

**T.C.**  
**YAŞAR ÜNİVERSİTESİ**  
**SOSYAL BİLİMLER ENSTİTÜSÜ**  
**İNGİLİZ DİLİ VE EDEBİYATI ANABİLİM DALI**  
**YÜKSEK LİSANS TEZİ**

**PSYCHOANALYSIS, TRAUMA AND WAR:  
A COMPARATIVE STUDY OF VIRGINIA  
WOOLF'S *MRS DALLOWAY* AND PAT  
BARKER'S *REGENERATION***

**Erkin KIRYAMAN**

**Danışman**  
**Yrd. Doç. Dr. Trevor John HOPE**

**İzmir, 2015**



## YEMİN METNİ

Yüksek Lisans Tezi olarak sunduğum “Psychoanalysis, Trauma and War: A Comparative Study of Virginia Woolf’s *Mrs Dalloway* and Pat Barker’s *Regeneration*” adlı çalışmanın, tarafımdan bilimsel ahlak ve geleneklere aykırı düşecek bir yardıma başvurmaksızın yazıldığını ve yararlandığım eserlerin bibliyografyada gösterilenlerden oluştuğunu, bunlara atıf yapılarak yararlanılmış olduğunu belirtir ve bunu onurumla doğrularım.

26/01/2015

Erkin KIRYAMAN



T.C.  
YAŞAR ÜNİVERSİTESİ

SOSYAL BİLİMLER ENSTİTÜSÜ TEZLİ YÜKSEK LİSANS TEZ JÜRİ  
SINAV TUTANAĞI

ÖĞRENCİNİN		
Adı, Soyadı	: Erkin KIRYAMAN	
Öğrenci No	: 11300006001	
Anabilim Dalı	: İngiliz Dili ve Edebiyatı	
Programı	: Tezli Yüksek Lisans	
Tez Sınav Tarihi	: 13/02/2015	Sınav Saati : 10.00
Tezin Başlığı: Psychoanalysis, Trauma and War: A Comparative Study of Virginia Woolf's <i>Mrs Dalloway</i> and Pat Barker's <i>Regeneration</i>		
Adayın kişisel çalışmasına dayanan tezini ..... dakikalık süre içinde savunmasından sonra jüri üyelerince gerek çalışma konusu gerekse tezin dayanağı olan anabilim dallarından sorulan sorulara verdiği cevaplar değerlendirilerek tezin,		
<input type="checkbox"/> BAŞARILI olduğuna (S) 1 <input type="checkbox"/> EKSİK sayılması gerektiğine (I) 2 <input type="checkbox"/> BAŞARISIZ sayılmasına (F)		
<input type="checkbox"/> OY BİRLİĞİ ile karar verilmiştir. <input type="checkbox"/> OY ÇOKLUĞU		
3 <input type="checkbox"/> Jüri toplanamadığı için sınav yapılamamıştır. 4 <input type="checkbox"/> Öğrenci sınava gelmemiştir.		
<input type="checkbox"/> Başarılı (S) <input type="checkbox"/> Eksik (I) <input type="checkbox"/> Başarısız (F) Üye : İmza :	<input type="checkbox"/> Başarılı (S) <input type="checkbox"/> Eksik (I) <input type="checkbox"/> Başarısız (F) Üye : İmza :	<input type="checkbox"/> Başarılı (S) <input type="checkbox"/> Eksik (I) <input type="checkbox"/> Başarısız (F) Üye : İmza :

- 1 Bu halde adaya 3 ay süre verilir.
- 2 Bu halde öğrencinin kaydı silinir.
- 3 Bu halde sınav için yeni bir tarih belirlenir.
- 4 Bu halde varsa öğrencinin mazeret belgesi Enstitü Yönetim Kurulunda görüşülür. Öğrencinin geçerli mazeretinin olmaması halinde Enstitü Yönetim Kurulu kararıyla ilişkisi kesilir. Mazereti geçerli sayıldığında yeni bir sınav tarihi belirlenir.

## ÖZET

Yüksek Lisans

PSİKANALİZ, TRAVMA VE SAVAŞ:

VIRGINIA WOOLF'UN *MRS DALLOWAY* VE PAT BARKER'İN  
*REGENERATION* ROMANLARININ KARŞILAŞTIRMALI BİR ÇALIŞMASI

Erkin KIRYAMAN

Yaşar Üniversitesi

Sosyal Bilimler Enstitüsü

İngiliz Dili ve Edebiyatı Yüksek Lisans Programı

Bu çalışmanın amacı Virginia Woolf'un *Mrs Dalloway* (1925) ve Pat Barker'in *Regeneration* (1991) romanlarının travma teorisi bağlamında karşılaştırmalı analizini yapmaktır. Birinci Dünya Savaşı (1914-1918) sadece sosyal, politik ve ekonomik alanları değil aynı zamanda edebiyatı da etkilemiş ve savaş sonrasında üretilen edebiyatın savaşın bireyi nasıl ayrıştırdığı ve parçaladığına odaklanmasını sağlamıştır. Bu iki roman Birinci Dünya Savaşı'nın yıkıcı ve parçalayıcı etkisini bireysel travmatik anlatı düzeyine çeviren ve dolayısıyla travmatik karakterlere yer veren romanlardır. Travmanın anlatılamazlığı kabul edilen bir gerçek olmasına rağmen bu iki romanın travmatize olmuş bireyi anlattığı ve travmayı farklı yollarla temsil ettikleri açıktır.

Bu tezde *Mrs Dalloway* ve *Regeneration* eserlerinin incelemesinde üç ana soruna yer verilecektir. Birincisi, karakterlerin travmatik anlatıları, travmayı gösteren belirtiler ve terapötik çözüm yolları açısından irdelenecektir. Daha sonra, travmanın anlatma-dinleme yoluyla bulaşıcı hale gelmesi ve ikincil travmatik etki yaratması sorgulanacaktır. Romanlarda bu etki alanına, anlatmanın ve dinlemenin travmatik sonuçlarına odaklanılacaktır. Son olarak da bireysel travmanın dışında metnin/anlatının kendi travmasına bakılacak; bu bağlamda metnin iç dinamiklerinin hangi yöntemlerle travmatik bir model çizdiği ve kendini nasıl travmatik temsil ettiğine dikkat çekilecektir. Bu üç katmanlı çalışmada, *Mrs Dalloway* ve *Regeneration* romanlarının travma olgusuna ve sorunsalına karşı sergilemiş olduğu farklı anlatı boyutları, değişik anlatı teknikleri, ilginç bakış açıları, travmatik etkiler ve terapötik çözümlerin değişken yapısı büyük önem taşımaktadır.

**Anahtar Kelimeler:** Travma Teorisi, Psikanaliz, Birinci Dünya Savaşı, Mrs Dalloway, Regeneration, Freud, İkincil Travma, Travmanın Temsili

**ABSTRACT**  
**Master Thesis**  
**PSYCHOANALYSIS, TRAUMA AND WAR:**  
**A COMPARATIVE STUDY OF VIRGINIA WOOLF'S *MRS DALLOWAY***  
**AND PAT BARKER'S *REGENERATION***

**Erkin KIRYAMAN**

**Yaşar University**

**Institute of Social Sciences**

**Master of English Language and Literature**

The aim of this dissertation is to present a comparative analysis of two post-war novels; *Mrs Dalloway* (1925) by Virginia Woolf and *Regeneration* (1991) by Pat Barker within the framework of trauma theory. These two novels represent fragmented and traumatized characters after the Great War. Since trauma is defined as a shocking, overwhelming and dissociating event, the effects of the traumatic events can be seen in the characters' post-war lives because they are haunted by the traces of the past. Though Woolf writes *Mrs Dalloway* in 1925 and Barker writes *Regeneration* in 1991, what unites them is the idea of the war, soldiers' shell shock and the trauma itself.

In this thesis, three significant questions will be analysed in *Mrs Dalloway* and *Regeneration*. Firstly, the traumatic narratives of the characters will be scrutinized in terms of the traumatic symptoms and therapeutic resolutions. Next, the contagion of trauma through telling and listening, and the vicarious traumatization will be explored. In the analysis of these two novels, the effect of listening and telling will be examined in order to attract attention to the traumatizing effect of traumatic listening. Lastly, apart from the characters' trauma, the textual/narrative representation of trauma will be analysed. In this sense, the manner in which the narrative draws a traumatic model and how it traumatizes or represents itself traumatized will be important questions. These three issues in the analysis of the novels are significant in that they show the ways in which *Mrs Dalloway* and *Regeneration* perform different narrative dimensions and strategies, and offer interesting perspectives of/about trauma, and the changeable traumatic symptoms and therapeutic resolutions.

**Key Words:** Trauma Theory, Psychoanalysis, The Great War, Mrs Dalloway, Regeneration, Freud, Secondary & Vicarious Trauma, Representation of Trauma

## **Acknowledgement**

First of all, I would like to express my gratitude to my supervisor, Assist. Prof. Dr. John Trevor Hope who has been a patient, tolerant and invaluable mentor for me throughout my study. I am thankful for his support even at times when I felt I lost my path while I was writing this thesis.

I would also like to thank Assoc. Prof. Dr. Nevin Yıldırım Koyuncu who not only contributed to my study with her ideas but also offered me endless support and tolerance while I was preparing this thesis.

I would like to express my gratitude to Prof. Dr. Dilek Direnç who also supported my study all the time.

Finally, I would like to thank my family and friends profoundly, who encouraged me with their best remarks.

Erkin Kırıyaman

26.01.2015

## CONTENTS

### PSYCHOANALYSIS, TRAUMA AND WAR: A COMPARATIVE STUDY OF VIRGINIA WOOLF'S *MRS DALLOWAY* AND PAT BARKER'S *REGENERATION*

<b>Yemin Metni</b>	<b>iii</b>
<b>Approval Page</b>	<b>iv</b>
<b>Kısa Özet</b>	<b>v</b>
<b>Abstract</b>	<b>vi</b>
<b>Acknowledgement</b>	<b>vii</b>
<b>Contents</b>	<b>viii</b>
<b>INTRODUCTION</b>	<b>1</b>
<b>I. TRAUMA AND TRAUMA THEORY</b>	<b>4</b>
A. History of Trauma and Trauma Theory	4
B. Trauma Theory	8
i. The Traumatic Model of Freud	8
ii. Vicarious & Secondary Traumatization	14
C. The Narrative Representation of Trauma	19
<b>II. REGENERATION AND TRAUMA</b>	<b>24</b>
A. <i>Regeneration</i> : Traumatic Narratives of Sassoon, Prior and Anderson	25
B. <i>Regeneration</i> : Is Trauma Contagious? Dr. W. H. Rivers	38
C. <i>Regeneration</i> : Traumatic Narrative Style and Conventional Storytelling	49
<b>III. MRS DALLOWAY AND TRAUMA</b>	<b>57</b>
A. <i>Mrs Dalloway</i> : A Narrative of Septimus Warren Smith's Trauma	58
B. <i>Mrs Dalloway</i> : Is Trauma Contagious? Lucrezia Smith and Clarissa Dalloway	72
C. <i>Mrs Dalloway</i> : Traumatic Narrative Style and Stream of Consciousness	84
<b>CONCLUSION</b>	<b>94</b>
<b>WORKS CITED</b>	<b>102</b>



**PSYCHOANALYSIS, TRAUMA AND WAR:  
A COMPARATIVE STUDY OF VIRGINIA WOOLF'S *MRS DALLOWAY*  
AND PAT BARKER'S *REGENERATION***

**INTRODUCTION**

Cathy Caruth, in *Unclaimed Experience: Trauma, Narrative, and History*, defines trauma in the broadest terms: "In its most general definition, trauma describes an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena" (11). It is significant that the sudden event shocks the victim and this shocking and disrupting event haunts him in his post-traumatic life via re-enacted events. Human beings have been exposed to traumatizing catastrophic events since the very beginning and have been affected by them. For instance, wars, natural disasters and collective massacres are all examples of mass traumas while the death of a family member or close friend, heartbreaks and even the disappointments of losing a favourite toy can be reasons for individual traumatic experiences.

When mass traumas like the Great War are taken into consideration, not only the collective effects but also the individual effects of trauma are important. The Great War, which took place between 1914 and 1918, caused many psychological traumas for the soldiers who fought and survived it. Vincent Sherry, in *The Cambridge Companion to the Literature of the First World War*, points out that "For reasons that were unclear, or that changed and became even more unclear, there were 10 million dead in less than a decade..." (1). The magnitude of death and destruction iconized the Great War. As Paul Fussell writes in *The Great War and the Modern Memory*, "The irony which memory associates with the events, little as well as great, of the First World War has become an inseparable element of the general vision of war in our time" (33). It not only affected "social, political, and intellectual" spheres throughout the world (Sherry 1) but also had a profound effect on literature and fiction which narrated trauma, fragmented memory and war, as Esmé Wingfield-Stratford suggests (qtd. in Fussell 9). In this sense, the Great War and its negative effects on individual have been reflected in many novels written after the 1920s. David Trotter lists a number of novels about the Great War and trauma: James

Hanley's *The German Prisoner*, Liam O'Flaherty's *Return of the Brute*, H. G. Well's *Mr. Britling Sees It Through*, A. D. Gristwood's *The Somme*, A. P. Herbert's *The Secret Battle*, Ford Madox Ford's *Parade's End*, Christopher Stone's *The Valley of Indecision*, etc., (34-57). All these works fictionalize the war and show its destructive effect both on the physical world and on the individual's psyche.

For the purpose of this thesis, I plan to conduct a comparative study of Virginia Woolf's *Mrs Dalloway* (1925) and Pat Barker's *Regeneration* (1991), both of which narrate post-war trauma and its effects and consequences on shell-shocked soldiers. There are three layers which will be examined in the analysis of both novels: firstly, the traumatic narratives of characters; secondly, the vicarious/secondary traumatization, and lastly, the representation of trauma in the narrative. The two novels are engaged with trauma not only by narrating the stories of the trauma victims but also by setting up a relationship between the traumatized and the listener. Moreover, these works internalize the traces of trauma and therefore, reflect the traumatic symptoms. I will use the ideas of several significant trauma theoreticians like Sigmund Freud, Cathy Caruth, Ruth Leys, Dori Laub, Ann Kaplan, Dominick LaCapra and Laurie Vickroy to explain the three problems aforementioned. These three aspects, as I believe, are important in that they both reveal the individual effects of trauma and the literary internalization of the traumatic event.

The first chapter starts with the history of trauma and trauma theory so as to grasp how the term/concept has changed by the 21<sup>st</sup> century and how trauma is theorized in relation to psychoanalysis. The transformation of "trauma" into a theory will be explored in relation to Jean Martin Charcot's, Pierre Janet's, Joseph Breuer's, Sigmund Freud's, Cathy Caruth's and Ruth Leys's contributions to the field. Next, in "Trauma Theory", I explain the traumatic model of Freud in which Freud analyses the origins of trauma and offers therapeutic resolutions. Next, in relation to the traumatic model, I will focus on how trauma becomes contagious through narrating and listening, which cause secondary or vicarious traumatization. The last section of this chapter focuses on the narrative representation of trauma, where I aim to show the ways in which the text comes to imitate and reflect the traumatic psychology of the survivor and internalize the characteristics of trauma via its literary dynamics.

The second part of this thesis will focus on *Regeneration*, where I will explore the three aspects described above. I will analyse the trauma shown by

Siegfried Sassoon, Billy Prior and Ralph Anderson by offering a close reading of the text; and I will try to show how Rivers, the therapist, deals with the traumatic cases in terms of therapeutic resolutions. Following the Freudian traumatic model, my aim is to present a wide range of characters because they manifest different symptoms and they are treated by diverse methods such as hypnosis, dream-analysis and poetry writing. Then, so as to understand how Rivers is affected by his listening to the traumatic stories and witnessing the acted out traumatic events, I will question his secondary/vicarious traumatization. In this section, Dori Laub's and E. Ann Kaplan's ideas in relation to Freud will be used in order to understand the cost of listening. Also, Dominick LaCapra's ideas concerning empathy will help us to grasp the reason for the listeners' vicarious traumatization and the degree of risk. Lastly, in my section on the narrative representation and *Regeneration*, I intend to analyse the mode of conventional storytelling and draw a link between it, and the repression and resistance. I question how the text contains trauma while resisting its representation.

In my third chapter entitled "*Mrs Dalloway* and Trauma," my focus is on three aspects again. Firstly, by drawing on Freud's ideas in *Beyond the Pleasure Principle*, I explore the ways in which Septimus Warren Smith demonstrates traumatic symptoms and tries to overcome his traumatic state. Later, in the second section, where I examine the relationship between Lucrezia Smith, Clarissa Dalloway and Septimus Smith in terms of contagion of trauma, I make use of Laub's and Kaplan's ideas on secondary traumatization so as to reveal how Septimus's trauma affects Lucrezia and Clarissa and leaves them traumatized. Lastly, in "*Mrs Dalloway* and Traumatic Narrative Style," my point is to analyse the ways in which *Mrs Dalloway* reflects Septimus's traumatic mind and internalizes trauma within its own literary dynamics.

In my conclusion, I will be comparing *Mrs Dalloway* and *Regeneration* in terms of the three aspects above. Because the novels are the products of different times and present distinct settings and various forms of manifestations and resolutions of trauma, my aim is to focus on the differences rather than the similarities. In this sense, it is crucial to note that though they are unified by the themes of trauma and war, their handling of the issues of trauma, traumatizing effects and representation through language is really strikingly different.

## I. TRAUMA AND TRAUMA THEORY

### A. History of Trauma and Trauma Theory

Trauma etymologically comes from Greek, “τράυμα”, meaning wound. As far as the first usage in English is concerned, *The Online Etymological Dictionary* dates the term back to around the 1600s in medicine with the meaning of “physical wound” (“Trauma,” def. 2). The word was first used to describe physical injury to the body such as damage to the tissues or to the skin originating from an external cause. It was the first time that trauma manifested itself in the late seventeenth century in Johannes Hofer’s idea on nostalgia. Hofer “attributed the disease [trauma] to an ‘afflicted imagination’, noting in patients the persistence of melancholy, relentless preoccupation with home, disturbances of sleep, images of home recurring in dreams, loss of strength and appetite, fever, heart palpitations and stupor” (qtd. in Hemmings 28). Until the nineteenth century, trauma continued to be used frequently in the physiological sense. Ruth Leys, in her book, *Trauma: A Genealogy*, explains that the “[M]odern understanding of trauma began with the work of the British physician John Erichsen, who during the 1860s identified the trauma syndrome in victims suffering from the fright of railway accidents and attributed the distress to shock or concussion of the spine” (3). Though John Erichsen identified trauma syndromes in his patients, Jean Martin Charcot, a French neurobiologist and psychologist, who worked at the Salpêtrière Hospital with hysteric women, was the first to argue that the origin of hysteria/trauma is not physiological but psychological.

Fassin and Rechtman in their *The Empire of Trauma: An Inquiry into the Condition of Victimhood* state that “The path to trauma psychiatry was opened by Charcot, who took great interest in the earliest accounts by London doctors, between 1866 and 1870, of the effects on the nervous system of powerful disturbances following railroad accidents” (30). By analysing the “hysterical” states of women and their traumatic symptoms, he presented a model for trauma theory. Charcot “describe[d] both the problems of suggestibility in these patients, and the fact that hysterical attacks are dissociative problems – the results of having endured unbearable experiences” (van der Kolk, Waiseth and van der Hart 50). To understand the origins and the importance of the resistances, he hypnotised a hysterical woman in front of an audience and made her act out her traumatic past (Herman 6-7). His studies showed that hysteria was not a physical illness but a psychological one

because the traumatic or overwhelming events in the past caused disorder in the mind.

Charcot's student, Pierre Janet, also contributed to the field by studying traumatic memories. Pierre Janet, who was an influential figure in trauma studies with his ideas concerning transference, dissociation and the relationship between the past and the present in re-enacting trauma, continued to study the dissociative elements and their effects on personality and behaviour. Van der Kolk, van der Hart and Paul Brown in "Pierre Janet's Treatment of Post-traumatic Stress" explain Janet's systematic contribution to the therapeutic cures by focusing on the intensity of memories that the victim could remember or the effect of the rapport (the relationship between the analyst and the patient) (2-3). Janet thought that hypnosis and abreaction were the methods appropriate for inducing the patient to re-enact the past. In this sense, "Janet pioneered the use of hypnosis and automatic writing in the therapy of post-traumatic patients who suffered mainly from dissociative symptoms" (5). His studies foregrounded the importance of "transference" and "acting out" as Freud would later term it, and therefore emphasized the importance of re-enacting the traumatic past to reach the original traumatic repression and resistance.

Known for his "talking cure" and the case of Anna O., Josef Breuer, the colleague of Freud, became a key figure in trauma theory by studying hypnosis and therapeutic treatments alongside Freud. Although they separated later due to a disagreement over Freud's interest in the role of sexuality in his theories, Josef Breuer contributed to trauma studies by concluding that hypnosis had a cathartic effect, producing an emotional release on the victim. Apart from hypnosis, he developed a technique informally called the "talking cure" or "chimney sweeping" while treating Anna O. (Bertha Pappenheim), who experienced the death of her father and became highly influenced. Though he abandoned the use of hypnotic/cathartic methods in the following years, his case and the cure of Anna O. made him famous. Moreover, his controversies with Freud in the use of therapeutic treatments and cathartic processes made him a significant figure in trauma studies.

As one of the disciples of Charcot, Sigmund Freud is a leading figure in trauma studies because of his contributions to the determining of the symptoms of trauma and presenting of therapeutic resolutions – transference, acting out and working through. Fassin and Rechtman say that "It was Freud and Janet [in addition to Charcot] who introduced a psychic etiology into theories of trauma, but with

marked differences in their analyses” (31). Before Freud studied dissociation and the internal causes and symptoms of trauma, he put forward the seduction theory in the 1890s and proposed the memories of external traumas for the explanation of hysteria. In 1896, Freud suggested that “a precocious experience of sexual relations . . . resulting from sexual abuse committed by another person . . . is the specific cause of hysteria . . . not merely an agent provocateur” (qtd. in van der Kolk, Weisaeth, et al., 54). But, he abandoned the seduction theory in 1897: “In his letter of September 21, 1897, Freud announced to Wilhelm Fliess, ‘I no longer believe in my neurotica’” (Izenberg 25). He understood that not only seduction but also any overwhelming event can traumatize the individual and can be the cause of hysteria: “In *Studies on Hysteria*, hysterical symptoms were seen as the ‘residues’ of traumatic events that had been suppressed. The initial repression of the trauma was described in purely intentional terms as a conscious effort to ward off unpleasant events: ‘It was a question of things which the patient wished to forget and therefore intentionally repressed from his conscious thought’” (29). In fact, reminiscences cause such a repression. Breuer and Freud wrote that “Hysterics suffer mainly from reminiscences” of what happened to them (30). Freud, with Breuer, termed traumatic dissociation as “hypnoid hysteria” and highlighted its relationship to a traumatic antecedent. In *Studies in Hysteria*, Freud suggests,

[W]e must point out that we consider it essential for the explanation of hysterical phenomena to assume the presence of a dissociation, a splitting of the content of consciousness. [T]he regular and essential content of a hysterical attack is the recurrence of a physical state which the patient has experienced earlier. (qtd. in van der Kolk, Weisaeth, et al., 30)

Freud published his infamous work, *Beyond the Pleasure Principle*, a key text on trauma and therapeutic methods, in 1920. His analysis of trauma in relation to symptoms and therapeutic resolutions in this work offered a theoretical model for trauma studies. Also, the Great War offered Freud the opportunity to observe many soldiers with shell shock. Jodie Medd, in her article, draws the link between Freudian terminology and the war, and she adds that the Great War contributed to Freud’s fame at that time. As the war broke out, journalists used Freud’s definitions like “war nerves, shell shock, hysterical symptoms, conversion, repression, sublimation, the

unconscious, neurosis, flight into illness, wish fulfilment, and traumatic memory” to define the trauma of the war (237). In this sense, Freud is regarded as the forerunner of modern trauma theory through his significant place in media.

Cathy Caruth, a contemporary theoretician in the field of trauma studies, published *Unclaimed Experience: Narrative, Trauma, and History* in 1996, in which she also drew on Freud’s ideas about trauma. Caruth explores the nature of trauma in relation to history, as well. By analysing Tasso’s story of Tancred, she questions the ways of “knowing and not knowing” of/about trauma. As literature and psychoanalysis meet at this point of possibility of knowing or not knowing, Caruth questions the means and techniques of representation of trauma. Dianne F. Sadoff writes that “Despite its attention to the impact of falls, violence against the body, and historical catastrophe, *Unclaimed Experience* is oddly bloodless. The status of ‘history’ here, for example, is abstract and abstracted; the material consequences of ‘trauma’ are rarefied and postponed” (106). Caruth deconstructs the notion of historical trauma in relation to referentiality, and focuses on Freud’s deferred action [Nachträglichkeit], through which trauma can be experienced. She not only focuses on the later effect of trauma but also relates belatedness to the idea of death within the context of trauma.

Similarly, Ruth Leys, as a contemporary scholar, contributes to the field with her *Trauma: A Genealogy*, which was published in 2000. Her analysis of trauma as a concept and theory is framed historically by the work of Freud, Janet, Ferenczi and Kardiner. Leys explores the Freudian concept of the death drive in relation to the “binding” and “unbinding” of the ego. By focusing on various trauma theoreticians like the ones named above, she attracts attention to different and distinct features of trauma. Apart from the historical sense, Leys examines dissociation in relation to Morton Prince and one manifestation of the traumatized mind: multiple personalities. She also reads Janet’s theories on trauma closely and shows the forms of cathartic, mimetic or anti-mimetic resolutions. Kardiner’s and Ferenczi’s place in the book illustrates the link between forgetting and remembering within the concept of psychic trauma. Moreover, by making the connection to hysteria explicitly, Leys compares trauma and hysteria and examines the “hysterical lie” (153). In fact, her study on trauma brings light to the traumatic symptoms and their resolutions from different perspectives.

The concept of post-traumatic stress disorder (PTSD) was coined and defined by American Psychiatric Association in the 1980s so as to classify the effects and symptoms of trauma. Cathy Caruth in *Trauma: Explorations in Memory* states,

In 1980, the American Psychiatric Association finally officially acknowledged the long-recognized but frequently ignored phenomenon under the title “Post-Traumatic Stress Disorder” (PTSD), which included the symptoms of what had previously been called shell-shock, combat stress, delayed stress syndrome, and traumatic neurosis, and referred to responses to both human and natural catastrophes. (3)

The tardy entrance of PTSD into the dictionaries of psychoanalysis and psychology is in fact an effect of the studies done by theorists like Freud, Charcot, Janet, Breuer, etc. The contemporary theorists like Caruth, Leys, LaCapra, Vickroy, Kaplan and Luckhurst also enrich trauma studies with different perspectives. As a result, trauma has been theorized and conceptualized newly and has become a literary trend in the twenty-first century.

## **B. Trauma Theory**

### **i. The Traumatic Model of Freud**

Trauma studies are closely linked with Freudian psychoanalysis. In his well-known work, *Beyond the Pleasure Principle*, Freud offers a traumatic model which describes both symptoms and therapeutic treatments. According to Freud, “traumatic neurosis” had been already identified and described because the Great War was a traumatizing event for the soldiers who fought (50). He was aware of the fact that war was a traumatizing event and caused many traumatized or “shell-shocked” soldiers. For him, trauma is an external force which intrudes into memory, disturbs it and problematizes the internal organic energy system:

We may use the term *traumatic* to describe those excitations from outside that are strong enough to break through the protective barrier; ... An event such as external trauma will doubtless provoke a massive disturbance in the organism’s energy system, and mobilize all available



defence mechanisms. In the process, however, the pleasure principle is put into abeyance. (Freud 68; emphasis in original)

Freud's remarks about trauma are closely linked with the idea of protection. He metaphorically sees the psyche as a vesicle and explains that its surface is the receptor organ [cortical layer]. While receiving the outer or external stimuli, the vesicle should protect itself against the stimulating effect because the self should maintain its own pleasure and the state of being a living organism. On the other hand, the external traumatic event is a threat against the self if it passes over the protective barrier and disturbs the present order in the system. He writes that

For the living organism, the process *protecting* [the vesicle] against stimuli is almost more important than the process whereby it *receives* stimuli; the protective barrier is equipped with its own store of energy, and must above all seek to defend the particular transformations of energy at work within it against the assimilative and hence destructive influence of the enormously powerful energies at work outside it. The process of receiving stimuli chiefly serves the purpose of determining the direction and nature of the external stimuli, and for that it must clearly be sufficient to take small specimens from the external world, to sample it in tiny quantities. (Freud 66; emphasis in original)

At this point, Freud shows that protection is required for the balancing of energy within the psyche. On the other hand, the traumatic and external event, which is huge and sudden, breaks into the vesicle and disturbs the structure. The external force disturbs the energy system because it is destructive and powerful. In this sense, trauma cannot be eluted because it cannot be grasped or controlled by the barrier.

For Freud, the key causative element in traumatic neurosis is the surprise factor or fright: "Fright ... emphasized the element of surprise; it describes the state that possesses us when we find ourselves plunged into danger without being prepared for it (Freud 50-51). While fear permits preparation for an event, because the individual knows the nature of what is being feared, the fright in trauma causes a shock, which cannot be understood fully at the time it happens due to its sudden effect. An unbearable event like the death of a friend startles the witness and disturbs

the psyche as a result of its force. Since the victim cannot avoid the event, fright foregrounds his helpless state. He can neither understand what happens nor oppose the reality.

Freud emphasizes the deferred effect of trauma so as to point out that trauma is understood not at the time it happens but only by means of the mnemonic and traumatic traces later on. The psychoanalytical idea of “afterwardness” [*Nachträglichkeit*] or the “deferred” means that the traumatic event is not grasped when it happens but emerges later in dreams, hallucinations, etc. One of the post-traumatic symptoms is the dreams which take the victim to the site of his trauma where he re-enacts the feelings of the original trauma. Thus, Freud writes,

The study of dreams may be regarded as the most reliable approach route for those seeking to understand the deep-level processes of the psyche. Now it's a distinctive feature of the dream-life of patients with traumatic neurosis that it repeatedly takes them back to the situation of their original misadventure, from which they awake with a renewed sense of fright. (51)

In the quote, dreams not only recall what happened but also cause “a renewed sense of fright” which shows the re-traumatizing effect of dreams, because they frighten the victim once again by the reoccurrence of the traumatic event and the pathetic feelings. Thus, trauma is understood in relation to the later effects of the event or the deferred effect of trauma as seen in dreams.

Repeated dreams are an example of the Freudian notion of the repetition compulsion. Though the repetition of the traumatic event is contrary to the will of the victim, it is unavoidable. Freud explains repetition compulsion with reference to the *fort-da* [gone-here] games of his grandson. Because the child's mother leaves home, and he cannot prevent her from going, he actively finds a solution which ends happily. When the child flings the wooden reel, he says “fort” and when he takes it back he says “Da!” (52-53). Freud asks, “How then does his repetition of this painful experience in his play fit in with the pleasure principle?” (53). Freud states two reasons for this: firstly, the happy conclusion and secondly the status of active agent. He explains that the boy changes his passive role in preventing his mother from going out into an active role in his play. Most strikingly, also, the reappearance of the

toy is a happy conclusion for him. He projects his feelings onto the toy. He is aware that the missing toy will be back unlike his mother. His projection of unhappiness into a happy state in the play can be similar to the dreams of trauma survivors in that the dreams of the victims may sometimes fit into the pleasure principle because rather than the traumatic effect, he re-fictionalizes the traumatic event in which the lost object is not lost or dead. It means that he actively changes the reality and finds a solution to provide him the pleasure he needs. Therefore, he may have the happy conclusion and become an active agent in his dreams.

Freud, in relation to dreams, asks whether they are forms of wish fulfilment in *Beyond the Pleasure Principle*. He states,

Under the dominion of the pleasure principle, it is the function of the dreams to make a reality of wish-fulfilment, albeit on a hallucinatory basis; but the purposes of wish-fulfilment are certainly not being served by the dreams of patients with accident-induced neurosis when they thrust them back – as they so regularly do – into the original trauma situation. (71)

He does not see the traumatized patient's dreams as wish-fulfilment because they work as re-traumatizing mechanisms. On the other hand, he states that the dreams function to change fright into fear, which means that the patient belatedly becomes ready for the traumatic event in his dreams and is not startled with its sudden and frightening effect as he was in the original trauma. So, the only way to see his dreams as wish-fulfilment is the forms of the generation of fear, "the absence of which was the cause of traumatic neurosis in the first place."

After describing the symptoms of trauma, Freud proposes three things for the therapeutic resolution of trauma: transference, acting out and working through. Therapeutic resolution involves remembering, repeating and abreacting for Freud, in which the traumatic feelings and repressed resistances of the victim are transferred onto the analyst. Before going into the details of Freud's resolution of trauma, I should make it clear that the aim of therapeutic resolution for Freud is to make the patient conscious of his unconscious. This means that the analyst should deal with the repression and the resistances in the unconscious (57). He also clarifies that resistance is not a product of the unconscious but of the ego itself, which cannot

understand the “forces behind the resistances, or indeed of the resistances themselves” (57). Within this context, so as to familiarize the patient with his traumatic resistances, the analyst needs to “loosen the grip of repression” (58) because the survivor unwillingly represses the unwanted, traumatizing and disturbing memories in the unconscious:

We use the term *repression* to describe the status in which [the opposing force and the relevant] notions existed before they were made conscious, and we argue that the force that brought about the repression and then kept it in place makes itself felt during the psychoanalytical process as *resistance*. (Freud 106-107; emphasis in original)

Therefore, repression is a way of resisting distressing, traumatic and mnemonic memories. These are contained in the unconscious, and the survivor resists letting them emerge to the surface because this is a way of “escaping the oppressive forces bearing down on it” (57).

Within this context, in order to understand the survivor’s repression and traumatic resistances, transference is the first step, which is also closely linked to acting out in Freud’s traumatic model:

What is chiefly going to interest us, of course, is the relationship that this repetition compulsion bears to the transference and the resistance exhibited by the patient. We soon realize that the transference is itself merely an instance of repetition, and that this repetition involves transference of the forgotten past not only onto the physician, but onto all other areas of the patient’s current situation. (37)

In respect to the quote, it is obvious that transference is a repetition of the traumatic past. When the past is acted out or re-enacted, the analyst’s work is to understand the resistances that make the patient repress the traumatic event.

According to Freud, hypnosis is a technique that can be used in transference. It is a way of leading the patient to act out what he experienced or witnessed. Freud says, “[W]e may say that the patient does not *remember* anything at all of what he has forgotten and repressed, but rather *acts it out*. He reproduces it not as a memory,

but as an action; he *repeats* it, without of course being aware of the fact that he is repeating it” (36; emphasis in original). This means that acting out is a kind of role-playing for the patient. Still, he is not aware of the fact that he is playing the role. When acting out and repetition are concerned, Freud explains the importance of the repressed or the resistances. He points out that “[the patient] repeats everything derived from the repressed elements within himself that has already established itself in his manifest personality – his inhibitions and unproductive attitudes, his pathological characteristics” (37). Repression, as a defence mechanism, is a way of refusing to tell or narrate.

While the patient is in transference with the analyst, there is a risk of “deterioration during the treatment” as Freud puts it. It is a significant point in therapy because Freud explains that leading the patient to remember causes trouble on the side of the analysand because leading him to remember and act out what he experienced may create a renewed sense of trauma and fright or re-traumatization. Freud writes,

Getting the patient to remember, as practised in hypnosis, inevitably had the air of a laboratory experiment. Getting the patient to repeat, as practised under the more modern technique of analysis, means summoning up a chunk of real life, and cannot always be harmless and free of risk. The whole problem arises here of “deterioration during the treatment”, a phenomenon that often proves unavoidable. (38)

Deterioration problematizes the therapeutic session, obstructs the revelation of the repressed and can cause re-traumatization by generating the original fright once again. So, the fixation increases and the survivor feels guilty and full of remorse. The victim asks, “Look what happens when I really do let myself become involved in these things! Wasn’t I quite right to consign them all to repression?” (Freud, *Beyond the Pleasure Principle* 39). As a result, repeating what has been repressed can damage the analysand.

On the other hand, if the transference goes well and develops appropriately, the victim is reconciled with the repressed element within himself in working through. When the analyst names the resistance which is repressed, the victim needs to be familiarized with it. Freud says that “One has to give the patient time to

familiarize himself with the resistance now that he is aware of it, to *work his way through it*, to overcome it by defying it and carrying on with the therapy in accordance with the basic rule of analysis” (41; emphasis in original). It is evident that working through involves two things: recognizing the resistances and overcoming the resistances. Freud also adds that, when the transference and acting out are fulfilled, there is nothing that the analyst can do other than waiting for the patient to work his resistance through. It is both a work of patience for the analyst and a matter of effort for the patient.

In Freud’s traumatic model, the symptoms and the treatment are well-established, which means that he creates a model for trauma theory. In this system, he shows the effects of unwitting traumatic event and proposes the therapy in which transference, acting out and working through are emphasized so as to untie the knot of repression and resistance.

## **ii. Vicarious & Secondary Traumatization**

Trauma not only affects the victim but also affects the listener who listens to the traumatic stories of the victim or observes his traumatic state. Judith Herman, in *Trauma and Recovery* writes that “Trauma is contagious. In the role of witness to disaster or atrocity, the therapist at times is emotionally overwhelmed. She experiences, to a lesser degree, the same terror, rage, and despair as the patient. This phenomenon is known as ‘traumatic countertransference’ or ‘vicarious traumatization’” (99). In this fashion, the original trauma creates another trauma and causes vicarious or secondary traumatization. Vicarious traumatization is the result of the listener’s participation in the act of listening. For example, when the analyst participates in the transference in which the patient acts out the traumatic event and the feelings, he is exposed to the patient’s trauma’s traumatizing influence. E. Ann Kaplan writes that “Pearlman and Saakvitne (1995) define vicarious traumatization as the deleterious effects of trauma therapy on the therapist. It is a process of change in the therapist’s inner experiences – the normal and understandable by-product of personal engagement with clients’ trauma memories and narrative descriptions” (qtd. in Kaplan 40). Therefore, most of the time in therapeutic treatment, vicarious traumatization involves the analyst and the analysand whose story becomes contagious and traumatizing.

Nonetheless, Dori Laub and Roger Luckhurst say that trauma not only affects the analyst who participates in the transference but also affects those who listen to the traumatic and pathetic story of the survivor or observe his traumatic state and re-enactments. Laub, in “Bearing Witness or the Vicissitudes of Listening,” writes that,

[T]he listener to trauma comes to be a participant and co-owner of the traumatic event: through his very listening, he comes to partially experience trauma in himself. The relation of the victim to the event of the trauma, therefore, impacts on the relation, of the listener to it, and the latter comes to feel the bewilderment, injury, confusion, dread and conflicts that the trauma victim feels. (58)

Laub not only draws attention to the listener’s position vis-à-vis the traumatic story but also shows that the listener feels the same terror and shock that the victim feels. Roger Luckhurst also supports his idea:

Trauma also appears to be worryingly transmissible: it leaks between mental and physical symptoms, between patients (as in the ‘contagions’ of hysteria and shell shock), between patients and doctors via the mysterious process of transference or suggestion, and between victims and their listeners or viewers who are commonly moved to forms of overwhelming sympathy, even to the extent of claiming secondary victimhood. (3)

With reference to the quote, a listener may be the analyst, a family member, a close friend or even somebody who is not closely and directly related to the trauma victim. Yet, what is significant in his remarks is that he relates “worryingly,” “transmissible” and “leak” to each other. He shows that trauma worries the listener because the effect of it cannot be controlled, blocked or fixed. So, the effect of trauma on the listener leaks unconsciously. It leaks not only from the survivor but also into the listener. In this respect, the listener is vulnerable and in a risky condition against the traumatic stories of the victim.

For Laub, listening is linked to narrating or telling the traumatic event, which traumatize the listener and re-traumatize the victim. Laub states that “The act of

telling might itself become severely traumatizing, if the price of speaking is *re-living*; not relief, but further retraumatization” (67; emphasis in original). If the patient is retraumatized, the effect of the story on the listener will probably be tremendous because the retraumatization of the patient shows the intensity of the traumatic feelings transmitted to the analyst. Then, what is evident is that “Trauma – and its impact on the hearer – leaves, indeed, no hiding place intact” (72).

When the listener is exposed to the traumatic narrative of the victim, his state of helplessness and the possibility of death are foregrounded. Because the stories of the victim involve death, despair, rage and terror most of the time, the listener adapts the stories into his own life and fictionalizes his own story. The patient’s traumatic story becomes a fictionalized platform on which the listener sees that he is in danger himself. In this sense, there are innumerable questions that he cannot escape:

The listener can no longer ignore the question of facing death; of facing time and its passage; of the meaning and the purpose of living; of the limits of one’s omnipotence; of losing the ones that are close to us; the great question of our ultimate aloneness; our otherness from any other; our responsibility to and for our destiny; the question of loving and its limits; of parents and children; and so on. (72)

These philosophical questions are caused by the traumatizing listening. By listening to the patient’s traumatic narrative, the listener faces up to the dangers because these questions either directly or indirectly may affect him or cause problems. Therefore, the traumatic story spreads its effect to the hearer and haunts the listener, too.

In the act of listening to a trauma narrative, however, one of the interesting and significant questions concerns the function of empathy. Dominick LaCapra writes that “Empathy is an affective component of understanding, and it is difficult to control” (102). In relation to uncontrollable empathy, Roger Luckhurst suggests that “listeners or viewers who are commonly moved to forms of overwhelming sympathy, even to the extent of claiming secondary victimhood” are affected by traumatic stories (3). The difficulty of controlling empathy towards the survivor is an explanation of vicarious traumatization, in fact. When the analyst is not aware of the fact that he is helping the traumatized and listening to his stories for the sake of treatment, he is inclined to show empathy, overwhelmed by it, and therefore,



becomes more vulnerable to vicarious trauma. While Charles Figley suggests that the clinician's empathy plays a great role in transference, Hoffman shows the results of the uncontrolled empathy and explains the vicarious traumatization "within a comprehensive theory of empathy-based pro-social behaviour" (qtd. in Kaplan 40). He believes that empathy is the basic and original cause for secondary traumatization. When the analyst tries to put himself in the patient's shoes, he undeniably feels the traumatic effect. In this respect, the therapist's motivation to enter transference with the patient triggers the painful effects of empathy which ends in vicarious or secondary traumatization.

The effects of vicarious traumatization can be seen in listeners' psychological and physiological states. Like a trauma victim who is dissociated, haunted in his dreams, and manifests physical disorders like muteness, numbness, sweating or shaking, the vicariously-traumatized listener shows the same symptoms psychologically and psychologically. Kaplan points out,

When patients' trauma narratives are vivid enough empathic clinicians may experience painful images of what happened to the patient and imagine the same thing happening to themselves ... Empathic overarousal not only produces nightmares, flashbacks, and "psychic numbing" but also physical symptoms such as heavy breathing, gasping for air, heart rate acceleration, body shaking, dizziness, fatigue, neck tautness, hairs on back of neck standing up, stomach pain, and tears. (40-41)

Kaplan sees these symptoms not only as the results of secondary trauma but also as the results of empathy.

Within the context of empathy, representation of trauma in transference emerges in a subjective way, which means that the listener may interpret the victim's trauma narrative by adapting it to his own state, which may make both his and the victim's states worse. LaCapra suggests, "... empathy is bound up with a transference relation to the past, and it is arguably an affective aspect of understanding which both limits objectification and exposes the self to involvement or implication in the past, its actors and victims" (102). Empathy forces the limits of objectification in the treatment. So, either desirable or unconscious, empathy

becomes an intriguing point for the transference and secondary traumatization because it complicates the reliable and objective perspective of the listener. On the other hand, if the listener is not a professional like a psychoanalyst, he is apt to fall into the danger of vicarious traumatization because he is not aware of the coping strategies against traumatic listening.

As far as coping strategies or defence mechanisms against listening are concerned, Laub's list of the listening defences shows the listener's forms of resistance to the vicarious effect:

- A sense of total paralysis, brought about by the threat of flooding – by the fear of merger with the atrocities being recounted.
- A sense of outrage and of anger, unwittingly directed at the victim – the narrator.
- A sense of total withdrawal and numbness.
- A flood of awe and fear; we endow the survivor with a kind of sanctity, both to pay our tribute to him and to keep him at a distance, to avoid the intimacy entailed in knowing.
- Foreclosure through fact, through an obsession with factfinding; an absorbing interest in the factual details of the account which serve to circumvent the human experience.
- Hyperemotional[ity] which superficially looks like compassion and caring. (72)

These six methods of defence help the listener to escape the traumatizing effect of traumatic narrative. When the listener hears the victim's trauma story, he cannot help resisting it because the listener already knows that his story involves death, destruction, rage, atrocity and shortly an unbearable experience. In this respect, rather than empathizing with the trauma victim, the listener attributes to him the states of a historical monument or "sanctity" so as to avoid the contamination of the knowledge of trauma.

In conclusion, secondary/vicarious traumatization is closely related to transference, acting out and empathy. Vicarious trauma demonstrates that trauma multiplies itself through narration and listening. Even though the listener can take

advantage of coping strategies willingly or unconsciously, there is the risk of falling into the pit opened by the vicarious listening or hearing.

### C. The Narrative Representation of Trauma

In *Trauma Fiction*, Anne Whitehead writes that “trauma fiction is a paradox because if the experience of a traumatic event resists language and representation then how can it be narrativized in fiction?” (3). It means that there is not enough language to describe the terror, destruction and death that the victim witnesses. Auerhahn and Laub in “Knowing and Not Knowing” explain the function of language in describing trauma:

[M]uch of knowing is dependent on language ... Because of the radical break between trauma and culture, victims often cannot find categories thought or words for their experience. That is, since neither culture nor experience provides structures for formulating acts of massive aggression, survivors cannot articulate trauma, even to themselves. (288)

Trauma is unspeakable because “traumatic memory is often ‘wordless and static’” (Vickroy 29). Most of the time, the victim keeps his silence and resists narrating and telling the traumatic story due to the fact that he is afraid of reliving what he has experienced. Also, he cannot place his memories in a chronological way of narration, which means that there is not a clear depiction of the traumatic event. Laurie Vickroy states,

Survivors’ experience resists normal chronological narration or normal modes of artistic representation. For example, because they live in durational rather than chronological time, they continue to experience the horrors of the past through internal shifts back in time and space rather than experiencing the past as differentiated from the present. (5)

Because the victim is trapped between the traumatic world and post-traumatic world, which means that he is haunted by the traumatic past in the present, there is not a clear order of events for him. Flashbacks continue to disturb and remind him of the disaster. In this sense, his trauma can only be understood through traumatic

symptoms such as dreams, hallucinations or psychosomatic disorders, or with treatment methods such as hypnosis. So, even if the traumatized cannot describe his traumatic state appropriately, how the text is able to delineate the traumatic mind of a survivor is one of the significant questions in trauma theory.

Cathy Caruth, in *Unclaimed Experience*, speaks of “the complex ways that knowing and not knowing are entangled in the language of trauma and in the stories associated with it” (4). Trauma not only captivates the victim but also damages his language. Though language contains trauma, it is also the tool which can give voice to the unbearable event ambivalently. Gabriele Schwab states that “Trauma attacks and sometimes kills language” (95). It means that the victim is no longer able to use the language effectively, and he loses the ability to talk after the traumatic event. Then, knowing his trauma becomes an intriguing and complex issue. Narratives about trauma are most of the time regarded as a betrayal because to speak of trauma is to betray it. Van der Kolk and van der Hart in “The Intrusive Past,” question “whether it is not a sacrilege of the traumatic experience to play with the reality of the past?” (179). While the truth of trauma remains fixed, articulating trauma sanctifies it and creates healing ways and contributes to the reality of trauma.

When the narrative representation of trauma is concerned in literature, trauma is internalized into the narrative with the use of the literary dynamics of the work so as to mirror the traumatic psychology of the survivor. As the victims’ language is limited and they resist telling through maintaining their silences, the text follows their traumatic symptoms through linguistic and coded elements in the fiction. Laurie Vickroy in *Trauma and Survival in Contemporary Fiction* writes,

Trauma narratives go beyond presenting trauma as subject matter or character study. They internalize the rhythms, processes and uncertainties of traumatic experience within their underlying sensibilities and structures. They reveal many obstacles to communicating such experience: silence, simultaneous knowledge and denial, dissociation, resistance, and repression, among others. (3)

In relation to this quote, it can be said that the narrative manifests the Freudian model of trauma in which the symptoms of trauma and resolution are evident. Freud, in *Beyond the Pleasure Principle*, obviously shows the characteristics of trauma. He

explains the fright, intrusive flashbacks and repeated dreams, repressed resistances, repetition compulsion, etc., and presents therapeutic resolutions: transference, acting out and working through. The narrative not only narrates the traumatic story of the victim but also represents his fragmented perception and traumatic symptoms in its own elements.

By the use of diverse modes of narration and narrative strategies, the novel delineates the damaged psyche of the trauma survivor. What I mean is that the narrative internalizes traumatic symptoms via its fictive structure. In order to depict the survivor's repeated acts of trauma, the narrative follows a pattern in which several traumatic symptoms are coded in linguistic elements which are repeated. This provides an explanation of repetition compulsion in the narrative. Nader Amir, et al., state that "repetitions with differences" creates a traumatic similarity between the text and the traumatic mind (97). They also add that "the repeated use of elements on both narrative levels of *story* and *discourse* – such as recurring plot elements, certain themes/leitmotifs or verbal habits – can visualize trauma's repetition compulsion which, in return, is an effect of its representational elusiveness" (emphasis in original). The repeated elements in fiction consist of disturbing and unwanted traumatic memories. Most of the time, the fragmented perception and dissociation are reflected through words, phrases, sentences, etc. They represent the intrusive and disturbing reality of trauma. Because death, loss, destruction, suicide and terror are associated with trauma, the narrative connotes them repeatedly by the use of its own coded language. These coded signs not only describe the re-enacted trauma of the survivor but also relate the other characters' states with the victim, connect them and show the effects of trauma. Vickroy asserts that "Victims become obsessed with any associations that can be linked to the trauma, even if they exist within different contexts" (31). The narrative, analogously, constitutes associations in different contexts so as to reflect the traumatic effects and their consequences. In this sense, the textual representation of repetition corresponds to the individual traumatic repetitions. So, in relation to individual representation of trauma, the narrative representation presents integrity for trauma symptomology.

Saul Friedlander in the introduction to *Probing the Limits of Representation: Nazism and "The Final Solution,"* points out that one of the means of representing trauma is the filter of "narrative margin which leaves the unsayable unsaid" (17). It is important to note that trauma damages both the psyche of the survivor and his

language which only can reveal what happened. In this sense, the narrative separates the known from the unknown. The truth of trauma is known but the causes and its effect on the individual remain contained in the narrative. “To contain” several unsayable things about trauma means to repress the causes for the trauma and its characteristics. In other words, instead of a clear and direct delineation of traumatic state, the narrative internalizes the silence and implies that there is trauma, it is true and known. Yet, how one would prove it and reveal the unknown sides of the trauma is a complex issue. In this respect, the narrative provide the filter of knowledge about trauma in order to imitate the traumatic state of the survivor and to show that it is difficult to put the event into the words.

Another marker of traumatic representation in the narrative is the symbolic and metaphorical use of language. Geoffrey H. Hartman points out that “Literature is indeed one way to express whatever kind of memory the traumatic event allows: it appears in the form of perpetual troping of it by the psyche, and is best phrased through figurative language” (542). It means that the symbols and metaphors related to the traumatic state of the victim stand for the damage to the mind, fragmentation and dissociation of the self. In relation to this, Hartman also points out,

In literature, as much as in life, the simplest event can resonate mysteriously, be invested with aura, and tend toward the symbolic. The symbolic, in this sense, is not a denial of the literal and referential but its uncanny intensification ... In short we get a clearer view of the relation of literature to mental functioning in several key areas, including reference, subjectivity, and narration. (547)

With reference to this quote, it can be said that the representation of trauma in literary narratives allows us to read the wound because the narrative constructs a parallel traumatic structure in relation to the coded traumatic repetition of the trauma victim symbolically and metaphorically. Van der Kolk and van der Hart relate the symbolical and metaphorical representation of trauma in the narrative to the idea that “[trauma] is not organized or coded on a linguistic level but rather on a[n] ... iconic level: as somatic sensations, behavioural re-enactments, nightmares and flashbacks” (qtd. in Vickroy 31). This means that the traumatic event becomes re-enacted via dreams, hallucinations, and illusions or through psychosomatic symptoms and make

up the symbols of trauma. Similarly, the text sets up symbolical and metaphorical relations between itself and the victim and allows us to read these symbols as the references or symptoms of trauma.

Consequently, a trauma narrative possibly tells the traumatic stories of the victim and survivors, and internalizes traumatic traces and sensibilities. To represent and reflect the fragmented state, the text both narrates the painful past which cannot be organized and haunts the victim and manifests the traumatic symptoms with its own literary and linguistic dynamics. By setting up a link between trauma and the linguistic elements that the narrative is constructed with, a trauma fiction shows the shattered perspectives, repressed traumatic causes, resistance against representing and telling, silence, repetitive traumatic traces, etc. In this sense, the text becomes traumatic/traumatized. It presents the pieces remaining after the disaster.

## II. REGENERATION AND TRAUMA

Sharon Ouditt in her article “Myths, Memories, and Monuments: Reimagining the Great War” makes mention of the following literary works about the Great War, written in the late twentieth century: Ken Follet’s *The Man from St. Petersburg* (1982), Jennifer Johnston’s *How Many Miles to Babylon* (1974), Susan Hill’s *Strange Meeting* (1971), Pat Barker’s *The Regeneration Trilogy* (1991/1993/1995), Jack D. Hunter’s *The Blue Max* (1965), Ernest K. Gann’s *In the Company of Eagles* (1966), Thomas Keneally’s *Gossip from the Forest* (1975), Stuart Cloete’s *How Young They Died* (1969), Sebastian Faulks’s *Birdsong* (1993), Kate Atkinson’s *Behind the Scenes at the Museum* (1995) and Geoff Dyer’s *The Missing of the Somme* (1994) (245-260). It is evident that these are only a few of THE literary works on the topic of the Great War from this period and what is common to all of these is that they are related to the traumatic side of the Great War either individually or collectively. They all offer a portrayal of “the unresolved effects of the past” where individual traumas should be foregrounded and understood (Whitehead, “The Past as Revenant” 129).

Pat Barker, in an interview with Mariella Frostrup, has argued that her novels are unified by the themes of war and recovery (BBC). One of Barker’s popular fictions concerning trauma and the Great War, *Regeneration*, the first novel of *The Regeneration Trilogy*, narrates the stories of a variety of traumatized or shell-shocked soldiers. Located in Edinburgh, Craiglockhart Hospital is the setting of the novel where William Halse Rivers, as a therapist and psychiatrist, treats soldiers traumatized by the war like Siegfried Sassoon, Billy Prior, and Ralph Anderson, along with other minor characters like Wilfred Owen, David Burns, Willard and Callan. The novel also deals with therapy or psychoanalytic treatment, vicarious traumatization and the possibility of representing trauma in the narrative. With its variety of literary characters like Siegfried Sassoon, Robert Graves and Wilfred Owen, *Regeneration* is also an embodiment of the literary representation of trauma and war. The inclusion of literary characters not only contributes to the realistic reflection of the psychological effects and consequences of the Great War but also draws a link between traumatic scenes and the poetry they write. Interestingly, Barker suggests in the “Author’s Note,” “Fact and fiction are so interwoven in this book that it may help the reader to know what is historical and what is not” (*Regeneration* 251). As Alden writes, “By analysing the historical source material



Barker uses to ‘regenerate’ the past, we can gain a glimpse ‘under the bonnet of the novel’, into the critical and creative decisions Barker made as she reconstructed the events of 1917-18” (*Regeneration* 179). It is significant that the novel, “a roman à clef” as Rob Nixon writes (3), is a combination of fact and fiction about the Great War which was responsible for the traumatization of innumerable soldiers.

In this chapter on *Regeneration*, I will be dealing with how the novel is a trauma narrative in three aspects. In my first sub-chapter entitled “*Regeneration: Traumatic Narratives of the Characters*” I will analyse the traumas and the symptomatic behaviours of shell-shock in individual characters relation to Freudian model of trauma. Then, in my second sub-chapter on *Regeneration*, my point is to show the ways in which trauma may be contagious and especially how the traumas of the characters in the novel affect the therapist, William Halse Rivers, and cause transference neurosis. And, lastly in my chapter “Traumatic Narrative Style,” I plan to analyse how the text demonstrates the (im)possibility of representing trauma through the narrative.

#### **A. *Regeneration: Traumatic Narratives of Sassoon, Prior and Anderson***

In *Regeneration*, William Halse Rivers treats three traumatized major characters: Siegfried Sassoon, Billy Prior and Ralph Anderson. Since their traumatic cases and symptoms, and the treatment methods used are illustrated with different and particular ways in the novel, I find it interesting to analyse the ways in which these characters display the symptoms of war trauma and especially how Rivers deals with their traumatic states through different therapeutic methods because they each represent diverse symptoms, ranging from repetitive nightmares to psychosomatic effects, their traumatic cases are resolved by different methods like hypnosis, dream analysis or writing. Still, what unifies them is Rivers’s utilization of the Freudian model of trauma analysis. Rivers’s faith in Freudian psychoanalysis interests me in that the novel seemingly constructs a Freudian trauma model in these three cases. Freud, in *Beyond the Pleasure Principle*, elaborates on the causes, symptoms and the therapeutic resolutions of trauma neurosis by tracing a pattern in which fright, repetitive dreams, wish fulfilment, transference and acting out -working through are respectively and fundamentally manifested. Barker designs a parallel narrative in *Regeneration*. In this chapter on *Regeneration* and the traumatic narratives of the characters, therefore, I plan to analyse Siegfried Sassoon’s, Ralph

Anderson's and Billy Prior's traumatic states to demonstrate that Barker's fiction follows a Freudian model of trauma in these three characters' traumatic symptom-analysis and treatment methods.

In *Regeneration*, Barker appears to draw on *Beyond the Pleasure Principle*, which is a key text about trauma, in order to explain Sassoon's, Prior's and Anderson's traumas. Freud writes that "In the case of ordinary traumatic neurosis ... the key causative element appeared to lie in the surprise factor, the fright experienced by the victim" (*Beyond the Pleasure Principle* 50). Their witnessing of particular events in the war traumatizes the characters because these overwhelming events create fright and shock as a result of their suddenness. The characters' protective shields are broken through and they are possessed by the traumatic event: "'Fright'... emphasizes the element of surprise; it describes the state that possesses us when we find ourselves plunged into danger without preparing for it" (51). The element of fright caused by the traumatic events shocks them because they are not ready for the event. It frightens them out of the blue and without their consent. For instance, Sassoon's witnessing Gordon's death in the war, which repeatedly haunts him in his dreams, shocks him: "He was obviously not destined to get away from memories of Gordon" (*Regeneration* 114). This shock traumatizes Sassoon because he is also captured by the fate which he cannot resist. Likewise, Prior's personal case of closeness to death in an air crash explains his fright. In therapy with Rivers, he describes the experience in which he "heard a shell coming, and the next thing [he] knew [he] was in the air, *fluttering* down," and they all fell in a crater with about half a dozen of the men, they could not move and suddenly everybody burst out laughing (*Regeneration* 79). Apart from his personal witnessing of the possibility of death in the crash, his state worsens when he sees Logan dying. Logan's death surprises him because he understands his own vulnerability to death. Moreover, in a similar way, Ralph Anderson's trauma is caused by his witnessing of the death of a Frenchman in the war, which makes him fixated to the traumatic event. His fixation comes from his medical profession. Anderson is a doctor in the trenches and he refuses to treat the Frenchman's bigger wounds: "Bleeding. Frantic with pain. No English. A pause. I missed it. I treated the minor wounds and missed the major one... I just stood there and watched him bleed to death. His face twisted. It pumped out of him" (*Regeneration* 30). The death of the Frenchman causes him to be fixated on blood, which shows that the traumatic event which involves blood haunts him. The

traumatic event emerges and enters suddenly into the life of these victims. Their “unprepared” state explains their fright and the surprise factor of the trauma.

In *Regeneration*, Barker describes the war as a whole as a traumatizing event because it maintains the traumatizing effect on the soldiers who have been already traumatized. In this sense, these three characters are continuously frightened and shocked. In addition to the characters’ loss of their close friends and soldiers in the war, the war involves many other deaths they witness. In the novel, Rivers relates the traumatic cases of Sassoon, Prior and Anderson to the “protopathic” effect of war, which explains the idea that not only the particular traumatizing events but also the war as a whole generates fright and surprise. For instance, after the therapy session with Sassoon, Rivers notes that “From an early stage of his service in France, he had been horrified by the slaughter and had come to doubt whether the continuance of the War was justifiable,” and he also adds that “He recognizes that his view of warfare is tinged by his feelings about the death of his friends and the men who were under his command in France” (*Regeneration* 71-72). For Prior, too, the general traumatizing effect of war compounds his particular traumatic witnessing. During a hypnotic session with Prior, Rivers says, “You’re thinking of breakdown as a reaction to a single traumatic event, but it’s not like that. It’s a matter of ... *erosion*. Weeks and months of stress in a situation where you can’t get away from it.” (*Regeneration* 105). Being exposed to the war where the soldiers die, the characters cannot get away from their particular traumatic memories because the war as a whole keeps reminding them of loss and death.

In the novel, the characters have dreams which repeatedly re-enact the events associated with the original trauma. The dreams involve the scenes and feelings related to particular traumatic events. Freud says,

The study of dreams may be regarded as the most reliable approach route for those seeking to understand the deep-level processes of the psyche. Now it is a distinctive feature of the dream-life of patients with traumatic neuroses that it repeatedly takes them back to the situation of their original misadventure, from which they awake with a renewed sense of fright. (*Beyond the Pleasure Principle* 51)

Sassoon, Prior and Anderson have dreams about the war, death of soldiers and loss of their friends. They feel the same dread and fright and relive the traumatic event. For instance, Sassoon's poetry-writing remains as the materialized version of his constant dreams which involve both Gordon and the colossal effect of the Great War. At the very beginning of the novel, Rivers asks Sassoon about his dreams, and Sassoon replies, "It was just that when I woke up, the nightmares didn't always stop ... Corpses. Men with half their faces shot off, crawling across the floor. When I woke up, the pavement was covered in corpses. Old ones, new ones, black, green... People were treading on their faces" (*Regeneration* 12). These dreams of the war include his lost friend, Gordon, too: "He was obviously not destined to get away from memories of Gordon ... [I]t had contained ... shadows on the wall and Gordon's face in the fire light..." (*Regeneration* 114). All these traumatizing scenes are reflected in his poems. One of the poems that he gives to Rivers explains the relationship between his dreams and the repetition of the war trauma:

When I'm asleep, dreaming and drowsed and warm,  
They come, the homeless ones, the noiseless dead.  
While the dim charging breakers of the storm  
Rumble and drone and bellow overhead,  
Out of the gloom they gather about my bed.  
They whisper to my heart; their thoughts are mine.  
'Why are you here with all your watches ended?  
'From Ypres to Fraise we sought you in the line.'  
In bitter safety I awake, unfriended;  
And while the dawn begins with slashing rain  
I think of the Battalion in the mud.  
'When are you going back to them again?  
'Are they not still your brothers through our blood?'  
(*Regeneration* 189)

Sassoon's poem is about his constant traumatizing dreams. In the poem, he feels helpless, confined and desperate. His friends call upon him all the time because he is "unfriended." It is ironical that these repetitive dreams and nightmares emerge in "bitter safety" as Sassoon is at Craiglockhart Hospital where Rivers, as a competent

doctor, takes care of him. The “bitter safety,” in this respect, means that he has to carry the burden of testimonial and losing his friends and fellow soldiers. As Cathy Caruth points out, “the repetition at the heart of catastrophe ... emerges as the unwitting re-enactment of an event that one cannot simply leave behind” (*Unclaimed Experience* 2). The repeated traumatic events in nightmares show that Sassoon is engrossed by the trauma of war without his consent. In the poem, the dead soldiers blame him for not coming to them. As they ask him in his dreams to go back again, because the soldiers are still his friends and brothers, Sassoon’s nightmares not only remind him of the scene of the dead who are covered in blood and mud but also make him responsible for their cases, because he cannot do anything or even go back. This shows Sassoon’s helpless state against their death and his own trauma. Then, what is true is that, as Caruth says, “the painful repetition of the flashback can only be understood as the absolute inability of the mind to avoid an unpleasurable event that has not been given psychic meaning in any way” (59).

Moreover, in Anderson’s dream in Chapter 4, he sees himself naked whereas he had been wearing his uniform before. Next, he is tied with a pair of ladies’ corsets and there is a snake close to him. Then, he wakes up vomiting (*Regeneration* 28-29). Since Anderson is already somewhat familiar with Freud, he interprets his dream as referring to an “emasculating experience” (29). On the other hand, his taking off the uniform in the dream can be interpreted as being inappropriate for military service. His taking off the uniform and wearing the ladies’ corsets reveals his fear of being mocked, degraded or emasculated because he is not able to serve in the army anymore as he is traumatized. It is evident that the dream is also an attempt at an escape from the trauma of military service. In this sense, this dream becomes a reliving of the trauma whereas the survivor is able to change the fearful effect. There is no death that can traumatize him.

Furthermore, the dreams of Billy Prior are significant in that they not only take him back to the trenches but also cause him to be mute. The muteness is surely caused by the traumatic dreams which contain the “speechless terror” (van der Kolk and van der Hart 172). The survivor cannot find any language to describe what he experiences or witnessed: “Mutism seems to spring from a conflict between wanting to say, and knowing that if you do say it the consequences will be disastrous” (*Regeneration* 96). That is why Prior does not respond to Rivers and writes in capital letters to show that he does not want to express the event. He writes that he does not

remember anything of the dreams and adds “NO MORE WORDS.” (*Regeneration* 43). The mutism, as a psychosomatic effect of the dream, is both a resistance to speaking about the war and his traumatic scenes and the defence mechanism against being re-traumatized while narrating his experiences. So writing paradoxically expresses his trauma which remains mute or repressed. Since Prior cannot relate his dreams in the following sessions, his mute condition proves that there is “something unsayable” in his dreams. “Something” is unsayable because the victim is afraid of being affected once again while telling. Therefore, in the following therapies, Rivers knows that Prior’s traumatic case is acted out when Prior remembers the scene of his personal experience in the air crash. Prior’s dream-analysis in the hypnotic session makes Prior realize that his two friends were killed: “I knew two of my men had been killed” (*Regeneration* 105). The loss not only damages his psyche but also destroys the language which can describe the terror. Mutism, therefore, means a way of escaping the secondary effect of being re-traumatized.

Even though the dreams re-enact the traumatic events and seemingly re-traumatize the characters, they function as wish-fulfilment in Barker’s fiction. In *Beyond the Pleasure Principle*, Freud points out that “Under the dominion of the pleasure principle, it is the function of the dreams to make a reality of wish-fulfilment, albeit on a hallucinatory basis; but the purposes of the wish-fulfilment are certainly not being served by the dreams of patients with accident-induced neurosis when they thrust them back – as they so regularly do – into the original trauma situation” (71). Although Freud excludes the dreams of the trauma victims from the notion of the wish-fulfilment, he shows a unique way in which the victim’s wish is fulfilled: “These dreams seek to assert control over the stimuli *retrospectively* by generating fear – the absence of which was the cause of the traumatic neurosis in the first place” (emphasis in original). What is evident in this quote is the function of the dream as a controller over the stimuli because the victim tries to escape the fright by generating fear. According to Freud, “Fear represents a certain kind of inner state amounting to expectation of, and preparation for, danger of some kind, even though the nature of the danger may well be unknown” (50-51). However, “fright emphasizes the element of surprise.” In this respect, Sassoon, Anderson and Prior have dreams which try to substitute fear for fright. When Sassoon dreams of Gordon; Anderson dreams of the Frenchman and Prior dreams of Logan, they seem to be ready for the traumatic event in their nightmares. By dreaming about their lost

friends in the war, they meet them, which both fulfils their longing and prepares them for their loss. Though these dreams may intensify their traumatic states by re-traumatizing them, they are the only way in which they can control the revenant past.

Barker's novel, also deals with the problems of the therapeutic resolutions of the trauma experienced by these three characters with its representation of transference, acting out and working through. *Regeneration* draws clear links between Rivers and three traumatized characters, in which we can see Rivers using a Freudian way of treatment apparently. Firstly, transference, in which the therapist observes the feelings and emotions of the victim, involves the repetition of the traumatic scene. Freud writes,

What is chiefly going to interest us, of course, is the relationship that [the] repetition compulsion bears to the transference and the resistance exhibited by the patient. We soon realize that the transference is itself merely an instance of repetition, and that this repetition involves transference of the forgotten past not only onto the physician, but onto all other areas of the patient's current situation. (*Beyond the Pleasure Principle* 37)

In *Freud: Dictionary of Psychoanalysis*, transference is defined as "the reincarnation" of the repressed (Fodor and Gaynor 190). In the transference, "the patient does not *remember* anything at all of what he has forgotten and repressed, but rather *acts it out*. He reproduces it not as a memory, but as an action; he *repeats* it, without of course being aware of the fact that he is repeating it" (Freud, *Beyond the Pleasure Principle* 36; emphasis in original). It is evident in the quote that transference is a repetition and the repetition of the traumatic event may take place in dreams apart from the hypnosis or talking cure. Rivers not only takes advantage of hypnosis which is used on Prior, but also analyses the dreams of Anderson and Sassoon and reads Sassoon's poetry. Rivers's analysis of Anderson's dreams shows Anderson's fixation to the blood: "Anderson could see no way out of returning to the practice of a profession [medical doctor], which must inevitably recall the horrors he'd witnessed in France ..." (*Regeneration* 31). Remembering his leaving the Frenchman bleeding to death, "his horror of blood" is revealed in the dream-analysis. Moreover, the hypnosis used on Prior helps Rivers to unearth the reason for his

muteness. In the hypnotic session with Prior, Rivers learns Prior's traumatic scene related to Logan and two of his friends. The death of Prior's friends traumatizes Prior: "Rivers watched the play of emotions on Prior's face as he fitted the recovered memory into his past. He was unprepared for what happened next" (*Regeneration* 104). The unprepared state indicates his involvement in the frightening and traumatic event once again via hypnosis. Rivers urges him to talk about his repressed thoughts and feelings and Prior states that two of his men and Logan were killed in the battle. In the hypnosis, therefore, Rivers understands that the reason for Prior's muteness is the traumatic events during which Logan and the two friends were killed. The transference, then, helps Rivers to reach to the repressed memories of the victim.

Interestingly, Sassoon's transference involves his acting out through poetry-writing where he writes about his experiences in the war and the dreams he has. Considering that the poems he writes have the same traces – nightmares of corpses, death and war – of his traumatic sensibility, his poetry writing repeats what he experienced. In *Regeneration*, Rivers is interested in Sassoon's poems because he knows that Sassoon's writings reflect the traumatic feelings and re-externalize the traces of the traumatic events: "Rivers knew so little about poetry that he was almost embarrassed at the thought of having no comment on these. But then he reminded himself they'd been given to him as a *therapist*, not as a literary critic, and from that point of view they were certainly interesting, particularly the last [To the Warmongers]" (*Regeneration* 25). He is sure that the poems will help him to understand the traumatic feelings of Sassoon. Repeating the traumatic events and feelings by writing poetry, Sassoon materializes what he experienced. It means that he does not keep his silence about trauma as most traumatized soldiers do. Ankhi Mukerjee in his "Stammering to Story: Neurosis and Narration in Pat Barker's *Regeneration*" states that "For Sassoon, writing enables the requisite preservation of loss as a means of achieving [suffering]. It contains, in this respect, a *fort-da* motion that ... 'institutionalizes both the act of renunciation and the impulse towards regression that inheres in it' (57). Writing as repetition, therefore, becomes a mnemonic and transference act. By reading Sassoon's poetry, Rivers is able to trace the traumatic signs.

The first and the third poem of Sassoon help to transfer his traumatic feelings to Rivers. In these two poems, the traumatizing and distressing effect of war is



narrated. In the first poem, Sassoon's choice of words delineates the atmosphere of the war and his trauma:

'I want a guide along this cursed place.'  
He aimed a kick at the unanswering heap;  
And flashed his beam across that livid face  
Horribly glaring up, whose eyes still wore  
The agony that died ten days before  
Whose bloody fingers clutched a hideous wound. (*Regeneration*  
24)

Rivers sees Sassoon's participation in the war and testimonials of death and destruction in these lines. Likewise, the third poem of Sassoon, which Rivers reads, makes Rivers understand the traumatic setting where Sassoon is traumatized. As the title of the poem "To the Warmongers" suggests, Sassoon reacts against the ones prolonging the war, who also cause destruction and death. He writes in the poem that,

I'm back again from hell,  
With loathsome thoughts to sell;  
Secrets of death to tell;  
And horrors from the abyss.  
Young faces bleared with blood,  
Sucked down into the mud,  
You shall hear things like this,  
Till the tormented slain  
Crawl round and once again,  
...  
For you our battles shine  
With triumph half-divine;  
And the glory of the dead  
Kindles in each proud eye.  
But a curse is on my head,  
That shall not be unsaid,

And the wounds in my heart are red,  
For I have watched them die.

It is evident in the poem that the persona has watched the fellow soldiers and friends dying. His watching the soldiers and friends die reveals that he is traumatized and his physical wounds are less important than the wounds to the mind. By analysing the poems, Rivers opens the traumatic doors of Sassoon apart. He witnesses Sassoon's horror, fright, agony, shock and impotence in the bloody and muddy setting of the war.

In *Regeneration*, the transferences via dream-analysis, hypnosis and poetry-writing give way to different versions of working through. Freud points out that "Transference ... creates an intermediate realm between sickness and a healthy life by means of which the transition from one to the other is accomplished" (*Beyond the Pleasure Principle* 40-41). When the transition is fulfilled and the repressed is uncovered through repetition, the last point that Freud clarifies is working through: "One has to give the patient time to familiarize himself with the resistance now that he is aware of it, to *work his way through it*, to overcome it by defying it and carrying on with the therapy in accordance with the basic rule of analysis" (41; emphasis in original). Since the novel represents distinct therapeutic resolutions of these three characters, working through carries ambivalent meanings on each character's side. For instance, Prior and Anderson are able partially to work through their traumatic resistances after the dream-analysis and hypnosis because Rivers unties the grip of repression. For Prior, Rivers explains that "You are thinking of breakdown as a reaction to a single traumatic event, but it's not like that. It's more a matter of ... *erosion*. Weeks and months of stress in a situation where you can't get away from it. He smiled. I'm sorry to sound so impersonal. I know how you hate being 'the patient'" (*Regeneration* 105). Though Prior has been resisting against what Rivers is doing, Prior is familiarized by his traumatic state and the resistance to talk. Working through means his overcoming the mutism, in this sense. He is not mute in the later stages of his life in *Regeneration*. Likewise, Anderson is able to work through partially since he now knows that he has a horror of blood. When "his horror of blood" is revealed, Anderson consciously thinks that he should not be talking about the war and death: "Inevitably such talk would have strengthened his own doubts, and they were bad enough already" (*Regeneration* 86). The blood

should not be in his post-war life because it reminds Anderson of the Frenchman bleeding to death. When Prior's and Anderson's traumatic cases are resolved to a certain extent, both of them are to be discharged at the end of the novel: "[Anderson] still wants to serve his country... And there's absolutely no reason why he shouldn't be able to do so. In an administrative capacity I rather think he may be given a desk job in the War Office" (*Regeneration* 244). Concerning his fear of blood, Rivers advises him to take the desk job. Likewise, Prior is discharged: "There's nothing in [Prior's] psychological state to prevent [him] going back" (*Regeneration* 210). Their discharge demonstrates that they have worked their resistances through partially and they are fit for the service.

On the other hand, writing as a means of working through does not heal Sassoon but makes his traumatic situation worse. Writing is prescribed for Sassoon by Rivers because Rivers believes that "Sassoon's determination to remember might well account for his early and rapid recovery ..." (*Regeneration* 26). It means that writing reminds him of what he experienced. Since remembering means repetition for Freud; "the goal of these various techniques ... in descriptive terms, [is] to fill the gaps in the patient's memory; in dynamic terms, to overcome the resistances brought about by repression" (*Beyond the Pleasure Principle* 34), Rivers believes that writing will fill in the gaps in Sassoon's memory and help him to register the traumatic events, which is a working through:

Writing the poems had obviously been therapeutic ... He thought that Sassoon's poetry and his protest sprang from a single source, and each could be linked to his recovery from that terrible period of nightmares and hallucinations. If that was true, then persuading Sassoon to give in and go back would be a much more complicated and risky business than he had thought, and might well precipitate a relapse. (*Regeneration* 26)

The ambivalence of writing which may both heal the victim by affecting working through or may repeat the trauma – acting-out – leads Rivers to think of his treatment process. Yet, writing does not work appropriately in Sassoon's case. Freud, in *Beyond the Pleasure Principle*, points out that "Getting the patient to repeat ... means summoning up a chunk of real life, and cannot therefore always be harmless and free of risk. The whole problem arises here of 'deterioration during treatment', a

phenomenon that often proves unavoidable” (38). Sassoon’s writing poetry continues towards the end of the novel, which shows his repetitions of the traumatic effects. Though Rivers as a therapist prepares the way from the outset for him “to be reconciled with the repressed element within himself, which expresses itself in his symptoms” (38), his traumatic feelings are “exacerbated.” As Freud writes, the victim falls in a conflict in himself by asking “Look what happens when I really do let myself to be involved in these things? Wasn’t I quite right to consign them all to repression?” (39). The deterioration of Sassoon’s case shows that his writing does not let him overcome the traumatic resistances but reminds him of what he is doing while the soldiers die at the front. . The last poem in the novel, “When I’m asleep, dreaming and drowsed and warm...,” as I have argued in the paragraph of nightmares of Sassoon, explains his deterioration (*Regeneration* 189). In the poem, he narrates the nightmares of the traumatic event. After Rivers reads the last two lines, “When are you going back to them again? / Are they not still your brothers through our blood,” he asks Sassoon, “Does the question have an answer?” and Sassoon’s replies, “Oh, yes. I’m going back” (189). His answer shows his intense feelings and desire for the war. Writing, in this sense, does not solve his traumatic state because Sassoon feels guilty while reflecting his dreams on the paper. He cannot resist the voices which call upon him in his dreams. Writing about traumatizing dreams and the traumatic scenes does not help him. It only contributes to the acting out in the transference of his feelings toward Rivers and his decision to go back to the war. Aware of his insistence on going back, Rivers knows Sassoon’s condition is made worse by poetry-writing.

Rivers interprets Sassoon’s deterioration as the result of his death drive because the trauma “unbinds” the victim’s death drive and changes his desire to live into the desire to die. Freud writes that “a death drive [is] charged with the task of causing animate organisms to revert to an inanimate state” (*Beyond the Pleasure Principle* 130). In relation to Freud’s idea, Leys suggests in *Trauma: A Genealogy*, that “the traumatic neuroses represent a radical ‘unbinding’ of the death drive” (24). While “binding” is the mechanism for protecting the ego against the unpleasurable and death, “unbinding” is caused by “excessive stimulation, or trauma” (29). The decision of Rivers to send Sassoon back to the army even though he is not able to work through his trauma makes us understand Sassoon’s death instinct in relation to the belatedness of death:

It was a dilemma with one very obvious way out. Rivers knew, though he had never voiced his knowledge, that Sassoon was going back with the intention of being killed. Partly, no doubt, this was a youthful self-dramatization. *I'll show them. They'll be sorry.* But underneath that, Rivers felt there was a genuine and very deep desire for death. (*Regeneration* 250; emphasis in original)

Cathy Caruth in her *Unclaimed Experience: Trauma, Narrative, and History* points out that "...traumatic disorder is indeed the apparent struggle to die. The postulation of a death drive to death, which Freud ultimately introduces in *Beyond the Pleasure Principle*, would seem only to recognize the reality of the destructive force that the violence of history imposes on the human psyche.... (63). In this fashion, when Sassoon writes about the dead soldiers at the front, he realises his own death. He writes that he watches them dying, and they ask him, 'When are you going back to them again? 'Are they not still your brothers through our blood?'" (*Regeneration* 189). They call him to the war because the war connotes death. In his poems, it should not be forgotten that Sassoon gives voice to his own experiences and wishes. He should go back because not only the soldiers but death calls him. Therefore, Rivers says at the board that "In the sense that I'm recommending him for general service overseas" (*Regeneration* 245) because he is aware of that "if death were to be denied, then he might well break down. A real breakdown, this time" (*Regeneration* 249). This hints at the idea that Rivers prefers Sassoon's desire for death to mental breakdown (245). He also adds that he now feels very strongly that it is his duty to go back. This creates the main conflict in the novel. Although Sassoon cannot work through his trauma, he is discharged because Rivers understands his desire for death. His poetry-writing does not heal him but accelerates his awareness of death by unbinding the death instinct. As a result, there is no final working through for him and Rivers sees that the only acceptable kind of therapeutic resolution is Sassoon's manifestation of death drive.

In conclusion, it is true to say that *Regeneration* is a traumatic narrative of Siegfried Sassoon, Ralph Anderson and Billy Prior in that their traumatic narratives are endowed with full depictions of the treatment processes. Barker's portrayal of Freud's model of trauma, which respectively deals with the questions of fright and

shock, repetitive dreams, wish fulfilment, transference, acting out and working through, explained in a detailed way in *Beyond the Pleasure Principle*, makes the novel a study of traumatic cases. What is significant in the soldiers' traumatic narratives is that they all exemplify different sorts of traumatic signs as seen in Anderson's dreams, Prior's muteness, and Sassoon's poetic repetitions. Along with this variety of traumatic traces, the treatment process is also diverse in regards to the hypnotic cure applied to Prior, the dream-analysis session of Anderson and the poetry analysis of Sassoon. Within these contexts, the novel not only becomes a trauma narrative following a Freudian model of trauma but also represents many traumas and forms of treatment. The narrative's utilization of Freud's trauma topology concretizes the treatment and symptom analysis of the subjective traumatic cases. The subjective cases along with an objectified Freudian analysis confirm the idea that the novel becomes a psychoanalytical analysis of traumatic states. That is why the novel illustrates both the specific and the monolithic effects of war on the soldiers. The inclusion of many characters, different stories of trauma, various forms of repetitive cases and diverse processes of treatments enable us to connect the idea of the war to the greater networks of trauma. In this sense, *Regeneration* means that traumas are regenerated through these versatile narratives of the shell-shocked soldiers along with their re-generated traumatic identities.

#### **B. *Regeneration: Is Trauma Contagious? Dr. William Halse Rivers***

*Regeneration*, as a novel about trauma, not only narrates the traumatic states of the shell-shocked soldiers but also portrays the clear link between the analyst and the analysand so as to attract attention to the transference phase in which the victim transfers his traumatic feelings onto the analyst. Freud in his *Beyond the Pleasure Principle* states that "the transference is itself merely an instance of repetition, and that this repetition involves transference of the forgotten past not only onto the physician, but onto all other areas of the patients current situation" (37). The fact that the forgotten past, repressed traumatic feelings and pathetic stories are reincarnated and re-externalized in the transference stage brings the question of vicarious or secondary traumatization. The notion explains that transference may cause vicarious traumatization on the side of the listener since the analyst, by listening to these distressing narratives and feelings, is affected by the traumatic stories and feelings that the speaker performs. Judith Herman in *Trauma and Recovery* points out that

“Trauma is contagious. In the role of witness to disaster or atrocity, the therapist at times is emotionally overwhelmed. She experiences, to a lesser degree, the same terror, rage, and despair as the patient. This phenomenon is known as ‘traumatic countertransference’ or ‘vicarious traumatization’” (99). This means that the analyst develops secondary traumatization because he is affected by the “transferred.” Therefore, the analyst risks himself to the exposure of the transference effect causing to the secondary traumatization.

Dori Laub in his “Bearing Witness or the Vicissitudes of Listening” elaborates on the idea of listening to a traumatic narrative and writes that “the listener to trauma comes to be a participant and co-owner of the traumatic event: through his very listening, he comes to partially experience trauma himself” (57). Therefore, what seems unavoidable is that the listener is indirectly and vicariously affected by the stories or by the therapeutic scene in which he is involved. The speaker’s narrative includes the traumatic, horrifying and distressing stories and the analyst who desires to help him, releases his repressed traumatic stories and resistances, observes these states and becomes vulnerable. If the analyst consciously or unconsciously registers the traumatizing listening and becomes affected by it, he also repeats the traces of the narrated trauma either in his nightmares or through somatic symptoms. That is why, as Kleinman and Meader state, “secondarily traumatized therapists [are the] wounded healers” (qtd. in Pross 2) because while healing, they are subject to be governed by the traumatic transference. It means that the therapist is traumatized like the victim of the traumatic event. Martin Hoffman says that “Clinicians are ... far more likely than patients to know the origin of their distress: They know their distress is empathic and due to exposure to the patient’s trauma” (qtd. in Kaplan 89). Though the analysts know that being exposed to traumatic narrations lead to vicarious traumatization, they risk it. In this fashion, the therapist who wants to release as much as possible from the deep levels of the repressed and the unconscious via hypnotic techniques, dream-analysis and behaviour analysis, is also taken into the traumatic narrative of the victim. Thusly, the horrifying events that he hears may be repeated and re-enacted in his dreams, nightmares and delusions. This case proves that the vicariously-traumatized analyst is the secondary case of trauma in which he becomes to share the trauma narrative of the speaker and becomes a participant of the traumatic event himself.

*Regeneration* truly and carefully narrates the transference stage as I have argued in the previous chapter. The consequences of the transferences that the novel exemplifies are observable in Rivers who listens to the traumatic events of the shell-shocked soldiers; observes their emotions and feelings and tries to treat their traumatic states. Rivers as an insightful and diligent clinician knows that transference is one of the requirements of the treatment. Surrendered by traumatized soldiers, his hypnotic sessions with Prior; dream-analysis with Anderson ; poetry readings of Sassoon are all the transference levels in which Rivers play an important role. For example, his challenge against Prior's resistance to the talking cure by which he will be observing his emotions and analysing the deep levels of his psyche shows his faith in transference. When Prior asks why they need to do it like that, Rivers says, "So that *the patient* can fantasize freely. So that *the patient* can turn you into whoever he wants you to be" (*Regeneration* 64). On the other hand, his therapies which consist of various techniques push him into the hazards of listening. His listening becomes poisonous since he is influenced by these traumatic tales and the victim's touching acting out vicariously. The effect is not only seen in his psychological state but also observed in his physical condition. Obviously, the transferences in *Regeneration* affect Rivers in that he starts to question his own vulnerable situation. Thus, my focus point in this chapter is to analyse the symptoms and causes of Rivers's vicarious traumatization because what is particularly interesting in Barker's fiction is Barker's clear portrayal of the vicarious or secondary traumatization as the novel allows us to see direct and close disclosure of the psychoanalytical pattern where transference and the effect of it onto the analyst are appropriately demonstrated.

Firstly, it is evident in *Regeneration* that Sassoon's, Prior's and Anderson's transference stages either in their talking cures or in dream-analysis sessions reflect their traumatic states and help them to re-externalize the traumatic event and feelings like helplessness, despair, horror, fear and insufficiency. Freud writes in *Beyond the Pleasure Principle*, "We offer it [the patient] transference as a playground in which it has licence to express itself with almost total freedom, coupled with an obligation to reveal to us everything in the way of pathogenic drives that have hidden themselves away in the patient's psyche" (40). As Rivers listens to Sassoon's nightmares of corpses and Gordon; reads his poetry of war and death; analyses the dreams of Anderson who imagines himself naked of his uniform; and watches the play of emotions while Prior is narrating his death of two soldiers and Logan; he is subject to



the flow of the victim's traumatic feelings and tries to analyse the pathology of the traumas of the characters. Hence, Rivers's therapies with Sassoon, Anderson and Prior respectively in *Regeneration*, in which they talk about their dreams, hallucinations, nightmares and the disrupting effects of them, reveal how Rivers's secondary traumatization starts. After having therapeutic sessions with them, Rivers tells Prior that "You know, I talk to a lot of people who are in despair or very close to it, and my experience is that they don't care what the doctor feels. That's the whole point about despair, isn't it? That you turn in on yourself" (*Regeneration* 51). Rivers is aware of the fact that the despair which is transferred by the victim can be significant and therefore contagious because it is turned on him. It is in this harmful condition and empathy that Rivers recognises the dangers of listening for he knows that his [un]conscious[ness] registers the traumatic narratives which contain shock, fear and fright. He talks to a lot of shell-shocked soldiers indispensably; whose horrifying nightmares and re-enacted dreams appal him. The traumatic effect which is inscribed on his present memory vicariously starts to affect him.

Rivers's secondary trauma is illustrated by his dreams which constantly disturb him. The dream about Henry Head, for instance, is in fact the cumulative effect of the transferences where Sassoon's, Prior's and Anderson's traumatic conditions are acted out and therefore listened to or observed by Rivers. Because Rivers is willing to hear their traumatic narrations and nightmares so that he can treat them, his exposure to the traumatizing effect can be seen in this dream. After the therapy sessions of Prior, Sassoon and Anderson, he goes to bed; nevertheless, is awakened by the dream he has. The dream he had involves Head who is a doctor at Craiglockhart, too. Rivers has helped him in his study of regenerating the nerves after accidental injury. He has sutured the incision although Head feels the pain severely. The nightmare about Head exposes his potentiality for secondary traumatization because of the cumulative effect of Sassoon, Prior and Anderson. After waking up, he writes each detail of the dream on his notepad and analyses it: "Rivers started to analyse the dream. The manifest content didn't take long. Except for the cutting of his arm, the dream was an unusually accurate reproduction of events that had actually occurred" (*Regeneration* 46). His dream is, indeed, a proof of actuality which illustrates his being affected by the real traumatizing case of Henry Head. The narrator reminds us that "Rivers had assisted at the operation in which Head's radial nerve had been severed and sutured." Similarly, after analysing

the clear meaning, he also analyses the wish-fulfilment that the dream provides and concludes that “Rivers had wished himself back in Cambridge, doing research” (*Regeneration* 46-47). On the other hand, his dream is unpleasant, meaning that he experiences the agony of continuing the surgery because of Head’s painful situation: “The emphasis in the dream had been on the distress he felt at causing pain, and, on waking, the affect had been one of fear and dread.” After the analysis, the narrator says, “He was more inclined to seek the meaning of the dream in the conflict his dream self had experienced between the duty to continue the experiment and the reluctance to cause further pain.” Soon in the novel, we understand that it was the case of Burns that disturbs him:

Rivers was aware, as a constant background to his work, of a conflict between his belief that the war must be fought to a finish, for the sake of the succeeding generations, and his horror that such events as those to which had led to Burns’s breakdown should be allowed to continue. This conflict, though a constant feature of his life, would certainly have been strengthened by his conversations with Sassoon. He’d been thinking about Sassoon immediately before he went to sleep. But, on thinking it over, Rivers couldn’t see that the dream was a likely dramatization of that conflict. The war was hardly an experiment, and it certainly didn’t rest with him to decide whether it continued or not. (*Regeneration* 47)

Evidently, Rivers relates his wish to continue the experiment with the pain of war and traumatic narrations. Though the dream is seemingly related to Burns, who had been thrown into the cadaver by a bomb on the battlefield, Rivers cannot help relating the situation to Sassoon and others. As he listens to Sassoon’s manifestation about war at the very beginning of the novel, he is affected by it (*Regeneration* 13-14). In the very same scene, Sassoon declares that the war must stop. Still, Rivers cannot fully empathize with him and Sassoon blames Rivers: “You don’t talk like that if you’ve watched them die.” The conflict of war declared by Sassoon is dreamt. This proves that Rivers is affected by his declaration.

Importantly; however, the dream of Head takes place after the therapy sessions of Prior, Anderson and Sassoon. When the dream is analysed carefully, we can see how these characters’ traumas indirectly disturb Rivers. In this way, the

cumulative effect of transference can be seen in the dream. Rivers relates this dream to his treatment in which Henry Head both in the dream and in actual life motivates him by saying “Why don’t you try it?” (*Regeneration* 47). It refers to the treatment method which “involved any encouragement of weakness or effeminacy” (*Regeneration* 48). The previous section in which I have examined the dreams and repetitions of Anderson, Sassoon and Prior, explains that the shell-shocked soldiers are obsessed with either the emasculating effect of trauma or the [un]necessity of war, which are also foregrounded by the novel itself. For example, Anderson in his dream was wearing a pair of lady corsets and seeing it as an emasculating experience. Sassoon had always explained his protest against the war both in his declaration and in his dreams. Likewise, Prior wanted to turn back to France as he wants to be respected for fulfilling the “manly duty” of the military service. All these distressing obsessions of the traumatized soldiers are repeated in his dream where Henry Head urges him saying “Why don’t you try it?” The ambivalent meaning in the dream is significant. His experience of helping in the operation is real but the treatment method that he wants to apply [“Why don’t you try it?”] is closely related to the traumatic states that he listens from Sassoon, Anderson and Prior. Though Rivers does not dream of them directly, his traumatizing participation in the act of listening to them recalls their treatment in his dream with a mixture of several experiences and characters. The dream narrates five different traumatic stories at the same time. They are Sassoon’s, Burns’s, Anderson’s, Prior’s and Head’s experiences. The dream, thusly, is a condensation of Rivers’s vicarious state. Fodor and Gaynor define in *Freud: A Dictionary of Psychoanalysis* that “dream-condensation [is] an inclination to form fresh unities out of elements which in our waking thoughts we should certainly have kept separate” (51). Though these traumatized characters have different symptoms of trauma, the trauma as an umbrella topic connects them all. Therefore, the dream itself becomes an instant and condensed version of Rivers’s treatment method. The transference in his treatments allows him to observe the re-externalized traumatic signs and to listen to the wishes and the fears of the victim. Through the therapies which involve transference, he is also affected. This influence is repeated in his dreams not one by one but altogether as seen in his dream of Head, Burns, Sassoon, Prior and Anderson.

In relation to the example above, which is related to Rivers’s position among the patients who are physically and psychologically wounded, his dreams generally

reflect the conditions of his vicariously traumatized state. Because Rivers repeatedly has dreams of the cases that he examines, he repeats what he consciously or unconsciously registers. Thus, *Regeneration* maintains Rivers's vicarious traumatization process through repetitive dreams which constantly bother him. Repetition, as Freud states, is an acted-out version of the traumatic event, which intrudes into the victim's life repeatedly and suddenly: "he repeats everything deriving from the repressed element within himself that has already established itself in his manifest personality – his inhibitions and unproductive attitudes, his pathological characteristics" (*Beyond the Pleasure Principle* 37). "Repetition compulsion" is a way to grasp Rivers's vicarious traumatization because the accounts that he listens to cause nightmares occurring repeatedly. The narrator, therefore, generalizes how he is influenced by the therapies that he has with Prior, Anderson and Sassoon along with other cases of trauma:

Recently almost all his dreams had centered on conflicts arising from his treatment of particular patients. In advising them to remember the traumatic events that had led their being sent here, he was, in effect, inflicting pain, and doing so in pursuit of a treatment that he knew to be still largely experimental. (*Regeneration* 47)

The quote above is related to the dream of Henry Head in the previous paragraph. The particular patients are Anderson, Sassoon and Prior because they intrigue Rivers's mind either at the hospital or out. Rivers continuously thinks about their traumatic conditions and the treatments that he will be applying to them. Either focusing on their treatments in his dreams or carrying the actual events into his imaginative realm, Rivers adopts secondary trauma. It is in his state that he is being affected by the transference stage. The transference, in which the traumatic scene is acted out and the resistances are worked through, becomes counter-transference since the therapist feels the terror and witnesses the desperation of the victim's condition. That is why, while he is in the situation of a therapist who heals in the beginning; he becomes wounded by the stories of the victim at the end. This is significant for the question of whether the therapist becomes another case of trauma. The answer is already evident as the haunting and disrupting dreams exemplify.

The secondary trauma, which emotionally overwhelms the therapist via dreams, hallucinations or nightmares, shows its effect through physical inhibitions and disorders, too. Charles Figley in his *Treating Compassion Fatigue* lists the somatic symptoms of vicarious traumatization which he also calls secondary trauma, burnout or compassion fatigue: “Shock, sweating, rapid heartbeat, breathing difficulties, aches and pains, dizziness, increased number or intensity of medical maladies, other somatic complaints, impaired immune system” (7). For example, after doing the regular checks at the hospital, Rivers goes to his room to sleep. He cannot sleep well, though, as he is disturbed by the psychosomatic symptoms of vicarious traumatization. The narrator delineates his state as tired, unhappy and physically exhausted:

He was woken at two am by a pain in his chest. At first he tried to convince himself it was indigestion, but the leaping and pounding of his heart soon suggested other, more worrying possibilities ... An hour later he would have given anything for tomorrow to arrive. He was getting all the familiar symptoms. Sweating, a constant need to urinate breathlessness, the sense of blood flowing but squeezing through veins. The slightest movement caused his heart to pound. (*Regeneration* 139)

The condition of Rivers is totally related to his listening to the traumatic narratives of the soldiers and his close interaction with them. The disorders that he has are examined by his doctor friend, Bryce. When Bryce asks “What do you think’s wrong?” Rivers answers him, “War neurosis” (*Regeneration* 140). They both conclude that these symptoms are “psychosomatic” as Rivers also adds that “I already stammer and I’m starting to twitch.” The distress and the load of horror, despair, and helplessness of the traumatized victims, which are projected onto Rivers while listening to the frightening and pitiful anecdotes of the survivors, produce its negative effects on the body, distorting the ordinary functions of the psyche. All the stories he hears interfere with his bodily functions along with the nightmares and dreams. Bryce, upon examining him, knows that the only way to overcome the

vicarious effects is to get away from the stress. Isolation<sup>1</sup> as a method of treatment in Rivers's vicarious traumatization seems to be quite important for the recovery because it is a way of working through the effects: "Rivers was going on a leave" for three weeks. It is in this point that the novel ascribes vicarious trauma resulting from the transference act to Rivers through bodily disorders, too.

Furthermore, Rivers's vicarious trauma is crystallized by his witnessing the treatment method of another therapist, Dr Lewis Yealland. The novel's array of therapies ranging from talking cure to electrical shock is in fact a way of presenting transference, vicarious trauma and the effect of empathy. It is ambivalent to reveal the transference effect on vicarious trauma in Yealland's method and perspective because Yealland refuses transference. He does not apply any kinds of talking cure, dream analysis or hypnosis but prefers the fastest and easiest way: electro-shocking. The scene of the electrical method that Yealland uses on Callan is important both for the revelation of Rivers's case of vicarious trauma and for the positive transference provided by the empathic approach when the techniques of the two doctors are compared. At first, Yealland does not perform any empathy or sympathy to the patients who are to be treated by him. When Yealland asks him if he has time to watch a treatment, Rivers accepts; but, when Yealland reminds him that he normally does the treatments alone, Rivers says that "I will be as unobtrusive as I can." Then, Yealland says, "Good. The last thing these patients need is a sympathetic audience" (*Regeneration* 227-228). Yealland's refusal of sympathy is in fact a refusal of transference because he does not tend to understand the underlying resistances in Callan's mutism. The scene illustrates two types of therapists: first, Rivers as a vicariously-traumatized therapist who empathizes with his patients as he wants to analyse their traumatic states to make them mirror their feelings; and lastly, Yealland who makes his patient Callan speak by applying electro-shock. Yealland's technique does not produce any signs of transference. Instead, Yealland believes the effect of psychological stimulation. That is why his personal refusal of transference highlights Rivers's faith in transference and empathy.

As for the effect of Yealland's method of electro-shock on Rivers's vicarious traumatization, the scene explicitly triggers Rivers's traumatizing past which is an

---

<sup>1</sup> Dr. Laurie Anne Pearlman and Lisa McKay use the term "escape" for "getting away from it all, physically and mentally." For further information, please see <[http://www.headington-institute.org/files/vicarious-trauma-handout\\_85433.pdf](http://www.headington-institute.org/files/vicarious-trauma-handout_85433.pdf)>. 03 December 2014.

effect of vicarious trauma. Because Rivers recalls that he used to stammer, the scene carries him into his state of vicarious trauma; disturbs him by reminding him that he is also appalled by the past. That is why he feels the traumatic feelings; relives the same emotions in the way he once felt while stammering:

They walked up and down again, Callan still repeating ‘ah’, but making no other sound. The ‘ah’ was produced by an almost superhuman effort, the muscles of the necking spasm, the head raised in a series of jerks. Even the torso and the arms were involved in the immense effort of pushing this sound across his lips. Rivers had to stop himself trying to make the sound for him. He was himself very tense; all the worst memories of his stammer came crowding into his mind. (*Regeneration* 231)

The witnessing of the traumatic scene causes him to repeat the repressed. Observing Callan who is suffering from shock and physical pain makes him act out his stammering past. Freud in *Beyond the Pleasure Principle* suggests that the risky and dangerous sites can remind the patient of his previous traumatic events and therefore re-traumatize him. This scene is an instance of Rivers’s repetitive disturbance of his vicarious traumatic sign – the stammering. Roger Luckhurst, in his cultural genealogy of trauma, argues that Barker “retrofits the Great War with modern trauma theory” as I have argued in the previous chapter and that “Rivers appears as an emissary of our trauma-sensitized present” (qtd. in Steffens 37). It is his sensitive and empathic character, which clearly reflects the transference stage and the negative effect on the analyst.

After witnessing Yealland’s treating Callan with electro-shock, Rivers has a dream in which Callan’s, Prior’s and Sassoon’s traces can all be seen: “he became aware that he was being haunted by images. The technique of Yealland affects him deeply and causes him to have a nightmare. The nightmare involves “the man in the corridor at Queen Square, Yealland’s hands, Callan’s open mouth, the two figures, doctor and the patient, walking up and down, and in and out of the circle of light round the battery” (*Regeneration* 234). His nightmare explains his vicariously-traumatized identity. He performs both the physical symptoms of witnessing the act as he sweats and the mental breakdown as he hallucinates. In his dream, he sees the

electrical room and Callan: “Again and again he saw Callan’s face, heard his voice repeating simple words, a grotesque parody of Adam naming created things” (*Regeneration* 235). The dream continues and Rivers acts out the words of Sassoon written in the declaration in his dream: “I am making this protest on behalf of my fellow-soldiers because I believe the war is being deliberately prolonged by those who have the power to end it.” The dream repeats Sassoon’s protest along with Callan’s painful state. After the dream, he realizes that he does not remember the second face. He supposes that it was Callan, but also there is a resemblance between Callan and Prior in the dream: “On the wards he’d been struck by a slight facial resemblance between Callan and Prior ... He remembered an incident shortly after Prior’s arrival when he’d dragged a teaspoon across the back of his throat, hoping that then choking reflex would trigger the return of the speech” (*Regeneration* 237). For him, the dream is seemingly an accusation. Yet, for the transference effect, the dream consists of his patients whom he treats. That is why as long as he is in the hospital which is the centre for treating the traumatized; his integrating the traumatic cases in his dreams is unavoidable. The dream is a triangle the corners of which represent Callan, Prior and Sassoon separately. It shows his vicarious traumatization because he repeats the traumatic cases that involve Sassoon’s protestation against war, Prior’s muteness and Anderson’s fear of emasculation.

Yealland’s electro-shock technique and Rivers’s being affected by it vicariously allow us to compare two doctors on the question of transference, vicarious trauma and most importantly, empathy. Remembering the muteness of Prior and the hypnotic technique that Rivers uses, it can be concluded that Yealland, for the sake of avoiding sympathy and empathy towards the patient, applies electro-shock. Instead of internalizing, he turns his simple transference into simple sadism because this is easier, faster and more appropriate to avoid the vicarious traumatization. That is why the scene shows that Rivers is more empathetic to his traumatized victims. Dominick LaCapra in *Writing History, Writing Trauma* suggests that “Empathy is an affective code of understanding, and it is difficult to control. ... empathy is bound up with a transference relation to the past, and it is arguably an affective aspect of understanding which both limits objectification and exposes the self to involvement and implication in the past, its actors, and victims” (102). Rivers is an example of the doctor who is empathetic to his patients because he wants a positive transference from which he can understand the traumatic



symptoms, resistances and therefore, work through it. His use of transference and bearing the consequences as he is secondarily traumatized shows that his empathy is a condition for positive transference. Carl Rogers writes that “When the therapist is in congruence with the client, he is capable of empathetic listening and supplying unconditional positive regard” (*Phenomenological Psychology Homepage*). The positive regard in fact shows the success of Rivers. His vicarious trauma shows his empathy which is used to encourage the patients to take part in the transference. He is vicariously traumatized because he succeeded in empathizing which promotes a positive transference where Rivers listens to traumatizing narratives and solves the problems about the resistances of them. Yet what remains is his secondary trauma.

Consequently, Barker’s fiction epitomizes the transference level so clearly that it not only narrates the psychological or psychosomatic causes of vicarious traumatization but also allows us to compare two different methods of the doctors. For Rivers, transference is an integral part of the therapeutic resolution but it causes secondary traumatization on the side of the therapist. Psychoanalytically, *Regeneration* draws the link between transference and secondary trauma in Rivers’s case as opposed to Yealland. Along with repetitive dreams and somatic symptoms, Rivers’s vicarious trauma illustrates the traces of empathy and his willing participation in the transference. Empathy which triggers the positive transference is one of the characteristics of Rivers towards his patients as he willingly desires to listen to these traumatic and traumatizing narratives of the soldiers. The listening therefore allows him to feel the way in which they feel and see the world in which they see. Thus, what his vicariously traumatized state suggests is his will to listen, participate and even to be traumatized.

### C. ***Regeneration*: Traumatic Narrative Style: Conventional Storytelling**

In Pat Barker’s *Regeneration*, the characters’ traumas are represented explicitly; the narrator tells the traumatic stories of the characters in depth in a chronological and linear order. The use of conventional storytelling in the representation of traumas does not leave gaps; it presents the traumatic states, symptoms and treatment methods clearly and one by one. In this sense, it seemingly constructs a case study. As I have argued in my first section on *Regeneration*, Rivers deals with the traumas of Sassoon, Anderson and Prior. The novel not only recounts these three traumas but also relates the concept of trauma through the experiences of

other characters such as Owen, Callan, Willard and Burns. Their traumas are not personalized, internalized or contained in themselves but reflected through the novel publicly because the novel seems to narrate the traumatic cases, overcomes the “unrepresentable” or “unspeakable” characteristics of trauma. This vivid mode of narration problematizes the narrative’s traumatic structure in that the narrative avoids meddling with internalizing the traumatic symptoms. The characters’ traumas seem not to be embedded but to be separated, in this sense. It means that the text knowingly and willingly shows their traumas in a clear way because it does not internalize their traumatic states and protects the world of the narrative from the world of the traumatized.

Laurie Vickroy, in “Representing Trauma,” writes,

Trauma narratives go beyond presenting trauma as subject matter or character study. They internalize the rhythms, processes and uncertainties of traumatic experience within their underlying sensibilities and structures. They reveal many obstacles to communicating such experience: silence, simultaneous knowledge and denial, dissociation, resistance, and repression, among others. (3)

Vickroy clarifies how the text can reflect the traumatic symptoms of the survivor with its own dynamics. The silence, simultaneous knowledge and denial, resistance and repression in Vickroy’s quote, can be seen in Barker’s fiction, because, the novel keeps refusing to represent trauma with its own literary elements seemingly. In the novel, the traumatic world of the characters is well-depicted whereas the narrative does not perform any clear traces of trauma as if it were saying “I am not infected.” There are no intrusive flashbacks, linguistic repetitions, gaps or silences in the narrative structure. In this respect, Barker seems to keep the text safe and intact of trauma. But, the use of conventional storytelling illustrates the psychoanalytical problem of resistance, which Freud defines in *Beyond the Pleasure Principle*. Resistance, which may take the form of repression, knowledge, denial and silence, is a way of challenging remembering and speaking about trauma. In *Beyond the Pleasure Principle*, Freud suggests,

We use the term *repression* to describe the status in which [the opposing force and the relevant] notions existed before they were made conscious, and we argue that the force that brought about the repression and then kept it in place makes itself felt during the psychoanalytical process as *resistance*. (106-107; emphasis in original)

It is evident that resistance, as a defence mechanism, is related to the idea of repression. Fodor and Gaynor, in *Freud: Dictionary of Psychoanalysis*, define resistance thus: “We call all the forces which oppose the work of cure the patient’s ‘resistances’” (162). When these forces are taken into consideration in relation to transference and acting out-working through, they show the patient’s refusal to remember which might actually promote repetition of what he has experienced or witnessed. In fact, the repressed traumatic resistances explain the patient’s refusal to narrate or remember the traumatic event and feelings. Likewise, *Regeneration* contains, hides, or in psychoanalytical terms, represses the trauma in the narrative and uses conventional storytelling as a way of coping with the trauma. To cope with, the narrative refuses to bring what has been repressed into the surface. The novel represents trauma through the resistance to representing it. That is why the conventional narrative mode is significant to trace the resistance and the repression. My plan in this chapter is to analyse the elements of conventional storytelling in *Regeneration* so as to uncover the traces of trauma and prove that Barker’s novel does, despite appearances, internalizes trauma.

First, in order to understand how repression works as a defence mechanism in Barker’s novel, we should understand its relationship to resistance. Freud, in *Beyond the Pleasure Principle*, explains that the psychoanalyst’s aim is to deal with the resistances in the ‘unconscious’ and he adds that the unconscious is the place where the ‘repressed’ is located (57). He also clarifies that resistance is not a product of the unconscious but of the ego itself, which cannot understand the “forces behind the resistances, or indeed of the resistances themselves” (57). Within this context, so as to familiarize the patient with his traumatic resistances, “loosening the grip of repression” is required (58) because the victim involuntarily represses the unwanted, traumatizing and disturbing memories in the unconscious. Therefore, repression is a way of resisting against the distressing and traumatic memories. This is obvious in *Regeneration* in which the narrator or the text itself prevents the contained

experiences from rising to the surface. “To contain,” here, is a synonym for the unconscious or the repressed because the novel quarantines the characters’ traumas, and extricates their traumas from the narrative. It keeps the trauma covered or bandaged like a wound. As a result the novel seemingly resists telling through the repression of the trauma. Therefore, though we read trauma narratives on the surface, which metaphorically connote the conscious, there are tracks which hint the textual repression.

First of all, the use of conventional storytelling separates the world of the traumatized characters from the world of the narrative via dialogue. Through the use of dialogue, the text attributes the trauma to the speakers, and therefore distances itself from the notion and the symptoms. It seems that the text gives voice to the trauma via the characters’ voices rather than describing it in itself via linguistic or literary dynamics. For instance, at the very beginning of the novel, the dialogues explicitly attribute the trauma and the shell-shock to Sassoon: “I suppose [Sassoon] is ‘shell-shocked’? ... It just occurs to me that a diagnosis of neurasthenia might be inconvenient confronted with this” (*Regeneration* 4). Rivers’s statements show that Sassoon is traumatized and sent to Craiglockhart to be treated. Most strikingly, however, the sentence is given in quotation marks as if the text was quarantining the trauma or the shell-shock. Also, ‘shell-shock,’ which is also another synonym for war trauma, is placed in single quotation marks once again because it is emphasized and separated from the text. This means that the text doubly resists representing trauma; first with the double quotation marks and secondly, with the single quotation marks in double quotations. Likewise, while narrating the hypnosis of Prior, the text distances itself from his trauma and avoids representing trauma. When Prior asks why they need to have the hypnosis, Rivers explains: “So that I ... I’m sorry. So that *the patient* can fantasize freely. So that *the patient* can turn you into whoever he wants you to be. Well, all right. I just think you might consider the possibility that *this patient* might want you to be *you*” (64; emphasis in original). Apart from the quotation marks used, the dialogue involves the italics emphasizing *the patient*. What it signifies is that the narrative distinguishes trauma and shows that it is associated with the patient, not with the narrative. In fact, pointing to Prior as the patient and italicizing the subject, the quote explains narrative’s resistance because the quote is about the hypnosis where Rivers wants to reach to the repressed and make it conscious. The narrative’s denial of transference is a resistance to representing the

trauma. It does not want to repeat the trauma but engages the transference with Prior. What I mean is that the text does not want to transfer any markers of trauma both in feeling and action and directs the traumatic identification to Prior. Within this context, *Regeneration* contains its own trauma. Still, its refusal to resist becomes an acting out. The italics and ascribing the patient as traumatized demonstrates the textual problem of repetition.

In Barker's fiction, the explicit use of psychoanalytical and medical language to explain the traumatic symptoms and therapeutic treatments manifests the narrative's resistance to representing, too. For the symptoms and therapies, the novel contains more than twenty terms which show that the narrative is itself aware of what trauma and treatments are. To illustrate, "shell-shock" (*Regeneration* 4), "neurasthenia" (13), "hallucinating" (5), "psychotic hallucinations" (15), "wish fulfilment" (46), "transference" (64), "negative transference" (65), "hypnosis" (68), "trench fever" (71), "mutism" (96), "neurasthenic stammers" (97), "ergotherapy" (123), "war neurosis" (140), "psychosomatic" (140), "condensation" (187), "displacement" (187), "electroshock" (232), "haemophobia" (243), etc. The textual awareness of traumatic language not only conflates the novel with the case studies of trauma but also shows its resistance in a way. From the very beginning to the end, the novel directly uses all the terms aforementioned to describe the states of traumatized characters and the treatment methods used. All these medical words are associated with the trauma survivors in the novel such as Sassoon, Prior, Anderson, Owen, Burns, Willard and Callan. On the other hand, the integration of the psychoanalytical and medical terms into the narrative reveals that the text contains the trauma. The novel performs a high level of awareness about traumatic symptoms, terminology and treatments used which imply that the fiction apparently imitates to be healthy. In this sense, the text is similar to a patient who knows his sickness but does not want to tell to the family members. He recognizes his illness well but resists treatment. The novel pretends to be aware because this will prove the idea that it is healthy and is not traumatized. The attempt to "look well" is, in fact, a resistance to being diagnosed as traumatized.

Apart from the use of dialogue and medical language, the use of Sassoon's poetry in *Regeneration* is significant in that the text, by narrating his traumatic state not in prose but by means of verse, seems to distance itself from Sassoon's trauma. The exclusion of Sassoon's poetry from conventional forms of narration implies the

text's concern for its vulnerable state, which means that Sassoon's fragmented and traumatic state could affect the text negatively. In this sense, the novel refuses transference and any kind of interaction with Sassoon's case. It is evident that Sassoon's traumatic state is narrated in his five poems ("Groping along the tunnel...", "The General," "To the Warmongers," "When I'm asleep ..." and "On my brave companions..."), where he also repeats the traumatic scenes and feelings. The novel includes poetry as a form of repetition because Sassoon keeps writing and reliving the same terror and fright. He not only writes about his devastated and traumatic state but also gives voice to the soldiers who disturb him in his dreams. The novel does not internalize his poems because it denies the knowledge of Sassoon's trauma. James Berger writes that "The survivor is a kind of living 'black box,' a source of final knowledge and authority" (571). Sassoon, by writing poetry, does not maintain his silence about trauma but acts out what he witnessed with the help of the words. Nonetheless, the text quarantines his trauma and resists knowing about it. The denial of knowing is ambivalent here. The text by denying knowing, and therefore denying representing, shows the truth of trauma. Yet, the narrative does not perform any painful truths. In this sense, the text resists pain and does not internalize it. It surely knows that trauma is painful and devastating. By delineating the war and trauma in Sassoon's poems, *Regeneration* deliberately keeps them apart and resists integrating them into the conventional storytelling as a kind of coping strategy against the painful past.

On the other hand, Sassoon's poems function to reveal the narrative's trauma as they can be regarded as the return of the repressed. If we relate these poems to the repressed traumatic resistances of the narrative, we can easily say that they are placed into the narrative and therefore reflect the text's repression. Like the dreams which re-enact Sassoon's trauma, the poetry is utilized to imply the narrative's trauma. In "Further Remarks on the Neuro-Psychoses of Defence," Freud writes,

[The illness] is characterized by the *return of the repressed memories* -- that is, therefore, by the failure of the defence.... The re-activated memories, however, and the self-reproaches formed from them never re-emerge into consciousness unchanged: what become conscious as obsessional ideas and affects, and take the place of the pathogenic memories so far as conscious life is concerned, are structures in the

nature of a *compromise* between the repressed ideas and the repressing ones... (Freud 169-170; emphasis in original)

It is evident that memories subject to the *return of the repressed* can be the disguised versions of the original repression. This shows that the traumatic memories are re-awakened in *Regeneration* with the help of traumatic characters, and the trauma of the narrative comes to the surface under the disguise of poetry. These five poems by Sassoon thus suggest the idea that the narrative repeats or acts out the traumatic feelings via poetry. They intrude in the chronological narration of the events which keeps reminding the text that it is traumatized.

Similarly, Rivers's case notes are also examples of other voices of resistance and repression in *Regeneration*. Rivers, who is a therapist at Craiglockhart, writes two significant case notes after his therapies with the soldiers. The first one is about his own dream in which he sees Head and the surgery Rivers assisted at (*Regeneration* 45). The second one is totally about Sassoon's traumatic case where he writes that "He recognizes that his view of warfare is tinged by his feelings about the death of friends and of the men who were under his command in France" (*Regeneration* 72). Both of the notes demonstrate that Rivers is affected by the traumas he treats, and he tries to clarify the original reasons for Sassoon's trauma. His being affected by the traumatic listening suggests the secondary traumatization in which the listener who listens to a traumatic story in transference becomes a participant in the traumatic event. The notes involve Rivers's secondary and indirect witnessing via listening. Most importantly, however, these notes are not narrated by the narrator but written as if from the mouth of Rivers. The novel carefully isolates them and escapes the secondary effects of the characters' trauma. They are distanced from the text not only by Rivers' own writing but also by the size of type. The font size is smaller than the font size of the narrative. Also, they are indented within the text. This downsizing both in font and indent illustrate the narrative's avoidance of the "intimacy entailed in knowing" (Laub 72). It implies that the narrative does not want to read Rivers's traumatic notes and refuses empathy and knowing. In this sense, it behaves as if it "already 'knows it all' ahead of time, leaving little space for the survivor's story." It explains that the novel introduces his case notes as an alien voice because it resists listening and telling the traumatic state. As a result, the text appears not to be secondarily affected by the traumatic narratives it recounts.

On the other hand, these notes can be regarded as markers of repetitions which result from the resistance. The text unearths its own trauma through these notes. Unlike Sassoon's poetry, which may be regarded as the return of the repressed, Rivers's case notes truly demonstrate the traces of the novel's vicariously traumatized state. Roger Luckhurst points out,

Trauma also appears to be worryingly transmissible: it leaks between mental and physical symptoms, between patients (as in the 'contagions' of hysteria and shell shock), between patients and doctors via the mysterious process of transference or suggestion, and between victims and their listeners or viewers who are commonly moved to forms of overwhelming sympathy, even to the extent of claiming secondary victimhood. (3)

It is significant that *Regeneration* worries about the transmission of the characters' traumas. The mental breakdown it performs is also demonstrated by the physical traces in the narrative: dialogues, quotation marks, indented and downsized fonts in Rivers' notes and distanced poems of Sassoon. In this sense, by avoiding intimacy, the novel avoids the empathy which would drag it into a traumatic state. Rivers's notes show that the text develops the listening defence against the characters' traumatic narratives. For this, it distances the notes lest it may be contaminated with the patients' traumas.

In conclusion, *Regeneration* not only represses its own traumatic state through the use of conventional storytelling but also avoids secondary victimization by refusing to integrate, narrate and internalize Sassoon's poetry and Rivers's case notes. Yet, if the textual repressed trauma and resistance to manifest traumatic sensibility are taken into consideration in relation to its defence mechanisms against listening and vicarious traumatization, it is evident that the text is doubly traumatic. In *Regeneration*, Barker seems to draw upon Freud's ideas on resistance and repression in relation to vicarious traumatization with its explicit, direct and detailed traumatic narratives of the characters. By doing so, the text becomes a traumatic case in which there are much more silent and unrepresented traumatic symptoms. In this sense, the novel subtly shows the pathology of trauma and the pathological fear of trauma, too.



### III. MRS DALLOWAY AND TRAUMA

Modernist literature is often a paradigm of “literature of trauma” as the modernist style of narration “often replicates the damaged psyche of a trauma survivor” (DeMeester 650) since modernist literature focuses on the individual’s thoughts, mind and feelings rather than his actions. Moreover, the atmosphere of the mind as most modernist writers seek to retain and record the “inwardness” of experience in their works (Edel 12), has gained importance in post-war literature. The Great War which produced innumerable traumatized soldiers affected the literature of the time because its tremendous effects are seen not only on the physical environment but also on the psychological state of individuals. The Great War contributed to modernist literature in that it contributed to psychoanalysis which was becoming established in 1920s.

As a cult and popular novel of modernist fiction, Virginia Woolf’s *Mrs Dalloway* is also a novel about trauma. Written in 1925, the novel recounts the parallel stories of Mrs Clarissa Dalloway and Septimus Warren Smith offering a perspective deep into the interwoven thoughts of the characters as shown from different narrative aspects. In the novel, Mrs Dalloway is nervous but excited about her party which will be held several hours later. Meanwhile, the narrative perspective shifts through different memories of characters along with an insight into the trauma of Septimus Warren Smith, who is married to Lucrezia Smith, an Italian trying to adapt to Septimus’ trauma and life in London after the war. Through this shifting perspective, Septimus’s trauma holds a significant place in *Mrs Dalloway*.

*Mrs Dalloway* presents Septimus Warren Smith as a representation of post-war veteran, who has participated in the Great War in the trenches of Italy and has witnessed the death of his best friend, Evans, in an explosion. The loss of his friend affects him deeply and ineluctably as Septimus is no longer the same Septimus: “Septimus had fought; he was brave; he was not Septimus now” (*Mrs Dalloway* 127). His changed self is totally caused by his experience in the war – witnessing the death of his best friend closely – which is inscribed on his memory as traumatic, pathetic and extraordinary. The change and the clash between his previous state and post-war state need a close analysis since the war has caused him to be traumatized upon seeing the risky side of life. His trauma is the eternal loss of his friend. He develops post-traumatic stress disorder symptoms such as delusions, nightmares, and hallucinations along with an intense maladaptation to post-war life. By empathizing

with war veterans as Karen Lee Osborne indicates, Woolf becomes an agent to represent the traumatized soldier – Septimus – after the Great War:

In Woolf criticism and in representations of the Great War ... scant attention has been paid to Woolf's theorizing of war and her opposition to the insidious constructions that ignored the reality of survivors and the far-ranging effects on civilians. Woolf was more than an "instinctive pacifist," and her exclusion is part of a larger exclusion of civilians from representations of war. (135)

Her attempt to reflect the war's effects on individuals is embodied in *Mrs Dalloway* as Septimus Warren Smith as a shell-shocked soldier cannot adapt himself to the previous life around him after the war. This situation, therefore, requires the analysis of Septimus's trauma in *Mrs Dalloway*. Along with his individual trauma, however, as we shall see, the novel shows how his trauma becomes the source of the trauma of others and of the narrative itself as I will be arguing in this chapter.

My assertion is that *Mrs Dalloway* is a narrative of trauma in three aspects. In my first section, "*Mrs Dalloway: A Narrative of Septimus Warren Smith's Trauma*," my focus point is the traumatic symptoms of Septimus considered in relation to the theories and techniques developed by Sigmund Freud mostly along with references to Cathy Caruth and Ruth Leys. Then, the second section, "*Mrs Dalloway: Is Trauma Contagious?: Lucrezia Smith and Mrs Clarissa Dalloway*," is about the vicarious/secondary effects of trauma causing the traumatization of other characters. Finally, in the last section called "*Mrs Dalloway: Trauma of The Narrative and Interior Monologue*," the relationship between the trauma and narrative will be analysed along with the question of the representation of trauma and its analogy to the ideas of psychic topography.

#### **A. *Mrs Dalloway: A Narrative of Septimus Warren Smith's Trauma***

Septimus Warren Smith's war neurosis is in fact caused by a "surprise factor." As Freud explains that "the fact that the key causative element appeared to lie in the surprise factor, the *fright* experienced by the victim" (Freud, *Beyond the Pleasure Principle* 50; emphasis in original). Septimus Warren Smith's trauma is caused by the surprise of Evans's death at the front. The death of Evans in an

explosion is a shock for Septimus, which impairs the psychic energy by frightening him and breaking through the protective shield. Since he is not ready for the death of his friend, the abruptness of the experience is a reason for his fright. That is to say, the fright as a threat “emphasizes the element of surprise, [and] describes the state that possesses us when we find ourselves plunged into danger without being prepared for it” (*Beyond the Pleasure Principle* 51). The danger that Septimus faces is the irreversible loss of his best army colleague Evans. His memories of the Great War at present are associated to the ones when he and Evans were at the front in Italy. It means that though he is not dead, his present life in *Mrs Dalloway* is haunted by the images and illusions of death, loss, destruction, war and traumatic experience in which Evans is lost.

The repeated illusions and dreams in the novel suggest that Septimus’s present is indissoluble from his war memories as Septimus inscribes the death of Evans in his memory and therefore becomes obsessed and fixated to this. His trauma’s origin, the eternal loss of Evans, reminds Septimus that he has to carry the burden of witnessing the event. It is both a loss for Septimus and a risk that will threaten him in his life, which is to carry and bear the witnessing act. That is why past follows present and in fact will probably suggest an explanation for the future decision of Septimus, the suicide. His past becomes the present in which he pays attention to what he has witnessed and experienced rather than focusing on what is going on. His trauma is carried into the present:

And there the motor car stood, with drawn blinds, and upon them is a curious pattern like a tree, Septimus thought, and this gradual drawing together everything to one centre before his eyes, as if some horror had come almost to the surface and was about to burst into flames, terrified him. (*Mrs Dalloway* 18)

Septimus’s life is turned into “one centre” which is the war as the flames and terrifying effects chase him in his post-war life. Life becomes “war” for him. Thus, the world around him is a threatening realm making him dissociated from the environment and life. As his present is not the present but the past which is endowed with the traumatic event, his memories of war haunt and drag him into suicide that is a future decision formed by the post-war effects and trauma. As Judith Herman

writes in *Trauma and Recovery*, post-traumatic effects such as fragmentation of the self, dreams, intrusion of the traumatic event and detachment create agony and therefore “traumatic events ... shatter the sense of connection ... creating a crisis of faith” (39). The narrator hints his suicide at the very beginning of the novel: “... but they were ‘people’ now, because Septimus had said, ‘I will kill myself’, an awful thing to say” (*Mrs Dalloway* 18). His suicidal action is not shocking at the end of the novel, then. What seems striking is that Septimus’s war memories do not leave him alone as his memory is distorted by the death of Evans, which is the starting point for his alienation and anguish. Then, what seems obvious in *Mrs Dalloway* is that the relationship among past, present and future carries out the traumatic effect to the end. What I mean is that the past is traumatic for Septimus and trauma haunts him in the present. As a result, his future carries his trauma further because he cannot get away from his traumatic experience and commits suicide.

As far as Septimus’s shock and fright are concerned, the “tyre explosion” stands for the symptomatic perception of Septimus’s trauma in *Mrs Dalloway* because it is the first time that Septimus is introduced in the novel. Clarissa supposes that the tyre explosion is “a pistol shot in the street outside” until she is corrected by Miss Pym saying “those motor cars” (*Mrs Dalloway* 17). What matters is that Septimus witnesses the tyre explosion in the same scene: “Everyone looked at the motor car. Septimus looked” and he says “I will kill myself” (18). His hearing the sound of explosion recalls the war atmosphere in which Evans is lost in the explosion. The sound which startles and frightens him is indeed one of the symptoms for the traumatic revelation of Septimus’s traumatic psyche. The same frightening effects repeats themselves as there is no escape. That is why, the traumatic effect of shock and fright reverberates in the post-war life of Septimus:

[W]hen Clarissa hears the car tyre explode, she initially misunderstands the sound – ‘oh! A pistol shot’ – (only to be immediately corrected by the florist Miss Pym), but there is never any confusion, whether on the part of the character or of the reader, as to whether an unexpected event has indeed occurred ‘in the street outside’. This may appear to be an obvious point, but it is precisely the challenge to this elementary distinction that characterizes an alternative aesthetic of trauma, and which defines the

experience of another central character, Septimus Warren Smith, in Woolf's novel. (Crosthwaite 121)

The inclusion of Septimus Warren Smith in this particular scene is important in that his traumatic state is introduced and his shock is re-enacted in outer life. The fear of Septimus produced by the explosion becomes the reminder of his traumatic experience in his after-life of war. He cannot leave the traces of war back since he is startled by the things outside, which are associated to the original traumatic experience. As we shall also see, trauma here is not limited to Septimus as his trauma affects the other characters in the novel as I will be arguing in the second section of this chapter.

Apart from the fear of Septimus out of doors, the fright of Septimus Warren Smith is insistently repeated in his dreams and nightmares or via hallucinations and illusions. Freud says that "The study of dreams may be regarded as the most reliable approach route for those seeking to understand the deep-level processes of the psyche" (*Beyond the Pleasure Principle* 51). In order to understand Septimus's shell-shock or combat neurosis, it will be useful to look at the ways in which his dreams and hallucinations reflect the traumatic event. Dreams and hallucinations, in this respect, demonstrate the traces of the original trauma since in these dreams and hallucinations the traumatized revisits the scene of the event. Freud also points out that "[the dream] repeatedly takes them back to the situation of their original misadventure, from which they awake with a renewed sense of fright." In his dreams, Septimus's traumatic imagination works to remind him of what he has experienced and similarly the hallucinations also represent the loss and death of Evans. Although dreams and hallucinations are different forms of mechanisms of re-enactments and representations as the former takes place during sleep whereas the latter takes place when the victim is awake; they are interchangeable in *Mrs Dalloway* as flashbacks or delusions. What is clear is that both dreams and hallucinations are representatives of trauma which make the traumatized revisit the event and repeat it. As Freud states clearly in *Beyond the Pleasure Principle*, the re-enactments are also used for the sake of treatment in which the transference occurs and the trauma is analysed so as to familiarize the survivor with the traumatic experience. Yet, Doctor Holmes and Sir Bradshaw do not perform any therapeutic resolutions in *Mrs Dalloway*. Septimus's

re-traumatizing repetitions are not analysed by them. They remain pointless when the treatment is considered.

The traumatic incident, where Evans is lost, makes Septimus detached and alienated since his return to his traumatic past through the dreams, delusions and hallucinations causes his dissociation from himself and the social environment. As the narrator reveals, “He had grown stranger and stranger. He said people were talking behind the bedroom walls” (*Mrs Dalloway* 74). The voices of the war and death haunt him in post-war life. As Bryony Randall draws attention to the relationship among memory, anticipation, and the intense experience of the present moment in *Modernism, Daily Time and Everyday Life*, Septimus’s state is organized by his traumatic memory (131). His trauma is induced by the war – the death of his friend – and his anticipation is either to overcome or to retrieve Evans through the memories. When Rezia says that it is time to leave the Regent’s Park, Septimus re-enacts his trauma, which stems from the death of Evans once again:

He sang. Evans answered from behind the tree. The dead were in Thessaly, Evans sang, among the orchids. There they waited till the War was over, and now the dead, now Evans himself –. “For God’s sake don’t come!” Septimus cried out. For he could not look upon the dead. But the branches parted. A man in grey was actually walking towards them. It was Evans. But no mud was on him, no wounds, he was not changed. I must tell the whole world, Septimus cried, raising his hand (as the dead man in the grey suit came nearer), raising his hand like some colossal figure who has lamented the fate of man for ages in the desert alone with his hands pressed to his forehead, furrows of despair on his cheeks...  
(*Mrs Dalloway* 78)

In his delusions, Septimus constantly revisits the traumatic scene in which Evans is lost. In the quote above, the war as the traumatic setting dominates his life and the narrator adds that “he could not look upon the death.” Septimus’s denial and personal choice of not looking upon the death confirms his traumatic imagination in which he visualizes the death of Evans more positively.

As the dreams, flashbacks and delusions exemplify, the repetitions of the traumatic feelings and visions ensure the wish-fulfilment of the traumatized self

whose dreams and delusions not only attach his traumatic sense to his pitiful past but also provide him with the lost object at an imaginary level. Keeping in mind that Septimus imagines Evans while he is singing and they are waiting for the end of war among orchids without any harm and wound, one can say that Septimus wishes to live without the effects of the Great War. As revealed clearly, Septimus does not want his friend to be wounded or dead. He imagines them waiting until the end of war among the orchids, which contrasts with the reality of war trenches. His seeing Evans without any trace of mud and wounds in his hallucination points out that Evans is untouched by death. Freud proposes that “Under the dominion of the pleasure principle, it is the function of dreams to make a reality of wish-fulfilment, albeit on a hallucinatory basis...” (Freud, *Beyond the Pleasure Principle* 71). It means that though the dreams and hallucinations consist of the traumatic images and traces which make the traumatized disturbed and shattered as I have argued in the previous paragraphs, the dreams and hallucinations also depict his wishes. In this delusionary state, he imagines that Evans is alive and most importantly with him. As he does not want to look upon the dead body of Evans, he wishes that Evans was living in the same peaceful place. Then, the fact that Septimus integrates his wish [un]consciously in his dream shows his attachment to Evans and the trauma when he is lost.

His dreams and hallucinations repeat the reasons for Septimus’s trauma. Even though he imagines the opposite, his hallucination does emphasize the fact that Evans is dead and there is no escape from the trauma stemming from the loss of Evans. The distortion of his dream by the fact that Evans is dead shows the pathetic reality in which Evans is lost forever and there is no unity between them:

Septimus attempts to gain reaffirmation from the resurrection of Evans, continually revisiting the scene of the killing in his mind. The image of Evans in the trenches presents a physical reality for the devastated soldier-poet. Septimus directly visualizes, but cannot articulate what he must communicate, as the screen between him and Evans momentarily lifts during a hallucination. (Myers 225)

What is obvious is that only dreams and hallucinations allow him to revisit his dead friend and memorize him. Losing the loved object in this sense is remembered and

integrated to real life via dreams and hallucinations though there are traces which are disturbing for the self. It is an assumption that Septimus reaffirms the death of his friend along with his survival, which creates the basic quandary of trauma on the side of Septimus as a war veteran. The quandary is that by re-enacting the traumatic event and reliving the same state of trauma in the war, while he unites with his lost friend, he becomes traumatized once more by escaping or feeling isolated from the ordinary nature of life. This paradox is mainly the circle of trauma in his post-war condition.

In relation to the dreams, nightmares and hallucinations, what becomes evident is that Septimus repeats the traumatic event many a time and these repetitions are compulsory for him to connect himself to his lost friend. Freud coins the term “repetition compulsion” to delineate the repetitive mode of traumatic illusions, flashbacks, dreams and hallucinations. Repetition compulsion, as a way to understand the post-traumatic stress disorder of Septimus explains the link between past and present as Septimus does repeat the traumatic event he had experienced and carries it to the present moment at present situations as I have exemplified above by looking at the ways how he imagines the traumatic setting repeatedly and was startled by the pistol shot. Carrying the trauma into the present is one of the symptoms of trauma, which is the state of the delusionary, which means that Septimus does not act in accordance with the reality principle. Though he loses his friend in the war, his re-enactments and re-living of the traumatic event are associated with the present mood via hallucinating visions of the war and the dead. His past feelings are intensified in the present. For instance, Septimus “repeat[s] the word ‘war’ interrogatively” (*Mrs Dalloway* 106), while in a cure/diagnosis session with Sir William Bradshaw. His questioning of war without narrating or describing how Evans was killed or how he becomes linked with his visions of Evans shows us that the present moment is the time in which he is seemingly trapped before the war and after the war. Along with this confinement, his way of interrogation shows Septimus’s inbetweenness. The present moment is captured by his traumatic and distressing past which always keeps recurring itself and which also hides what Septimus wishes but has lost forever – Evans. He is sure that there is no escape from what he witnessed. When he repeats the traumatic scene, the vision of Evans emerges: “It was at that moment (Rezia had gone shopping) that the great revelation took place. A voice spoke from behind the screen. Evans was speaking. The dead were with him” (*Mrs Dalloway* 103). This situation proves that the present moment



is governed by the traumatic memory of Septimus Warren Smith. The traumatic realm maintains its shattering effect in the present. As a result, the phase of ordinary life in the present is totally distorted by the trauma of Septimus Warren Smith whose dreams, delusions and hallucinations work to recall Evans and invoke the traumatic effect once again.

Septimus repeats the traumatic events in his dreams and hallucinations which are the symptoms of traumatic neurosis in order to fulfil his wishes for reunion and death in *Mrs Dalloway*. Freud suggests that “dreams thrust [the patients] back ... into the original trauma situation” (*Beyond the Pleasure Principle* 71). By dreaming and hallucinating, Septimus leaves reality as he does not fully conform to the reality principle by denying that Evans is dead and lost in his dreams and hallucinations. Cathy Caruth in her *Unclaimed Experience* reminds that “Freud’s freedom to leave is, paradoxically, the freedom not to live but to die: to bring forth his voice to other in dying” (23). In this sense, the survivor wishes to die because his ideal to live is changed into death. Death means to leave. Evans leaves Septimus and Septimus does not accept the fact. As a result, his trauma is based on Evans’s leaving. What he should do is obvious in the simple sense. Though he goes on living, he cannot ‘leave’ what he witnessed and therefore changes the meaning of leave. To leave this traumatic event means to get rid of the load that he has to carry. Therefore, leaving does not mean to live but to die so as to leave the effect of bearing the witnessing act. Within this perspective, traumatized self is interested in death since the ego’s protective shields are shocked and impaired. What I mean is that the psychic organic energy is imbalanced and the peaceful and balanced energy is lost. Ruth Leys in her *Trauma: A Genealogy* summarizes how the traumatized self is closer to death as the effect of the unleashing of the death drive:

According to Freud ... a failure due to the role of fright and the ego’s lack of preparedness, produced the general disorganization and other symptoms characteristics of psychic trauma. In sum, according to Freud the traumatic neuroses represented a radical “unbinding” of the death drive. (24)

The organic unity and the “binding” as a defence mechanism against the death drive are distorted by the traumatic event. Therefore, Septimus’s case conjures up that his dreams and delusions are organized in a state of preparation for death.

Septimus’s dreams and hallucinations take him back to the traumatic event and to the realm of death repeatedly as I have argued above. By taking him back to the traumatic scene, these illusions enable the wish-fulfilment. In *Mrs Dalloway*, Rezia puts Septimus to bed, and Septimus starts dreaming immediately:

He had not cared when Evans was killed; that was worst; but all the other crimes raised their heads and shook their fingers and jeered and sneered over the rail of the bed in the early hours of the morning at the prostrate body which lay realising its degradation... (*Mrs Dalloway* 101)

In the state of Septimus, loss of Evans is much more significant than the time he is lost. It means that time is ambivalent for Septimus. Though he lives in the present, he is obsessed with the traumatic past. In this sense, his trauma damages his concept of time. When Septimus contemplates Evans’s death, everything becomes meaningless and challenging since there remains no meaning assured for life. Carrying the dead into present represents the fulfilment of his wish to reunite with Evans. It is in these distorted and wishful dreams that Septimus returns to the state before trauma. That is why his hallucination helps him to be with his lost soldier friend. Or, vice versa, becoming unified with his friend, he carries himself into the realm of the dead, showing that his wish to die is affirmed in his dreams and hallucinations. All these prove that his desire to be with the dead becomes a goal for him. Indispensably, death becomes the ideal in Septimus’s case as a traumatized soldier. In this fashion, death and restoration have become identical, which means that death becomes a total restoration for him to overcome his traumatic state.

In the context of repetition compulsion and wish-fulfilment, Freud, with reference to the ‘*fort-da*’ (here-there) game of his grandson, in his *Beyond the Pleasure Principle* asks, “How then does his repetition of this painful experience in his play fit in with the pleasure principle?” (53). As I have discussed, Septimus memory is inflicted with trauma and his past trauma is carried into the present through repeated acts in his dreams, delusions, flashbacks and hallucinations. The

traumatic effect is inevitable in his life. Though he is captured by his traumatic memory, the question of dreams, illusions and flashbacks and their functions in the context of the pleasure principle as each ego is designed to find pleasure and avoid unpleasure is important. It is clear that Septimus Warren Smith, by repeating the traumatic scene, both carries out his wish to die and becomes an active agent in formulating his non-traumatic life in his post-traumatic situation. What I mean is that, repeating the traumatic event allows Septimus to unite with Evans or to die, which seems to be a belated event for him. Caruth in her *Unclaimed Experience: Trauma, Narrative and History* states that “being chosen for a future that remains” (71) is a striking question in the mind of the traumatized. Belatedness, as a concept in trauma, has ambivalence. When the victim thinks that he is late for death and realizes that his friend has died and the victim has not yet, the survivor feels the agony. For Septimus, there are two interpretations of chosenness: the first is that he is chosen for the burden of trauma; while the second option degrades him as he is not chosen for death, which makes his death seem belated. The belatedness changes his ideal of life into the ideal of death in *Mrs Dalloway*. Becoming an active agent of his traumatic event shows that he does not need anyone for a happy conclusion. He can be united with his dead friends when he sees flashbacks or has dreams of the traumatic scene.

The happy conclusion is a paradox in Septimus’s life, still. It is either the reunification with Evans or survival that enables Septimus to go on living. Even though this paradox is untied by the suicide of Septimus at the end of the novel, his belated death is recuperated by the illusions and dreams in a way. In *Mrs Dalloway*, through the visions that Septimus sees, he revisits the traumatic scene several times and therefore assures himself that he is either with Evans or happy that he is alive again. The compulsion to repeat in this sense confirms Septimus’s happy return to life as he becomes the active agent in the traumatic event, which enables him to challenge the ways in which he appears powerless and helpless in the face of the traumatic event. The death he escapes makes him content whereas he loses his friend. Freud explains the compulsion to repeat through *fort-da* game in *Beyond the Pleasure Principle* (53-54): “Exchanging his passive role in the actual experience for an active role within the game, he inflicts on his playmate whatever nasty things were inflicted on him, and thus takes his revenge by proxy” (55). This shows that Septimus becomes taken back into the traumatic scenes in his dreams and

hallucinations since he creates different realms in which he faces no risk of death or loss. By attaining these dreams and hallucinations, the wish of Septimus is fulfilled.

The therapeutic resolution to Septimus's traumatic conflict is another important point which needs analysis in *Mrs Dalloway*. Freud suggests that so as to familiarize the victim with the traumatic resistances, transference between the analyst and the analysand is required (Freud, *Beyond the Pleasure Principle* 33). In this sense, the cathartic analysis, which is the abreaction in terms of repeating the traumatic scene and the feelings, needs a transference process as Freud points out that the analyst is to analyse the dreams and other symptoms of the victim and make him aware of his own trauma by integrating it in his present self for self-realization. The transference requires the re-enactment so that the victim comes to feel the same effect of the traumatic scene. By abreacting, the patient becomes to identify his trauma and gets used to living with it as the traumatic self and sense are decentred and degraded to a great extent and even forgotten. By doing this, the analyst foregrounds his basic assumptions of trauma and makes the victim aware of his traumatic resistance. The integration of the traumatic event eventually will allow the individual to accept reality and go to survive.

On the other hand, in *Mrs Dalloway*, the lack of cathartic cures because of the lack of communication among Septimus Warren Smith, Doctor Holmes and Sir William Bradshaw leads Septimus to an end which is not cathartic but pathetic. The end is the suicide of Septimus due to the inadequate opportunities for transference and cathartic re-enactment. In the novel, though Septimus completes his task of death which is apparently an ideal, one of the reasons for his suicide is that the post-traumatic stress disorder of Septimus Warren Smith in *Mrs Dalloway* cannot be diagnosed by the doctors, which contributes to the idea that no transference process takes place. Upon knowing that the transference becomes a bridge between the patient and the analyst, one should infer that lack of transference – lack of interaction of feelings that are re-enacted according to the scene of the traumatic event – causes maladjustment and disintegration of Septimus in the novel. The narrator wittily says that “Dr. Holmes examined him. There was nothing whatever the matter, said Dr. Holmes. Oh, what a relief! What a kind man, what a good man! thought Rezia” (*Mrs Dalloway* 100). Doctor Holmes does not diagnose his trauma, which hints at the irony that he does not understand the traumatized soldier because of the lack of

empathy. The lack of communication between Doctor Holmes and Septimus Smith proves the lack of transference and therefore of successful treatment.

Similarly, Sir William Bradshaw strengthens the idea of lack of transference and therefore, does not help Septimus's trauma though the narrator tells us that Bradshaw understands Septimus's case. After Septimus was taken to Doctor Holmes, Sir Bradshaw seems to be an appropriate choice as the narrator implies that he is to cure the trauma of Septimus:

He could see the first moment they came into the room (the Warren Smiths they were called); he was certain directly he saw the man; it was a case of extreme gravity. It was a case of complete breakdown – complete physical and nervous breakdown, with every symptom in an advanced stage, he ascertained in two or three minutes (writing answers to questions, murmured discreetly, on a pink card). (*Mrs Dalloway* 106)

Thomson states that “Sir William Bradshaw's job is to treat mental illness but he is depicted as pompous, insensitive and untrustworthy. He frightens Septimus” (*Mrs Dalloway* 63). The reason for the fright is that, as *Mrs Dalloway* makes explicit, Septimus sees human nature in them: “Human nature ... is personified for [Septimus] by Dr. Holmes and Bradshaw, who treat his malady in terms of physical symptoms and who prescribe physical activities, hobbies, outside interests, for its cure, or when those fail, physical rest” (Spilka 330). As both of the doctors intensify the level of isolation and alienation of Septimus in the novel by proposing that he rest without any link to a lively environment (*Mrs Dalloway* 108), Septimus is afraid of being haunted by his revenant past, of being isolated and alienated in a society in which even the doctors are unable to understand him and of forgetting what he experienced because forgetting may be a betrayal to the truth of trauma and his friend. Since there is not an empathetic link between him and the doctors who try to examine him, Septimus's trauma cannot be grasped or even intensified.

Sir Bradshaw's tenet of proportion seems to be an influential factor that enables us to grasp the absence or lack of transference and cure in Septimus's case. For Sir Bradshaw, proportion constitutes everything. What he means by proportion is that he seemingly sees the balance that is already created for the people. The

proportion that he advises seems to assist Septimus's recovery and adapt him to his previous life. The narrator tells;

To his patients he gave three-quarters of an hour; and if in this exacting science which has to do with what, after all, we know nothing about – the nervous system, the human brain – a doctor loses his sense of proportion, as a doctor fails. ...health is proportion; so that when a man comes to your room ... you invoke proportion; order 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 seven stone six comes out weighing twelve. (*Mrs Dalloway* 110)

What attracts our attention is that there is no difference in the cure depending on whether it is a physical or psychical confusion. The indifference of Sir Bradshaw concerning the diagnosis, treatment, progress and recovery of the patients, who are either physically or psychologically ill, is a result of his seeing the process as typified and singularized. Proportion in this sense is not a way of cure but becomes to be a tool for classification. It is the only way of treatment that Sir Bradshaw advises. Septimus's abnormal or marginalized status as a result of his trauma in the novel is to be repaired by proportion. His being isolated and alienated is a result of traumatic state which cannot be understood, analysed and cured by Doctor Holmes and Sir William Bradshaw.

The lack of successful transference in the cathartic cure of Septimus is crystallized by the lack of acting out – working through processes in therapeutic terms, which verify that Septimus's trauma is not represented and therefore cannot be understood. Freud writes that "... the transference is itself merely an instance of repetition" and "he repeats everything derived from the repressed element within himself that has already established itself in his manifest personality – his inhibitions and unproductive attitudes, his pathological characteristics"(Freud, *Beyond the Pleasure Principle* 37). In fact, the transference requires the outburst of emotions – "abreacting" or "abreaction" of the traumatic scene – so that the analyst analyses the pathological reasons for the trauma in the traumatized. In this respect, Septimus is supposed to relive the scene and re-enact what he experienced and witnessed. On the other hand, the prescriptive and dictating attitude of the doctors shows the lack of

transference in the psychoanalytical treatment of Septimus. The lack of transference causes the termination of Septimus's cure. As Freud explains, transference is a bridge to acting-out and working-through processes in which the victim "acts [his trauma] out" and "produces it not as a memory, but as an action, [...] repeats it, without of course being aware of the fact that he is repeating it" (*Beyond the Pleasure Principle* 36) when induced appropriately. When he acts out, "One has to give the patient time to familiarize himself with the resistance now that he is aware of it, to work his way through it, to overcome it by defying it and carrying on with the therapy in accordance with the basic rule of analysis" (41). Nevertheless, in terms of transference in which the analyst helps the victim to overcome his traumatic state, the acting-out and working-through processes are lost in *Mrs Dalloway* since Doctor Holmes and Sir William Bradshaw are not interested in the personal pathological symptoms of Septimus's trauma. As I have mentioned above, what Sir Bradshaw proposes to Septimus is that he take an interest outside. He ignores his individual features, reactions or responses. He intends to isolate Septimus for some time as he believes that he has to listen to himself. In this respect, he forbids Septimus to write or read any poems. On the other hand, the acting out process requires the patient to re-enact his traumatic event and regain the same feelings of the experience so that the patient's state can be analysed. In this analysis, the patient moves from acting out to working through in which he is familiarized with his own traumatic repression and resistances. His trauma is revealed. Therefore it becomes an ordinary memory for him rather than traumatic memory. The doctors; on the other hand, are not able to manage the process of acting out and transference and therefore, Septimus cannot work through his trauma and resistances. For instance, as they do not allow Septimus to focus on his profession or writing, writing becomes meaningless for him due to the fact that they do not understand him or empathize with him.

In her article, "Spread Like a Veil Upon a Rock: Septimus and the Trench Poets of World War I" Gabrielle Myers argues that "Writing became essential therapy that allowed the soldiers to liberate themselves from the cloud of survivor guilt, and break the spell of shell shock" (214). On the other hand, Septimus orders his wife:

Burn them! he cried. Now for his writings; how the dead sing behind  
rhododendron bushes; odes to Time; conversations with Shakespeare;

Evans, Evans, Evans – his messages from the dead; do not cut down trees; tell the Prime Minister. Universal love: the meaning of the world. Burn them! he cried. (*Mrs Dalloway* 162)

His order to have his writings burned shows that he cannot heal himself anymore as he does not find any meaning in the life he lives. Gabrielle Myers adds that Septimus in the novel “cannot heal himself through the act of writing, and subsequently cannot bring wholeness to his war-fragmented self” (215). In this sense, he is back to the life or the previous self, which is in conflict with the traumatized one.

After all, Septimus Warren Smith, as a traumatized soldier, is not cured and his symptoms are not understood fully by the doctors in the novel. The misevaluation and absence of the cathartic cures in the process of psychoanalysis in *Mrs Dalloway* allow us to conclude that Septimus’s trauma is not “assimilate[ed]” or “liquidat[ed]” as Janet proposes (Leys 114). The lack of strife and understanding in the liquidation process of the psychic energy of the ego shows that Septimus Warren Smith’s suicide is an ending point for his maladaptation among the people who do not sympathize. His working-through is not triggered in the novel since the doctors are unable to understand his traumatic case and treat it. Then, his integration becomes disintegration via death as *Mrs Dalloway* illustrates how a shell-shocked soldier is conceived and treated by the doctors. Within all the symptoms and states that Septimus Warren Smith exemplifies, *Mrs Dalloway* becomes a narrative of trauma of Septimus.

**B. *Mrs Dalloway: Is Trauma Contagious?: Lucrezia Smith and Mrs Clarissa Dalloway***

*Mrs Dalloway*, while representing the traumatic narrative of Septimus Warren Smith, brings questions about the therapeutic resolution which Freud carefully explains in *Beyond the Pleasure Principle*. In this famous work on trauma, Freud suggests three important terms for cathartic treatment where the traumatic feelings are abreacted: transference, acting out and working through. Freud basically points out that, transference, where the traumatized victim acts out and repeats the traumatic scene and feelings, in fact, is an interaction between the analysand and therapist or the listener. The therapist observes his states, analyses the resistances [the repressed]



and lets the patient work his traumatic resistances through a process, in which he becomes to be familiarized with his traumatic state. On the other hand, the transference problematizes the therapy due to its potentiality to cause vicarious or secondary traumatization. In vicarious traumatization, the analyst who actually listens to the traumatic stories of the traumatized and faces the painful and desperate state of the analysand participates in the traumatic event or becomes affected by its consequences and symptoms. Dori Laub in “Bearing Witness or the Vicissitudes of Listening” states that “the listener to trauma comes to be a participant and co-owner of the traumatic event: through his very listening, he comes to partially experience trauma in himself” (57). When the horrifying, shocking and frightening scene is re-enacted emulatively in the transference, the listener partakes in the traumatic event and may come to feel the way in which the traumatized feels: “the relation of the victim to the event of trauma, therefore, impacts on the relation of the listener to it, and the latter comes to feel the bewilderment, injury, confusion, dread and the conflicts that the trauma victim feels (Laub 57-58). Then, the therapist’s tendency to observe the emotional and traumatic states transforms itself to an exposure of feeling the way in which the victim feels.

E. Ann Kaplan argues in *Trauma Culture: The Politics of Terror and Loss in Media and Literature* that “Vicarious trauma in the clinical situation takes place in the context of one individual helping another” (122). The analyst or the listener, who helps the traumatized victim, listens to his story unavoidably and shares his feelings by understanding and internalizing the traumatic scene. The obvious interaction between the speaker and the listener in the transference, thus, produces vicarious or secondary traumatization:

To undo [the] entrapment in a fate that cannot be known, cannot be told, but can only be repeated, a therapeutic process – a process of constructing a narrative, of reconstructing a history and essentially, of re-externalizing the event – has to be set in motion. This re-externalization of the event can occur and take effect only when one can articulate and transmit the story, literally transfer it to another outside oneself and then take it back again, inside. Telling thus entails a reassertion of the hegemony of reality and a re-externalization of the evil that affected and contaminated the trauma victim. (Laub 69)

Reconstruction and the re-externalization processes in the transference through telling create a shared platform on which both the analyst and the analysand feel the horror, fright and dread. The listener, therefore, undertakes the duty of listening to the traumatic accounts and risks himself to be inflicted by the traumatic stories of the traumatized. Hearing, then, infects the listener and carries him into the realm of trauma partially. Kaplan adds that “Even more important is that the interviewer-listener ‘takes on responsibility for bearing witness that previously the narrator felt he bore alone and therefore could not carry out’ (123). Thus, testifying the event for both of the narrator and the listener becomes ineluctable.

In the previous section about *Mrs Dalloway*, I have argued that Doctor Holmes and Sir William Bradshaw do not participate in transference. They are not affected by the traumatic stories of Septimus, as a result. Their inability to produce a therapeutic resolution makes us see that Septimus cannot work his traumatic state or resistance through. That is why he commits suicide. Even though we do not see the transference where the doctors are not affected by Septimus’s trauma in *Mrs Dalloway*, what is interesting is Woolf’s drawing links between Lucrezia and Septimus and Clarissa and Septimus. The traumatic state of Septimus Warren Smith affects them both and therefore, the vicarious effects are manifested. *Mrs Dalloway* subtly builds up the relationships between Septimus and Lucrezia and Clarissa, which explains the effects of his trauma on these two female characters. In this sub-chapter, therefore, my focus point is to answer the questions whether trauma is contagious and how Lucrezia Smith and Clarissa Dalloway represent the effects of vicarious traumatization and to what degree.

To begin with, Lucrezia’s being close to Septimus Warren Smith, as she is the wife of Septimus, makes her participate in the act of listening to the traumatic stories or witness Septimus’s traumatic symptoms throughout the novel. Their close relationship leads Lucrezia to participate in the transference where the traumatic flashbacks are repeated and acted out. In *Beyond the Pleasure Principle*, Freud points out that “the transference is itself merely an instance of repetition, and that this repetition involves transference of the forgotten past not only onto the physician, but onto all other areas of the patient’s current situation” (37). Since the transference involves acting-out, which means the repetition of the traumatic scene and feelings, Lucrezia finds herself in the transference where she listens to Septimus’s traumatic

stories, feels the horror and dread, and testifies the effects of his re-traumatizing nightmares and illusions. As Freud clarifies, the traumatic scenes and effects are projected not only onto physician but also onto all other areas. It means that, though she is not a therapist, she shares the same environment where Septimus lives and finds herself among Septimus's transferred traumatic feelings. In this respect, Septimus's traumatic repetitions "onto all other areas of [his] current situation," as we have seen in the tyre-explosion scene, start to affect Lucrezia vicariously.

As far as Lucrezia's participation in the act of listening and testifying to the traumatic symptoms of Septimus are concerned, the idea of fright and horror attracts attention. The horror and fright in trauma are significant points because, as Freud writes in *Beyond the Pleasure Principle*, traumatic neurosis is mostly based on the fright created by the shock of traumatic event (50-51). In the novel, Septimus repeats the traumatic event in which Evans is lost. He hallucinates and also has nightmares: "... Septimus thought, and this gradual drawing together of everything to one centre before his eyes, as if some horror had come almost to the surface and was about to burst into flames, terrified him" (*Mrs Dalloway* 18). The horror which frightens Septimus, frightens Lucrezia as well. By seeing that her husband was startled by the tyre explosion which reminded him of the war, Lucrezia immediately remembers his words: "I will kill myself" (18). Both Septimus's words and his sudden reactions frighten and horrify her: "Horror! Horror! She wanted to cry. (She had left her people; they had warned her what would happen. Why hadn't she stayed at home? She cried, twisting the knob of iron railing" (*Mrs Dalloway* 31). Her exclamations, "Horror! Horror!" emphasize her vicarious traumatization. Like the traumatic event, she is horrified by the state of Septimus who continuously demonstrate traumatic symptoms such as flashbacks and hallucinations. His traumatic condition indirectly affects Lucrezia because she is his wife and has to participate in listening to his traumatic stories.

Her being frightened by the trauma of Septimus crystalizes her helpless state in the novel. Helplessness, as a consequence of trauma, means that the traumatized individual is torn between his own survival and his dead friends. The victim is unable to overcome the fate and the forceful traumatic event. Septimus cannot help Evans and feels responsible for his death. Similarly, Lucrezia cannot help Septimus because he goes on repeating the events and traumatic feelings which re-traumatize him. His state is worsened and, as a result, Lucrezia's impotent state increases. For instance,

when she takes Septimus away from the park where he hears the car-tyre explosion and his traumatic event is revisited, her helpless state is foregrounded:

She looked at the crowd. Help, help! she wanted to cry out to the butchers' boys and women. Help! Only last autumn she and Septimus had stood on the Embankment wrapped in the same cloak and, Septimus reading a paper instead of talking, she had snatched it from him and laughed in the old man's face who saw them! But failure once conceals! She must take him away into some park. (*Mrs Dalloway* 19)

In the quote above, Lucrezia's crying, "Help! Help!", shows her confined situation. She is confined by the trauma of Septimus, which means that she needs help. However, she cannot name her feelings and beg the people around her. Also, she compares her husband's previous state to his traumatic state in the present. This comparison allows us to conclude that the traumatic and pathetic state of Septimus makes his wife unhappy and desperate. Her helpless reaction to Septimus's trauma is a vicarious effect which makes Lucrezia feel impotent as Septimus feels towards his lost friend.

Lucrezia's isolated and solitary characterisation in the fiction clarifies her secondary traumatization in that she feels emotionally fragmented and abandoned. Since Septimus's traumatic states and feelings are projected onto Lucrezia who is pushed into a helpless state with the fear and fright that she experiences, Lucrezia finds herself in a transference which vicariously affects, alienates and isolates her. In the novel, the reader can see that Lucrezia Smith is not an English citizen but an Italian one, who has been married to Septimus for "four, five years now" (*Mrs Dalloway* 18). She leaves her own country –Italy – for Septimus who will be her husband forever, protect her and make her happy. On the other hand, Septimus cannot meet her expectations because he is traumatized, dissociated and therefore, careless. After Septimus returns from the war, Lucrezia has to deal with him by drawing his attention to the outside world as Doctor Holmes advises. She takes him walking to Regent's Park where they read the Toffee advertisement in the sky. This shows that Lucrezia strives to gain her previous husband back so that she could not be alone. Nevertheless, there is no solution. Septimus's traumatic flashbacks are

densely revisited and Lucrezia's fear and helpless state mount to a high degree where his secondary traumatization reveals the traumatic outcomes. The narrator says,

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 stared so and did not see her and made everything terrible; sky and tree, children playing, dragging carts, blowing whistles, falling down; all were terrible. And he would not kill himself; and she could tell no one. "Septimus has been working too hard"— that was all she could say to her own mother. To love makes one solitary. She could tell nobody, not even Septimus now, and looking back, she saw him sitting in his shabby overcoat alone, on the seat, hunched up, staring. And it was cowardly for a man to say he would kill himself, but Septimus had fought; he was brave; he was not Septimus now. She put on her lace collar. She put on her new hat and he never noticed; and he was happy without her. Nothing could make her happy without him! Nothing! He was selfish. So men are. For he was not ill. Doctor Holmes said there was nothing the matter with him. 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. (*Mrs Dalloway* 27)

At first her wishing that her husband were dead and later on saying "Nothing could make her happy without him!" show her emotional and distressed situation. She cannot name her feelings, tell them to anyone – even to her own mother or Septimus – and she is also unable to bear the traumatic state of Septimus. She is secondarily affected by his situation because Lucrezia feels as she is "no one" when she is with Septimus: "She could not sit beside him when he stared so and did not see her and made everything terrible." Moreover, the idea that "To love makes one solitary" indicates that Lucrezia's love requires her to listen to the traumatic stories and put up with the situation. Her solitariness is due to her attachment to the shell-shocked Septimus who is dissociated from the environment. She is bound to Septimus for happiness and life; yet, Septimus makes her unhappy and distressed. Septimus's careless and indifferent behaviour towards his wife suggest Lucrezia's emotional imbalance. Her love of Septimus, thus, clashes with the anger, because,

though she feels attached, Septimus is fragmented and isolated. Laub points out that one of the effects of listening is “a sense of outrage and anger, unwittingly directed at the victim” (72). Lucrezia’s anger towards Septimus is exemplified along with the feeling of love. The dilemma, in which Lucrezia feels both love and anger – even his death – towards Septimus, causes her to sink into a depression. Also, because of the mental breakdown she is experiencing, she is weaker and feebler: “Look! Her wedding ring slipped – she had grown so thin.” This is a psychosomatic effect of vicarious trauma. Her being affected by the trauma of Septimus indirectly proves that she is both physically and psychologically worsened. Shortly it is explicit that she participates in the suffering act with Septimus: “It was she who suffered.” The suffering, therefore, means she experiences the secondary traumatization.

Most strikingly in Woolf’s novel, Septimus’s suicide scene demonstrates Lucrezia’s vicarious traumatization appropriately because the scene shows the fragmented perception of Lucrezia. When Doctor Holmes comes to see Septimus, Lucrezia does not allow him to enter saying “No I will not allow you to see my husband” (*Mrs Dalloway* 164). Still, Holmes insists and Septimus commits suicide. The very touching and traumatizing scene holds significance in terms of understanding Lucrezia’s case:

“The coward!” cried Dr. Holmes, bursting the door open. Rezia ran to the window, she saw; she understood. . . . Dr. Holmes came in — white as a sheet, shaking all over, with a glass in his hand. She must be brave and drink something, he said (What was it? Something sweet), for her husband was horribly mangled, would not recover consciousness, she must not see him, must be spared as much as possible, would have the inquest to go through, poor young woman. Who could have foretold it? A sudden impulse, no one was in the least to blame (he told Mrs. Filmer). And why the devil he did it, Dr. Holmes could not conceive. It seemed to her as she drank the sweet stuff that she was opening long windows, stepping out into some garden. But where? The clock was striking — one, two, three: how sensible the sound was; compared with all this thumping and whispering; like Septimus himself. She was falling asleep. But the clock went on striking, four, five, six and Mrs. Filmer waving her apron (they wouldn’t bring the body in here, would they?) seemed part of

that garden; or a flag. She had once seen a flag slowly rippling out from a mast when she stayed with her aunt at Venice. Men killed in battle were thus saluted, and Septimus had been through the War. Of her memories, most were happy. "He is dead," she said, smiling at the poor old woman who guarded her with her honest light-blue eyes fixed on the door. (They wouldn't bring him in here, would they?) But Mrs. Filmer pooh-poohed. Oh no, oh no! They were carrying him away now. Ought she not to be told? Married people ought to be together, Mrs. Filmer thought. But they must do as the doctor said. (*Mrs Dalloway* 165-166)

In this quote, Septimus's suicide is explained in a detailed way with the stream of consciousness technique. The use of stream of consciousness reveals the fragmentation. The quote can be assessed as the fragmented perception of Lucrezia who is heavily affected by the scene. Above, she is shocked and frightened by the traumatic event because it is a "sudden impulse." Her mind is perplexed and fragmented in that the scene shows a bunch of flashbacks in relation to the death of Septimus. She remembers how "The clock was striking ... like Septimus himself." She also recalls, "She had once seen a flag slowly rippling out from a mast when she stayed with her aunt at Venice." Her past memories are re-enacted through the suicide. The use of free indirect speech which blends the third person narration with the first person point of view is significant in that Rezia has a shattered and fragmented perception of the traumatic event. The scene involves four different characters at the same time: Lucrezia, Septimus, Doctor Holmes and Mrs Filmer. The characters are embedded into the traumatic scene which is narrated in free indirect discourse because trauma cannot be claimed. The multiple points of views in the scene show that the perceptions do not belong to anybody but registered unconsciously. Indirectness and its being free of any speakers indicate that the traumatizing and suicidal event happens and there is no one who registers it into the consciousness willingly. Caruth states in *Unclaimed Experience: Trauma, Narrative and History* that there is not a direct reference of [to] the trauma (10). This means that the victim does not take on the responsibility or register the traumatic event ordinarily because it is an uncontrolled and sudden event. On the other hand, what remains true is that it is stored unconsciously and disturbs the survivor in her post-traumatic life.

Yet already, apart from Doctor Holmes's romanticising the scene with the sweet liquid that makes Lucrezia fall asleep and therefore passing over her traumatic anguish, what is reflected in the aforementioned quote is the idea of death. In the very same scene, Lucrezia has an "unavoidable confrontation" with death and becomes affected by the scene hyper-emotively. As Laub suggests, "The listener can no longer ignore the question of facing death, ... of the limits of one's omnipotence, of losing the ones that are close to us, the great question of our ultimate aloneness, our otherness from any other, our responsibility to and for our destiny, the question of loving and its limit" (72). Within this context, Lucrezia faces the death, sees Septimus's potential for suicide at last, understands her own helplessness because she is not able to save Septimus, evaluates and understands the meaning of losing the beloved, taking the responsibility of seeing the suicide and witnessing, and finally understands the limits of love. After drinking the sweet thing, she dreams of her lost husband:

She put on her hat, and ran through cornfields – where could it have been? – on to some hill, somewhere near the sea, for there were ships, gulls, butterflies; they sat on a *cliff*. In London, too, there they sat, and half dreaming, came to her through the bedroom door, rain falling, whisperings, stirring among dry corns, the caress of the sea, as it seemed to her, hollowing them in its arched shell and murmuring to her laid on shore, strewn she felt, like flying flowers over some tomb. (*Mrs Dalloway* 165; emphasis mine)

Though the dreamy atmosphere seems to relax the mood, it is traumatic in fact. As she dreams vaguely of her husband and the lively setting around them, her desire to be with him is emphasized. The military language used in the quote totally unearths her vicarious trauma which shows itself at the very end. "Hollowing them in its arched shell and murmuring to her laid on shore, strewn she felt, like flying flowers over some tomb" connote that she is struck by a shell like the ones at war and she is hollowed or arched by this strike. Her body is laid and strewn, and therefore desperate, dispersed and fragmented. Also, her flying over the tomb is linked to her loss of Septimus. In this regard, her state is rendered parallel to the state of Septimus though the traumatic effect of Septimus's suicide is unknown. Though her traumatic



state after the suicidal action of Septimus is significant, what is strikingly evident is that she is undeniably traumatized.

What is particularly significant in the quote above is that Lucrezia repeats the traumatic scene which shows that she has registered the traumatic event into her memory unconsciously and becomes affected by it. The quote displays the repetition compulsion of Lucrezia as she has already listened to one of Septimus's dreams before and repeats his dream in her own dream. Freud suggests that the dreams take the dreamer to the traumatic situation and repeat the traumatic event once again (51). In this sense, Lucrezia repeats Septimus's traumatic case. She links Septimus's "cliff" in his dream to her own traumatic state where she mentions the "cliff" again. Septimus's dream involves a cliff like Lucrezia's:

Then there were the visions. He was drowned, he used to say, and lying on a *cliff* with the gulls screaming over him. He would look over the edge of the sofa down into the sea. Or he was hearing music. Really it was only a barrel organ or some man crying in the street. But "Lovely!" he used to cry, and the tears would run down his cheeks, which was to her the most dreadful thing of all, to see a man like Septimus, who had fought, who was brave, crying. And he would lie listening until suddenly he would cry that he was falling down, down into the flames! Actually she would look for flames, it was so vivid. But there was nothing. They were alone in the room. It was a dream, she would tell him and so quiet him at last, but sometimes she was frightened too. She sighed as she sat sewing. (*Mrs Dalloway* 155; emphasis mine)

Lucrezia's listening to Septimus's traumatic and traumatizing dream makes her participate in the traumatic event. The cliff in Lucrezia's dream is a signifier of secondary trauma in that she internalizes his trauma. The suicide, therefore, crystallizes her secondary traumatization and draws a link between them. Both Lucrezia and Septimus sit on a cliff, find peace and watch the gulls, butterflies and ships. Her repeating Septimus's dream is striking to show Lucrezia's traumatic situation. Lucrezia, both as a testifier of Septimus's trauma vicariously and a traumatized one by his suicide is another traumatic figure, in this fashion.

Similarly, Clarissa Dalloway's traumatization and victimization by the trauma of Septimus Warren Smith holds a significant place in the novel, though they have never physically met in *Mrs Dalloway*. Even though Clarissa does not listen to the traumatic stories of Septimus at first hand and hears them from the mouth of Sir Bradshaw, her being affected by his trauma and traumatic suicide is demonstrated by the idea of death:

What business had the Bradshaws to talk of death at her party? A young man had killed himself. And they talked of it at her party—the Bradshaws, talked of death. He had killed himself—but how? Always her body went through it first, when she was told, suddenly, of an accident; her dress flamed, her body burnt. He had thrown himself from a window. Up had flashed the ground; through him, blundering, bruising, went the rusty spikes. There he lay with a thud, thud, thud in his brain, and then a suffocation of blackness. So she saw it. But why had he done it? And the Bradshaws talked of it at her party! (*Mrs Dalloway* 202)

It is evident from the quote that Clarissa hears Septimus's suicide from the Bradshaws. When they talk of the death at her party, Clarissa is reminded of her own desire of death. As she "can no longer ignore the question of facing death" (Laub 72) as we have seen in the case of Lucrezia Smith, Mrs Dalloway becomes affected by Septimus's traumatic death. That is why, while accusing the Bradshaws of spoiling her party by talking of death, she is unconsciously attracted by his pathetic suicide story and asks "how?" Asking the question, Clarissa is troubled by his suicide and its imagined effect. She fictionalizes the scene: "He had thrown himself from a window. Up had flashed the ground; through him, blundering, bruising, went the rusty spikes. There he lay with a thud, thud, thud in his brain, and then a suffocation of blackness. So she saw it." It is at this point that Clarissa repeats what is repressed. She always wanted to die as her body always went through it first and her body burnt. In this sense, Septimus's suicide unbinds her death drive as Leys writes "unbinding of the ego [is] caused by excessive stimulation, or trauma" (29). In the very beginning of the novel, the narrator's account of Clarissa's feeling of death explains her desire: "she always had the feeling that it was very, very dangerous to live even one day" (*Mrs Dalloway* 11). If death has always had a sensitive and disturbing effect on

Clarissa's mind, and if she repeatedly goes through death when she hears of accidents, it is obvious that she repeats her repressed desire via Septimus's suicide. Within this context, "Always her body went through it first, when she was told, suddenly, of an accident; her dress flamed, her body burnt." This implies that the body is the first to experience death. Since the suffocation of blackness comes later, the brain dies last. In this respect, her desire for death is crystallized by Septimus's suicide and her traumatic inclination is revealed once again.

The use of free indirect discourse in the aforementioned quote of Septimus's suicide shows Clarissa's fragmented flashes of perception because she both thinks of the party and relates Septimus's suicide to herself. The immediacy provided by the free indirect discourse gives way to her past memories. The internal monologue conveys to us that she is carried into the setting of the suicide and traumatized vicariously. Laub says, "The listener ... needs to know 'the lay of the land' – the landmarks, the undercurrents, and the pitfalls in the witness and in himself" (58). That is why Clarissa focuses on the window from which Septimus releases himself. She imagines and fabricates the suicidal effect: "Up had flashed the ground, through him, blundering, bruising, went the rusty spikes" (*Mrs Dalloway* 202). The rusty spikes connote the railings on which Septimus's body is mangled. The details like the flash of the ground and rustiness of the spikes that Clarissa visualizes in relation to Septimus's suicide make us understand that Clarissa also experiences the traumatic effect. She also feels how his brain pounds "with a thud, thud, thud" and knows the suffocation of blackness. Most importantly, yet, there is an ambiguity in the statement, "So she saw it." The sentence explains that Clarissa has fantasized about Septimus's suicide, imagines or visualizes it and feels the painful effect. Since there is a fragmented mode of narration through free indirect discourse, it is uncertain whether it only refers to Septimus's death or also to Clarissa's former experiences of death. In this respect, "So she saw it" makes her the participant to the death or the suicide, which vicariously traumatize Clarissa.

Though *Mrs Dalloway* does not explicitly narrate the vicarious or secondary traumatization of Lucrezia and Clarissa, it is evident that Septimus's trauma affects them both in that Lucrezia listens to him, repeats his traumatic signs and testifies his lamentable suicide; and Clarissa's death instinct is aroused by his traumatic death. The vicarious traumatization of Lucrezia is much clearer and more striking because firstly, she is close, which allows her to observe his traumatic symptoms such as

nightmares and hallucinations; and next, she displays traumatic flashbacks and repetition similar to Septimus's. But, Clarissa is only affected by his trauma via his suicide. Both Clarissa and Septimus are unified by the idea of death that vicariously affect Clarissa. The suicide also replenishes her desire for death and causes her to feel the traumatic dissolution. In short, we can conclude that *Mrs Dalloway* illustrates that trauma is contagious. Septimus's trauma contaminates Lucrezia and Clarissa and traumatizes them partially. In this fashion, Lucrezia is traumatized vicariously more than Clarissa.

### C. *Mrs Dalloway*: Trauma of the Narrative and Stream of Consciousness

The dilemma in representing trauma not only raises questions about the personal traumatic accounts of the traumatized survivors but also complicates the narrative representation of trauma. Since language becomes insufficient and the victim keeps his silence, narrating trauma is not an act of remembering but an act of repeating or acting out. Freud in *Beyond the Pleasure Principle* writes that "the patient does not *remember* anything at all but rather *acts it out*. He reproduces it not as a memory, but as an action; he *repeats* it, without of course being aware of the fact that he is repeating it" (36; emphasis in original). The trauma becomes a "speechless terror" for them because it is impossible to represent the traumatic event with the language they use (van der Kolk and van der Hart 172). Many trauma theorists like Cathy Caruth, Dori Laub, Shoshana Felman, Bessel A. van der Kolk and Onno van der Hart support this idea in that "The experience cannot be organized on a linguistic level" (van der Kolk and van der Hart 172). Therefore, recapturing the traumatic past of the victim becomes almost impossible because there is not an effective and sufficient language to describe the terror that the victim experiences. Instead, the victim repeats the traumatic scene in his dreams, nightmares or hallucinations and re-enacts the traumatic feelings. Therefore, remembering means acting out and repeating the traumatic scene involuntarily.

Since it is hard to reach the traumatic past of the victim, as he is not able to delineate the experience, its being represented through writing seems much more difficult. Writing about the trauma, thus, poses a problem about narrating the traumatic truth. As Laurie Vickroy states in *Trauma and Survival in Contemporary Fiction*, "Trauma narratives go beyond presenting trauma as subject matter or character study. They internalize the rhythms, processes, and uncertainties of

traumatic experience within their underlying sensibilities and structures” (3). Then, organizing the text in accordance with the traumatic and traumatizing events and feelings, the narrative not only tells the stories of the victim but also authenticates the traumatic model. Upon knowing that the victim repeats the traumatic event, is haunted by it, and interrupted by the flashbacks, the text may follow a traumatic topology in which the text reflects traumatic symptoms such as flashbacks, repetitions, fragmented memory, etc. By making up a similar and parallel traumatic structure, the fiction gets closer to a more genuine and authentic representation of the traumatized and his trauma.

*Mrs Dalloway*, as I have argued in previous chapters, gives an account of Septimus Warren Smith’s trauma and its effect on Lucrezia and Clarissa. Representation of his trauma involves his traumatic repetitions in the dreams and hallucinations, his fragmented memory, constant wish to die and suicide. His traumatic identity, however, is not narrated by himself but described throughout the fiction. Woolf’s novel wittingly replicates the traumatic topography of Septimus Warren Smith in that the novel foregrounds the flashbacks, repetitions and interruptions along with a metaphorical and symbolical diction. Also, it correlates the relationship between Septimus’s trauma and the text so interestingly and well that it reflects the parallel structures of trauma. Moreover, the narrative leaves gaps and keeps silence when needed like a traumatized soldier who refuses to narrate his trauma. In this sense, my focus point in this chapter is to analyse the ways how and to what extent *Mrs Dalloway* represents trauma through its narrative dynamics and how the narrative of trauma becomes the trauma of the narrative at the very end by constructing a parallel traumatic topography.

To begin with, *Mrs Dalloway*, as a modernist novel, employs the stream of consciousness technique where the complex flow of thoughts and feelings which constitute human consciousness is narrated (Parsons 56). The stream of consciousness requires the unbroken and continuous flow of thoughts, which is also described by “river” or “stream” metaphors. The progressive accounts of thoughts give way to the interior monologue where “the characters’ unspoken thoughts are represented” (Baldick 127) or free indirect speech by which the first-person point of view is blended with third-person narration. The shifts from one character to another whose thoughts are reflected and narrated are parallel to the shifts from chronological time to internal time when the character visits the past by the use of

memory. The unbroken and perpetual thoughts that pass through one's mind, in fact, display fragmentation. The jumping from one consciousness to another problematizes the flow and therefore causes fragmentation. Apart from the fragmentation created by the character shifts, the ambiguous transitions between the past and the present cause another effect of disunity or disconnection. With the shifts and disunities, the textual and literary fragmentation in *Mrs Dalloway* demonstrates the similar fragmentation of trauma. In "The Intrusive Past: The Flexibility of Memory and the Engraving of Trauma," van der Kolk and van der Hart point out that the traumatic event distorts the structure of ordinary memory and makes it fragmented: "Who can find a proper grave for the damaged mosaics of the mind, where they may rest in pieces? (L. L. Langer)" (158).

The fragmented structure of the novel involves multiple internal monologues, the flashbacks of the characters, their complex flow of thoughts and the shifts between the past and present. Because we know that Septimus Warren Smith's memory is traumatic and distorted by the fright and shock in the traumatic event, his memory is fragmented at the same time. He is between the fragmented pieces of the past and a dissociating present. The novel's deployment of fragmentation through the use stream of consciousness and interior monologue shows a similar traumatic symptom. In the novel, for instance, from the first page to the last, we see how the narrative reveals the unspoken and internal thoughts of Clarissa, Peter, Septimus and Lucrezia. The beginning of the novel, to exemplify, manifests the internal monologue, stream of consciousness and the fragmentation:

Mrs. Dalloway said she would buy the flowers herself. For Lucy had her work cut out for her. The doors would be taken off their hinges; Rumpelmayer's men were coming. And then, thought Clarissa Dalloway, what a morning – fresh as if issued to children on a beach.

What a lark! What a plunge! For so it had always seemed to her when, with little squeak of the hinges, which she could hear now, she had burst open the French windows and plunged at Bourton into the open air. How fresh, how calm, stiller than this of course, the air was in the early morning; like the flap of a wave; the kiss of a wave; chill and sharp yet (for a girl of eighteen as she then was) solemn, feeling as she did, standing there at the open window, that something awful was about to

happen; looking at the flowers, at the trees with the smoke winding off them and the rooks rising, falling; standing and looking until Peter Walsh said, “Musing among vegetables?” – was that it? – “I prefer men to cauliflowers” – was that it? He must have said at breakfast that morning when she had gone out on the terrace – Peter Walsh. (*Mrs Dalloway* 5)

The quote is an example of interior monologue and free indirect discourse, which are the basic components of stream of consciousness technique generally. In the quote, Clarissa’s present action of buying the flowers and her flashback about Peter Walsh reveal the stream of consciousness. Her present narration, then, is interrupted by the past. This shows the fragmented thoughts. Moreover, third-person narration is parallel to the first-person point of view in that Clarissa is depicted talking to herself whereas a third-person narrator is narrating her thoughts. Her nostalgic memory or the internal time in which she and Peter talk is blended with the chronological or temporal time. These shifts and shattered memories mean that the past is repeated and therefore illustrate the fragmented memories. Likewise, *Mrs Dalloway*, throughout the novel exemplifies innumerable illustrations of interior monologues and free indirect speeches. Again, what they suggest is the fragmentation due to the fact that there is not a direct, step by step, ordinary or chronological plot-line which is narrated by a single particular narrator. The mix of the voices, thoughts and narrations shows the stream of consciousness and the fragmented memories of the mind. Therefore, mirroring the fragmented mind through the use of stream of consciousness, *Mrs Dalloway* represents a fragmented mind of a trauma survivor: Septimus.

The flashbacks in *Mrs Dalloway* are connected to the mechanisms of repetition and acting out in that they work as intrusions. Freud’s distinction between remembering and repeating/acting out is linked to the idea that the traumatic sensibility is based on repeating the traumatic event or feelings. Instead of remembering, the traumatic event is repeated or acted out by traumatic flashbacks which disrupt the temporal process of the victim. The sudden and frightening return of the traumatic event via dreams, nightmares and hallucinations emerge without the will of the victim. They interrupt the afflux, ordinary and chronological phase of narration. *Mrs Dalloway* replicates a similar model in which the chronological and ordinary narrative telling is interrupted by the flashbacks. The chronological time,

which starts around 10.00 am in 15 June 1923 and finishes around 3.00 am in 16 June 1923, is interrupted by several constant flashbacks. Most of the time in the novel, narration of Clarissa's party preparation is cut off by the flashbacks concerning Peter Walsh, Sally Seton and Richard Dalloway along with other minor flashbacks related to Miss Kilman, Hughs, Brutons, Septimus Warren Smith, Lucreiza, Bradshaws and Elizabeth. For instance, in the very first page, when we suppose that we are reading about Clarissa's start of the day, the narration is interrupted by the flashback about Peter Walsh. Suddenly Clarissa's thoughts in the morning are interrupted. Her past relationship interrupts the present: "... looking at the flowers,... until Peter Walsh said 'Musing among the vegetables?' – was that it? – 'I prefer men to cauliflowers' – was that it? He must have said it at breakfast one morning when she had gone out on to the terrace – Peter Walsh." (*Mrs Dalloway* 5). The number of flashbacks concerning Peter is over twenty, which both intrude the narration and repeat the past where Clarissa's happy, enjoying and youthful states are re-enacted and represented. Likewise, flashbacks concerning Sally Seton and Richard Dalloway also have a striking place in the narrative because they are also intrusive. The present account of Clarissa's party story reminds us her love, friendship, happiness with Sally Seton: "But his question of love (she thought, putting her coat away), this falling in love with women. Take Sally Seton; her relation in the old days with Sally Seton. Had not that, after all, been love?" (*Mrs Dalloway* 37). The quote interestingly shows that the action at present is narrated in parenthesis while the past is narrated fully and normally. The past captures the present in this way. The flashbacks, therefore, even if related to the other characters, evidently interrupt the temporal progression of the novel. The narrative's use of unplanned and intrusive past in the present shows the intrusive side of trauma. The pattern of the novel, in fact, presents us that it is not a narration of a day in which Clarissa is getting prepared for the party but a heap of intrusive memories and flashbacks.

Repetition, in *Mrs Dalloway*, is not only provided by the flashbacks which repeat the past but also displayed by the repetitive style of the linguistic elements. The novel's repetitive style of linguistic elements corresponds to the trauma narrative of Septimus Warren Smith in that the repeated phrases and sentences display one of the significant symptoms of trauma: death instinct. Most strikingly, "I will kill myself," is repeated over twenty times in different speech genres. The utilization of this sentence throughout the narrative in distinct versions, in fact, manifests the death



drive. Freud, in *Beyond the Pleasure Principle*, suggests that “we posited a death drive charged with the task of causing animate organisms to revert to an inanimate state” (130). The traumatized survivor, who experiences the death of his friends in war, changes his ideal to live into the ideal to die. It means self-destruction as Freud points out. Witnessing a traumatic event “unbinds” the death drive and therefore pushes the victim to self-destroy (Leys 29). *Mrs Dalloway*, interestingly, draws upon death drive which is a significant topic in trauma. The sentence, “I will kill myself,” is used directly four times by Septimus himself. His trauma narrative includes his wish to die as I have argued in the first sub-chapter. Besides, it is repeated four times indirectly by Lucrezia (And it was cowardly for a man to say he would kill himself), which means that Lucrezia is affected by his traumatic state. Considering the different speech acts which include the imperatives (The whole world was clamouring: Kill yourself, kill yourself, for our sakes), interrogatives (But why should he kill himself for their sakes?), answers (Did he threaten to kill himself? Oh, he did, she cried) and the tense variations, “I will kill myself” not only delineates Septimus’s trauma but also displays the representational symptom of trauma in the narrative. Therefore, death drive or the issue of death in trauma is embedded into the novel via repetitive style of “killing” linguistically. It shows the narratives fixation to death because not only Septimus and Clarissa wish to die but also the narrative seems so.

Saul Friedlander in the introduction to the *Probing the Limits of Representation: Nazism and “The Final Solution,”* points out that one of the means of representing trauma is the filter of “narrative margin which leaves the unsayable unsaid” (17). Woolf’s fiction interestingly leaves a narrative margin, which means that the narrative does not explicitly narrate the details of Septimus’s trauma, but leaves gaps and silences so that Septimus’s trauma is represented. His filtered traumatic details can be regarded as a narrative margin in which the narrative avoids dealing with a total and thorough delineation of Septimus’s traumatic state. The novel allows readers to get into the details of his trauma partially and to a certain extent. We only know that Septimus loses his friend Evans at war in Italy, which seems to be the traumatizing shock and fright. On the other hand, there are not many evidences and details of the traumatic event supported by Septimus narration. Upon knowing that traumatic memory is mostly “wordless and static” (Herman 175), Septimus does not tell how, when, why and with whom the traumatic event emerges;

as a result, the text declines fictionalizing these details. Septimus's denial of narrating the expected striking details in which we are to observe Evans's close tie to Septimus, his role in the army, their positions at the trenches, how Evans is killed, the other reactionary feelings and emotions of the friends, other traumatized friends and soldiers at war, the psychosomatic effects, etc., the narrative features the silence. That is why the narrative arouses suspension about the gaps that the reader is supposed to fill. These gaps are to be filled with the touching and disturbing images. As far as the silence and denial of telling are concerned, it is not hard to conclude that the trauma is a "speechless terror" (van der Kolk and van der Hart 172). Dori Laub writes in "An Event Without a Witness: Truth, Testimony and Survival" that "... survivors who do not tell their story become victims of a distorted memory, that is, of a forcibly imposed 'external evil,' which causes an endless struggle with and over a delusion. The 'not telling' of the story serves as a perpetuation of its tyranny" (79). Septimus does not tell the traumatic story that made him the involuntary victim and witness. The text, by narrating pieces of the traumatic event like Septimus and leaving gaps in order to create a parallel traumatic state is an example of the distorted memory, as well. As aforementioned technique – stream of consciousness – of the novel explains the fragmented mode of narrative, the gaps and the silences that the text leaves centralizes the traumatic state and therefore seemingly follow a traumatic pattern in itself.

*Mrs Dalloway*, by weaving a metaphorical and symbolical network, enlarges the traumatic representation in the narrative and contributes to the "distorted and traumatic memory" connotations. As Laurie Vickroy argues in "Representing Trauma," symbols and metaphors as the traumatic literary language which represents the narrative of trauma (32) are significant in that they psychologically create links between the trauma of the victim and its narrative representation. In Woolf's fiction, Septimus's traumatic memory is crystallized by the metaphor of the "attic" since the attic connotes the resemblance between the head of an individual and the top of the house. It stores and archives the things as our memory [the head] registers the narrative memories or [un]registers the traumatic ones. In the novel, for instance, when Clarissa leaves for the attic as she learns of Septimus's suicide at her party, she journeys into a memory metaphorically. By going to the attic, she is also accompanied by the traumatic memory of Septimus because she visits the attic upon hearing his suicide. Therefore, the attic becomes to shelter traumatic memories. It is

a shared place in that it archives the flashbacks, past memories, and at the same time traumatic traces of Septimus's death. Interestingly, since the attic – the memory – is a shared place of/among memories, it is also the place where Clarissa thinks of his death and her own desire for death. She empathizes with Septimus in the attic. As a literarily well-attested interpretation by many critics, the attic is a metaphor of mind and particularly of Clarissa's. Shalom Rachman states that "In the attic of her house, we get a glimpse of the 'attic' in her personality where her true being is locked up. It is here that her consciousness opens into depth and she has a moment of vision, a moment she is her true self" (10). The meaning of the attic, therefore, also involves Septimus's trauma entering Clarissa's mind. This vicarious effect explains that the attic as a symbol of the memory and as a metaphor connoting the archive and registration of memories is the complete construction of mind.

In the novel, the place of the party, which is being held at Clarissa's, is significant in order to examine the link between the metaphorical and the symbolical language and the narrative representation of trauma. The attic symbolizes Clarissa's memory and its being affected by Septimus's suicide. Similarly, the novel constructs the attic metaphor in accordance with Clarissa's house, by linking the doors, windows, curtains, rooms and walls altogether. These domestic symbols and images, which are used in the last ten pages in *Mrs Dalloway*, give way to an explanation of memory. If the house is taken as a whole which stands for the memory as the attic does, the doors, windows, curtains, rooms and walls can be regarded as the doors of the memory. Inviting the guests, opening the doors of the house voluntarily and sharing the house with them metaphorically mean that Clarissa willingly visits her memories and share these with them:

Was everybody dining out, then? Doors were being opened here by a footman to let issue a high-stepping old dame, in buckled shoes, with three purple ostrich feathers in her hair. Doors were being opened for ladies wrapped like mummies in shawls with bright flowers on them, ladies with bare heads...What with these doors being opened, and the descent and the start, it seemed as if the whole of London were embarking in little boats moored to the bank, tossing on the waters, as if the whole place were floating of in carnival. (*Mrs Dalloway* 180)

The scene that Clarissa imagines surely signifies that there is a rush of memories. Everybody was there to remind her of something from the past. It is the carnival of memories. She remembers the past with Peter, Sally, Richard and others. On the other hand, she does not invite Septimus to her party, which means that the news of his suicide interrupts her narrative memory that involves flashbacks and reminiscences of the past. Septimus, with his suicide and trauma, intrudes in Clarissa's house. When Clarissa says, "What business had the Bradshaws to talk of death at her party? A young man had killed himself" (*Mrs Dalloway* 202), we clearly see that she is disturbed. Her opened doors, windows and curtains of the house, which resemble to the consciousness or memory open to register, show that memory is vulnerable. It is open both to the narrative images, anecdotes and ordinary events to inscribe and to the traumatic stories that disturb it. This network of domestic images metaphorically and symbolically show how memory works. Septimus's sudden testimony of the traumatic event shocks him as his suicide frightens and shocks Clarissa at her party. This parallelism clarifies the narrative representation of trauma via metaphors and symbols in the novel.

In conclusion, the representation of trauma and traumatic state in *Mrs Dalloway* shows a parallel reconstruction of Septimus's trauma. The stream of consciousness technique which reveals the flashbacks repeatedly and the traumatic repetitions, "I will kill myself," represent the traumatic mind of a survivor. The possibility of representing Septimus's trauma in the novel is provided with the traumatic topology in which flashbacks, interruptions, fragmentation and repetitions are amalgamated into the filter or the narrative margin and the metaphorical and symbolical language. By distancing the text from an ordinary and chronological narration via the elements aforementioned, the text becomes to internalize the trauma of Septimus, which shows that the text also demonstrates traumatic symptoms. It is in this point that Vickroy's statement about representing trauma should be remembered: "[T]rauma narratives raise questions about how we define subjectivity as they explore the limits" (2). It means that the novel leaves the space for us to draw the resemblance between the trauma and the text, experience the limits and see the differences. Shortly, it is true that *Mrs Dalloway* is traumatic in the sense that it imitates and represents the trauma of the survivor: Septimus. The novel, then, performs how a day may be adorned with several ordinary and traumatic stories along with their being registered into the memory. It represents an ordinary mind

which is open to register both the traumatic and narrative events. Woolf writes in “Modern Fiction:”

Look within and life, it seems, is very far from being “like this.” Examine for moment an ordinary mind in an ordinary day. The mind receives a myriad impressions – trivial, fantastic, evanescent, or engraved with the 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 ... Let us record the atoms as they fall upon the mind in the order in which they fall, let us trace the pattern, however disconnected and incoherent in appearance, which each sight or incident scores upon the consciousness. (qtd. in Kohler 16)

## CONCLUSION

This thesis on the reflections of trauma in *Mrs Dalloway* and *Regeneration* investigates three aspects of trauma in relation to trauma theory suggested by Sigmund Freud with reference also to the ideas of Cathy Caruth, Ruth Leys, Dori Laub, E. Ann Kaplan, Dominick LaCapra and Laurie Vickroy. These three aspects involve the characters' traumatic symptoms and therapeutic resolutions, the contagion of trauma and listeners' vicarious traumatization and the representation of trauma in the narratives. It is evident that both *Mrs Dalloway* and *Regeneration* are unified by the theme of trauma created by the Great War. *Mrs Dalloway* represents Septimus Warren Smith's trauma, the failure to effect a therapeutic resolution on the part of Septimus, the inability of the doctors, Sir William Bradshaw and Doctor Holmes in empathizing with him, the contagion of trauma, which is seen in Lucrezia and Clarissa. It also internalizes the traumatic and fragmented mind of Septimus with the use of stream of consciousness and with its literary dynamics in its own narrative structure. Similarly, *Regeneration* delineates Siegfried Sassoon's, Billy Prior's and Ralph Anderson's traumas, which are to be treated by Doctor William Halse Rivers. In terms of vicarious traumatization, Rivers is highly affected by their stories and becomes traumatized. Also, the novel wittingly represents its own trauma by drawing upon resistance and repression seemingly. Within the context of trauma, these three aspects indicate that both of the novels are traumatic.

In terms of the traumatic narratives of the characters, these two novels are different in that *Mrs Dalloway* does not present a clinical setting but shows the individual psychological fragmentation caused by the Great War in ordinary life. In *Mrs Dalloway*, the traumatic story of Septimus Warren Smith is embedded into the narration of other characters' stories. In this sense, the novel does not centralize the trauma of Septimus but marginalizes it in relation to other stories of the characters, which are shifting between the past and the present. Septimus's traumatic story is marginalized because trauma marginalizes him, as he is not able to return to his pre-war state. Trauma isolates and alienates him. As a result, his imperceptible traumatic story apparently becomes a piece in the novel when considered in relation to the other characters' memories. Conversely, *Regeneration* narrates the characters' traumas in a clinical setting, at the Craiglockhart Hospital. The novel is itself a hospital which shelters many traumatized soldiers affected by the Great War. In

Barker's fiction, characters' traumas are narrated in a detailed way chronologically, which means that their stories are not blurry or incomplete. Sassoon, Prior, Anderson and other minor characters show traumatic symptoms and they are treated by Doctor Rivers and other analysts. These soldiers treated, like Sassoon, Prior and Anderson are discharged at the very end of the novel. In this sense, almost all the characters are somehow related to the trauma. As a result, *Regeneration* is a more focused, complete, detailed and obvious novel than *Mrs Dalloway* when the traumatic narratives of the characters are considered.

In the narrations of traumatic symptoms and therapeutic resolutions, *Regeneration* exhibits a great variety whereas *Mrs Dalloway* is limited to the symptoms illustrated by Septimus and insufficient therapies offered by Doctor Holmes and Sir William Bradshaw. Firstly, in *Regeneration*, Barker wittingly constructs her novel as a collection of case studies of trauma. There are many characters who manifest different forms of traumatic effect. Though most of the characters in the novel perform repetition compulsion via dreams, hallucinations and delusions, they are identified with some special traumatic symptoms. For instance, even though Anderson, Prior and Sassoon all have dreams about their original traumas, Prior becomes mute after the dreams, which shows the physiological effect of traumatic repetition. Also, while Anderson and Prior only repeat the traumatic event in their dreams, Sassoon repeats his trauma in his poetry-writing, too. By contrast, *Mrs Dalloway* focuses on the psychological effects of trauma and does not narrate the physiological symptoms. In the novel we read that Septimus has a mental breakdown caused by the loss of his friend; yet, we are not provided any physical disorder or psychosomatic effect like sweating, heartthrob, muteness, chronic insomnia, etc. These differences in the representation of traumatic symptoms of the characters prove that these two novels handle the symptomatic representations of trauma in a different manner.

As far as the dreams are concerned in *Mrs Dalloway* and *Regeneration*, what is evident is the re-traumatizing effect of the dreams and their transgressing the pleasure principle. As I have discussed, in terms of wish fulfilment, the dreams of the characters function to generate fear instead of fright in their dreams, which means that this is the only role of the dreams in fulfilling a wish according to Freud when the dreams of trauma survivors are taken into consideration. Freud also clearly states that dreams create a renewed sense of fright. This repeated fright emphasized the re-

traumatizing effect because the trauma survivor cannot get away from his haunting images of war, death, destruction and loss. In this fashion, even though the trauma victims meet their dead friends in their dreams and change the reality into a fantasy in which the dead soldiers and friends remain bloodless and alive, these dreams transgress the pleasure principle in that, instead of avoiding pain, the very reality of loss and death is foregrounded painfully once again. In this sense, dreams may serve the pleasure principle by generating pleasure and prepare a platform for reunification of the survivor and the dead friends. Yet, the post-dream state is painful as the victim grasps that his friends are not alive any more. He not only understands that his fellow soldiers and friends are dead but also revisits the traumatic scene once again so as to remember and solve how they died. In conclusion, it is obvious that Septimus, Anderson, Prior and Sassoon dream about their friends continuously and these dreams do not provide them with pleasure but cause pain. In this sense, what seems evident is the trauma's transgression of the pleasure principle.

In terms of therapeutic resolutions offered by Rivers in the novel, there is a great variety again. As I have argued, Anderson's dreams function to explain the role of the dream analysis in the treatment, Sassoon's poetry-writing exemplifies the role of repeating and remembering in acting out and working through, and Prior's hypnosis shows the patient's repression and resistance to the treatment. These distinct treatment methods are in fact examples of effective methods and lead us to compare the resolutions. While Anderson and Prior are treated with dream analysis and hypnosis, poetry writing does not help Sassoon but makes his state worse. In this respect, *Regeneration* not only allows us to see the different psychological and physiological traumatic states but also offers a wide range of therapies so as to reveal the positive and negative sides of the treatments methods used. As for the treatment, the doctors are unable to understand Septimus's case and therefore, do not handle his trauma in therapeutic terms. There is no evidence of hypnosis, dream analysis or any forms of therapy for Septimus. They only want to isolate him and advise Lucreiza that she should take him outside and wander around. Within the context of therapies, *Mrs Dalloway*, therefore, does not represent Septimus's case as curable. He commits suicide, then. As a result, while *Regeneration* creates a network of trauma with its variety of traumatic symptoms illustrated by the characters and treatment methods applied by Rivers, *Mrs Dalloway* paradigmatically symbolizes trauma via Septimus



and shows that doctors do not understand his trauma as if the text were saying no one understands trauma apart from the trauma victim himself.

Interestingly, however, *Mrs Dalloway* and *Regeneration* narrate the function of writing in treatment via Septimus and Sassoon in order to emphasize the role of remembering in working through trauma rather than forgetting or trying to repress what is experienced. In the context of remembering and forgetting, while *Mrs Dalloway* recounts that Doctor Holmes and Sir William Bradshaw believe in getting away from the memories, in other term forgetting the traumatic event, *Regeneration* foregrounds that remembering may help the survivor to overcome his state because the victim by remembering what made him traumatized can resolve his own state. Septimus's occupation as a poet in *Mrs Dalloway* is significant because after he returns from the war, the doctors forbid him to write. He also denies writing and orders his wife to burn his poems. On the other hand, Rivers advises Sassoon to write poetry because Rivers believes that writing helps him to remember and accept the traumatic reality. These novels strikingly show that writing does not help any of the characters to overcome their traumatic states. In *Mrs Dalloway* doctors are not able to see the therapeutic function of writing. Septimus fails because he is forced to forget or escape the traumatic traces by isolation. Rivers allows Sassoon to write and in fact, Sassoon's writings function as transference in which Rivers could understand his traumatic sensibility and repression. Yet, in terms of working through, writing worsens him because it keeps reminding him of the pathetic and traumatic scenes. As a result, writing is represented as an element which reflect the traumatic state of the characters but does not help them to overcome their traumas.

As for the effects of traumatic listening, both of the novels display secondary/vicarious traumatization though they differ from each other slightly. In *Regeneration*, Barker shows that Doctor Rivers, who listens to the traumatic stories of the shell-shocked soldiers, participates in transference with them and observes their acting out, is highly affected both physically and psychologically. In this sense, Rivers is fit into the definition that an analyst may feel the traumatic feelings and participate into the traumatic event that the victim narrates. Since the survivor and the analyst participate in transference, most of the definitions focus on the effect on the analyst in terms of vicarious trauma. *Mrs Dalloway*; however, does not demonstrate that the two doctors, Holmes and Bradshaw, are vicariously traumatized. They do not participate in any forms of listening act. Instead, Lucrezia as the wife of

Septimus and Clarissa as a distant hearer of traumatic suicide of Septimus are secondarily traumatized. In this sense, *Mrs Dalloway* carefully carries the effect of trauma one step further. Woolf's fiction does not show the doctors' falling into the state of secondary trauma but presents a different perspective which means that trauma not only affects the analyst to whom the re-enacted traumatic story and feelings are transferred but also contaminates any family member who is close to the victim or a distant hearer who is vulnerable. Even though these two novels handle the problem of secondary trauma slightly differently, what is firm is that Rivers, Lucrezia and Clarissa empathize with the trauma survivors while listening to his story or observing the repeated feelings. Primarily, both of the novels and the vicariously-traumatized listeners show the negative effect of empathy.

Moreover, the representation of trauma in *Mrs Dalloway* and *Regeneration* is different because, while mirroring the psychology of the trauma victim with their literary dynamics that allow them to internalize the trauma, they manifest different forms of traumatic traces with distinct narrative strategies. In *Mrs Dalloway*, the use of stream of consciousness helps to reflect the flashbacks, interruptions, repetitions that the survivor illustrates. Accordingly, the novel uses a metaphorical and symbolical language to create a link between the traumatic memory and the narrative memory. In this sense, Septimus's trauma is imitated in the narrative because the novel keeps silence when needed like the survivor who resists telling or narrating. As a matter of fact, *Regeneration* internalizes trauma not through the techniques that *Mrs Dalloway* demonstrates but through the use of conventional storytelling. The chronological and explicit way of narration in *Regeneration* is in fact a way of containing trauma. In this sense, the narrative ostensibly does not perform any kinds of repetitions, interruptions and flashbacks. It also does not invent a metaphorical and symbolical language to imply the traumatic memory. Instead, there is an explicit and direct use of medical and psychoanalytical jargon. By clearly describing and directly knowing the traumatic states, *Regeneration* contains trauma, which means that the novels resists telling and there is something repressed. Unlike *Mrs Dalloway*, there are no gaps or silences while narrating the traumatic stories of the characters in *Regeneration*. The novel quarantines characters' trauma with the use of direct and clear descriptions of traumas. In this sense, its resistance to telling and its repression of the trauma that is to explode means that Barker's fiction also internalizes trauma and becomes a more pathological novel than *Mrs Dalloway*.

By focusing on the war trauma in these two novels within the framework of trauma theory, this study shows that the trauma that the Great War caused affects literature deeply and highly. While *Mrs Dalloway* was written in 1925 and is regarded as a post-war novel both chronologically and in content, *Regeneration* was published in 1991 and it still shows the tremendous traumatizing effect of war on individuals psychologically and physiologically. There are sixty six years between the publication of these novels and what unifies them is the trauma caused by the death, loss, destruction, atrocity, massacre and shock in the Great War. Though there have been many other wars in human history like the Second World War and other substantial wars like the Korean and Vietnam, the Great War remains as a collective memory. In this sense, the traumatic effect created by it remains global, too. These two novels not only accentuate the negative psychological effects on individuals but also provide a kind of commemoration in which both the war and the lost soldiers are memorialized. What I mean is that instead of the massive or collective traumatic representations, *Mrs Dalloway* and *Regeneration* are limited to individual traumas. The representations of individual war trauma are not only attributed to these characters that I have analysed but related to the other who fought in the war. Within this context, Septimus, Sassoon, Prior and Anderson are the embodiments of war trauma and they stand for the other traumatized/shell-shocked soldiers of the Great War.

*Mrs Dalloway* and *Regeneration* manifest the evolution of the concept of trauma well. In my comparison, the publication years of these two novels are significant in that the notion of trauma is traced or even the theorization of trauma can be understood. Since *Mrs Dalloway* was written in 1925, it is evident that the war surely affected it: “In her short story ‘Mrs. Dalloway in Bond Street’ (1922), Woolf has her society hostess, Clarissa Dalloway, observe that since the war, ‘there are moments when it seems utterly futile...—simply one doesn’t believe, thought Clarissa, any more in God’” (“The Letters of Virginia Woolf”). Woolf sees the loss, destruction, fragmentation and death caused by the war. Septimus as a traumatized soldier represents the negative effects on individual psychology and embodies trauma. Woolf evidently could not help narrating the reality around her. Freud’s effect can be slightly seen in Septimus’s traumatic state. Panthea Reid Broughton states,

From before 1924 when the Hogarth Press began publishing Freud until 1939 when Woolf finally read Freud, she had only laughed at or proclaimed her ignorance of Freudian analysis. She titled her 1920 contemptuous review of M. D. Beresford's *An Imperfect Mother* as "Freudian Fiction." There she wondered "how far [novelists] should allow themselves to be influenced by the discoveries of the psychologist"; she infers not at all. In 1918 she laughed at James Strachey who, without a degree, "proposes to earn his living as an exponent of Freud in Harley Street" (D, I, 221). In a 1921 letter to Janet Case, Woolf described James and Alix Strachey as "fresh from Freud – Alix grown gaunt and vigorous – James puny and languid – such is the effect of 20 months psycho-analysis" (L, II, 482). (152)

Though Woolf says that a novelist should not draw upon the ideas of psychoanalysis, Broughton also adds that Woolf was aware of Freudian psychoanalysis, which did not deeply affect her in her fiction writing. On the other hand, it is evident that there are the traces that can be followed in relation to Freud's ideas. In this sense, although *Mrs Dalloway* does not take advantage of Freud and his ideas, Septimus's traumatic case illustrates the traces that Freud determines. Accordingly, the novel does not obviously and directly follow a traumatic model defined by Freud because it neither focuses on Septimus's complete traumatic story nor fully takes advantage of psychoanalysis essentially. Then, we can say that the concept of trauma becomes an important aspect for the post-war fictions.

Unlike *Mrs Dalloway*, *Regeneration* constructs a trauma narrative which ostensibly follows the traumatic model drawn by Freud. There are several ways in which Barker's fiction manifests the elements described by Freud. Firstly, the novel uses the hospital as a setting where traumatized soldiers are treated by the doctors like W. H. Rivers. Rivers is a psychologist and anthropologist, who worked for Craiglockhart War Hospital during the Great War. Many scholars acknowledge that Rivers read Freud and used some of his ideas while treating patients, and one of these is the talking cure. Rivers was one of the scholars who introduced the ideas of Freud in England. Ernest Jones states that British Psychological Society was founded under the presidency of Rivers in 1919 in England, and they formed some seminars focusing on Freudian psychoanalysis. Jones also points out that Rivers mentioned

Freud in his works and believed in some of Freud's ideas such as dreams, latent content and manifest content, etc. (487). *Regeneration* uses these historical facts and exemplifies the theorization of trauma. While analysing his own dreams and patients' dreams, Rivers follows the latent and manifest contents of the dreams (*Regeneration* 46-47). In relation to the function of the dreams, Barker's fiction illustrates the function of the wish fulfilment. Freud's effect on *Regeneration* is evident in that apart from Rivers's use of some Freudian terms, the novel combines other Freudian concepts. As I have argued in my third section on *Regeneration*, the novel explicitly uses psychoanalytical language such as transference, condensation, displacement, war neurosis, Freud, and hallucinations, etc. They all hint at the idea that Freud's effect is seen and trauma is in progress in the hands of Rivers. Also, Lewis Yealland, who lived between 1884 and 1954, is portrayed in the novel as an unsympathetic doctor because he applied electro-shock to treat the mutism of Callan. Rivers, as a contrary figure, who believes talking cure and hypnosis, rejects his method. In this sense, *Regeneration* illustrates the evolution of the trauma theory because, written in 1991, Barker's novel combines Freud's, Rivers's and Yealland's perspectives on trauma.

In conclusion, this thesis offers a comparative study on Woolf's *Mrs Dalloway* and Barker's *Regeneration* within the theories of trauma. It not only explores the ways in which trauma can be seen and treated but also offers two different perspectives on trauma theory, which involve the secondary/vicarious traumatization and representation of trauma in the narratives. With regard to this, it can be claimed that trauma theory not only involves the symptoms and treatment methods proposed by the seminal theorists like Freud but also consists of the indirect or secondary effects and consequences of trauma. The comparison in this thesis enables us to conclude that both Barker and Woolf see war as a destructive force in the individual's life and they portray the destruction and fragmentation not only via Septimus, Sassoon, Prior and Anderson but also through the people who participate in their traumatic narrations such as Lucrezia, Clarissa and Doctor Rivers. Moreover, this study shows that both of these novelists internalize the rhythms of trauma in their fictions' structure with the use of literary and linguistic components. As a final remark, this work hopes to contribute to literary studies concerning trauma, its effect and representation because trauma theory is a topic of current concern and being newly conceptualized.

## WORKS CITED

- Alden, Natasha. "Re-writing Rivers: Ethics and Aesthetics in *The Regeneration Trilogy*." *English*. 61.233 (2012): 178-196. *Oxford Journals*. Web. 29 March 2013.
- Amir, Nader, et al. "Relationship Between Trauma Narratives and Trauma Pathology." *Journal of Traumatic Stress*. 11.2 (1998): 385-392. *Academic Search Complete*. Web. 3 December 2014.
- Auerhahn, Nanette C., and Dori Laub. "Knowing and not Knowing Massive Psychic Trauma: Forms of Traumatic Memory." *The International Journal of Psychoanalysis*. 74 (1993): 287-302. *The Women's Therapy Centre Institute*. Web. 3 December 2014.
- Baldick, Chris. Def. 1. "Stream of consciousness." *The Concise Oxford Dictionary of Literary Terms*. Oxford: Oxford University Press, 2001. 127. Print.
- Barker, Pat. "Open Book / Pat Barker: The Author of 'The Regeneration Trilogy' Talks about Her Books." Interview by Mariella Forstrup. *BBC*. BBC, 31 Aug. 2003. Web. 08 Dec. 2014.  
<<http://www.bbc.co.uk/archive/writers/12241.shtml>>.
- \_\_\_\_\_. *Regeneration*. England: Penguin Books, 1991. Print.
- Berger, James. "Trauma and Literary Theory." Rev. of *Unclaimed Experience: Trauma, Narrative and History* by Cathy Caruth; *Representing the Holocaust: History, Theory, Trauma* by Dominick LaCapra; *Worlds of Hurt: Reading the Literatures of Trauma* by Kali Tal. *Contemporary Literature*. 38.3 (1997): 569-582. *JSTOR*. Web. 3 December 2014.
- Broughton, Panthea Reid. "'Virginia is Anal': Speculations on Virginia Woolf's Writing 'Roger Fry' and Reading Sigmund Freud." *Journal of Modern Literature*. 14.1 (1987):151-157. *JSTOR*. Web. 25 December 2014.
- Caruth, Cathy. Introduction. *Trauma: Explorations in Memory*. Ed. Cathy Caruth. London: The Johns Hopkins University Press, 1995. 3-13. Print.
- \_\_\_\_\_. *Unclaimed Experience: Trauma, Narrative, and History*. London: The Johns Hopkins University Press, 1996. Print.
- Crosthwaite, Paul. "Total War and the English Stream-of-Consciousness Novel: From *Mrs Dalloway* to *Mother London*." *Trauma, Postmodernism and the Aftermath of the World War II*. Hampshire: Palgrave Macmillan, 2009. 115-145. Print.

- DeMeester, Karen. "Trauma and Recovery in Virginia Woolf's *Mrs Dalloway*." *Modern Fiction Studies* 44.3 (1998): 649-673. Print.
- Edel, Leon. "Atmosphere of the Mind." *The Modern Psychological Novel*. New York: Grove Press Inc., 1964. 11-27. Print.
- Fassin, Didier, and Richard Rechtman. "The Reversing of the Truth." *The Empire of Trauma: An Inquiry into the Condition of Victimhood*. New Jersey: Princeton University Press, 2007. 13-40. Print.
- Fodor, Nandor, and Frank Gaynor, eds. "Dream-condensation." Def. 1. *Freud: Dictionary of Psychoanalysis*. New York: Philosophical Library, 1950. 51. Print.
- \_\_\_\_\_. "Resistance." Def. 1. *Freud: Dictionary of Psychoanalysis*. New York: Philosophical Library, 1950. 162. Print.
- \_\_\_\_\_. "Transference." Def. 1. *Freud: Dictionary of Psychoanalysis*. New York: Philosophical Library, 1950. 190. Print.
- Freud, Sigmund. "Further Remarks on the Neuropsychoses of Defence." Standard Edition, vol. III. London: Hogarth, 1986. 169. Print.
- \_\_\_\_\_. *Beyond the Pleasure Principle and Other Writings*. Trans. John Reddick. England: Penguin Classics, 2003. Print.
- Friedlander, Saul. Introduction. *Probing the Limits of Representation: Nazism and the Final Solution*. America: Harvard University Press, 1992. 1-22. Print.
- Fussell, Paul. *The Great War and Modern Memory*. Oxford: Oxford University Press, 1975.
- Hartman, Geoffrey H. "On Traumatic Knowledge and Literary Studies." *New Literary History*. 26.3 (1995): 537-563. Print.
- Hemmings, Robert. *Modern Nostalgia: Siegfried Sassoon, Trauma and the Second World War*. Edinburgh: Edinburgh University Press, 2008. Print.
- Herman Judith. *Trauma and Recovery*. New York: Basic Books, 1992. Print.
- Izenberg, Gerald N. "Seduced and Abandoned: The Rise and Fall of Freud's Seduction Theory." *The Cambridge Companion to Freud*. Ed. Jerome Neu. Cambridge: Cambridge University Press, 1991. 25-44. Print.
- Kaplan, E. Ann. *The Politics of Terror and Loss in Media and Literature*. London: Rutgers University Press, 2005. Print.
- Kohler, Dayton. "Time in the Modern Novel." *College English*. 10.1 (1948): 15-24. JSTOR. Web. 26 November 2014.

- LaCapra, Dominick. *Writing History, Writing Trauma*. London: The Johns Hopkins University Press, 2001. Print.
- Laub, Dori. "An Event without a Witness: Truth, Testimony and Survival." *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*. Shoshana Felman and Dori Laub. New York: Routledge, 1992. 75-92. Print.
- \_\_\_\_\_. "Bearing Witness or the Vicissitudes of Listening." *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*. London: Routledge, 1992. 57-75. Print.
- Leys, Ruth. *Trauma: A Genealogy*. London: The University of Chicago Press, 2000. Print.
- Luckhurst, Roger. Introduction. *The Trauma Question*. New York: Routledge, 2008. 1-15. Print.
- Medd, Joddie. "War Wounds: The Nation, Shell Shock, and Psychoanalysis in *The Well of Loneliness*." *Palatable Poison*. Eds. Laura Doan and Jay Prosser. New York: Columbia University Press, 2002. 232-254. Print.
- Mukherjee, Ankhi. "Stammering to Story: Neurosis and Narration in Pat Barker's *Regeneration*." *Critique: Studies in Contemporary Fiction*. 43.1 (2010): 49-62. *Routledge*. Web. 3 August 2014.
- Myers, Gabrielle. "'Spread like a Veil upon a Rock': Septimus and the Trench Poets of World War I." *English*. 60.230 (2011): 212-228. *Oxford Journals*. Web. 29 March 2013.
- Nixon, Rob. "An Interview by Pat Barker." *Contemporary Literature*. 45.1 (2004):1-21. *JSTOR*. Web. 26 June 2014.
- Osborne, Karen Lee. Rev. of *Virginia Woolf and the Great War* by Karen Levenback. *The Journal of the Midwest Modern Language Association*. 34.2 (2001): 134-137. *JSTOR*. Web. 29 March 2013.
- Ouditt, Sharon. "Myths, Memories, and Monuments: Reimagining the Great War." *The Cambridge Companion to the Literature of the First World War*. Ed. Vincent Sherry. Cambridge: Cambridge University Press, 245-261. Print.
- Parsons, Deborah. "Character and Consciousness." *Theorists of the Modernist Novel: James Joyce, Dorothy Richardson, Virginia Woolf*. New York: Routledge, 2007. 55-80. Print.
- Pross, Christian. "Burnout, Vicarious Traumatization and Its Prevention." *Torture*. 16.1 (2006):1-9. *International Rehabilitation Council for Torture Victims*.



- Web. 24 November 2014.  
 <[http://www.irct.org/Files/Filer/TortureJournal/16\\_1\\_2006/page\\_1-9.pdf](http://www.irct.org/Files/Filer/TortureJournal/16_1_2006/page_1-9.pdf)>.
- Rachman, Shalom. "Clarissa's Attic: Virginia Woolf's *Mrs Dalloway* Reconsidered." *Twentieth Century Literature*. 18.1 (1972): 3-18. *JSTOR*. Web. 29 March 2013.
- Randall, Bryony. "War Days: H. D., Time and the First World War." *Modernism Daily Time and Everyday Life*. Cambridge: Cambridge University Press, 2007. 124-155. Print.
- Rogers, Carl. "What is transference?" *Phenomenological Psychology Home Page*. David Kronmyer 2011.  
 <<http://phenomenologicalpsychology.com/2009/10/what-is-transference/>>.  
 05 December 2014.
- Sadoff, Dianne F. Rev. of *Unclaimed Experience: Trauma, Narrative, and History* by Cathy Caruth; *Freud and the Passions* by John O'Neill. *South Atlantic Review*. 62.4 (1997): 104-108. *JSTOR*. Web. 30 March 2014.
- Schwab, Gabriele. "Writing against Memory and Forgetting." *Literature and Medicine*. 25.1 (2006): 92-121. Print.
- Sherry, Vincent. Introduction. *The Cambridge Companion to the Literature of the First World War*. Ed. Vincent Sherry. Cambridge: Cambridge University Press, 2005. 1-15. Print.
- Spilka, Mark. "On *Mrs Dalloway*'s Absent Grief: A Psycho-literary Speculation." *Contemporary Literature*. 20.3 (1979): 316-338. *JSTOR*. Web. 29 March 2013.
- Steffens, Karolyn. "Communicating Trauma: Pat Barker's *Regeneration* Trilogy and W. H. R. Rivers's Psychoanalytical Method." *Journal of Modern Literature*. 37.3 (2014): 36-55. *JSTOR*. Web. 01 November 2014.
- "Trauma." Def. 2. *Online Etymological Dictionary*. Douglas Harper. Web. 25 November 2014.  
 <[http://www.etymonline.com/index.php?allowed\\_in\\_frame=0&search=trauma&searchmode=none](http://www.etymonline.com/index.php?allowed_in_frame=0&search=trauma&searchmode=none)>.
- Trotter, David. "The British Novel and the War." *The Cambridge Companion to the Literature of the First World War*. Ed. Vincent Sherry. Cambridge: Cambridge University Press, 2005. 34-57. Print.

- van der Hart, Onno, Bessel A. van der Kolk, and Paul Brown. "Pierre Janet's Treatment of Post-traumatic Stress." *Journal of Traumatic Stress*. 2.4 (1989): 1-11. *Researchgate Homepage*. Web. 25 March 2014.  
<[http://www.researchgate.net/publication/226134094\\_Pierre\\_Janet's\\_treatme nt\\_of\\_post-traumatic\\_stress/links/0c96052512433e2b66000000.pdf](http://www.researchgate.net/publication/226134094_Pierre_Janet's_treatme nt_of_post-traumatic_stress/links/0c96052512433e2b66000000.pdf)>.
- van der Kolk, Bessel A. and Onno van der Hart. "The Intrusive Past: The Flexibility of Memory and the Engraving of Trauma." *Trauma: Explorations in Memory*. Ed. Cathy Caruth. London: The Johns Hopkins University Press, 1995. 158-183. Print.
- van der Kolk, Bessel A., Lars Weisaeth, and van der Hart, Onno. "History of Trauma in Psychiatry." Eds. Bessel A. van der Kolk, Alexander McFarlane, and Lars Weisaeth. *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*. New York: Guilford, 1996. 47-76. Print.
- Vickroy, Laurie. "Representing Trauma." *Trauma and Survival in Contemporary Fiction*. Charlottesville: University of Virginia Press, 2002. 1-35. Print.
- Whitehead, Anne. "The Past as Revenant: Trauma and Haunting in Pat Barker's Another World." *Critique*. 45.2 (2004): 129-146. *ProQuest Learning: Literature Homepage*. Web. 30 October 2014.  
<<http://literature.proquestlearning.com/quick/displayProquestPdf.do?PQID=552485321>>.
- \_\_\_\_\_. *Trauma Fiction*. Edinburgh: Edinburgh University Press, 2004. Print.
- Woolf, Virginia. *Mrs Dalloway*. England: Penguin Popular Classics, 1996. Print.
- \_\_\_\_\_. *The Letters of Virginia Woolf: Volume One. 1888-1912*. New York: Harcourt Brace, 1975. 1 May 1912. *The Modernism Lab at Yale University*. Web. 30 December 2014.  
<[http://modernism.research.yale.edu/wiki/index.php/Virginia\\_Woolf](http://modernism.research.yale.edu/wiki/index.php/Virginia_Woolf)>.