

WAR, TRAUMA, AND LITERATURE: WORLD WAR I VETERANS AND THE EXPRESSION OF “SHELL-SHOCK” IN LITERATURE

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I. Introduction

My interest in veteran affairs began in high school after a Vietnam War veteran came to my AP United States history class to discuss his feelings about the American government’s intentions and expectations upon entering Vietnam, his own deployment as a poor, uneducated young black man from inner city Los Angeles, and the impact combat fighting had upon his psyche. He knew “something was up” upon returning to South Central two years after he got his draft notice, but given his own family’s reluctance to address mental illness or even question his mental health, he bottled up his nightmares, night terrors and sweats, and committed himself to remain inside his mother’s small, two-bedroom apartment instead of braving the loud, rambunctious, and often unpredictable world of urban California. He substituted family dinners for solo parties with booze, and eventually gravitated towards crack cocaine in the early 80s.

His family’s denial over his mental illness served as both a crutch and the source of his own demise: his mother made excuses for his angry, drunken, drug-induced lapses from reality and allowed him to remain in her home in spite of his violence and drug abuse, and by doing so, allowed him a safe haven to nurse his alcoholism while developing harder drug dependencies such as crack cocaine. His story, while extreme and heartbreaking, is unfortunately only too common among returning veterans from any armed conflict.

Our veteran speaker started to tear up when he recalls his first suicide attempt—the climax of hysteric, drunken desperation after a decade of hallucinations and terrors. He tried to kill his flashbacks with booze and crack, but his self-medication served only as a thin veil that would eventually rip open and expose voices of his dead comrades and produce sensory details of the Vietnamese swamps. His overdose forced him through the doors of the nearest emergency room, and it eventually dragged the unwilling and clinically depressed veteran into the local Long Beach Veterans Administration, where he was later diagnosed with post-traumatic stress disorder and put into intensive psychotherapy.

His story riveted me, and upon receiving my high school Senior Project assignment, I decided to reach out to him at the Long Beach Veterans Administration Hospital, as he was and is an active patient. I dug through the stories of fellow Vietnam Veterans and completed my assignment with a collection of interviews, personal stories, and war trauma. I supplemented most of the personal stories I collected with Kovic's *Born on the Fourth of July*, but noticed at the end of my project that every single interview I conducted revolved solely around Vietnam veterans and the subsequent resistance to the war. There was no mention of World War II veterans and stories of their own history with mental illness. If my friend from South Central fell into an abyss of drug abuse and alcoholism triggered by the trauma he experienced in Vietnam, developing in the States as post-traumatic stress disorder, there must be men and women veterans of like tragedy from previous wars and generations.

The recollection of war-trauma as anti-war literature turned into an interest I followed throughout my four years at the University of Missouri as an English major and History and Political Science minor. The subtle connection between writing, history, and the writing of history to convey political opinions or send a political message seemed to underscore most

papers I wrote or novels I read. This thesis attempts to delineate that link between literature, history, and politics prior to the Vietnam War, specifically that of war trauma experienced by veterans and its expression via novels or poetry. The importance of language—diction and rhetorical style—is especially important in portraying the political message associated with the historical events, as it points towards the effects war has on the veteran subject.

Virginia Woolf's *Mrs. Dalloway* is the first selection of a fictional veteran's experience in war that reverberates into his return home, and is expressed to the audience via Woolf's use of stream of consciousness. Woolf answers the transcending question of what happens when a veteran wracked with "shell-shock" is afraid to question or confront the contemporary medical community's reception of mental illness. Septimus' suicide is a failure that is wrought by the distrust between World War I veterans and the medical community cautious to address mental illness.

While Septimus Smith serves as an example to what happens when a veteran is cautious to question the medical community, Siegfried Sassoon, poet, World War I veteran, and pacifist, counteracts Septimus with anti-war literature that throws the ramifications of war on a soldier's psyche versus a government's insistence to stoke patriotism and muffle conversations on mental illness. Sassoon's prominence in the pacifist, literary community found the attention of Pat Barker, whose novel *Regeneration* seeks to take his historical figure and write about the confrontation between "shell-shock" acknowledgement by the medical community and government, the grieving veterans, and charges of unpatriotic behavior. Barker recalls Sassoon's gruesome and twisted poetry and uses it to emphasize the importance of writing both as therapeutic for the veteran and necessary to bridge the distrust between doctor, government, and soldier.

While the medical community is more willing to openly discuss PTSD or “shell shock” among returning veterans after Vietnam, the World War I society in which Septimus Smith and Siegfried Sassoon lived was cautious to admit the disease as anything but unmanly or unpatriotic. I hope this thesis proves the inextricable link between history and writing, and the importance of language as breaking the barrier between what cannot be said, according to contemporary medical knowledge or government, and what must be said on behalf of traumatized war veterans. The result of such tension is the emergence of a healthier population of veterans, the medical staff that supports them, and the transparent government that protects them.

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II. Virginia Woolf’s *Mrs. Dalloway*: Septimus, the medical community, and the perception of shell shock

“The world has raised its whip; where will it descend?” (Woolf 14). In the eyes of Septimus Smith, what civilians would classify as a quotidian task serves as the harbinger of anxiety and traumatic memories for the World War I veteran. Instead of hearing a car backfire, he hears an exploding bomb, of which it is he who “[is] blocking the way” (Woolf 15). He is a survivor in the physical sense, as mentally he is wracked with the guilt not only of his time in the trenches, but not fulfilling the husbandly duties that are required of his contemporary comrades.

The whip, in this case, is the threatening snarl of “shell-shock” visions that pervade his daily activities. In *Mrs. Dalloway*, Virginia Woolf explores the then newly conceptualized “shell-shock” disease in Septimus Smith, a psychologically battered soldier recently returned from the French trenches during World War I. Woolf’s experimental use of the stream of consciousness is helpful in suggesting that Septimus’ relationships to his physicians, wife, and ultimately himself, are a frantic reflection of the lack of control he holds over his own mental state. Woolf writes from the social location of the veteran throughout Septimus’ storyline, and his negative interactions with his physicians, leading ultimately and directly to his suicide, suggests that Woolf herself is angry at the manner in which returning veterans are treated by medical bureaucracy and precedent. Septimus is only a single victim out of the pool of veterans for whom Woolf is writing.

Before examining how Woolf perceived “shell-shock” in a literary sense, it is crucial to interpret the cultural sentiment that surrounded the return of soldiers to the home front, many of whom displayed symptoms of the ambiguously defined disease. Mosse cites contemporary sociological thought in “Shell-Shock as a Social Disease” that “A soldier in full control of himself, of strong power of will, would be able to cope with the experience of battle and become accustomed to the terrible sights which surrounded him in the trenches” (Mosse 104). Thus, if a soldier arrives home psychologically unwell or maladaptive to life on the home front, and just adjusting as well as, he is not fulfilling himself in the roles of man and soldier. It is this gendered interpretation of the war experience that led doctors to conclude that the “well-established belief that psychogenetic disorders arise from a lack of adaptation to circumstances reinforced the belief that those who could not cope were somehow considered abnormal” (Mosse 104). It is amidst these circumstances that Septimus emerges as a character who, like the soldiers that

Mosse discussed, was deemed somehow inadequate as a man and a soldier. The medical, social, and cultural expectation that a soldier is supposed to glitter in his awards and ribbon-strewn uniform directly contradict the stark reality that Septimus, like many soldiers, was simply battling against “go[ing] mad” (Woolf 22).

Septimus’ wife, Rezia, exemplifies the contemporary gendered expectations of war and bravery as she muses, “...it was cowardly for a man to say he would kill himself, but Septimus had fought; he was brave; he was not Septimus now...He was selfish...For he was not ill” (Woolf 23). This passage is exceptionally curious in that Rezia, who acknowledges Septimus’ brave participation in the war, admits that the war had changed him somehow. Stylistically, even in the presence of the stream of consciousness, the logical deduction is presented in a linear manner: Septimus went to war, fought like every other brave young man should, but returned as someone unrecognizable to his wife. It is frustrating that within her musings she focuses not on the mental stability or recovery of her husband, but instead on how his behavior affects her own image. Woolf attaches readers to Septimus’ war experience and pervasive trauma by phrasing his interactions with Rezia in a manner that pits us against the woman who is hell-bent on Dr. Holmes diagnosis that “there was nothing the matter with him” (Woolf 23), Rezia is crafted as a woman who insists “it was she who suffered” (Woolf 23), dwarfing Septimus’ mental illness behind his wife’s subsequent suffering. Woolf indeed is arguing a greater social message that further paints the war-torn veteran in a “selfish” manner, which undoubtedly adds to feelings of isolation and failure to achieve the war-hero “manhood” ideal. Septimus is not only dropped back on the home front wracked with guilt-ridden memories, but is also unable to find solace in family and medical staff. Instead, he is met with resistance in the search for any concrete prognosis outside of simple cowardice.

While readers may be frustrated with Rezia's treatment towards her husband, Septimus seems to feel only guilt for his inability to emotionally provide as her husband. However, Woolf was not neutral in her presentation of Rezia's character in relation to Septimus' illness. Presenting her in an unflattering selfish light, she represents the criticism that Septimus sees reflected back at him as his own personal failures. Her comment, "It was she who suffered", is reminiscent of a Siegfried Sassoon poem, "Glory of Women", in which the World War I veteran turned "shell-shock" affected poet wrote, "You love us when we're heroes, home on leave/... You worship decorations; you believe/ That chivalry redeems the war's disgrace" (Sassoon). While the poem takes on a sardonic, almost angry and accusatory tone, it is the expression of the letter from soldier to wife, or soldier to mother, that *couldn't* have been written. According to Sassoon, wives and mothers expect patriotism and valor, but do so in the comfort of their own homes. Like Rezia, the women Sassoon targets in "Glory of Women" might not intentionally hurt their men by making insensitive comments or holding romanticized expectations of war, but their willingness to speak freely of home and comfort only further isolates the soldier into a world that they might not be willing to share with their wives or mothers.

Woolf was interested in the link between medical opinion and the treatment of veterans exhibiting signs of shell shock upon their return to the home front. The *Report of the War Office Committee of Enquiry into "Shell-Shock"* is a 1922 presentation to the British Parliament over concerns about the mental health of British soldiers and its impact on the war. The report bleeds of interviews of military leadership, veterans, and medical professionals who testify to the newfound term "shell-shock", and work to carve out standards for its application to soldiers who exhibit its symptoms. Sue Thomas argues that "Woolf's development and treatment of Septimus

Smith may...be read as a topical reflection of her angry response to the *Report of the War Office Committee of Enquiry into "Shell Shock"* (Thomas 49). One chapter of the report is named "Cowardice and Shell-Shock", and briefly concludes that while military precedent equates moments of cowardice to a potential death sentence, "seeming cowardice may be beyond the individual's control" (Richards 140). While the report acknowledges that shell shock involves a degree of emotional paralysis, the *Report's* side-by-side distinction between cowardice and shell shock only links the two concepts as somehow related. The result is thus a reiteration by the medical community and military leaders, as presented to the British government, that a soldier's moral makeup is somehow related to, or may be distinguished from, a mental illness. This, compounded by the *Report's* other findings concerning preliminary research into shell shock, influenced Woolf to create a character whose mental illness must be balanced with the government and medical community's philosophy on the effects of war on a veteran. Septimus is a character who speaks on behalf of the veterans whose experiences contradict the findings of the *Report* and other such contemporary ideas of soldiers and mental illness.

As noted earlier, Woolf seems to construct Septimus' character around her displeasure over the interviews published in *The Report of the War Office Committee of Enquiry into Shell Shock*". Septimus thus serves as the unsuccessful actualization of advice proposed by *Report* contributors. Thomas notes, "Therapies for shell shock recommended in the *Report* are the same as those Woolf has Dr. Holmes and Sir William Bradshaw practice in treating Septimus" (Thomas 53). For example, Bradshaw prescribes "rest, rest, rest" in response to Septimus' threat to kill himself (Woolf 96), which is also prescribed by the *Report*. The reduction of Septimus' symptoms to something as simple as exhaustion deepens the lack of legitimacy of his mental illness he receives from the medical community. The presentation of the *Report* thus legitimized

excuses instead of solutions for troubled veterans like Septimus, and reverberated into a culture of denial. Relationships such as those between Septimus and Rezia or Septimus and his physicians reflect the cultural denial that was absorbed in the “solutions” presented by the *Report*.

Woolf brilliantly uses the stream of consciousness to incite anger within readers towards the physicians in the novel, specifically Doctor Holmes and his relationship to Septimus. Her audience is first indirectly introduced to Doctor Holmes during an exchange between Septimus and his wife, Lucrezia, as she suggests he “notice real things” (Woolf 25), upon orders from the physician himself. The declaration is insulting and degrading toward Septimus, as readers can imagine that the order is belittling his grasp on reality and exacerbating his feelings of abnormality. More significantly, the phrase ‘real things’ is extraordinarily subjective, as what is real to Rezia, Holmes, and the patient, is expected to be drastically different from what Septimus sees as real. For example, Holmes suggests “a nice out-of-door game, the very game for her husband” (Woolf 25). In this circumstance, what Holmes sees as “real” is an outdoor game that gives Septimus time to be surrounded by nature while simultaneously releasing endorphins via exercise. Given that the insensitive doctor’s orders are not reminiscent of an empathetic physician’s overwhelming desire to help his patient, the suggestion here is simply a transition via stream of consciousness into what the *physician* sees as a good time, not necessarily for what the best, personalized option for the patient might be—a theme that reverberates throughout Septimus’ interactions with Holmes. Woolf, who capitalizes on the distinctions between Septimus and Holmes’ interpretations of reality, gives us Septimus’ internal response to the doctor’s orders as communicated to Rezia: “Look the unseen bade him...but he did not want it...putting from him with a wave of his and that eternal suffering, that eternal loneliness”

(Woolf 25). It appears Septimus ignores the proposition completely, and is instead wading through hallucinations that mimic death. Rezia, perhaps here showing a genuine interest in rousing him, remembers what Holmes interpreted as “the very game for her husband”, but again fails to try to reach Septimus on his own level. Instead, she communicates via advice from Dr. Holmes, who as we know thus far from Woolf’s writing, is not keen on trying to understand Septimus in a constructive or sensitive manner. Yet again, Septimus is left misunderstood by those are in the position of caring for him.

Woolf did not write many interactions between Rezia, Septimus, and his doctors in which Septimus’ symptoms and terrors were discussed in great detail. Moreover, the conversations themselves were short and ambiguous in that they tip-toe around the most traumatic of his hallucinations. Given that the sessions were short and informal, no significant progress towards a concrete solution is established or even discussed. Perhaps one of the most heartbreaking exchanges between Holmes, Rezia, and Septimus occurs when the physician reminds Septimus that “There was nothing the matter [with him]”, to which Rezia mentally responds “Oh, what a relief!” (Woolf 90). The lackadaisical prognosis points readers via Woolf’s use of stream of consciousness toward Septimus’ commentary, in which he declares, “So there was no excuse; nothing whatever the matter, except...that he did not feel...all the other crimes...shook their fingers and jeered and sneered over the rail of the bed” (Woolf 91). Not only is he humanizing his mental illness as bullies who humiliate him in his most vulnerable state, Septimus acknowledges that Holmes’ prognosis and his wife’s reaction to it is perhaps what drives his demons. If his doctors and wife conclude that he is well and needs thus to properly conduct his duties as man and husband, and most importantly veteran, what is it that is tormenting him in his psyche? If they conclude that his illness is not real, then why is he still paralyzed by guilt and

traumatic visions? It is here that Septimus concludes that he will never “be enough” if he is to continue to be burdened by “shell-shock”—“health is largely a matter of our own control” (Woolf 91), as Holmes so decisively puts it. Recalling Mosse’s research, because Septimus is not able to control his illness, he is viewed as lesser by his peers and society at large. He is aware of this, and convinced of his own inferiority, as lazily proscribed by his emotionally incompetent physicians.

Septimus is especially concerned with his inability to feel and connect with others on an emotional level, a handicap that is strongly felt and acknowledged by his wife. He is greeted by his wife’s sobs after learning that her friend is pregnant, to which he “felt nothing”. Interestingly enough, he compares the rhythmic pounding of her tears to the sounds of a blaring piston (Woolf 90). Septimus handles moments of serious emotional strife by transforming it into an “emotion” he is familiar with—numbness when confronted with recollection of the war. When Septimus questions whether he is “enough” in later passages, it is moments when he cannot comfort his wife that leave him feeling most hopeless. Not only has he failed as a returning soldier, one mark against his masculinity, he also feels unable to emotionally provide for his wife in manners that are expected of him. Being “enough” is a multiple faceted challenge for Septimus in which, according to his wife and the doctors, and ultimately himself, he fails.

At this point in the novel, readers have been introduced to Holmes as a detached physician whose relationship with Septimus, as explained via stream of consciousness, lacks empathy or a willingness to understand his patient. Woolf’s ability to incite anger at his physician’s disrespectful suggestions, and versions of Septimus’ self-loathing reach a climax during a subsequent examination between Holmes and Septimus, during which Holmes concludes in his typically medical professional manner, “So you’re in a funk” (Woolf 92). It is

a frustrating rhetorical question on the physician's part, as Holmes decrees that a suicide attempt can be euphemized and downplayed to simply 'a funk'. Immediately after his prognosis, in the spirit of Woolf's use of stream of consciousness, he remembers that Septimus "talked of killing himself to his wife", and notices that she's "quite the girl", therefore rhetorically questioning whether Septimus "owe[s] perhaps a duty...instead of lying in one's bed", or "'talking nonsense to frighten [her]'" (Woolf 93-95). The one-sided exchange (versus the modern ideal physician-patient conversation that reflects a conversation between consenting adults in a medical setting) is a revolting reflection of Holmes' utter selfishness in his medical practices. Septimus receives no constructive or sympathetic suggestions, and is instead pounded with blame that sits atop his already mounting self-guilt over his actions within the trenches. It is no shock, then, that Septimus feels nothing but contempt and distrust for a physician whose priorities should lie in healing, acceptance, and understanding, but which instead sits in a stagnant cesspool of perpetuating guilt and misunderstanding for his patient.

Although the audience has thus far gotten the sense that Septimus is disenchanted by Holmes' treatment of him, during which his own feelings of abnormality are only amplified, we aren't given his straightforward opinion over doctors and his treatment until moments before his suicide. It comes as an epiphanic moment when he realizes after being told that he must go away to the country to rest (another doctor's order) separately from his wife, "So he was in their power! The brute with the red nostrils was snuffing into every secret place!" (Woolf 147). Septimus realizes that as long as his wife and his doctors find that something is "wrong" or "abnormal" with him, his own projections of his mental state are directly reflected by his peers' dissatisfaction with him. He is repeatedly told there is nothing wrong with him, but he knows that nightmares consumed by his dead comrade Evan are not "normal" homecoming veteran

reactions. Without answers or a constructive solution, Septimus is left alone to question his own madness and mortality in a world that is not kind to social outliers. Woolf writes of a post-war world in which the veteran is awarded no consent, no understanding, no empathy, no real solution: it is he, an identity now dominated by his “shell-shock”, and his suffering versus those who wish to “fix” him and tidy him up into the war hero that is expected.

The transitions between Septimus’ damaged thoughts and his physicians’ simple remedies, made possible by Woolf’s use of stream of consciousness, come to a screaming halt in the moments leading up to and immediately after his successful suicide attempt. Readers are angry and bitter toward the doctors who unsuccessfully (if it can even be a matter between success and failure, as no effort seemed to have been made on the part of the physicians) heal the “broken” soldier, and wish for some sort of revenge to be exacted upon Septimus’ physicians. It arrives when he hears Holmes’ trudging up the stairs, and according to Septimus, that interaction itself is more painful than death. Septimus “did not want to die. Life was good...what did *they want?*” This comment was preceded by an earlier contemplation of death, in which he wonders, “But why should he kill himself for their sakes? Food was pleasant; the sun hot” (Woolf 92). While Septimus acknowledges that he is “deserted” (Woolf 92), he is still recalling fragments that *do* incite feeling within him, even on a minimal scale. The juxtaposition between Holmes’ arrival and the rational decision to end his life is upsetting, as ultimately his fear over another interaction with an apathetic physician trumped Septimus’ sensory recognition—the first “emotion” that has been yet displayed throughout his storyline.

By swiftly throwing himself out the window, Septimus inherently decides against methods that require too much time or effort. More importantly, his suicide is defiance versus the “humans” that wanted control, which he could not imagine handing over one more time (Woolf

149). When Dr. Holmes hatefully flings ““The coward!”” (Woolf 149) through the shattered glass toward his dead patient, it is clear that even in death, Holmes can relinquish no respect toward a patient supposedly under his care, and is stung by the control he wasn’t able to exact over Septimus. The exclamation reminds the audience that, in conjunction with the *Report*, cowardice trumps mental illness in the medical community. The question remains is what Woolf wishes to convey in the suicide of Septimus and the failure of contemporary medicine during war. His death, contrary to Dr. Holmes’ prognosis, is not indicative of a ‘funk’ (Woolf 164). Instead, it is a failure of his physicians’ prescriptions for rest, putting Rezia’s well being ahead of his own, or discovering hobbies to keep himself busy.

Septimus has finally achieved a level of control over his psyche, his person, and his illness, even if not under the neatest circumstances. In light of Woolf’s social commentary on war and the shared “shell-shock” experience, Septimus’ death, taken as an individual loss, is not necessarily a failure by the medical and military community. Instead, it is a victory that hinges over the control that Septimus finally attains over his debilitating disease. It is the sense of control that was lacking in life, and hints more so on how physicians, family, and the military community approach “shell-shock” patients: solutions that allow patients to maintain a sense of control over some aspect of their persons that was lost either to the war or from psychological trauma. However, on a grander scale of international acknowledgement and acceptance of shell shock as a legitimate and dangerous mental illness that affects more than militaristic outcome, it is Woolf’s declaration that contemporary medicine dismisses the veteran in favor of wartime success. Septimus serves as a martyr for the World War I soldiers whose experiences with shell shock were misunderstood, deemed as illegitimate, or cowardly.



III. Siegfried Sassoon: Historical Figure and Literary Hero

Septimus Smith is a classic anti-war literary figure whose invisible, emotional, and psychological trauma haunts him as he returns home to London after his service. Virginia Woolf constructs his character to represent more than a literary hero—Septimus is representative of every World War I soldier, regardless of nationality, who is fighting a war Woolf is not sure is worthwhile. While he is fictional in specificity, Septimus' post-war anxiety and trauma paints him as a universal twentieth-century tragedy.

Pat Barker, also an anti-war writer, crafts a literary tale out of a historical figure whose pacifist poetry and other writings made him a famous veteran and target amongst the hawkish, interventionist community of the World War I era. Her novel, *Regeneration*, recounts Siegfried Sassoon's anti-war letters and poetry as he faces pushback from his nation and even his peers.

Siegfried Sassoon served in the First World War and earned the prestigious Military Cross for "bringing back a wounded soldier during heavy fire". However decorated a soldier he is known as, his dismay over the violence he saw in his service prompted him to write a letter to the War Department. His written letter of disgust over the war and its misplaced intentions were viewed as rebellious and unpatriotic, and perhaps to some, flirting with anarchic.

His poetry is unapologetically gruesome, as he recalls the most horrific moments of his time in the trenches. "Counter-attack" is especially graphic, and Sassoon laments the placement of bodies among the rotten fields:

"The place was rotten with dead; green clumsy legs

High booted, sprawled, and grovelled along the saps
And trunks, face downward, in the sucking mud,
Wallowed like trodden sand-bags loosely filled;
And naked sodden buttocks, mats of hair,
Bulged, clotted heads slept in the plastering slime.
And then the rain began,--the jolly old rain!" ("Counter Attack").

Sassoon's poetry is difficult to read, process, or stomach. However, his work is so significant because he forces his audience to face the brute realities of war in an environment that has yet to meet televised or photographic evidence of war while simultaneously signaling that his nation is insensitive to such atrocity committed unto her young men. Sassoon's writing is dangerous, according to the War Department, because it is gritty, painful, real. "Counter Attack" reports the visions that Woolf's Septimus cannot forget.

Sassoon, much like Septimus Smith and other World War I veterans, found it difficult to connect with or understand family members and friends who had not been to war. Sassoon and Septimus' experiences were too real, gritty, violent—they knew that if the brutality witnessed abroad could provoke such intense trauma within their own minds, sharing such information with loved ones would be an impossible and cruel task.

Septimus claimed to feel "relieved" after he acknowledges that his marriage to Rezia appeared irreparable. He knew she was suffering just as much as he, and her inability to understand his pain as anything more than a "funk" proved too frustrating for both parties. Siegfried Sassoon's poetry implies that he, too, became frustrated with the inability to connect with loved ones at home—specifically mothers and spouses. In his poem "Glory of Women",

Sassoon sardonically notes the women at home “listen with delight,/ by tales of dirt and danger fondly thrilled”, yet “mourn our laurelled memories when we’re killed”. Sassoon’s anger towards the mothers, sisters, and wives who “are knitting socks” or “dreaming by the fire” is scathing and unfair towards the well-intentioned women who simply miss their boy. However, it is important to remember the context from which Sassoon is writing: it is not out of jealousy of comfort and warmth that he writes. Instead, it is the contradiction between the patriotic heroic visage expected of all soldiers versus their potential death in the unglamorous trenches. It is impossible to balance glorified expectations of war and the grim reality of its existence. Sassoon’s angry writing is not out of hatred, but of the lack of understanding forged between the expectations of war from those at home and the reality in which their golden boy is fighting.

Pat Barker’s work on Siegfried Sassoon puts a real story on the character for which Woolf wished to represent in Septimus’ character. Sassoon’s sometimes snarky and sarcastic approach makes his violent poetry more palatable.

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IV. Pat Barker’s *Regeneration*

Virginia Woolf’s *Mrs. Dalloway* serves as an emblem of a veteran’s inability to form a positive physician-patient relationship whose practices ultimately lead to weaker symptoms of “shell-shock”. While medical treatment at the time simply followed contemporary perception of war neuroses and its unfortunate association with soldier cowardice and effeminate display on and off the front lines, the judgment and “treatment” prescribed to Septimus by Dr. Holmes and Dr. Bradshaw exacerbated the veteran’s own feelings of worthlessness and insanity. Pat Barker’s

Regeneration is similar in Woolf's anti-war rhetoric in that it presents World War I Veterans housed in the Craiglockhart War Hospital whose war neuroses prevented their participation in battle and on the home front. The doctor who treats the patients, Dr. Rivers, is faced with personal doubts about his duties to treat his patients with the intention to return them to the front. Rivers seems to defy the medical standards presented by Dr. Holmes and Bradshaw in *Mrs. Dalloway* in his gnawing concerns and anxiety over the intentions of the war, the extent of distress he sees in his patients, and his ultimate job description.

In this piece I will argue that Dr. Rivers, like his patients, serves as the foil to contemporary thought on "shell-shock" and its link to desertion and pacifist thought. The relationship he forms with each of his patients is unique in the underlying cause of the veteran's trauma, but all circles back towards the conclusion that while the triggering events are specific to the duties performed by the patient, there is ultimately no difference in how the veteran is to be treated by medical staff, and ultimately discharged.

Writing and language is especially significant in how the patient interacts with his physicians and fellow veterans. I will argue that Dr. Rivers performs his duties as physician by learning to understand, respect, and appreciate the unique rhetoric that each patient presents to him—either by force or eventual concession. I will outline each of the major patients in the novel and their relationship with Dr. Rivers, emphasizing the seeming hopeless nature of the diagnosis and the eventual signs of each veteran's recovery via their preferred choice of communication. The combination of patient muteness, stammering, and the significance of therapeutic writing highlights the concerns that Rivers insinuates throughout the novel, but never comes out to verbally acknowledge: what can't be said is often what *must* be said—especially when concerning the lives of a country's youth in a bloody war.

The Expression of Trauma within a Medical Atmosphere

In a novel that focuses on the repression or dislocation of language and expression, and subsequently the repression of a traumatic memory, Siegfried Sassoon serves as an anomaly within the pool of patients in Craiglockhart War Hospital. The physician with whom he interacts most frequently, Dr. Rivers, acknowledges this anomaly, and eventually learns how to treat his other patients through their conversations.

Sassoon has been placed in Craiglockhart for publishing an anti-war piece laced with pacifist arguments that bash the war and the loss of youth lives as a consequence. Rivers is thus placed in the uncomfortable position of deciding whether to claim him mentally unstable for his anti-war positions, or mentally stable and capable of being sent back to the front line. The latter, combined with the commentary of the committee who is to debate his mental state, could make him eligible for a court-martial. As Ankhi Mukherjee notes in her piece, “Stammering to Story: Neurosis in Narration in Pat Barker’s *Regeneration*”, cases of war-trauma as a means of leaving the front lines “forced authorities to categorize neurosis as acceptable behavior among combatants, but only after a therapeutic body was officially commissioned to judge the legitimacy of claims and catalyze a quick recapitulation and return” (Mukherjee 49-50). Rivers himself sees himself as “both judge and jury” (Barker 239) in his participation in Sassoon’s fate—a self-proscribed label that he finds uncomfortable, and at times, hypocritical. Thus, his meetings with Sassoon serve as the moralistic barometer that sets the tone for the novel, as his interactions with other patients, and his conversations with Sassoon himself, are material for the decision he will soon find himself making with the Board.

However, it is not the material Sassoon published itself that makes him such a unique patient. It is instead the fact that he is writing at all. Rivers recalls that the “typical patient...had usually been devoting considerable energy to the task of *forgetting* whatever traumatic events had precipitated his neurosis”. Sassoon is plagued with the “determination to remember...motivated less by a desire to save his own sanity than by a determination to convince civilians that the war was mad” (Barker 25-26). Barker raises important points that follow Rivers throughout the novel, and add to the snowballing doubt he acquires over the war and his duty as lead physician to mentally retrain his patients to returning to the front. Rivers acknowledges that Sassoon’s writing, including the pacifist Declaration that the Board is troubled by, serves a therapeutic force for the veteran.

Rivers does not necessarily believe that Sassoon is mentally unstable, perhaps thanks to his poetry itself, and if he is to “cure” Sassoon enough to return him to the trenches, his “recovery from that terrible period of nightmares and hallucinations” (Barker 26) might return. Sassoon is stuck in a catch-22 that forces Rivers to marry insanity and disloyalty to the war cause—and perhaps fuse a third-way that prevents a looming court-martial. That third way is arguing to the Board that his writing is in fact therapeutic. It is so therapeutic that it, in essence, has healed him. The only casualty resulting from this cooperation is a return to the catalyst of that trauma—the trenches.

Rivers is not alone in the stress over how to counteract the legal trouble Sassoon has placed himself in with the publication of his Declaration. Robert Graves, a friend of Sassoon’s and a peer of Dr. Rivers, is concerned over what a court-martial would do to Rivers’ psyche and recovery. However, instead of focusing solely on the positive consequences of Sassoon’s writing on his mental recovery from war-trauma, Graves instead sees it as an act of rebellion on

Sassoon's part, an act that almost gave him a court-martial. According to Graves, a court-martial would've certainly "destroyed[ed] himself, for no reason". Rivers sees logic in Sassoon's disagreement over the war, which allows him to view his writing with a clearer, more empathetic lens, whereas Graves sees it as an act of cowardice. Graves notes, "People can accept a breakdown. There's no way back from being a conchie" (Barker 21). This is a charge that the patients at Craiglockhart must face daily: the tension between insanity and desertion. It is a line that is surprisingly blurred and subjective, especially in the eyes of the Board members who oversee patients' recovery from the bureaucratic side.

Rivers acknowledges this militaristic conundrum when he notes "the vast majority of patient had no record of any mental trouble...as soon as you acknowledged that the man's breakdown was a consequence of his war experience rather than of his own innate weakness, then inevitably the war became the issue" (Barker 115). Rather than question the war, like Sassoon has in his writing, the Board is in the vulnerable position of tiptoeing around mental illness. All evidence points to Sassoon's writing as rebellious, and Graves and Rivers are left debating how to manipulate that charge into something more acceptable: war neurosis. Graves recalls his previous conversations with the Board and laments that "they didn't believe in shell-shock at all...it was just cowardice" (Barker 22). Sassoon understands this to some degree, which is perhaps the point of writing the Declaration. He might not have anticipated the pushback that surrounds the writing, but the drama that its publication brought on starts a conversation that pushes his peers, his physicians, and the Board into a corner that confronts the questions no one seems to be ready to answer. Sassoon knows that when push comes to shove he is "to say as little as possible" (Barker 244).

Dr. Rivers admits that Sassoon is an anomaly of a patient in his insistence to remember what he saw in the trenches instead of repressing the traumatic memories that. His writing, according to Mukherjee, “enables the requisite preservation of loss as a means of achieving liberation from it” (Mukherjee 57). Whether recovery was Sassoon’s motivation for writing poetry or the Declaration, it has nonetheless helped him move past nightmares that plague that his fellow patients at Craiglockhart. A patient who defines Rivers’ classification of “normal” veteran behavior is Prior—a young man whose memories of war trauma have led him to become mute. Instead of speaking with Rivers about his time in France, even in an antagonistic manner, he is silent. When questioned, he writes his answers in capital letters with the notepad stashed by his bed. His answers are sometimes comical, as the capital letters he chooses to write in come off as aggressive and over reactive, even to the simplest of questions posed by Rivers or his nurse.

Prior initially argues in his conversations with Rivers via his notebook that he doesn’t remember anything about his time in France, and if he has nightmares about it, he claims not to remember the dreams either. After being pressured by Rivers to have the back of his throat checked out for any possible damage, Prior writes: “‘THERE’S NOTHING PHYSICALY WRONG’” (Barker 42). Rivers later corrects Prior’s misspelling of ‘physically’ before diving in to the question of why he refuses to speak, after the mutual acknowledgement that the problem is not physical. Prior’s response is poignant, and as it comes at the end of the dialogue, it leaves the audience room to interpret and reflect: “NO MORE WORDS” (Barker 43). While it certainly ends the audience’s participation in the dialogue between Rivers and Prior, it also points to the importance of language, expression, and trauma, and the variance each serves from patient to patient, and its reception from medical staff. His response begs the question: no more words for what? For whom? The war, having to defend oneself when traumatized by one’s participation,

being labeled as a traitor or coward? The clarity and firmness of Prior's response and the subsequent lack of response by his physician allows room for reflection concerning questions clouded by ambiguity.

Cowardice in the face of time in the service is a reality that characters in *Regeneration* attempt to shy away from. It is seen as disrespectful, dishonorable, and gives reason to be targeted as disloyal and effeminate. Prior, like Sassoon, is all too familiar with charge, and acknowledges that his refusal to speak only adds to mounting suspicions of cowardice. Prior's father seems to lead the charge in insults aimed at his son. During a conversation with Rivers, Mr. Prior scoffed at his having volunteered in the army at all, working his way up to earning a spot as an officer. He even admits "He'd [Prior] get a damn sight more sympathy from me if he had a bullet up his arse" (Barker 57). A comment like this is shocking coming from anyone, but crosses the line into hurtful and inexcusable from a father. It points to a society that prefers heroism in death to suffering in survival, glorified pain (both mental and physical) over living confrontation. Prior's silence is proof of his fear over a bureaucratic and familial establishment that punishes dissent with court-martial, and rewards recovery with reinstatement to the trenches. Rivers does not respond to Mr. Prior's comment, but his son does eventually speak to Rivers.

Thus far we have concluded that Rivers is hesitant to full-heartedly accept the guidelines of treatment proposed by the Board in the veterans' recovery. He is suspicious of even recommending their return to the trenches, as he sees it as an undoing of progress made in Craiglockhart. As a consequence, the relationship the audience sees forming between patient and physician is professional, but intimate in that Rivers is empathetic to the root of the traumatic event (or what he sees as an accumulation of sustained trauma), rather than working solely

towards militaristic reinstatement. Prior's eventual concession to speak to Rivers about his service in France is proof of his recovery, however small and subtle those milestones may be.

Rivers applauds the progress after a slight confrontation with Prior when he “assumes we were on the same side”, but is quickly hit with a fiery rebuttal: “I had been *rather assuming* that we were not” (Barker 80). Rivers remarks that the patient-physician relationship is crucial in establishing further progress, but Prior recalls the ultimate end-goal of reinstatement, and thus is immediately weary of trusting the physician in charge of his release. Comments like these seem to backpedal Prior's recovery back to his communication with solely the notepad, and remind Rivers that his participation, however rooted with good intentions, stand on the side of the enemy in the eyes of the patients.

While Prior's language both on the notepad and verbalized shifts from angry, emotional, hopeful, to antagonistic, the impact Rivers has on his patients is actualized in moments of tiny progress. Prior occasionally leaves the war hospital and visits with Sarah Lamb, a girl he met on a visit to a local pub. While the interaction with the opposite sex is encouraging for his emotional recovery, it is Prior's thought processes after the meeting that points towards the Rivers' influence on the patient.

Prior is concerned that he will not make it back to Craiglockhart in time for curfew, which would almost guarantee he being locked out of the building. Instead of panicking or blaming Sarah for keeping him past curfew, Prior thinks, “I'll just have to face it” (Barker 94). It is a small but powerful statement that is reminiscent of his “NO MORE WORDS” response that Prior had written on his notepad in an early visit with Rivers. Barker chooses to end the chapter on a note that is empowering and acknowledges the possibility of consequence. While it is not a moment of Prior facing what he remembers of the trenches, it is a moment of incredible clarity

and self-awareness. Rivers *is* making an impact on the lives of his patients, even if he does not feel useful in their full and immediate recovery. Prior is now speaking in full, having abandoned his use of the notepad, is engaging in a romantic relationship with whom he connects with on a spiritual level, and is accepting the consequences of his actions. It is progress that has come from the patience of a physician who chooses to empathetically treat his patients instead of aiming solely on the crosshairs of reinstatement.

Rivers' weariness over his duties weren't born specifically from Sassoon's and Declaration or his poetry, or from any one patient in particular. It is the conversations he has with each patient that continue to shape his opinions over the correct mode of treatment for "shell-shock" or war neuroses. The physician consistently notes what behavior or traumatic trigger is "typical" in a patient, which makes it easier to identify the "abnormal" behavior or the patient whose trauma is enigmatic. However, as Rivers continues to make his rounds and finds that there is no "typical" archetype of trauma, he is left with the conclusion that there is no "typical" mode of recovery. He chastises himself when he discovers that he has allowed himself to see certain patients as "some kind of a myth" (Barker 173) due to extenuatingly horrific and unbelievable circumstances of trauma. Rivers slowly acknowledges throughout *Regeneration* his inability to group all suffering veterans under the same veil of treatment. Treating each patient as unique allows him to view the patient's war trauma in a personalized lens.

Rivers, through his interactions with Prior, allows him to study mutism in an environment that is individualized to a single case. It is only through his Rivers' continued meetings with Prior that he can finally summarize that "Mutism seems to spring from a conflict between *wanting* to say something, and knowing that if you *do* say it the consequences are disastrous. So you resolve it by making it physically impossible for yourself to speak...And for the private

soldier the consequences of speaking his mind are always going to be far worse” (Barker 96). This is a conversation between Rivers and Prior regarding the latter’s previous affliction, but it is a poignant comment that reminds the audience of the dilemma that Sassoon faces after publishing his Declaration and subsequent poetry.

The two soldiers, Prior and Sassoon, took their war experiences in two different directions. Prior took his trauma from the trenches and locked it out and threw away the key—leaving his voice among the ruins he wished to repress. Sassoon, whose reaction, while a polar opposite to Prior’s, is a nod to the importance of language as a healing mechanism. Sassoon’s writing is disloyal and pacifistic to the military, but serves as political activism for Sassoon, and is considered therapeutic by Rivers.

The separation of Sassoon and Prior as individual cases, as with Rivers’ other patients at Craiglockhart War Hospital, allows Rivers to come to the conclusion that what needs to be said is often the most difficult. Sassoon is charged with expressing too much in his poetry and Declaration, and Prior initially cannot seem to vocalize anything at all. Liberation versus repression separates the two cases, and Rivers reconciles the dilemma as a mediator between soldier and trauma.

Sassoon’s poetry does not just attract the attention of the military. He inspires a fellow soldier at Craiglockhart, Wilfred Owen, who also enjoys writing. Owen nervously asks for Sassoon’s autograph, “I wondered if you’d b-be k-kind enough to s-sign them?” (Barker 80). What the audience initially attributes as jitters over meeting a literary hero we later learn is a stammer that Owen contracted after his service in the war. The pattern of language as either dangerous or hindering recovery is a theme that reverberates throughout Rivers’ patients—Sassoon’s pacifist literature, Prior’s mutism, and Owen’s stammer. Sassoon himself notices the

trend after Owen inquires about Sassoon's mother and whether she is concerned about her son's health. Sassoon responds, "'my insanity is one of her few consolations... Better *mad* than a pacifist'" (Barker 81). His response is similar to the conclusion that Prior's father formed in reference to his son's service: it's better to die a hero than leave the service dishonored. In this case, having a mental illness as a result of the war is more attractive than disagreeing with the war itself. While Sassoon's response is snarky and mocking, the conclusion he draws is true—according to the military and the Board. His fate, ending either in a court-martial, his return to the front line, or continued stay in the war hospital all depends on how Sassoon frames his writing. Defending his sanity will result in a court-martial, while admitting mental instability and accepting continued treatment will result in his return to the trenches.

The relationship between Sassoon and Owen morphs into a mentor-student interaction as Sassoon tutors Owen in his writing. The two patients exchange poetry and Sassoon critiques both the style and content, while Owen begins to write about war, pride, and courage. Sassoon notes during one of their interactions that Owen is "getting better. No stammer. Quick, decisive movements. The self-confidence to contradict his hero" (Barker 157). This is a revelation that Owen is improving is endearing because Sassoon realizes that he has played a part in it. Like the writing that Sassoon himself had written, poetry became Owen's mentor and healing agent. Sassoon's writing had already served as an inspiration of Owen, but the mentorship and oversight provided by his tutorship allows for a double-edged sword of recovery—Owen learns to become a better writer who is more confident in his work, which is translated into a self-confidence that transcends poetry and chips away at his stammering. Sassoon, on the other hand, is given a taste of writing that is more than self-serving—while his poetry served as therapeutic

towards his own recovery, he is now given the authority to pass on that facet of self-exploration for another suffering veteran.

Regeneration is a novel that recognizes language and writing as a means of expression that serves to heal a group of patients. However, that mode of expression must be respected by a gentle cycle of learning, accepting, and teaching that crosses a bureaucratic, military, and medical line. Rivers learns to understand each patient as an individual with specific trauma that cannot be treated by applying an archetype of a diagnosis. It is a never-ending process of getting to know a patient better in order to better treat him. The patients are then supposed to listen to Rivers, accept his advice, and learn to express emotions they learned to repress after the war. The placement of Rivers and his patients on an equal playing field allows the physician-patient relationship to build on empathy instead of accusations. Unlike Septimus' physicians in *Mrs. Dalloway*, who treat based on an assumption of insanity and guilt, Rivers allows himself to remove his label as physician and speak to his patients as equals.

Rivers, fulfilling his role as an equal to his patients, learns about his patients' muteness, stammering, and compulsive need to write, and is able to draw all of their peculiarities back to their condition and how best to treat it. While speaking with Prior about his previous unwillingness to speak, he finds it "interesting that you [Prior] were mute and that you're one of the very few people in the hospital who *doesn't* stammer". As Rivers later notes himself, stammering, like muteness, derives from the need to say something important, but is hindered by the fear of the consequences that follow from what is said. Prior retorts, "It's even more interesting that you [Rivers] do". The physician is taken aback by the accusation, especially after arguing that in his circumstance his stammering is different, after which Prior questions why that is, "Other than that you're on the other side of the desk" (Baker 97). Prior has seemed

to progress quickly in his stay at Craighlockhart—he has progressed from answering questions on a notepad to bantering with Rivers, established relationships outside of the hospital, and become self-aware with his actions and consequences. While Rivers has maintained professional and supportive of his patients even during frustration, his stammering slip-up, and Prior's mention of it, serves as a recovering patient acting to maintain the equal playing ground that the physician had build around the physician-patient relationship. Language, much like learning and recovery, is mutual amongst patient and physician. The stammering also begs the question of what Rivers, if according to his own logic, is afraid of saying, and if what he is afraid of is voicing dissent to the war and his participation in preparing his patients to return to the cause of their trauma.

Rivers maintains trepidation in established methods of healing for his patients throughout the entirety of *Regeneration*. Each patient's unique trauma can be matched only with unique healing. While Rivers never vocalizes adamant disagreement over the war itself, Sassoon's literature looms over his head as he makes his rounds with each patient. Reinstatement is always the end goal, according to the military, and he is hired to recalibrate the patient's trauma to suit that need. It is not until he makes a home visit to the most "hopeless" of patients, Burns, that Rivers admits his personal animosity towards the war.

A storm comes through the beach neighborhood in which Burns is staying, and after hearing a loud bang, Rivers investigates and finds Burns, emaciated and barely conscious, on the sand's moat. He must "coax" Burns—soothing him just enough for him to "surrender" to Rivers attempts to get him to land. It is here that Rivers succumbs to Sassoon's Declaration and poetry, understands Prior's mutism as an inability to speak against the war, Owen's (and his own) stammering, and Burns' retreat into the storm: "*Nothing justifies this. Nothing nothing nothing*"

(Barker 180). The admission, repetitive and pleading, turns the tide Rivers' weariness into dissent.

Rivers' role in *Regeneration* is officially and professionally to return his patients to the front lines by healing them just enough to allow for battlefield competence. However, his methods of accomplishing such a task require a mutual agreement of learning, both by physician and patient, about the underlying condition of trauma and how best to confront it. The trauma faced by his patients is exemplified by a speech impediment, whether actualized or metaphorically, which prevents the veterans from expressing the trauma that they have repressed from their memories. Sassoon's Declaration and impending meeting with the Board force the question of what is safe to say, what needs to be said, and how to say it—a question that Prior answers by putting down his pencil and notepad and verbalizing his experiences, a question that Owen answers in tutoring sessions that erase his stammer, and a question that Sassoon himself answers in teaching versus obsessing. Rivers does not want to see himself the physician who returned his patients to the front line. Instead, he is the facet of mutual learning that is absorbed by all patients and passed amongst them in a healing that, while individual in the cause of the trauma, is a group effort in its actualization. His efforts counter contemporary thought of healing, much like those presented to Septimus by Dr. Holmes and Dr. Bradshaw. Rivers heals based on empathy and mutual understanding—the idealized physician for a veteran whose war trauma needs not an explanation or defense, but a solution.

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