overlooks the importance of a safe and familiar environment for these individuals, overlooking the necessity of understanding the psychological comfort zones of the patients.

Conclusions

It is not a secret anymore that wars have profoundly affected survivors, often leading to permanent psychological disturbances and an existential void that necessitates a search for meaning. It took two world wars, and other ones of lesser magnitude but the same catastrophic consequences on the human psyche, for health specialists to fully understand the disastrous effects a war has on its survivors, leaving many unanswered questions related to the reasons behind this deferment. The key must have been accepting that the experience of war leads to permanent and dramatic psychological changes and disturbances. The existential emptiness that often accompanies unprocessed trauma can lead to severe psychological distress, making normal life painful to live, unless a constant search for meaning becomes the prevalent preoccupation of the survivors. This article has discussed the complex nature of Post-Traumatic Stress Disorder noting its prevalence and the vast array of symptom combinations that complicate diagnosis. It highlights the challenge of understanding PTSD, as it can encompass both victims and perpetrators of war crimes, reflecting the psychological aftermath of wars throughout history.

Virginia Woolf's doctors (herself a victim of incest and sexual abuse) who treated her during her bouts of illness, such as Dr Head or Sir George [Savage] as documented by her nephew (Bell 15,18), may have not encouraged her to talk through her traumatic life experiences; however, her genius found even a better way to deal with it: "the writing and rewriting process allows women to manipulate imagery and generate metaphors for their suffering, reframing their problems in a useful and creative manner" (Tal 172). Her experiences with trauma and her therapeutic use of writing proved to be an exquisite tool for any trauma survivors. Despite inadequate support from her doctors to address her suffering, Woolf utilized journaling and writing as a means to process her experiences creatively.

Ultimately, the aim of this work has been to shed more light on Woolf's literary oeuvre as a reflection of her struggle with trauma, illustrating how she

transformed her suffering into literature, demonstrating the transformative power of narrative. Virginia Woolf's portrayal of a shell-shocked veteran, Septimus, captures the core challenge of trauma—the struggle to find meaning in suffering. Woolf mirrored herself in the veteran's dysfunctionality, as a consequence of her own suffering, since trauma survivors have communication difficulties caused by their unfulfilled needs. Structured narratives belonging to the sufferers represent the transformative process of a traumatic event from one's past: from a painful memory to a liberating one. In other words, it proved to be an effective way of regaining control over one's existence.

Woolf used her talent and creative resources to cope with psychological pain. Her entire life is seen as the proof of how trauma can be creatively metamorphosed into literature, providing insight and healing not only for herself, but for readers as well. Surviving war and trauma in general is, therefore, forcing sufferers to find meaningful connotations to meaningless experiences.

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Abstract

Virginia Woolf's personal life has sparked an incredible amount of controversy throughout the years. Numerous speculations have been developed about her personal struggle with mental illness and the effect it had on her writing. This article argues that in Woolf's case, writing took the form of "scriptotherapy", which is regarded as an effective means of dealing with trauma. From another angle, the article aims to shed more light on yet another manifestation of Woolf's genius: an intuitive but accurate description of a war veteran's torment and subsequent suicide, as a consequence of dealing with untreated Post-Traumatic Stress Disorder. When examining Septimus' trauma, we identify similarities between his story and Woolf's personal experience with the male-dominated psychiatric elite of her times (documented by her biographers). The study also investigates Virginia Woolf's feminist perspective on trauma, through analysing societal norms' profound influence on human suffering.