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RECOGNIZING THE WAR-TORN WIVES OF WEST'S *RETURN OF THE SOLDIER* and
WOOLF'S *MRS. DALLOWAY*

by

NICOLE TURNER

Under the Direction of Randy Malamud, PhD

ABSTRACT

This thesis examines trauma experienced by wives of returned soldiers in Woolf's *Mrs. Dalloway* and West's *The Return of the Soldier*. Specifically, it considers how these women respond to their husbands returning from war shell-shocked. Critics and historians alike helped lift women's wartime stories into cultural consciousness, but this attention neglects female trauma that occurs concurrently with a soldier's shell-shock symptoms. Woolf and West both portray wives reacting to the symptoms of their husband's traumatization; the women's reactions resemble and often mirror symptoms of trauma. To explore how trauma manifests for these women, this thesis adopts frameworks established by Caruth, Herman, and Winnicott to assess how these traumatic narratives are told and what psychological experiences are being conveyed.

INDEX WORDS: Rebecca West, Virginia Woolf, Female, World War I, Trauma, Soldier, Mrs. Dalloway, The Return of the Soldier

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NICOLE TURNER

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Masters of Arts

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Georgia State University

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Nicole Kathleen Turner
2018

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1 INTRODUCTION

While the trend for a century has been to assess the “enormity of men’s suffering” during the First World War, this male experience should not “be awarded the only place in our cultural awareness” (Goldman 2). In recent decades, our definition and scope for who has earned sympathy and attention through war-time service has widened; women’s roles in the war efforts and action at home have become of critical and historical interest. Historians often acknowledge the “women at home” during the war in similar ways, often considering them based on their measurable contributions. Many summaries of women’s roles resemble Kristine Carlson Asselin’s:

The millions of women who didn’t enlist in the military or volunteer overseas took care of work and families at home. Many women filled vacancies left by civilian men in factories and other places of employment rather than taking roles with the military. Still others rallied their voices around the call for peace or contributed to the war in other ways. (65)

In considering women at home during and after the war, women who did not service their communities but instead attended to their war-torn, returned spouses are excluded. Further, their experience and how they were affected by prolonged proximity to the victims of war have not been considered. The cases of shell-shock that altered and often transformed lives of returned soldiers accelerated the period’s developing conversations about psychoanalysis and the mind; a companion conversation did not begin for the wives who witnessed this deteriorative wound in their returned soldiers. Beyond acknowledging the inherent distress related to having a shell-shocked spouse, we should too recognize the extent of women’s suffering that occurs because of and in concert with men’s suffering post-war.

A majority of families had sent at least one (and often several) of their men and boys (husbands, sons, fathers) to the trenches. A devastating number of these soldiers were killed in conflict. For those who survived the trenches, returning home did not mean a return to life before war. A combination of injuries ranging from corporeal dismemberments to psychological wounds, damaged the soldier, often rendering him unrecognizable to the family he had left behind. Both an ill-advanced medical community and a public who ranged from judgmental to ignorant created an environment that further prevented re-assimilation for the soldier post-war. The soldier's family, especially his wife, undertook the duty of caring for the partner she no longer recognizes, regardless of whether she was prepared or capable.

The shock associated with reuniting with a spouse in an altered state—who may have memory loss, be experiencing visions or hallucinations, or be suicidal—undeniably affects the soldier's wife. She effectively lost the pre-war version of her husband to the war, and in his place has gained a version with a psychological wound she does not understand. For wives of shell-shocked soldiers, the traumatic event is prolonged; these wives are continuously reminded of their losses, facing visual representations of their past and presentations of the present and futures all at once. As a result, women who experience this loss have the potential to become traumatized by both the shock of learning of their loved one's altered state and the consistent reminders of their irreparably altered lives.

In novels we witness a representation of these women's stories—a glimpse into the homes of returned soldiers. Rebecca West's *The Return of the Soldier* (1918) and Virginia Woolf's *Mrs. Dalloway* (1925) are often critically considered for their presentations of the returned soldiers experience but are not yet utilized as evidence to this female experience. Often, critics engage in lively consideration of the novels' primary traumatized soldiers—Woolf's

Septimus Warren Smith and West's Chris Baldry—ultimately privileging these characters, and their traumas, over the novel's other non-combat related traumas. This thesis explores how Woolf and West's novels also portray the enduring lives of female characters, who have undergone traumas off the battlefield that are both related and unrelated to the war, in addition to caring for their shell-shocked spouse post-war.

Current critical scholarship on both novels considers these women in terms of their function to, treatment of, and relationship with the returned soldier, rather than their individualized experience as women whose lives include a collection of difficulties, only one of which involved the traumatized soldier. A close reading of both texts reveals that many of the characters leave traces of their troubling experiences undeveloped because of the returned soldier's overwhelming and dominant presence. While some critics have endeavored to realize the experience of these women, few have considered the implications of having their traumas marginalized due to the shell-shocked soldier. Pursuing this lapse in scholarship, I propose that Woolf's and West's portrayals archive this otherwise neglected experience. Woolf and West do not position these characters as central, for their texts are mirrors to the society from which they form, but rather the characters exist through the eyes of the society who judges them and forces them into the periphery.

My thesis will deal with both novels,. Each chapter will first attempt to justify moving these characters from their peripheral existence (in both the novels and critical scholarship) to the center. This will involve criticizing how the novel's social systems—both the novel's narrators and the readership's cultural and critical contexts—have led to the women being misread and inaccurately characterized. By dwelling on how these characters have been mishandled and ultimately marginalized, I hope to develop a new terrain for considering these women, where I

will analyze experiences, testimonies and details that have heretofore been ignored. My first chapter will consider how *The Return of the Soldier* highlights Kitty's trauma through its glaringly apparent absence. My second chapter demonstrates how *Mrs. Dalloway* portrays Rezia Warren Smith's narrative patterns and impulses prove that she, alongside her husband, is experiencing trauma.

2 AN ALTERNATIVE “HOME FRONT”: REBECCA WEST AND

A *Times Literary Supplement* tribute article for Dame Rebecca West's 80th birthday in 1972 summarizes West's body of work as dedicated to her drive to "express reality" (Gibb 248). West "wrote 'to discover what she knew.'" However, "the eclecticism of her output, 'the interstices between her books' were too wide" and as a result "Dame Rebecca's work has not fused in the mind of critics" causing her to have no secure critical status since she "is too difficult to define" (248). West wrote and published for nearly a century, and her large, complex body of work embodied contradictions that muddied her critical reception, her ability to be categorized. For instance, her

tendency to write in different styles, genres, and voices; the fact that her published works span almost a century of incredible social, political, and literary changes; her eventually conservative stance, which included explosive anger toward Communists and homosexuals; and the fact that she does not inhabit a recognizably modernist or post-modernist space

account for her lack of popularity in academic and everyday reading circles (Norton xi).

Nevertheless, critics often gather around West's writing—including her letters, articles, reviews, essays, and novels—to hear her powerful positions on politics, specifically women's rights and feminism.

West entered Britain's public literary scene in 1911, becoming known as a fierce advocate for women and the women's suffrage movement with her "Votes for Women" letters and literary reviews in the periodical *Freewoman* (Deakin 14). In 1912, she moved to the respected socialist weekly publication, the *Clarion*, where her public feminist stance became more pronounced. Motley Deakin writes that reading "these thirty-four essays consecutively is to

experience a vivid... statement on feminism” (15). Writing was her form of demonstration, and her prose reflects her habits as an activist: “she observed, she assessed, she argued, she attacked with her pen” (Deakin 15).

By the outbreak of the Great War in 1914, West's feminism shifted towards the danger war posed to domestic spaces. In “Women of England,” West writes that the English “do not see that old things are rotting and new things are being born beneath our feet. Because men are dying to maintain their national life we do not notice that this national life is changing as quickly as they die” (1). She speaks to the “mass of Englishwomen still bound to [childbearing and rearing],” who “are busy with men and babies in homes beneath a sky unshaken by gunfire” (5). She criticizes a fatal societal flaw that allows for English people to watch “this spectacle of an endless stream of men filing out to die with slow, deliberate steps and casual smiles” that makes a society neglect or forget that they are “living under war conditions at all” (1). And she argues that, while England may attempt to ignore its realities abroad and overhead—with Zeppelins flying above and dropping bombs that “plough up the back garden and kill the neighbors' little girl”—if one walks “into any of the residential districts” the realities of English life will become clearer: “that this life is all gnawed with the war” (West 1, 5).

West's first novel, *The Return of the Soldier*, written in the spring of 1916, captures the temper of an elite family unit surviving through a seemingly hopeless war. That spring, the conflict “settled into a bloody stalemate along the trenches of the Western Front” and there were only accumulating deaths without any victories or advances (Hynes vii-viii). However, rather than depicting the dangers and deaths of No Man's Land, West portrays her acute focus on England's home front; the novel then becomes about what the effect the death tolls, stalemates, and deployments had on people's daily lives. Centered around an opulent family estate named

Baldry Court, *The Return of the Soldier* details the emotional contours and structures that occupy a home both while a country's men are away at battle and when they have returned changed. The novel thus proposes an alternative, female-dominated, battlefield—an alternative home front—which the network of women navigate together. The central conflict emerges when the novel's women, Jenny Baldry, Kitty Baldry and Margaret Grey, learn that Chris Baldry has returned from the battle front shell-shocked. As a result, he remembers a life of 15 years prior—prior to his marriage to his wife, the death of his son, and his service in the war. However, neither the traumatic event that caused his neurosis or his traumatic experience thereafter are considered. Instead, West's focus is trained to the female responses to the war and Chris's trauma.

This attention to traumatic events within the domestic space is significant since the text avoids reaching to the temporality beyond the narrative to describe traumas inflicted within the novel. While memories are recalled, and stories are told within the narrative, they never pertain to experiences of trauma. Explicit details about traumatic events remain off the page. Instead, the narrative's focus is character's responses to traumatic events. *The Return of the Soldier* enacts what Cathy Caruth defines as the traumatic experience not by portraying a traumatic event but rather by describing the subsequent responses that are symptomatic of a survivor of a traumatic wound. Caruth writes:

there is a response, sometimes delayed, to an overwhelming event or events, which takes the form of repeated, intrusive hallucinations, dreams, thoughts, or behaviors stemming from the event, along with the numbing that may have begun during or after the experience, and possibly also increased arousal to (and avoidance of) stimuli recalling the event. (*Trauma: Explorations in Memory* 4)

The novel imagines characters (consciously or unconsciously) “possessed by an image or event” that constitutes their traumatic experience (5). We meet Kitty Baldry in a moment of contemplation inside her deceased son's nursery, and we meet Chris Baldry as he faces his memory loss due to his shell-shock. However, the moments where these traumas occur are outside of the text. This exclusion shifts the novel's focus from how the characters become traumatized to how they respond to traumatic experience—what Caruth calls the “structure of [the traumatic] experience” that follows a survivor after a traumatic event:

the pathology cannot be defined by either the event itself—which may or may not be catastrophic, and may not traumatize everyone equally—nor can it be defined in terms of a *distortion* of the event, achieving its haunting power as a result of distorting personal significances attached to it. The pathology exists, rather, solely in the structure to its experience or reception: the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated possession of the one who experiences it. (4-5)

By establishing Kitty (rather than the returned soldier) as a traumatized figure within the novel, we can see that her belated traumatic experience is realized within the text. While Chris's memory loss may receive treatment and Jenny's acute stress get some narrative attention, Kitty's experience stubbornly permeates the novel.

2.1 (Re)Contextualizing Kitty Baldry Apart from Outsider Perspective

Embedded in West's *The Return of the Soldier* are glimpses into Kitty Baldry's experience as a grieving mother and disremembered wife. However, within the novel's small cast, Kitty's involvement and experience is marginal. Her traumatic past and present are featured but not developed; rather, readers witness her traumatic experience through an unsupportive framework—one that conceals the depth of her traumatization through subverting her character

and correlating her trauma with that of the returned soldier. Kitty impresses her traumatic experience upon the narrative beneath West's complex network of characterization and judgements.

Accessing Kitty is difficult, though, due to limited points of reference. Her dialogue is often short and distant. When she does elaborate, she reads as hurried, burdened, and distracted. Unless directly addressed or entirely compelled, she rarely speaks. Instead she remains in the margins and outside conversations. Kitty's character takes shape not by her essence or experience, but rather by how those around her speak of her—especially the narrator, Jenny, but also the novel's other minor and major characters. For readers to compensate for unclear reading, hearing Kitty's survivor story requires readers engage with other characters' reception and response to Kitty. Since those responses to Kitty are generally negative and unappealing, it then becomes important to understand the cultural context that fosters prescriptive, impersonal responses to women like Kitty and deconstruct the tendencies that foster those responses to Kitty's experience.

We can begin to see how Kitty's experience is concealed within the novel by considering the role of narrative within the text. As Ann Norton notes, “most critics have likened *The Return of the Soldier* to a Henry James novel” especially for the similar approach to narrative; in a Jamesian novel,

the narrator (first or third person) is usually a man, whose focus of interest is a woman experiencing changes or difficult challenges often related to her sexual roles or restrictions. Such a narrator is removed from the main action, and instead functions as the storyteller and psychological observer whose personal revelations shape the meaning of the drama she only witnesses. (Norton 8)

West “follows that basic model, but switches the genders through her first-person narrator, Jenny, a ‘spinster’ living in the home of a male relative who supports her in upper-class English style, and who is now a soldier at the front” (Norton 8). Jenny’s purpose is to retell events as she has seen them, rather than participating in the novel’s action (most notably, the love triangle between Chris, Kitty and Margaret). Instead, she perceives, sometimes responds to, and reiterates what occurs in Baldry Court. In her discussions about the novel, West maintains that her narrative depends on this level of detachment: “I had been obliged to tell the story in the first person, in the character of Chris’s cousin Jenny, in order that I could more vividly compare the effect Margaret produced on Chris’s household with the effect she produced on Chris” (232). While West’s letter does not consider Kitty or the implications of narrative within the novel, her admission reveals an overall desire to expose the emotional and social systems of the household post-return.

However, while Jenny may not change the plot, her narrative extends beyond witnessing and retelling. Rather, Jenny as narrator “blur[s] the lin[e] between reader/spectator and story/spectacle,” as Mara Scalon explains (68). Her narrative purpose is to relate the events that occur. However, in practice she also interprets her findings and retells the events alongside her insights (68). In her effort to relate the few eventful days at Baldry Court, Jenny’s narrative pointedly describes and characterizes Kitty in a way that matches Jenny’s preconceived notions. Accounting for these layers in Jenny’s narrative—what James Phelan and Peter J. Rabinowitz would call “multileveled communication¹” of narrative—offers a framework to further analyze

¹ Phelan and Rabinowitz, in the introduction to *Narrative Theory: Core Concepts & Critical Debates*, discuss the “focus on narrative as *purposive* means that we are interested in the ways in which the elements of any narrative...are shaped in the service of larger ends.” They continue, explaining that “the focus on narrative as *multileveled communication* means that we are interested not simply in the meaning of narrative but also the experience of it (3).

Kitty that extends Jenny's role beyond West's expressed intent (to relate the relationships and affections of the characters within Baldry Court). Instead, we can appreciate Jenny as influential perhaps not to the plot but instead to how the implied reader makes meaning out of the text. Then, Jenny Baldry bears responsibility for how this implied reader receives and codifies Kitty's experience. Focusing on areas where Jenny's inevitable limits as narrator interrupt reader's ability to receive Kitty is essential for putting Kitty into her own context.

Jenny's narrative tendencies make her inherently unreliable, and her capacity to effectively relate Kitty's character should also be considered questionable. However, even though "critics accept that Jenny's narrative ambiguities affect readings of Chris and Margaret, they seem to take her representation of Kitty at face value" (Pulsifer 41). Many critics conform to this assessment of Jenny: for instance, Jane Gledhill writes that Jenny's narrative voice "conceals a declaration of love that would be more appropriately expressed by his wife" (183) and Rebecah Pulsifer claims that she is so "driven by her parasitic love for her cousin" that it is not surprising that she "misrepresents Kitty" (42). The critical tension, then, is that Jenny's judgments of Kitty are informed by her personal investment in *how* Chris is loved by his wife, since Jenny cannot love Chris herself.² Since Jenny has these notions about Kitty and her involvement in their household dynamic, seeing Chris return from war with a new, repressed memory of his life allows Jenny to exclude Kitty and replace her with Margaret. Jenny's narrative is thus influenced by the narrative of Chris's memory loss—where he instead loves Margaret, whose character Jenny approves. The narrative works towards disremembering any

² Often, critics associate Kitty's response to Margaret's arrival by doing a biographic reading of *The Return of the Soldier*, considering her love affair with married H.G. Wells and her relationship with his wife Jane. During the affair, West "occasionally criticized [Jane] for disregarding his happiness and pleasure" (Pulsifer 40). However, this biographical reading of the text deflates reader's encounters with Kitty.

love between Chris and Kitty for the sake of a Jenny-approved (though unstable) love between Chris and Margaret.

The amalgam of Jenny's two roles—bystander and interpreter—emerges immediately. Jenny's rhetorically savvy, opening narration projects the negative opinions that Jenny feels towards Kitty onto the text. Jenny does this by isolating Kitty's response to Jenny's question, establishing an anachronic narrative³ that takes place within the temporal frame, making a passage that temporally appears later the introduction to the text:

"Ah, don't begin to fuss!" wailed Kitty; "if a woman began to worry in these days because her husband hadn't written to her for a fortnight--! Besides, if he'd been anywhere interesting, anywhere the fighting was really hot, he'd have found some way of telling me instead of just leaving it as 'Somewhere in France.' He'll be alright." (3)

Isolating Kitty's speech generates two integral and inter-dependent functions: first, to portray Kitty as disinterested in her husband's well-being and then to heighten the implied reader's perception of Kitty's disinterest by positioning it against Jenny's extreme and vocalized concern for Chris's well-being.

Then, the narrative formally begins with Jenny's interpretation of what brought Kitty to make her statement. Her explanation reveals little about Kitty's emotional state or thought process. Instead, she suggests that, alternatively, Kitty should behave more outwardly affectionate towards Chris. From this notion, and the narrative construction, the implied reader would see Kitty's behavior as an absence of love and kindness. Doubling this effect, Jenny's first-person narrative makes readers privy to the complex constellation of feelings that motivate her own outward expressions of anxiety towards Chris. Jenny contextualizes the Great War: she

³ Gennette, Gerard. *Narrative Discourse*.

describes her preoccupation with Chris's return ("That day its beauty was an affront to me, because like most Englishwomen of my time I was wishing for the return of a soldier") and recounts the pervasive, haunting nature of both the war and her worries for Chris, where she watches battles play out in cinemas, has dreams about him "running across the brown rottenness of No Man's Land" and awaits letters from Chris that relay his safety (5). She describes the intensity of her pain that preoccupies her consciousness day and night, her overall desires to disregard "the national interest and everything except the keen prehensile gesture of our hearts towards him" that causes her to feel extreme desires involving Chris's safety—to "snatch [her] cousin Christopher from the wars and seal him in this green pleasantness" that both Kitty and herself "now looked upon" (5). These digressions into her personal preoccupations with the war demonstrate her emotional tensions, but they also suggest that Kitty lacks the propensity to feel the same extreme emotions, or "heart," towards Chris. Kitty does not get the narrative space to explain what provokes her silence on these matters because of Jenny's power over the narrative and, consequently, reader perception.

Jenny also establishes a standard for appropriate behaviors of a wife—of empathy and concern—that she contrasts within Kitty throughout the novel. For instance, she reacts to Kitty's outwardly expressed behaviors, saying "I tried to build about me such a little globe of ease that always ensphered her" and presumes that to do such Kitty thinks "of all that remained good in our lives though Chris was gone" (5). Jenny and Kitty both maintain Baldry Court, which is likely what Jenny considers to be the "all that remained good" (5). And, to adopt Kitty's "globe of ease," Jenny retreats into a mindset that she presumes keeps Kitty apparently unruffled by Chris's predicament and the war. However, this reflection does not cure Jenny's pervasive worry; rather, images from the war continue to interrupt her thoughts. Thinking about what is

“good” is impossible since having good in their lives is contingent upon Chris’s happiness—something that cannot exist for either Jenny or Kitty while Chris is fighting in war. For example, Jenny says, “I could shut my eyes and think of the innumerable proofs that had succeeded [at making a fine place for Chris], for there was never so visibly a contented man” (6). She must close her eyes and imagine a “visibly contented man” because her reality otherwise demands she acknowledge that Chris is both at war and unhappy. Jenny cannot maintain a “globe of ease” because, as the narrative portrays, her conscious is occupied with intrusive thoughts of Chris at war. By contrast, Jenny is implying that Kitty does not have these same intrusive thoughts and concerns for her husband. So in doing, Jenny causes readers to question Kitty’s ability to appropriately experience (what Jenny describes to be) the haunting nature of having a soldier away at war.

Kitty cannot garner readers sympathies because Jenny precludes any opportunities for connection with West’s reader. For instance, Jenny’s negative characterizations persist, as Jenny criticizes Kitty as a mother who lost her child. In the opening scene, which takes place in the deceased Oliver’s nursery, Jenny first establishes that *if* Kitty is mourning *then* she should and would be left alone to “revis[it] her dead” (4). But, Jenny makes clear that she sees Kitty’s time in Oliver’s nursery as practical rather than reflective. After being prompted to stay in the room (“she called after me: “Come here, Jenny. I’m going to dry my hair”), Jenny abandons her sympathetic treatments of Kitty and instead begins criticizing Kitty’s character (4). Here, Jenny acknowledges that without the potential distraction of a mourning mother, she could look at Kitty once more and see her in her regular, critical image: “And when I looked again I saw that her golden hair was all about her shoulders and that she wore over her frock a little silken jacket trimmed with rosebuds” (4). Moving from her grief to suggesting she is vain allows Jenny to

chip into Kitty's personhood, where no longer is Kitty the woman who had lost a child, who is enveloped by her former, stolen reality. Instead, Jenny switches the narrative focus to likening her to a woman on a magazine cover, captivated by vanity, disinterest, and self-indulgence. By doing such, she disqualifies the idea that Kitty would be using the space to reflect on the loss of her child and instead replaces her activity with one of vanity, noting her statement "I always come in here when Emery has washed my hair; it is the sunniest room in the house" (4). Here, Jenny changes the conversation from Kitty's emotional and psychological potential, instead aligning her instead with nameless models on magazine covers: "She looked so like a girl on a magazine cover that one expected to find a large "7d." somewhere attached to her person" (4).

These characterizations and assumptions are enduring. Kitty cannot adequately counter Jenny's assessments. Rather, the narrative continues to elevate the voices and foils promoted by Jenny. We see this briefly when Chris, hearing a summary of who his wife is, responds negatively to the simplest of characteristics: Chris asked,

"Now tell us all about this Kitty that I've married." I told him she was a beautiful little woman and mentioned that she had a charming and cultivated soprano voice. He said very fractiously, 'I don't like little women and I hate everybody, male or female, who sings. O God, I don't like this Kitty. Take her away.'" (21)

And we see another intense judgment of Kitty through Dr. Gilbert Anderson, who presumes that because she does not understand the complexities of the role "effort" plays in a war neurosis patient, nor does she know the framework of the mind and a body's selves⁴ that she

⁴ When Kitty suggests that Chris should "make an effort" to remember his life prior to the war, Dr. Gilbert Anderson delves into a brief summary the psychology of the mind: "'Effort!' He jerked his round head about. 'The mental life that can be controlled by effort isn't the mental life that matters.'" (79). He continues, "You've been stuffed up when you were young with talk about this thing called self-control—a sort of barmaid of the soul that says, 'Time's up, gentleman,' and 'Here, you've had enough.' There's no such thing. There's a deep self in one, the essential self, that has its wishes. And if those wishes are suppressed by the superficial self—the self that makes, as you say, efforts,

is to blame for Chris willing himself to forget his family. He sarcastically responds to Kitty, with a smile, saying “if there was anything it’s evident that it was not your fault” (80).

Beyond this series of characterizations, Jenny’s deliberate removal of Kitty from the story of Chris’s return is the most damaging to interpreting Kitty. When the novel opens with Kitty “revisiting her dead,” Jenny takes the opportunity to revise Kitty out of her story. Between the opening and closing scenes, readers get minimal interaction with Kitty beyond being described as a “broken doll” who laid about, “face downward on a sofa, with one limp arm dangling to the floor” (61). Jenny’s interest is on other matters—on reimagining (and potentially reigniting) a love affair that ended fifteen years prior on Monkey Island. Jenny feels less obliged to develop Kitty’s character at all, for it is not the character which she wishes to include in her ideal future: “I had not really wanted Kitty; the companions I needed were Chris and Margaret” (63).

2.2 The Shape of Traumatic Experience: Assessing Kitty Baldry’s Actions and Inactions

The Return of the Soldier contains no explicit, unmistakably traumatic events. The novel’s most prominent traumatic event—the Great War—that inundates the novel and the characters’ consciousness remains outside of its context; readers, instead, are secluded in the English countryside to the extent that the bearer of the war’s experiences, due to his memory loss, cannot speak to what happened in war within the novel’s arch. Similarly, the death of two-year old Oliver, Kitty and Chris’s only son, occurs outside of the novel’s timeline. The narrative shows its ability to disrupt time and space, namely by returning to a past version of Monkey Island and transporting readers, via letter, to the moment Chris learned of his memory loss.

and usually makes them with the sole idea of our putting up a good show before the neighbors, --it takes its revenge” (79).

However, the narrative elects to keep other, relevant traumatic experiences absent from the narrative; specifically, the death of Oliver and the event that shell-shocked Chris. While *The Return of the Soldier* has a flexible timeline and reflects on more pleasant past experiences, the imagery, perspective, and atmosphere of these gruesome, traumatizing happenings all remain off the page.

There has been some critical consideration of Kitty as a central, traumatized figure in the novel, but critics agree that Kitty experiences lasting traumatic affections due to the loss of her son. Therefore, to assess the shape traumatic experience, or as Caruth puts it, “the story of trauma,” takes within this novel, we must look closely at how one’s encounter with trauma—“the escape from death or its referential force”—constitutes an “endless impact on [a survivors] life” (*Unclaimed Experience* 7). Kitty’s encounters with death, her traumatic wounds, present through multiple layers: her continued response to the death of her son and her reckoning with her wartime experience. These layers are splintered throughout the text, only suggested, often concealed within criticism, and are quietened by Kitty’s own seclusion. For Kitty, her response to the death of her son allows us to see how she responds to trauma elsewhere in the text.

For example, we see an understated acknowledgment that Kitty is grieving in the novel’s opening. Here, Jenny describes a private moment between a grieving mother and deceased son:

We were sitting in the nursery. I had not meant to enter it again after the child’s death, but I had come suddenly on Kitty as she slipped the key into the lock and had lingered to look in at the high room, so full of whiteness and clear colours, so unendurably gay and familiar, which kept in all respects as though there were still a child in the house. (*The Return of the Soldier* 3)

Jenny's description is brief, wedged between a comment about their present location and Jenny's own conceptualization of the space. But, the inclusion of Kitty's behavior—her instinct to return to the locked, neglected space, to hesitate, to observe—suggests that for Kitty, while the death occurred five years prior, it maintains a haunting quality. This intimate moment showcases how Kitty behaves privately in response to traumatic stimuli. Whereas we could read into Kitty's later behaviors in the nurse's room (namely, when she uses the space to groom herself) as instances of her disregarding the space's history, these small details reveal her intimate and decidedly private connection with the space and the memories it harbors—that the space contains Kitty's memory of her trauma, which Jenny's narrative does not acknowledge.

We can think about Kitty's behaviors and strategies for coping in this single instance in relation to her treatment throughout the novel. Her ability to love Chris—which entails, according to Jenny, outwardly grieving his absence, ruminating over his safety, obsessing about his return—is put into question because Kitty's is inclined towards privacy. Returning to the scene in the nursery, Kitty does not mention Oliver once Jenny is present, even though there is evidence that Oliver and his death are present in her mind. His inclination towards privacy and overall avoidance of vocalization her contemplations should then be considered in terms of how she responds to other difficult environments and scenarios. It proves that when she is isolated, distant and cold in response to Chris's condition, she applies her own coping strategies for dealing with traumatic experience.

This framework also clarifies Kitty's regular sharp, charmless comments in settings that provoke opposite reactions from Jenny. When Kitty is publicly encountering (and attempting to avoid) traumatic stimuli, Jenny (and critics, alike) often interprets her responses as insensitive. Approaching these moments as characteristics of Kitty's grief disassociates her response from

the negative character assessment and, instead, considers Kitty to be a person working within the structures of response to trauma and loss. One key coping mechanism for Kitty is denial: denying the problem exists (“Ah! Don’t begin to fuss...”), denying the problem is plausible (“Either it means that he’s mad, our Chris, our splendid sane Chris, all broken and queer not knowing us...I can’t bear to think of that. It can’t be true”), or denying the problem has credibility (“‘I’ve always said,’ declared Kitty, with an air of good sense, ‘that if he would make an effort...’”) (3, 17, 79). Kitty’s seemingly cold comments are not ill-natured, but rather, they fall into what Elisabeth Kübler-Ross explains to be a patient’s desire to find “a better explanation for” their troubles⁵ (37).

Kitty’s behavior after initially hearing of Chris’s shell-shock closely mirrors the denial exhibited by Kübler-Ross’ patients upon learning that they were terminally ill. Kübler-Ross writes that patients

reacted in the same manner; [they] asked for examination and reexamination, partially knowing that the original diagnosis was correct, but also seeking further evaluations in the hope that the first conclusion was indeed an error, at the same time keeping in contact with a physician in order to have help available “at all times.” (Kübler-Ross 38)

Similarly, Kitty questions the legitimacy of Margaret’s claim, interrogating her responses to their questioning:

“Why, that he’s hurt,” [Margaret] gently said.

“Wounded, you mean?” asked Kitty.

⁵ Elisabeth Kübler-Ross’ conclusions about denial stem from her study of over two hundred terminally ill patients, who she interviewed after they had received their diagnosis. From these interviews, she founded the following stages of the grief process: (1) death and isolation; (2) anger; (3) bargaining; (4) depression; (5) acceptance. Because of the nature of *The Return of the Soldier*, and Chris’s hypnosis/cure, I find that only Kübler-Ross’ first stage of grief applies to this text.

...”Yes,” she said, “he’s wounded.” (11)

She continues this pursuit of a less consequential truth, trying not to accept the possibility that Chris could be harmed:

“How is he wounded?” [Kitty] asked.

The caller traced a pattern on the carpet with her blunt toe.

“I don’t know how to put it...He’s not exactly wounded...A shell burst...”

“Concussion?” suggested Kitty.

She answered with the glibness and humility, as though tendering us a term she had long brooded over without arriving at comprehension, and hoping that our superior intelligences would make something of it. “Shell-shock.” Our faces did not illumine so she dragged on lamely. “Anyway, he’s not well.” Again she played with her purse. Her face was visibly damp.

“Not well? Is he dangerously ill?”

“Oh, no!” She was too kind to harrow us. “Not dangerously ill.” (12)

Beyond interrogating the person providing her the information, she mirrors Kübler-Ross’ patient, maintaining a faint sense that what she is being told is plausible. Similar to the patient’s inclination to keep doctors close-by, Kitty interjects Margaret’s testimony into her own denial of Chris’s condition:

I can’t bear to think of that. It can’t be true. But if he isn’t...Jenny, there was nothing in that telegram to show he’d lost his memory. It was just affection—a name that might have been a pet name—things that it was a little common to put in a telegram. It’s queer he should have written such a message, queer that he shouldn’t have told me about

knowing her, queer that he ever should have known such a woman. It shows there are bits of him we don't know. Things may be awfully wrong. (17)

This conflation of stories reveals Kitty's inclination to believe Margaret. While the gravity of the news is not as extreme as Kübler-Ross' terminally ill patients, the "thing" that is "awfully" wrong, the thing that she painstakingly denies in this scene, is the truth that the Chris she knew is lost to her—both in the sense that he is memory has forgotten her, but also that the Chris she *did* know, who *did* remember her, withheld information from her. This realization—what she calls a "breach of trust"—becomes something to be mourned within their marriage and something then works through for the remainder of the novel.

The novel's cast goes as far to acknowledge that Kitty should feel intense pain after learning of Chris's condition and would need appropriate care. When Frank Baldry writes his letter confirming that Chris is, in fact, shell-shocked and has experienced memory loss of fifteen years, Frank acknowledges that Kitty could require appreciable attention to prepare for the experience of learning of Chris's wound and his return home. Strikingly, too, Frank's letter to Jenny even uses the popular referent for what causes traumatic war neurosis—shell-shock—in relation to Kitty; Frank Baldry suggests that Jenny "prepare Kitty for this terrible shock" to the extent that she "be made to understand" what Chris's condition entails for the couple. This is significant since it accentuates the nature of Kitty's experience as a shock or trauma that can be considered alongside the soldier's more commonly recognized trauma. He explains the nature of the care Kitty would require:

I wish she could be spared the experience, but since he is coming back and is certain to betray his real forgetfulness of her—for I am convinced there is no shamming in the

business, there is a real gap in his memory—she must of course be made to understand. I hope that she may have the strength in the time of trial that lies before her. (22)

Frank even offers to attend to Kitty in an unofficial manner, saying “Tell me if I can run over now or any time either to talk to her or to help, so far as I can help, with him” (22). Except, Kitty never receives this care—either that offered by Frank or suggested for Jenny. Ignoring Frank’s suggestion, Jenny moves forward “to a week later” when “they brought Chris home” (22). Doctors and caregivers monitor Chris’s condition, and the main characters are occupied caring for Chris, but there is no dedicated time to care for Kitty. As a result, we witness Kitty cope with her traumatization alone.

3 VIRGINIA WOOLF, THE GREAT WAR, AND *MRS. DALLOWAY*

In 1940, Woolf wrote “Thoughts on Peace in an Air Raid” for a symposium on topics regarding women. She compares the “queer experience” of an air raid to “lying in the dark ... listening to the zoom of a hornet which may at any moment sting you to death” (243). She describes London women’s exposure to the war: “Up there in the sky young Englishmen and young German men are fighting each other. The defenders are men, the attackers are men. Arms are not given to the English woman either to fight the enemy or to defend herself. She must lie weaponless tonight” (243). Even though she does not participate in the war’s conflicts, they affect her. The sound of plane, a hornet, above “interrupts” an English woman’s “cool and consecutive thinking” (243). War, for women exposed to the conflict, is not a physical battle but a battle within the mind. “The hornet in the sky rouses another hornet in the mind” reminding her that peace is not near (244).

This sentiment infuses much of Woolf’s war writing. In her third novel, *Jacob’s Room* (1922), a battleground emerges not on Flanders Field but in the mind of Betty Flanders, as she rifles around the belongings of her son, Jacob, who died fighting in World War I. For Betty, her son’s death in war produces a single question; she asks, “What am I to do with these...?” as she holds out a pair of her son’s old shoes and ignores Bonamy’s mention of the war itself: “‘He left everything just as it was,’ Bonamy marveled. ‘Nothing arranged. All his letters strewn about for anyone to read. What did he expect? Did he think he would come back?’” (155). Focusing on “the irrevocable nature of death and the inconsolable effects of loss,” *Jacob’s Room* is concerned with addressing war through “its causes and effects” rather than “represent[ing] the war” on the page (Wallace 23-4).

Jacob's Room, which concludes in a room “overwhelmingly empty yet eerily occupied” by the legacy of “‘the bloody war’ of 1914-1918,” suggests that the war is “continually brought home to people” (Bradshaw xi). Early in *Mrs. Dalloway* (1925), Woolf reiterates this argument by re-presenting the theme of the war “brought home.” Bradshaw notes that “the image of Betty Flanders holding out her dead son’s shoes is called to mind soon after the beginning of *Mrs. Dalloway* when Clarissa thinks of ‘Lady Bexborough who opened a bazaar... with the telegram in her hand, John, her favorite, killed’” (Bradshaw xi, *Mrs. Dalloway* 4). In less potent ways, the fixedness of the war in Londoners’ minds is ever-present for *Mrs. Dalloway*’s characters. For example, Peter Walsh, returned from service in India, “observes the Trafalgar Square monuments to the great military heroes of empire” while watching “the progress of a group of...working-class boys undergoing military training” and marching towards the Cenotaph on Whitehall St (27). Collectively, Londoners are reminded of the war in even less obvious ways: jolted by a car backfiring on the street, an unnerved, Miss Pym thinks “oh! A pistol shot in the street outside” and Septimus Warren Smith connects the gunshot like sound to imperial dominance: “The world has raised its whip; where will it descend?”; or, again, observers are “for a moment” still upon hearing the sound of a plane overhead, leaving Mrs. Dempster with “her stomach...in her mouth” (*Mrs. Dalloway* 12, 25). In *Mrs. Dalloway*’s London, set five years after Armistice, the war maintains an ability to break “cool and consecutive thinking,” like Woolf’s observation in “Thoughts on Peace During an Air Raid” (243). With delicacy and nuance, *Mrs. Dalloway* accesses a Londoner’s relationship to the war that has since ended. Woolf’s novel depicts an internal balancing act, a return to a pre-war society corrupted by reminders of events that changed the city’s psychological framework.

To create war fiction without describing war itself, Woolf's story of a war-torn city's psyche required creating new modes for describing experience. Her quintessentially modernist, revolutionary approach required something apart from standard descriptions and plot. Instead, Woolf tried to represent the mind at work, operating without plot but instead by impulses, memory, cognition. Woolf writes:

Examine for a moment an ordinary mind on an ordinary day. The mind receives a myriad impressions—trivial, fantastic, evanescent, or engraved with sharpness of steel. From all sides they come, an incessant shower of innumerable atoms; and as they fall, as they shape themselves into the life of Monday or Tuesday, the accent falls differently from of old; the moment of importance came not here but there; so that, if a writer were a free man and not a slave, if he could write what he chose, not what he must, if he could base his work up his own feeling and not upon convention, there would be no pot, no comedy, no tragedy, no love interest or catastrophe in the accepted style. (“Modern Fiction” 232)

Abandoning the restraints of convention, she suggests the method that is ultimately adopted for *Mrs. Dalloway*: “Let us [novelists] record atoms as they fall upon the mind in the order which they fall, let us trace the pattern, however disconnected and incoherent in appearance, which each sight or incident scores upon the consciousness” (“Modern Fiction” 232).

Critics interested in themes of war in *Mrs. Dalloway* find this new approach to narrative, which values natural psychological patterns, an effective means for conveying traumatic experience. Critical conversations about *Mrs. Dalloway*'s approach to conveying residual trauma and reverberating effects of war chiefly revolve around the novel's representation of shell-shocked soldier Septimus Warren Smith. Neither Septimus nor his wife, Rezia, can escape reminders of the war. Septimus is reminded of the war regularly as his consciousness is diverted

from reality to hallucinations of the dead walking among the living. Together the couple is reminded how the war defines their otherness as they struggle to maintain the public's standards for normal behavior. Awareness of their otherness is what motivates Rezia to seek out medical care, for it gives her great anxiety when people see Septimus's post-war withdrawn nature and hear him speak of killing himself. She brings him to doctors, who represent the predominant attitude that mental illness should be concealed.

While the novel describes the duality of their post-war condition, and the narrative oscillates between both experiences, critical scholarship has heretofore applied theories of trauma and psychological distress only to Septimus. By focusing solely on Septimus to assess these prominent themes in *Mrs. Dalloway*, critics fail to consider the extensive scope and far-reaching concept of trauma the novel adopts and develops—how the war was received by a tremendous variety of Londoners and how its effects have irreparably altered the city's people. Particularly, by analyzing Septimus in isolation, critics overlook his wife, whose trauma is a result of the war and occurs parallel to her husband's⁶.

⁶ Woolf's biography reminds us of her sympathies towards the shared experience of mental illness between a married couple. Virginia Stephens married Leonard Woolf in between nervous breakdowns (Wallace 13). Leonard's role in Virginia's continued breakdowns "has been the focus of biographical and critical speculation, much of it focusing on the question of whether Leonard was too controlling, or simply caring" (Wallace 13). While writing *Mrs. Dalloway*, Leonard enforced orders of Virginia's doctors to rest and not write. Roger Poole recognizes parallel timeline between Woolf writing *Mrs. Dalloway* and Leonard enforcing doctor's ordered rest cures. While she was allowed to write, Leonard ensured she was living a "quiet, vegetative life, eating well, going to bed early, and not tiring herself mentally or physically" and, upon any symptoms of her illness, Leonard sent her to bed to "lay doing nothing in a darkened room, drinking large quantities of milk and eating well" until the symptoms subsided "in a week or ten days" (Blackwell-Starnes 32; L. Woolf 76). Despite this consistent care from Leonard, Woolf recognized that the strain her illness would have had on their relationship. She wrote about this to Leonard with a thankful tone in her suicide note.

3.1 Limits to Reading Rezia

While *Mrs. Dalloway* is lauded for its ability to rove between various psychologies in post-war London, scholarship on this theme only minimally considers the role of Rezia Warren Smith. Rezia gets the same close, interior narrative framing as other principal characters of *Mrs. Dalloway*; her actions, thoughts, and motivations are on display for readers and are often central to understanding the novel's plot and themes. However, her account of a wife's post-war psyche is disregarded. This lack of scholarship on Rezia's experience is curious. She is not under-represented; her narrative constitutes a great deal of her and Septimus's narrative sections and is considered the dependable account of the couple's experience. Despite this presence and power over the Smiths portrayal, critics distrust Rezia's character.

In part, this negative reception derives from how readers categorize Rezia within the novel's network. Readings of the novel seem to disassociate her from its heroes and heroines. On one hand, Septimus is connected to Clarissa—and, subsequently, Sally and even Peter—by the end of the novel, through Clarissa's epiphany about life, death, and suicide:

But why had he done it? And the Bradshaws talked of it at her party!

She had once thrown a shilling into the Serpentine, never anything more. But he had flung it away. They went on living (she would have to go back; the rooms were still crowded; people kept on coming). They (all day she had been thinking of Bourton, of Peter, of Sally), they would grow old. (*Mrs. Dalloway* 156)

Criticism greatly discusses the connection between Septimus and Clarissa's connection, and Woolf also acknowledges the pairing in her introduction to the novel's Modern Library edition. Rezia, however, is separate from this connected, central grouping. She is not mentioned at Clarissa's party or after Septimus's death.

Being excluded from the central group, Rezia is instead aligned with the novel's villains, Holmes and Bradshaw. Critics "variously tak[e] [Rezia] to serve as an access point between Septimus the traumatized veteran and a paternalist order that drives him to suicide" (Fowler 29). Critics like Jean Thompson attribute Septimus's suicide in part to the unsympathetic, inadequate medical care he received, but also to his wife who administers and continues his treatments, concluding that Rezia "cares for Septimus but her actions lead to his suicide" because her care for him is considered an extension of doctors' flawed treatment plan for insane patients (57). These factors cause readings of Rezia's character to focus on "her passivity, her supposed collusion with Holmes and Bradshaw, or her simply ignorance" (Fowler 29). Rezia appears to trust Septimus's doctors. For instance, Rezia's narration reveals that she is not convinced by Holmes's conclusions (both Rezia and Septimus "know there is something wrong"), but she "feels compelled to do as Dr. Holmes has recommended" (Thompson 57). She continues to repeat Holmes's diagnosis even during personal, internal reflections—"For he was not ill. Dr Holmes said there was nothing the matter with him"—in spite of her awareness of its inadequacies. Since Rezia carries out the doctor's prescribed treatments, she becomes partly responsible for the treatment's results.

Analyzing Rezia simply through her responses to Septimus does not consider anything beyond how Rezia *affects* Septimus. Analyzing how Septimus responds to Rezia makes her an aspect of his environment—an environment that includes numerous triggers and traumatic stimuli, ranging from loud noises and airplanes to Holmes and Bradshaw. Rather, based on the amount of space afforded to Rezia in the novel, and background details attributed to her character, critics should look to Rezia as a fixture within the novel tied to Septimus but not inextricably bound and, most importantly, worthy of independent consideration.

Intimate internal reflections and interior monologues give readers insight into harsh, intricate realities of a woman in Rezia's situation. An example of one of Rezia's most intense, heart-wrenching admissions is when, in Regent's Park, the narrator admits: "Far rather would she that he were dead!" (*Mrs. Dalloway* 19). In 1920s England—and even now—for a woman to consider the value in a husband no longer difficult for a reader to accept. Moreover, when sympathies are already greatly extended to the countless wives of deceased soldiers from World War I, the ingratitude expressed by Rezia here can be unnerving. Seeing Septimus talk to himself, Rezia pivots the conversation into one about her own suffering:

why should I suffer? She was asking, as she walking down the broad path. No; I can't stand it any longer, she was saying, having left Septimus, who wasn't Septimus any longer, to say hard, cruel, wicket things to talk to himself, to talk to a dead man on that seat over there . . . But for herself she had done nothing wrong she had loved Septimus; she had been happy' she had had a beautiful home, and there her sisters lived still, making hats/ Why should *she suffer*? . . .—but why should *she* be exposed? Why not left in Milan? Why tortured? Why? (*Mrs. Dalloway* 55)

The juxtaposition of Septimus's life-ending trauma can overshadow a reader's empathy for Rezia's suffering. Whereas she can make a case for the difficulty of her experience, the extremity of her language and emphasis on her own experience in isolation reads as cold and disinterested in her husband's vividly apparent trauma.

3.2 “It is she who suffered—but she had nobody to tell”: Assessing Rezia Warren Smith’s Traumatic Experience from Fragmented Psychology to Defense Mechanism

The novel depicts Rezia and Septimus’s turbulent day in June—punctuated by his suicide—which, otherwise, appears to be representative of a regular day: Rezia brings Septimus to doctor’s appointments, Rezia feebly attempts to curtail Septimus’s symptoms, Rezia secludes Septimus from the public’s gaze, Rezia summons doctors for house calls when all else fails. The narrator discloses Rezia’s discomfort with this plight: “She spread her hand before her. Look! Her wedding ring slipped—she had grown so thin. It was she who suffered—but she had nobody to tell” (20). Rezia is in denial of her situation’s permanence: “‘Look, look, Septimus!’ she cried. For Dr Holmes had told her to make her husband (who had nothing whatever seriously the matter with him but was a little out of sorts) take an interest in things outside himself” (18). She expresses that she is entirely alone in her endeavor to persevere post-war—“I am alone; I am alone!”—without a dependable ally to help her make sense of her plight so she can move forward; the absence of meaningful human contact and therapeutic conversations reminds her of her current situation’s isolation. She describes her new life: a life without family bonds—“Septimus had been working too hard’—that was all she could say to her own mother”; without casual conversations—“Far was Italy...where her sisters sat making hats,” versus England where “there was nobody,” so “her words faded”; and without a husband to attend to and notice her—“She put on her lace collar. She put on her new hat and he never noticed; and he was happy without her” (Woolf 20).

When we look past Rezia’s confessions about Septimus’s conditions, we see that she is most concerned with her own lack of personal connections and refuge. Dori Laub explains that most survivors of trauma “nee[d] to tell [their] story in order to survive” in order to make

meaning from it (63). Whereas Caruth argues that traumatic experience is unspeakable, *Mrs. Dalloway's* narrative affords readers access to a survivor's contemplations about this unspeakability. Since Woolf's narrative "form preserves the psychological chaos caused by trauma instead of reordering it as more traditional narratives do," we can look to Rezia's internal narrative schemas (as critics have done with Septimus) to assess Rezia's state and, in turn, make meaning from her story (DeMeester 59). Rezia manifests the psychological and physical distress her environment and experience cause her. Through her and Septimus's hurried movements through London, Rezia (like her husband) relates a complex disintegrated experience and desire to be heard.

We can assess how Rezia is at pain to grieve the loss of her former life, and reconcile herself to her present, by analyzing her responses to stimuli related to her unresolved traumatic wound. Rezia's narrative sections are made up of first-person dialogue and reflection, combined with a second omniscient narrator, who describes the contours of both external (London) and internal (the mind) environments. From this narrative schema, we see a wide examination of spaces Rezia occupies, the individual aspects that affect her, and what those stimulants provoke within her internal narratives. For example, when Septimus displays behaviors that public would then consider symptoms of madness—which makes Rezia concerned that they think she is married to a madman rather than a decorated soldier—Woolf's layered narrative relates Rezia's internal and external *reactions* (from triggering, through response, to reflection):

...and Septimus heard her say 'Kayy Arr' so close to his ear, deeply, softly, like a mellow organ, but with a roughness in her voice like a grasshopper's, which rasped his spine deliciously and sent running up into his brain waves of sound, which, concussing, broke. [...]'Septimus!' said Rezia. He started violently. People must notice. (Woolf 19)

Hearing a person sound out “K” and “R” stimulates a reaction from Septimus. We see from Rezia’s own reaction—“Septimus!”—and the narrator’s intrusion—“He started violently”—that Septimus responded to being triggered by the sounds he heard. Since she is concurrently triggered by his response, Rezia subsequently shifts into a reflection about secondary effects of their individual responses; “People must notice” alludes to analogous “triggers” from the public that influence Rezia’s psyche related to the couple’s private circumstance.

We can look to how Woolf uses fragmentation to convey the mind’s impulses and reaction to understand Rezia’s responses to her environment. Fragmented narration is characteristic of the modernist novel, and *Mrs. Dalloway* is no exception. In the case of traumatized characters like Rezia and Septimus, fragmentation reveals how trauma interferes with a character’s ability to properly assess time and space. As Judith Herman explains, survivors of trauma

cannot resume the normal course of their lives, for the trauma repeatedly interrupts. It is as if time stops at the moment of trauma. The traumatic moment becomes encoded in an abnormal form of memory, which breaks spontaneously into consciousness, both as flashbacks during waking states and as traumatic nightmares during sleep. (37)

According to Herman, this disorganized internal narrative translates into disorganized comprehension of the traumatic event. The disorder within Rezia’s narration, especially in relation to temporality and space, displays how she relives her traumatization “as though it were continually recurring in the present” (37). For example, while in Regent’s Park, Rezia separates herself from Septimus to momentarily escape the effects of his behaviors. Walking around a fountain, she contemplates her distress and drifts into a separate realm that embodies the

isolation and pain, which are characteristic of her trauma. Rezia exits both her actual location and linear time, and she is reinserted into an imagined space, which she describes as “dark as perhaps at midnight, when all boundaries are lost, the country reverts to its ancient shape, as the Romans saw it, lying cloudy, when they landed, and the hills had no names, and the rivers wound they knew not where—such was her darkness” (Woolf 21). There she oscillates around both visions of her past and conceptualizations of its meaning: “suddenly, a shelf [...] shot forth and she stood on it, she said how she was his wife, married years ago in Milan, his wife, and would never, never tell that he was mad!” (21). Her memory of her history—of marrying Septimus, and the different promises that entails—are wrapped in her new comprehension of their marriage. Her duty as wife has changed, and the memory demonstrates how her recollections have concurrently altered. Still in her metaphorical realm, Rezia is jolted through time once more; she is reminded that her husband “is gone,” suggesting that the man from her memory, to whom she remains married, is emotionally and symbolically absent: “Turning, the shelf fell down; down, down she dropped. For he was gone, she thought—gone, as he threatened to kill himself—to throw himself under a cart!” (21).

Woolf’s stream of consciousness narratives highlight such breaks in characters’ internal linearity. We see how Rezia’s internal responses rebound and materialize back into her external environment in the form of reactions. Rezia adopts behaviors in order to defend herself from the series of responses spawned by the external environment’s triggers. In the same scene, after shouting “Septimus!” Rezia removes herself from the scenario that provokes her internal agony. As the plane skywrites a toffee advertisement, Rezia excitedly places her hand on Septimus’s knee—for he, momentarily, had followed doctor’s orders and taken “an interest in things outside himself” at Rezia’s command to “Look, look” to the sky. The narrator describes the moment:

“Happily Rezia put her hand down with a tremendous weight on his knee so that he was weighted down, transfixed, or the excitement of the elm trees rising and falling, rising and falling...so superbly would send him mad” (Woolf 19). Her heavy grasp on his physical body is an effort in preservation. Septimus is momentarily recognizable and (to a degree) consistent with that man that she had known before. When the moment passes—“But they beckoned; leaves were alive; trees were alive”—and Septimus behavior reverts—“‘Septimus!’ said Rezia. He started violently. People must notice.”—Rezia determines that she “can stand it no longer” (19). Rezia leaves Septimus’s side:

“I am going to walk to the fountain and back,” she said. For she could stand it no longer. Dr Holmes might say there was nothing the matter. Far rather would she that he were dead! She could not sit beside him when he started so and did not see her and made everything terrible; sky and tree, children playing, dragging cars, blowing whistles, falling down; all were terrible. And he would not kill himself; and she could tell no one. (Woolf 20)

Rezia’s dialogue and interior monologue, however, suggest that even though she is avoiding her traumatization (which occurred in her past), her fear manifests in future events: the public witnessing her husband’s desire to commit suicide or the suicide itself. This phenomenon resembles what D.W. Winnicott describes as the “fear of breakdown”; working within Winnicott’s model, we see Rezia has developed a “complex organization” for coping with environmental stimuli—walking to the fountain to separate herself from Septimus, avoiding telling her mother about his condition, ushering him into parks in order to conceal his behavior (Winnicott 103). But when we criticize this defense organization, we are left asking Winnicott’s fundamental question: “a defense against what?” (103). Winnicott argues that in traumatized

patients (like Rezia), we are witnessing a failure to accurately experience a trauma that has already occurred: that “the *fear of breakdown* is the fear of a breakdown that has already been experienced... a fear of the original agony which caused the defense organization” (105).

Walking around the fountain is Rezia’s approach to circumventing the agony she feels being near Septimus’s symptoms and being near the public’s reaction to his symptoms. It is a coping mechanism and also an ineffective attempt at therapeutic relief; rather, to relieve her anxiety, Rezia would require reaching what Winnicott calls “the bottom of the through,” where a patient engages with, or works “through,” a trauma, “the thing feared,” in order to make meaning from it (105). By remembering it, the thing feared by the patient can exist and have happened in the patient’s present (for until it has been remembered “the patient was not there for it to happen”) (Winnicott 105). She must reckon with the fear in herself that is aggravated by Septimus displaying symptoms of PTSD rather than deferring her pain to the future when the public witnesses (and thus codifies) that he has PTSD (and that their marriage is consequently fragmented, and her life has irreparably changed).

Rezia’s instinct to “walk to the fountain and back” is one within a series of movements and actions that are motivated by a compulsion to escape realizing her trauma. Rezia, though functioning more easily and sanely than her husband, performs a similar impulse to evade oppressive stimuli. Septimus’s narration just before he commits suicide aptly reveals a severe instance of this impulse to evade. When confronting doctors who Septimus recognizes will not ever adequately understand him or the “depth of his illness” and “who expect him to recover simply by returning to normalcy” through reintegration, “Septimus searches frantically for an escape”:

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. . .(He sat on the sill)...Coming down the staircase opposite an old man stopped and stared at him. Holmes was at the door. ‘I’ll give it you! he cried, and flung himself out vigorously, violently down on to Mrs. Filmer’s area railings (O’Connor 189, Woolf 136).

This evasion compulsion explains why often her dialogue, while in public, depicts Rezia focused on remaining unnoticed and mobile: “Let us go on, Septimus”; “Come on”; “People must notice” (Woolf 13) She has difficulty accepting that pre-traumatization normalcy is not possible for her. In response, she systematically compensates for this by entering public spaces with a similar defense mechanism she employed when separating herself from Septimus to walk around the fountain. In another example, while walking with Septimus, Woolf’s narrative portrays how these external stimuli influence and dictate Rezia’s movements:

People must notice; people must see. People, she thought, looking at the crowd staring at the motor car; the English people, with their children and their horses and their clothes, which she admired in a way; but they were ‘people’ now, because Septimus had said, ‘I will kill myself’; an awful thing to say. Suppose they had heard him. She looked at the crowd...But failure one conceals. She must take him away into some park. (13-14)

Rezia is describing the personal sensations associated with making her post-war experience public and the jarring effect this has on her when contrasted against other Londoners. She wrestles with both the public witnessing her trauma and her evasion of witnessing her trauma herself in order to make meaning from it. Addressing her failure as the central object to be concealed suggests that Rezia is severely handicapped by having her failure witnessed and

consequently codified by the public. She needs (“she must take him”) to take Septimus into a park to “conceal” her “failure”—to hide from the public the materialization of her post-war experience.

Rezia’s environment trains her to have this convoluted relationship with therapeutic testimony. If she feels she is showing symptoms of psychological abnormality, she retreats into isolation to avoid the public’s reactions. Bystanders—and, really, any judgmental figures within *Mrs. Dalloway*’s milieu—remind her of her own isolation: they are “people now,” people with whom she is othered because of her experience being married to a traumatized soldier. Critics, such as Blackwell-Starnes and Van Wert, often look to Septimus’s suicide scene in conjunction with Woolf’s biography, citing it as Woolf’s statement on the medical community’s failure to adequately treat psychological ailments. Woolf makes clear that Septimus’s doctors have failed to adequately assess and treat Septimus’s needs. Such also could be said about Rezia, and her doctor’s failure to address her needs. For example, the only instance where Rezia is treated by a 1920s medical professional immediately follows Septimus’s suicide. Her treatment mirrors the sterile, unfeeling treatment Septimus received, with the doctor’s objective being to “aid the grief stricken...without acknowledging the source of pain”; after Septimus’s suicide, his then-former doctor, Dr. Holmes, admits that he sees PTSD as a symptom of cowardice, shifts to treat Rezia and concludes that the sight of Septimus’s body would be too much to bear. He moves forward with a treatment that is intended to sequester her from reality, with the rationale that “her husband was horribly mangled, would not recover consciousness, she must not see him, must be spared as much as possible” (127). He tells her “she must be brave” and gives her “a sleeping draft, a chemical version of the rest cure⁷” (Woolf 127, Smith 150). Any attempts Rezia makes to

⁷ Woolf underwent three rest cures after suffering from various delusions and difficulty sleeping (Blackwell-Starnes 32).

understand what has happened are muted. As she begins to lose consciousness, Rezia speaks of Septimus's death—"He is dead, she said, smiling at the poor old woman who guarded her with honest light blue eyes fixed on the door"—but the nurse, Mrs. Filmer, undercuts Rezia's naming of her grief's source—"But Mrs. Filmer pooh-poohed. Oh no, oh no!" (128). Woolf stacks these different elements, showcasing blunders within the medical system—a field that has made grief virtually unmentionable" (Smith 150). Mrs. Filmer questions this course of action—she thinks, "They were carrying him [Septimus] away now. Ought she not to be told? Married people out to be together...But they, must do as the doctor said" (128). Dr. Holmes's word prevails; he says, "Let her sleep" (128). As Rezia drifts into her prescribed rest, she sees the failures of this system laid out in front of her: the large outline of [Septimus's] body dark against the window" juxtaposed against that of Dr. Holmes (128). And with that Rezia thinks: "So that was Dr Holmes"—so that was the medical community, and that was the consequence of showing symptoms of traumatization in 1920s England (128).

This statement on the medical community highlights the greater social environment failing Rezia. Rezia feels London's desire to return to a pre-war state that excludes unseemly reminders of the war's cost, such as her husband. By avoiding Septimus, it would be easier "to pretend that nothing unusual had resulted from the war and that any casualties were heroic..." (Thompson 66). The novel reveals the mechanisms that perpetuate victims like Septimus and Rezia's pain. Sir William Bradshaw has "methods for keeping control" of Septimus's psyche, "believes in a sense of proportion and has the ... aim of restoring Septimus to a more balanced state by in-patient treatment" (64). This treatment is not intended for the betterment of the patient; Sir William Bradshaw—and seemingly Dr. Holmes, based on his lack-of diagnosis for Septimus—commits Septimus

to a private nursing home and then visit him once a week [...] prescribes: "... rest in bed; rest in solitude; silence and rest; rest without friends; without books, without messages; six months rest; until a man who went in weighing 7 stones 6 ounces comes out weighing 12,'32 is a savage parody of instructions to Virginia and Leonard Woolf that she needed to rest, must not work. (Thompson 64)

Asking Septimus to "take interest in things outside himself" was not a method for treating *his* pain but rather is an approach for tempering his condition for his wife and for the public who must endure his traumatization and be reminded of the residual costs of the war (Woolf 13)

Similarly, Rezia is left untreated. The grieving wife exits the novel without speaking her pain—pain associated with both her personal attachment to a war-related death and the public's failure recognize her experience.

4 CONCLUSIONS

Woolf and West's novels observe English households and life from different vantage points. Though the themes, concerns, and results are alike, the setting, characters, and plot take entirely different directions. However, by the end of the both novels, the wives of returned soldiers both find a sense of resolution to their trauma by having it witnessed.

Of the two novels, only *Mrs. Dalloway* portrays death on the page. Rezia witnesses Septimus commit suicide by jumping from his apartment window. Considering her extreme anxiety in anticipation of this event, Rezia's reaction is curious. As Holmes's medication begins to sedate her, she responds to what she has witnessed: "He is dead,' she said, smiling..." (127). Rezia's instinct to smile suggests that a semblance of relief falls over her. Woolf's ending implies that as the news of Septimus's story reverberates through London and exposes the "failure" Rezia wished to "conceal," Rezia is thus able to come to terms with her experience (*Mrs. Dalloway* 14). Once, Peter Walsh could see Rezia and Septimus in Regent's Park, amid her efforts to distract Septimus from his sights of the dead walking amongst the living, but now he sees Septimus's ambulance as it darts past him on the street. This symbolizes how the death is on display for the public to see, ultimately being communicated. Similarly, the death makes it to Clarissa Dalloway's upper-class party, where Sir William Bradshaw mentions the suicide, causing Clarissa to imagine what it could mean: "A young man had killed himself. And they talked of it at her party..." (156). Concurrently with Septimus's great attempt at communication, Rezia's experience is integrated into the public's collective consciousness of the war. Clarissa, a representative of London's center, reflects: "But why had he done it?" and concludes that "death [is] defiance. Death [is] an attempt to communicate..." (156). Ultimately, Septimus's final

gesture overwhelms his wife's desperate attempts to keep his condition private and uncommunicated.

The Return of the Soldier concludes with a similar nod to comfort in death. Chris Baldry's death is not confirmed, but Jenny hypothesizes that it will be a consequence of his memory's return:

...but with a soldier's hard tread upon his heel. It recalled to me that, bad as we were, we were yet not the worst circumstance of his return. When we had lifted the yoke of our embraces from his shoulders he would go back to that flooded trench in Flanders under that sky more full of death than the clouds, to that No Man's Land where bullets fall like rain on the rotting faces of the dead..." (90)

Like Rezia, Kitty is not unnerved by this likely, deadly outcome. The final lines of *The Return of the Soldier* are Kitty's, where she "suck[s] her breath with satisfaction" and says: 'He's cured!' she whispered slowly. 'He's cured'" (90). Kitty's suffering is rooted in her continued grief for the loss of her son; with Chris's memory returning, Kitty is able to, once more, share her grief with her husband.

This witnessing is limited. It would not have the therapeutic effects of traumatic testimony facilitated by a therapist or, even, a close companion. However, given these women's marginalization, it is likely all their environments could muster. As Dori Laub explains, the imperative to tell and to be heard can become itself an all-consuming life task. Yet no amount of telling seems to ever do justice to this inner compulsion. There are never enough words or the right words, there is never enough time or the right time, and never enough listening or the right listening to articulate the story that cannot be fully captured in *thought, memory, and speech*. (63)

Kitty and Rezia's lives do not allow words to be the vehicle to convey their experience; however, "the pressure" to be heard "thus continues unremittingly, and if words are not trustworthy or adequate, the life that is chosen can become the vehicle by which the struggle to tell continues" (63). Rezia and Kitty, perhaps unwittingly, became so occupied by their traumas that their husband's deaths becomes secondary. But at least within the novels, they have the space to express feelings of their experience coming first.

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