MENTAL DISABILITY AND THE GREAT WAR: THE NEW MODERNISM OF

WEST, WOOLF, AND FORD

by

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> We know nothing about a body until we know what it can do.
> – Gilles Deleuze and Félix Guattari, *A Thousand Plateaus*

> "Jenny! Jenny! How does he look?"
> "Oh,"—how could I say it?—"every inch a soldier."
> –Rebecca West, *The Return of the Soldier*

Culture and the Great War

In the summer of 1914, the world found itself sliding into industrialized war for the first time. World War I brought with it the beginnings of modernized warfare, while also instigating the shaping of new social realities. War, no longer isolated to the battlefield, expanded outward and infiltrated society's daily life through newspapers, films, and propaganda. War became a tangible member of society, created by those who wrote or photographed it.

Although British society learned to deal with the pervasiveness of war in daily life through print and pictures, there was a continual cultural grappling about how to deal with the soldiers who returned home from the front. The gallant soldiers who had willingly gone to fight for King and country returned home wounded, silent, and broken. Those who did return from war returned seemingly as strangers, unable to disassociate from the horrors experienced at the front or resume the lives they had waiting for them upon their homecoming. When the Great War finally concluded in 1918, society celebrated the end of warfare and a return to "normal" life. And yet, the soldiers who had survived, but suffered psychological trauma, struggled to find their places in a culture that expected them to resume mental normalcy. The soldier's traumatized mind did not

have a given place in society, subsequently forcing disabled men to become culturally othered.

The Disabled Mind

       The moments immediately following World War I are pivotal in understanding how mental trauma and disability were understood at the turn of the twentieth century. How did society deal with men who did not and could not return home as heroic soldiers? What became of the men who became disabled? Although one hundred years have passed, literary critics and historians continue to look with wonder at the Great War and work to understand its effects on culture. The goal of my project is to investigate how British culture struggled with the representation of psychologically disabled soldiers in the fairly immediate aftermath of World War I. It is necessary to consider how modernist thoughts and writings shaped literary representations of shell-shocked soldiers to voice society's mistreatment of the traumatized and disabled mind. My research principally focuses on how the mind is understood as fixed or transitioning, how mental illness complicates cultural understanding of the disabled soldier, how social space is determined for the disabled, and how trauma is an ongoing mental process. Using these themes, I explore broader questions concerning how modernist authors use their disabled characters to call into question cultural practices and perceptions of traumatized men.

       Of the expansive modern British fiction produced in the years during and immediately following World War I, I have chosen to focus my project on Rebecca West's *The Return of the Soldier*, Virginia Woolf's *Mrs. Dalloway*, and Ford Madox Ford's *Parade's End*, which were published from 1918 to 1928, providing a broad scope

of cultural interaction with the disabled psyche. While each of these writers is a celebrated modernist author, not all three writers enjoy a wide contemporary readership. Neither West nor Ford is studied as extensively as Woolf, yet all three writers provide valuable insights into the cultural reaction to and treatment of disabled soldiers returning from war. Each author highlights how psychological trauma is not an isolated event, condition, or identity. Their collective efforts to stress the flawed binary existing between "normal" culture and the disabled gives their novels exigency in the continuing study of the reception of the disabled mind.

Currently, we are in the centennial of the First World War. It is the perfect time to consider what we know and what we have yet to ask. What do we know about the mind that acquires disability in war? What do we know about the modernist literature that portrays it? These are the questions that drive my research. To understand the disabled mind, we must also understand how it is shaped, who shapes it, and how it is developed.

Contextualizing the Body

Because my project focuses so heavily on the disabled mind and culture, it is important that I first ask: what defines a disabled body? According to Lennard J. Davis, bodies with disability are more often defined by what they are not—normal. Ideas of normalcy have shaped "the mythos of the normal body [that have] created the conditions for the emergence and subjection of the disabled body" (Davis 2). Subsequently, normalcy becomes a "white, Eurocentric, ableist, developed-world, heterosexual, male notion" (3). The disabled body is distinguished even from the term *diverse*, as diverse implies the choice to be othered while disabled is understood as a fixed condition (8).

These categorizations severely limit perceptions of what the disabled body is capable of doing or becoming, particularly in discussions of psychological disability. By moving beyond these established cultural parameters, however, and examining the disabled body within new contexts, such as Disability Studies, I demonstrate how disability becomes less categorically defined as the othered other.

Disability Studies has in many ways extended new avenues of expression for people with disability to make or tell their own stories—in short, to claim their voice. While such a framework develops previously unexplored modes of expression, it also establishes potentially limiting parameters around the term *disability*. What defines disability? How is it understood; or, perhaps, it is more productive to ask, how is disability continuously re-understood, especially for individuals who are not born disabled? To describe disability in fixed terms seems to take away from any potential growth of the disabled individual, or more generally, Disability Studies. This is especially relevant when considering individuals who acquire disability—to limit such persons in terms marked by their disability is to unfairly root them in a predetermined identity. Instead, acquired disability provides an opportunity of an oscillating identity, rather than a fixed condition of being. There is more to disability than the static term disabled.

Contextualizing Modernism

Contextualizing modernism is another key component to an exploration of modern mental disability. In order to discuss the specific modernist writers and texts I have chosen, it is necessary to understand what makes both the authors and their works *modernist*. My work joins New Modernist Studies, which reimagines the concepts that

constitute a modernist text. Susan Friedman writes that New Modernist Studies allows for "a full spatialization of modernism [that] changes the map, the canon, and the periodization of modernism dramatically" (426). The key in rethinking modernism "requires abandoning . . . the 'nominal' definition of modernity, a noun-based designation that names modernity as a specific moment in history with a particular societal configuration" (426).

The three authors on whom I have chosen to focus my project work within both old and new conceptions of what comprises modernism. It is necessary, therefore, to question how each author uses the novel to challenge or reinforce modernist forms. To what extent are these war narratives reshaping the expectations of how modernist fiction is written? It is also important to consider how the aesthetics or style of modernism enables these authors to represent disabled bodies in a new way. It is not only necessary to question what makes these texts modern, but also to ask what they are saying through their modernist fiction. How are these works discussing the binary between "normal" and disabled culture? If we accept that "multiple modernities create multiple modernisms" and "multiple modernisms require respatializing," then how does modernism challenge how we think about the disabled war body in a culturally domestic space? (427). These questions are crucial in my exploration of the relationship between modernism and the disabled soldier.

Chapter Descriptions

My thesis is divided into three chapters, each dedicated to a novel by West, Woolf, and Ford. In my discussion of West's *The Return of the Soldier* (1918), I explore

social perceptions of the disabled body, particularly comparing how disability situates the soldier and his body with a fixed or transitioning social identity. I examine West's main character, Captain Chris Baldry, who, upon his homecoming, has lost the fixedness of his identity as a soldier and husband because he returns home with amnesia. Chris's adult memory is gone, leaving him with only recollections of his younger life. Subsequently, Chris does not remember his wife Kitty, the death of their son, or their life together. Chris's selective amnesia dissociates him from his previous identities of husband, father, and soldier, and shifts him into a disabled identity. Yet, West others Chris in her representation of the mentally disabled soldier to challenge the fixed cultural construction of psychological normalcy. *The Return of the Soldier* pushes against inflexible ideas of normalcy and disability, thus prompting readers to reconsider the parameters of social identification.

In my analysis of Woolf's *Mrs. Dalloway* (1925), I investigate medical treatments of mental illness, specifically shell-shock, and the complicated nature of post-war spatial interaction. My chapter focuses on Septimus Warren Smith, a solider who has returned from war, but is incapable of resuming the socially determined conditions of normal psychological behavior. Septimus is physically present in London, yet his mind remains fixated on the experience of war. Woolf's intentional inclusion of Septimus's broken and shell-shocked mind directly connects to her critique of post-war medical treatments. Septimus's disabled psyche interrupts normative social spaces; society expects his doctors, therefore, to return Septimus to the prescribed normative conduct or remove him to a space outside society's boundaries. The construction of Woolf's narrative also highlights that part of the trauma Septimus suffers that stems from a disillusionment with

nationalism. He has survived the fighting, but upon his return, he must question what is his place in society. Septimus, consequently, suffers both personal and public trauma.

My last chapter, an exploration of Ford's *Parade's End* (1924-1928), focuses specifically on the ongoing process of trauma. Ford's tetralogy centers on the life of Christopher Tietjens pre-war, inter-war, and post-war. This collection, unlike either West or Woolf's novels, includes a narrative of the soldier's consciousness at the front. Ford's narrative technique reveals the movement of Tietjens's mind, which transitions between rationality and trauma and illustrates how disability is a recurrent interruption of normative behavior, not an isolated incident of shock. I consider, additionally, how and why Ford is using his novel to comment on society's reaction to and memory of war. The tetralogy means to challenge the reader's awareness of trauma and its considerable, lasting effects. Presenting trauma as an ongoing and interruptive reality resists, once again, the social binary of "normal" and "othered."

Trauma is an undeniable trope of modernism, yet many scholars still perceive psychological disability as a restrictive condition. *The Return of the Soldier*, *Mrs. Dalloway*, and *Parade's End* reveal that the disabled mind exists in a state of transition and that to deny traumatized soldiers such fluidity results in misguided binaries that impose delimited conditions. As Gilles Deleuze and Félix Guattari state: "We know nothing about a body until we know what it can do" (257). Until critical attention is given to mental disability, we are incapable of fully appreciating the continuing trauma of war.

Works Cited

Davis, Lennard J. *The End of Normal: Identity in a Biocultural Era*. University

    of Michigan, 2014. Print.

Deleuze, Gilles, and Félix Guattari. "Becoming-Intense, Becoming-Animal, Becoming

    Imperceptible." *A Thousand Plateaus*. Minneapolis: University of Minnesota,

    1987. 232-309. Print.

Friedman, Susan Stanford. "Periodizing Modernism: Postcolonial Modernities and the

    Space/Time Borders of Modernist Studies." *Modernism/modernity*. 13.3 (2006)

    425-443. *Project MUSE*. 5 March 2015.

CHAPTER I
"Every Inch the Soldier": Transitioning Identity and Cultural Amnesia
in Rebecca West's *The Return of the Soldier*

> He walked not loose-limbed like a boy, as he had done that very afternoon, but
> with the soldier's hard tread upon the heel. It recalled to me that, bad as we were, we
> were yet not the worst circumstance of his return.
> Rebecca West, *The Return of the Soldier*

> I am not aware, however, that patients suffering from traumatic neurosis are much
> occupied in their waking lives with memories of their accident. Perhaps they are more
> concerned with *not* thinking about it.
> Sigmund Freud, "Beyond the Pleasure Principle"

The Return of the Soldier (1918) assumes a unique position in British war

literature—it is a novel written by a woman, narrating the war at home and speaking

directly to the treatment of disabled soldiers during the active fighting of First World

War. By publishing her novel prior to the War's conclusion, Rebecca West significantly

contributes to, and in many respects stimulates, literary conversations investigating social

receptions and responses to war-induced disability. Her work challenges social fantasies

of soldierly heroism and omnipotence of the time, which consequently marked disabled

soldiers who returned as inherently othered. Critics like Wyatt Bonikowski highlight how

West constructs her novel as a way of asking, "what does it mean for the [disabled]

soldier to return home from war, and what is the effect of his return on those who have

been waiting on him?" (95). These questions drive West's novel, for they prompt readers

to reconsider the realities of a soldier's return home.

West "others" her main character Chris in her representation of the shell-shocked

soldier to challenge the fixed social construction of disability. Chris's upper class

position is undone upon his unexpected return from war—his mental disability negates

the privileges his gender, race, nationality, and social class previously provided him,

leaving him to be identified only by his disability. *The Return of the Soldier* pushes against inflexible ideas delineating the boundaries of normalcy and disability. The novel prompts readers to reconsider social perceptions of the disabled, especially when investigating how domestic Britain reacts to war trauma brought home through the disabled soldier.

West uses this invasion of trauma to critique how mental disability situates the soldier within a fixed social identity. Society cannot understand war trauma if it does not collectively allow the disabled soldier to be thought of in any terms other than disability. West's disability narrative also triggers questions surrounding memory and mourning in modern war culture. The condition that catalyses Chris's disability narrative is his amnesia, but West uses Chris's amnesia to comment on more than just the condition of the shell-shocked soldier. West manipulates Chris's forgotten memory to analyze more broadly the cultural act of forgetting in Britain. Ultimately, this novel becomes an act of remembrance and opposition. The return of West's disabled soldier stimulates a critical rethinking of what defines the conditions and reception of disability.

The Return of the Soldier

The Return of the Soldier narrates the return home of Captain Christopher Baldry from the war-torn trenches of France. Readers experience Chris's return, and the entire novel, through the narrative voice of Chris's cousin Jenny, a woman who simultaneously shows us Chris pre- and post-war. Chris's homecoming is not one of heroic glory; rather it is one of silence and loss. Chris is forced to leave the war front in the early months of 1916 after he suffers shell-shock, which results in "a complete case of amnesia" (79).

Upon his homecoming to Baldry Court, Chris is resituated with a disabled identity, diminishing the privileges his gender, race, nationality, and social class extended him otherwise. Chris's wife Kitty even goes so far as to describe Chris as lost, indicating that in his disabled state, Chris no longer belongs to Kitty or Jenny: "you're so slow [Jenny] you don't see what it means . . . it means that he's mad, our Chris, our splendid, sane Chris, all broken and queer . . . If he could send that telegram, he is no longer ours" (17). Kitty's designation of Chris as lost or broken or queer results from the conditions of Chris's return. Chris's disabled return does not fit within the parameters of Kitty's expectations; subsequently, Chris cannot reassume the identity of his pre-war self.

Chris's adult memory is gone, leaving him with only recollections of his life prior to 1901. The fifteen years that have been erased in Chris's amnesic state have taken away his ability to recall Kitty, the death of their son Oliver, and the outbreak of the War. Chris's boyhood memories remain accessible, however: memories that include his first love Margaret, whom he has not seen or spoken to in the forgotten fifteen years. All of modernity and adulthood have been expunged from Chris's mind. He cannot recall the major moments that have marked the twentieth century as both the modern era and the time when, according to Virginia Woolf, "human character changed."[1] Chris's war trauma has erased the memory of both national and individual transition and trauma; he has suppressed the memories of having to give up Margaret due to social pressures, the death of Oliver in 1910, the outbreak of war, and the unnamed (but invoked) psychological and bodily violence in the trenches— leaving Chris living in the moments suspended between his past and present.

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[1] Woolf, "Mr. Bennett and Mrs. Brown" (1924), 4.

Kitty's reception of Chris highlights larger social reactions to disabled soldiers returning home from the frontline. In the periodical press, the Great War was recorded with "all the vehemence of novelty," as Arthur Waugh writes in the *Fortnightly Review* (113). In the eyes of the public, the war became a "great sifter-out of the souls of men, the infallible test of character . . . it beats the metal of human character into a stuff that endures . . . it builds up the character of a nation" (113). The traumatized soldiers returning to Britain, however, did not adhere to Waugh's narrative of national heroism. Rather, these men challenged notions of enduring and venerable national character as they carried psychological and physical reminders of what war cost society. If British culture forgot their disabled soldiers, they also consequently forgot, or perhaps ignored, the cost of war. West's novel insists that the return of the disabled soldier must be recognized as more than the return of a broken man.

Domesticity and Disability

West's background in radical journalism afforded her a unique authorial entree into literary conversation surrounding the Great War. From the age of nineteen, West began publishing reviews for *Freewoman*; the following year (1912), she became a political writer for *Clarion*, then continued writing for British and American periodicals throughout her life, as Peter Wolfe records in *Rebecca West: Artist and Thinker* (1). West's journalistic awareness inspired her literary narratives, allowing her to engage in modern social discussions previously neglected in literature. Wolfe states that prior to the publication of *The Return of the Soldier* "amnesia caused by shell-shock had never before served as a subject in British fiction," thus making West instrumental in familiarizing

society with the mentally disabled soldier. (32). *The Return of the Soldier* does not attempt to encompass the extensive experience of the soldier at the war front; instead, it directly addresses social perceptions of and reactions to returned soldiers suffering trauma, emphasizing the flawed ways in which psychological disability is perceived.

In his reading of the novel, Wolfe emphasizes that *The Return of the Soldier* "captures the debunking mood of the period: severely critical in outlook, it uses recent intellectual developments to score both social institutions and social creeds" (31-32). The novel opens a new and more socially conscious dialogue in its exploration of the relationship existing between the disabled soldier and society. West's decision to "show us what war means to [those] who await the homecoming of a frontline soldier" creates a tangible link between domesticity and disability (Wolfe 32); in short, the war finally comes home. West composes three subjective reactions to Chris's homecoming, expressing the range of responses to returned disability. These are represented through the novel's three leading characters, all female: Kitty, Jenny, and Margaret. As Wolfe notes, West uses these women to "address as wide an audience as possible on subjects of major public importance"—specifically, modern responses to returning trauma (71). Each of these women embodies a different desire for the soldier's return, consequently expanding and familiarizing West's culturally conscious conversation.

Kitty's reaction to Chris's disabled return highlights predominant social ignorance concerning trauma and curability. Kitty's motivation for returning Chris to his pre-war mentality stems from a desire to restore the old order of life at the Baldry Court. Jenny describes Baldry Court as a place full of "brittle beautiful things;" yet these objects, like Kitty, exist in an isolated space (6). West's setting of Baldry Court is key to

understanding how trauma exists in the lives of Chris, Kitty, and Jenny prior to the outbreak of war. To ensure that the house is "overhanging and overhung by beauty," Kitty buries memories that confront the pretense of unchallenged happiness (6). This burying begins five years prior to the outbreak of war, when Oliver dies. To remove the reminder of trauma, Jenny discloses, "Oliver's very life—the fact of his ever having lived at all, let alone died—is hidden from view" (5). The only reminders of his short life are tucked away into his nursery, a space that Kitty eventually comes to repurpose for her own uses.

The shrouding of Oliver's death reveals that even before Chris's departure to the front, Baldry Court was haunted by multiple acts of repression. When the War does finally begin, such traumatic repression extends to include the destructiveness of war. Bonikowski stresses that this concealment occurs in major part because of the Baldrys's class: "upper-class women on a country estate can afford to surround themselves with beautiful things to keep their minds off of war" (106). The house, in consequence, acts as a blissful facade offsetting the world existing outside of Baldry Court. Bonikowski's reading of the novel also emphasizes, however, that in making amnesia Chris's primary symptom of shell-shock, West emphasizes the soldier's "disturbingly present absence when he returns home" (100). Chris's return confronts the assumed separation between the country estate and war trauma. His homecoming brings the disruption of war into the home in a particularly way: "while the war remains a reality only barely glimpsed, the *absence* of war, in the form of the soldier's amnesia, disrupts the aesthetic order of the home" (Bonikowski 111). This disruption, according to Kitty, can only be rectified by restoring Chris to his pre-disabled self.

Had Chris returned abled minded, the narrative suggests, Kitty would have been allowed to regain her desired distance from war and trauma; as a lady of the manor, she could reassert her husband's privileged position. In his disabled state, however, Chris is lifted out of the ascendant sphere provided by his social position. Kitty believes Chris's return of memory will secure a return to the isolation and privilege to which she is accustomed. And yet, what Kitty does not consider is "if the cure of amnesia means the soldier returns to war to face an almost certain death, can this cure be described as an affirmation of wholeness?" (Bonikowski 96). In her need to return Chris to her desired state of "normalcy," Kitty is unable to acknowledge what such a return would ultimately mean for him. She does not attempt to understand the conditions surrounding or instigating Chris's disability; instead Kitty only works toward a method of curing him—a treatment which would ultimately lead to his return to the war front.

Kitty's perception of Chris's return mirrors social responses to disabled soldiers. By bringing the physical presence of disability home, traumatized soldiers dissolved social fantasies of distant or imperceptible trauma, subsequently making it easier to discuss such individuals in terms marked by otherness. West directly confronts such categorizations by not allowing Chris's recovery from disability to be a complete "curing." West's ambiguous conclusion does not situate Chris within a specific identity; it only demonstrates that Chris is once again in transition. Chris's disability may be gone, but there is no critical discussion of the situation first instigating his trauma. Kitty does not even momentarily consider that her insistence on returning Chris's memory means his return to a war that will most likely kill him. Unbeknownst to Kitty, Chris's return to the front in the late spring of 1916 would mean his involvement in one of the War's largest

and bloodiest battles, which will most likely claim his life. West leaves it to her readers to judge if the cost of a "curable" return is ultimately desirable, if that treatment instigates a soldier's return to war.

In contrast to Kitty's reaction to Chris, which dwells on her isolated "little globe of ease," Jenny's response to Chris acknowledges that for many women during World War I, trauma already actively existed in their consciousness (West 4). As a consumer of mass media, Jenny experiences the war through film and print; Jenny's consequent interpretation of trauma maintains a direct relationship to the images projected in print and on screen. While Kitty can only conceive of Chris "somewhere in France" (3), Jenny vividly imagines him in "the brown rottenness of No Man's Land" fighting amongst the "awfulness of unburied" men (5). This heightened awareness of war and suffering denies Jenny the ability to keep trauma at bay; subsequently, Jenny's garish nightmares produce the first vivid images of war within Baldry Court.

Jenny's consumption of mass media shapes the way in which she encounters Chris's return. From the very beginning of the novel, Jenny expresses her wish to have Chris home: "like most Englishwomen of my time I was wishing for the return of a soldier. Disregarding the national interest . . . I wanted to snatch my cousin Christopher from the wars and seal him in this green pleasantness his wife and I now looked upon." (5). Because she envisions the trauma of war, Jenny understands that Chris's homecoming expressly equates to Chris's safety. Jenny subsequently suspends the abled and disabled identities Kitty espouses and replaces the binary with a simpler continuum—alive or dead. Prolonged disability means Chris lives, even if he does not remember or return to his adult consciousness and the privileges of his modern identity.

Jenny embraces Chris's amnesic condition and resists the return of his memory to prevent Chris's return to war.

Curiously, the longer Chris remains in his disabled condition, the more Jenny distances him from the traumatic images of war:

My sleep, though short, was now dreamless. No more did I see his body rotting into union with that brown texture of corruption which is No Man's Land, no more did I see him slipping softly down the parapet into the trench . . . They could not take him back to the Army as he was. (71)

Ultimately, Jenny is not interested in understanding the realities of Chris's trauma. The return of such memories would instigate a much more dangerous situation—Chris's return to war. Jenny is willing to sacrifice Chris's memory of modernity and adulthood to keep secure the repression of greater traumas.

By resisting Chris's trauma, Jenny's represses the realities of war and mirrors Chris's amnesia. While Chris remains in his amnesic state, Jenny too can forget the media driven images and stories she has continually consumed. Like Kitty, Jenny forms a sphere of isolation; her isolation is mental, however, whereas Kitty's is material. These women exist in close proximity to one another, yet they have very different understandings of what Chris's return to war would ultimately mean. West's construction of these two women demonstrates the opportunity both Kitty and Jenny have in shaping their reaction to the soldier's return. Both women, privileged by their upper-class status, are able to mold their encounters with war trauma and its invasion into Baldry Court. These privileged encounters shape their consequent perceptions of Chris's return—both Kitty and Jenny work toward different, but consciously considered outcomes. Through

these women, West comments directly on the privilege the upper-classes have in formulating the way in which they encounter war, trauma, and disability.

West introduces Margaret to contest the partial reactions both Kitty and Jenny have to Chris's mental disability. Unlike either woman, Margaret does not restrict the parameters of Chris's amnesic condition. Instead, she is the most pure in her actions toward Chris— she does not fight for or against his disability, but simply accepts him in his condition. Tellingly, Margaret's lack of agency and agenda illuminates the question of what it truly means to return.

Margaret contrasts the rarified splendor of Baldry Court, and the beautifully brittle things inside it. As a member of the working class, Margaret exists in space "long and red and freely articulated with railway arches, and factories spoil[ing] the skyline with red angular chimneys" (44). West's depiction of Margaret's town accentuates the ways industrialism shapes Margaret's social existence. None of the privileged isolation of the upper-classes extends to Margaret, as she lives in "a town of people who could not do as they liked" (44). This existence exposes Margaret to life's gritty realities in a way that does not occur within the exclusory home of the Baldrys. Jenny describes Margaret's intrusion into their privileged sphere as "a spreading stain on the fabric of [their] lives," for everything about Margaret, from her "[sick] yellowish raincoat . . . [to her] cheap boots," challenges their collective realities (18).

Jenny eventually praises Margaret's participation in Chris's life: "there were only two real people in the world, Chris and this woman [Margaret] whose personality was sounding through her squalor like a beautiful voice singing in a darkened room" (46-47). This occurs, however, because Jenny regards Margaret as a tool in the continued fight to

keep Chris's memory repressed. Yet Margaret does not assume this role; she instead becomes the instigator of Chris's psychological return. Margaret accepts the task of exposing Chris to the world he has forgotten, stating simply: "the truth's the truth . . . and he must know it" (88). Instead of shaping the conditions of Chris's return, Margaret gives him an impartial view of his reality. Margaret, who lives without privileged isolation, does not seek to manipulate Chris's disability; rather, she is the only woman who interacts with Chris without motivated intentions.

West uses each of these women to achieve specific purposes, but her manipulation of Margaret's character prompts readers to continually reconsider the conditions encompassing the return of a disabled soldier. This redirecting of the conditions of return contributes greatly to West's representation of identity, memory, and disability. Is or should a return be preemptively shaped by those anticipating the soldier's homecoming? West argues no by complicating the established boundaries around identity to reveal the flaws of such labels, subsequently leading readers to the conclusion that return should be understood in more malleable terms. It becomes clear that preemptively determining parameters inevitably leads to restricted understandings.

The Construction of Fixed Disability

Chris's mental disability instigates a discernable shift in his cultural identity—his socially approved persona of soldier gives way to a marked state of "the" or "being" disabled. This transition from soldier to disabled accounts for Chris's othering, while also demonstrating the fixed spaces of social identity. Disabled individuals, as Lennard J.

Davis writes, are understood, more often than not, within the parameters of a fixed identity and have no choice in their condition:

> Outside of the hothouse of disability studies and science studies, impairments are commonly seen as abnormal, medically determined, and certainly not socially constructed. This may be because disability is not seen as an identity in the same way as many see race, gender, and other embodied identities . . . disability is largely perceived as a medical problem and not a way of life involving choice. (7)

Perhaps it is the perceived lack of choice that determines the fixed othering of the disabled person. Because disability is seen as "sharply defined by medical diagnosis," it becomes easy to corral disabled individuals into a collective reality—traumatized others (6). However, this definition in no way allows for particularized or personalized moments of existence. The individual, in consequence, is lost to a conditional and collective identity.

West reflects on disability as a fixed condition very early in *The Return of the Soldier*. As the narrative opens, Jenny describes the graphic images displayed in the war-films, vividly recalling the depictions of the traumatized soldiers caught at the front:

> For on the war-films I have seen men slip down as softly from the trench parapet, and none but the grimmer philosophers could say that they had reached safety by their fall . . . I had heard in the boyish voice, that rings indomitable yet has most of its gay notes flattened, of the modern subaltern. "We were all of us in a barn one night, and a shell came along. My pal sang out, *'Help me, old man; I've got no legs!'* and I had to answer, *'I can't, old man; I've got no hands!'*" (West 5)

The accessibility of these films combined with the inability to directly engage with the frontline fighters contributes to the socially constructed parameters of what disability is, what disability can do, and how the disabled are distinguished from one another. Samuel Hynes explains that the "First World War was the first English war to be reported and photographed in daily newspapers, and the first to be filmed and shown to the public in cinemas" (viii). Like many of the original readers of the novel, Jenny "doesn't know the whole story of war, but she knows the worst of it—the horror stories that we all have in our heads, and visualize as the reality of the Western Front" (Hynes ix). Thus, these media-driven images confine the boundaries of what the newspaper-reading public understands disability to be, and predetermines cultural ideas of how disability functions.

Only when soldiers return from the front are the boundaries of disabled identities challenged. West's staging of Chris's return emphasizes the problematic nature of predetermined states of being. Even before Kitty interacts with the returned Chris, she resituates him within a disabled existence for Chris fails to embody the imposing celluloid image of heroism. This shift from one fixed identity (soldier) to another (disabled) reveals little about Chris's current state, but comments more readily on Kitty, Jenny, and society at large. It is through this early and indirect interaction that West problematizes the unquestioned social acceptance of a fixed disabled identity. This confrontation is further expanded and complicated with Chris's physical return to Baldry Court.

The Becoming Body

To label the body within the finite parameters of abled and disabled severely detracts from the experience of trauma. By disabling Chris, West confronts readers with a disabled war mind that is anything but fixed. Amnesia places Chris in a state of fluctuation because he is not tied to his memory; rather, he continually moves between his boyhood memories and present moments. Instead of intentionally hiding or softening Chris's disability, West makes it the focal point of her narrative. *The Return of the Soldier*, then, pushes British culture to consider a fluid sense of identity within disability. Without this fluidity, the individual and his or her condition are lost to predetermined cultural concepts. This does not allow the soldier to return from war; instead it is his disability that returns in his place. Ultimately, the novel becomes more than just an account of a soldier's return—it becomes a narrative concerning the return of a soldier *with disability*.

Postmodern theorists have taken on this challenge of fixed and transitioning identities, calling into question what it means to be preemptively labeled by culture. Giles Deleuze and Félix Guattari introduce the terms "being" and "becoming," used synonymously with "fixed" and "transitioning". These terms are first presented in their coauthored *A Thousand Plateaus*. Emphasizing what Deleuze and Guattari's theory does, rather than what it is, clarifies how Rebecca West challenges cultural ideas of fixedness and normalcy through her disabled soldier.

Deleuze and Guattari help illuminate how *The Return of the Soldier* both undoes and redoes cultural understandings of disabled identities. In the initial moments when Kitty learns that Chris has lost his memory due to shell-shock, she is only able to describe

him in terms exclusively linked to his disability. This fixed labeling is what Deleuze and

Guattari would identify as a state of being, as "being expresses in a single meaning all

that differs" (254). Being is understood as a distinct identity, event, or moment that is

categorically defined, and discernibly determined. Although Kitty shifts her label of

Chris from the role of dutiful husband, mourning father, and soldier on leave into a

damaged and unknown stranger, she still consciously fixes Chris within specific terms.

Kitty, in consequence, has simply shifted her perception of Chris from one state of being

(husband and soldier) to another (disabled), not allowing for Chris to have any unfixed

movement between those two points of identity.

Yet *The Return of the Soldier* also represents how Chris is in a state of

"becoming" when he returns home. If he has lost his identity as a soldier, husband, and

father, he has also rebuffed the identity of his younger self. He acknowledges time has

passed since his last memories of 1901, and his life has evolved in ways he does not

remember. What allows Chris to enter a state of becoming is that he decides to live in the

moments between what is remembered and what is foreign. According to Deleuze and

Guattari, "becoming" is "not a correspondence between relations. But neither is it a

resemblance, an imitation, or, at the limit, an identification" (237). Chris has become

something else, neither soldier nor disabled, but his becoming is not an evolution. Rather,

he continues to move between one moment of becoming and the next, oscillating between

temporalities in his consciousness. Chris illuminates that "becoming" is understood not

by linear, connective points, but rather as the space or ideas between those points.

West's manipulation of Chris' selective amnesia removes the identity boundaries

that preemptively situate Chris upon his return to England. Though her narrative is

imagined, West uses Chris's character to embody a pressing, contemporary struggle in 1918—when the novel was published— against societal labeling experienced by soldiers returning from war. According to Deleuze and Guattari, "Society and the State need . . . characteristics to use for classifying people . . . Serialism and structuralism either graduate characteristics according to their resemblances, or order them according to their differences" (239). West works against such serial classifications by focusing the novel on the complexity of Chris's disability and the sensitive psychology of recovery. The recognition of Chris's transitioning state is what positions him as a "becoming" individual. Jenny's narration witnesses and eventually comes to praise Chris's process of continual transition:

> You may think we were attaching an altogether fictitious importance to what was merely the delusion of a madman. But every minute of the day, particularly at those trying times when he strolled about the house and grounds with the doctors, smiling courteously, but without joy, and answering their questions with the crisp politeness of a man shaking off an inquisitive commercial traveler in a hotel smoking-room, it become plain that if madness means a liability to wild error about the world Chris was not mad. It was our peculiar shame that he had rejected us when he had attained to something saner than sanity. His very loss of memory was a triumph over the limitations of language which prevent the mass of men from making explicitly statements about their spiritual relationships. (West 64-65)

This moment of observation occurs after several attempts, by several different doctors, to cure Chris's amnesia. And yet, despite the doctors' numerous attempts otherwise, Chris remains in his disabled state. Chris's subconscious refusal to restore himself to his

previous state of being "exposed their lie that they were dealing with a mere breakdown of the normal process" of recovery (67). This moment highlights that disability—both Chris's disability and the disability of the soldiers he represents—cannot be thought of within the limiting constrains of able or unable.

West further complicates ideas of identity with the novel's last acts of returning— the return of Chris's memory and Chris's subsequent return to the front. Jenny narrates the moments following the return of Chris's memory in the novel's final paragraphs: "He walked not loose-limbed like a boy, as he had done that very afternoon, but with the soldier's hard tread upon the heel. It recalled to me that, bad as we were, we were yet not the worst circumstance of his return" (90). Jenny recognizes that the return of Chris's memory also instigates Chris's return to the front. Neither West nor her readers could concretely predict what happened to Chris, yet West is very specific in the novel's setting. She stages Chris's return to the front in the spring of 1916—just months before the war's largest and bloodiest battle. The Battle of the Somme, a "costly and largely unsuccessful Allied offensive on the Western Front," spanned from July 1- November 13, 1916 (*Encyclopaedia Britannica* n.p.). In total, 420,000 men died in this "futile and indiscriminate slaughter" and, had he been there, Chris too would have most likely lost his life (*Encyclopaedia Britannica* n.p.).

In her observations, Jenny does not consider who Chris has become because of his returned memory. Once he leaves his amnesic condition, Chris no longer embodies the becoming individual, but neither does he reassume the identity of a fixed being. He cannot be labeled a disabled man, nor can he be identified as an unrelenting soldier. This ambiguity highlights the aporia in the novel's commentary on disability, identity, and

normalcy. Readers must critically consider what is missed by preemptively determining the boundaries of conditional identities. West concludes her novel by situating Chris as a man in transition— a man caught between being and becoming. This inability to label Chris definitively calls into question larger social desires to categorically define him and those like him who suffer trauma and disability. And yet, just as importantly, West's conclusion also evokes questions concerning the complicated nature of returning— specifically, what did Chris's returning memory cost him?

Trauma and Memory

If *The Return of the Soldier* is, as Hynes observes, "a novel of an enclosed world invaded by public events," it is also a novel that enacts an intrusion on the private world of cultural memory by emphasizing the cost of public events; specifically, the cost of war (ix). Chris's loss of memory catalyzes the novel, but it also instigates a larger discussion of society's continual grappling with disabled individuals and cultural memory. There are parallel narratives existing between the forgetting taking place in *The Return of the Soldier* and the forgetting taking place socially in wartime Britain. Chris's acquired amnesia is the result of injury, whereas society's amnesia permits Britain to forget the true costs of war. The correlation of trauma and forgetting highlights how amnesia speaks to trauma's unfamiliarity, according to Steve Pinkerton: "We can read it as the incessant returning of a crisis that cannot be comprehended and which thus emerges in the form of the forgotten and unknown—or, more precisely, it emerges as a forgetting and unknowing" (4). Men suffering war trauma challenged cultural notions of national heroism and strength, making it easier to ignore or categorize them rather than

acknowledge their disabilities. Yet, by highlighting the disabled soldier's homecoming, West directly confronts cultural acts of forgetting and opens a new dialogue on the cost of war.

In his amnesic state, the burden of memory is lifted from Chris. Death does not directly impact his consciousness; trauma subsequently takes away Chris's ability and, perhaps more importantly, his desire to mourn. Chris's amnesia, according to Pinkerton, "articulates perfectly the paradox of being locked in a continuous knowing—which is simultaneously an unknowing—of an event that never stops happening yet never really occurs" (4). Chris acknowledges his disability and the time he has forgotten, but he does not have to candidly deal with the situation instigating his amnesia. Nor is he forced to recall the past traumas of his life, specifically the death of his infant son. Chris instead exists in a space that is simultaneously marked and unmarked by trauma.

Sigmund Freud's psychoanalytic theories, which circulated extensively during the early twentieth century and acted as the basis of Chris's "healing" in the novel, focused on what prompted these acts of forgetting and repression. His work "Beyond the Pleasure Principle" claims that the desire to suppress memories of death stems from the pleasure principle, or the belief that "our mental processes . . . lead to pleasure" (9). Freud suggests that it is human nature to work constantly toward pleasure, as "there exists in the mind a strong *tendency* towards the pleasure principle, but that tendency is [often] opposed by certain other forces or circumstances" (Freud 9, emphasis original). When our mental pleasure is threatened by worldly unpleasantness—especially in cases of war—we seek to suppress trauma through acts of repression. Trauma continues to dwell in the unconscious, but acts of repression remove traumatic memory from the ego and

consciousness. Freud suggests this occurs because "patients suffering from traumatic neurosis are [not] much occupied in their waking lives with memories of their accident. Perhaps they are more concerned with *not* thinking about it" (13, emphasis original). Freud, then, would interpret both Chris's and society's amnesic states as ways of coping with and staving off traumatic memories.

To break these acts of resistance, Freud states that we must return to one of the mind's earliest normal activities—child's play (14). West incorporates this use of child's play into her narrative and metanarrative as a way of overcoming Chris and society's resistance to memory. The doctor's treatment of Chris (which West imagines) invites the use of toys to stimulate the return of his memory; simultaneously, West utilizes her fictional narrative, which can be seen as an instrument of play, to stimulate social discussions of disability. When Chris holds physical evidence of past trauma—specifically linked to the death of his son—his memory returns to him. As Freud observes, "the patient cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it" (18). Pre-war Chris is already dealing with a continual repression of memory, which becomes a part of a larger forgetting once he acquires amnesia. Chris's disability causes him to forget not only his adult life, his marriage, and the death of his son, but also the death he continually witnesses in war. Only when Margaret presents Oliver's jersey and ball is Chris forced to confront the memories his amnesia has, until that moment, suppressed.

This flood of memory does what Kitty has hoped for—it "cures" Chris, insofar as it forces him to confront his adult consciousness. But what Kitty fails to recognize is the cost of Chris's return to memory. What is the result of his remembering? According to

Marina MacKay, this means Chris's return to war:

> Being well enough to return to the war, and the multiplicity of the 'coming
>
> back'—to health, to sanity, to home, to the trenches—underlines the novel's
>
> cyclical mode. The cured Chris shows 'harsh and diffident masculinity,' is 'stiff-
>
> lipped,' wears 'a dreadful decent smile,' is 'Every inch a soldier'. (134)

Yet, the real cost of Chris's remembering and return is a confrontation with traumatic experiences and traumatic loss, and the promise of trauma to come. West deliberately relies on the physical reminders of Oliver when constructing the return of Chris's memory. Oliver's ball and jersey are tangible reminders of physical moments of contact between Chris and his son. With these objects, West constructs a sort of inescapability— Chris cannot ignore the physical reminders he holds, and subsequently his amnesia can no longer repress the trauma he has forgotten. West employs a similar technique within her larger social metanarrative. She manipulates her fictitious soldier to incite a broader dialogue concerning memory and forgetting in British culture.

Throughout World War I there was an undeniably large, but consciously monitored, amount of information circulating in British society. Stories of the war dominated British news, both in print and film. A great effort was made, according to Bonikowski, by "the British government and media to keep hostility toward the enemy alive through propaganda and to keep the public ignorant of the realities of war through censorship," thus hiding "the massive numbers of causalities" (99). There is a direct link between this war propaganda and disabled soldiers. News coverage of disabled soldiers employed specific rhetoric, keeping to the censored model of how war was discussed. Even in 1916, in the declining months of the Battle of the Somme, disability was

understood in terms of curability, not trauma and fatality. W. Llew. Williams' article "Mr. H. A. Barker's Offer: Military Needs and Medical Methods," published October 1916 in *The English Review*, exhibits the social belief that disability was innately curable:

> To permit a cripple to be wasted because he has not been subjected to adequate treatment, *which can be obtained*, is a scandal. To lose thousands from the ranks for the same reason is monstrous, and calls for frank criticism and strong condemnation of any . . . who are responsible . . . The reduction of crippling from wounds is a matter of national concern. (330-331, emphasis original)

Williams emphasizes the idea that the disabled are only momentarily disabled, and that their return to the front is securable. This article exhibits the prevailing way in which the media controlled social perceptions of the War and its soldiers. Even Jenny's imaginings of the war are constructed from the war-films she has seen on screen and the news that she reads at home. This results in a collective cultural inability to dissociate the soldiers who returned home from war from the idealized soldiers presented in print and pictures or the "curable" disabled who could return to the front again.

The problem of how to manage the "fantasy frame," to borrow Renata Salecl's phrase, became the key focus of British media (Bonikowski 99). The social ignorance of war's realities was made possible because fighting did not physically take place in Britain. Despite the stories of heroism and resilience, death and trauma colored the soldier's experience of war. West challenges the fantasy of a soldier's return to wholeness—a return untouched by trauma—by resituating the disabled soldier as the focal point of her literary discussion. Bonikowski observes that West's fragmented

representation of war demonstrates the way in which war was removed from social

perception:

> From the very beginning West's novel establishes a relationship to war as a
>
> reality that lies outside the frame of the novel and beyond the scope of the
>
> characters' understanding . . . Jenny's narrative, unable to approach the reality of
>
> war, may be compared to the soldier's symptom of amnesia, which keeps the
>
> painful reality of war outside the mind so that a fantasy of a return home may be
>
> constructed in its place. (111)

West directly confronts collective cultural forgetting by reintroducing the disabled soldier

into society. Disabled men cannot be abandoned by the culture that once so eagerly

supported them. Although they are not the soldiers who left, they cannot be forgotten

because they do not embody British resilience. West's novel, then, serves the same

purpose as the ball and jersey of Chris's son—it is an ever present reminder of what has

happened, what has been lost, and what must be remembered. It does not allow British

culture to forget the cost of war by reminding society that, as Hynes states, "the truths of

history must be added to the costs of choosing reality" (xvi).

West's goal of instigating a new social awareness of disability was not easily

achieved. Even in the earliest reviews of her novel, critics would not engage in the

broader conversation on cultural memory West prompted. Both *The English Review* and

The Bookman released reviews of West's novel in July of 1918. *The Bookman*'s review

begins by immediately praising West's narrative: "So many novels of our time are

content with the hack contrast between pre-war conditions and the present that it is

refreshing to find one turning on the transition of an individual, and spinning new beauty

and drama out of a theme like loss of memory" (Collins 123). This review, however, ultimately misses, or chooses to ignore, the larger conversation of West's novel. Collins writes that *The Return of the Soldier* is a narrative concerning how to "win a war-broken brain back to sanity," which is successfully done as "the man is cured" (123). This review is devoid of any critical analysis of West's metanarrative. There is no conversation concerning the conditions of the disabled soldier, or what his loss of memory means; there is nothing beyond a superficial comment that the amnesia Chris suffers is ultimately curable.

The English Review published a similar review the same month, calling *The Return of the Soldier* "interesting because it is at once a failure and a success" ("The Return of the Soldier" 79). The article comments that the novel's success is the result of its "lend[ing] itself essentially to pathological study," but fails because "the author escapes her responsibility through a form which is strongly derivative of Henry James" (79). Again, there is no critical analysis of West's narrative. There is instead only a brief hint at West's discussion of trauma and disability (although neither word is used directly), before an immediate rejection of West's ability to engage in such a conversation. Critics do not even question why West would engage in a pathological study, and ignore the larger context such a study could lead to. The review ends by casually commenting on the events of the novel before ending, "Miss West is still gloriously young, and has still heaps to learn" (79). Neither review considers the broader conversation West's novel engages in, disregarding the true drives of the novel.

Despite this lack of critical consideration, contemporary critics such as Patricia Rae recognize the efforts and effects of modern works like West's:

For the most part, the modernist works . . . portray the failure to confront or know

exactly what has been lost as damaging. They encourage remembering where

memory has been repressed, and they expose the social determinants for

troublesome amnesia. (22-23)

West stimulates the recognition of trauma both individually and socially. This awareness

of trauma negates any personal or communal acts of resistance established through

forgetting or unknowing. Despite the pedestrian tendency to celebrate pleasure and ignore

unpleasantness, West's narrative reminds readers of how remembrance challenges social

acts of forgetting concerning memory and trauma. Disability becomes the restorative

stimulating society's reimagining of war's realities.

Conclusion

The Return of the Soldier concludes in a scene that recalls its opening setting—

with dialogue between Kitty and Jenny:

'Jenny, Jenny! How does he look?'

'Oh. . . . .' How could I say it? 'Every inch a soldier.' . . .

I heard her suck her breath with satisfaction. 'He's cured!' she whispered slowly.

'He's cured!' (West 90)

West makes it amply clear that Kitty's understanding of "cured" is far from desirable.

The cost of Chris's return is Chris's life. He will go back to "that flooded trench in

Flanders, under that sky more full of flying death than clouds, to that No-Man's Land

where bullets fall like rain on the rotting faces of the dead" (90). This is the price of

returning the disabled soldier to the socially prescribed state of heroic soldier. West

exposes what Wilfred Owen calls "the old lie": "Dulce et decorum est pro patria mori" ["It is a sweet and fitting thing to die for your country"] (22). No cure has taken place, only a restoration of memory. The trauma instigating Chris's amnesia is never a topic of critical discussion; instead it is subjugated in pursuit of a cure. Thus West leaves it to the reader to realize the limitations delineating the term "cured." A cure is not synonymous with a return, nor is it ever truly achieved in the novel.

   The Return of the Soldier contains distinct moments of return: Chris's physical return home, Chris's return to a prelapsarian past (before modernity arrived and before he realized he could not marry whom he loved), the return of Chris's memory, and Chris's return to the front. Each of these moments invites readers to reimagine social responses concerning the homecomings of disabled soldiers. The novel's interrogation of "return" and "cure" pushes against wartime Britain's wish to maintain either the serialism and structuralism described by Deleuze and Guattari, or Freud's pleasure principle. A determined classification of people's resemblances and differences, coupled with a motivated attempt to forget trauma, denies the complications and multiplicities of mental disability. Instead, the novel instructs, society must assume the responsibility of dissolving reified boundaries around disabled conditions that are themselves modernized with the advent of modern warfare. By understanding the flexible conditions of disability, trauma, and return, West not only allows the returned disabled soldier to exist outside the restrictive terms of his trauma, but also she reconfigures disability from an encoded term to a complicated condition.

Works Cited

Anonymous. "The Return of the Soldier." *The English Review* (July 1918): 79. *ProQuest*.

    Web. 15 Oct. 2015.

Bonikowski, Wyatt. *Shell Shock and the Modernist Imagination: The Death Drive in*

    Post-World War I British Fiction. Farnham, Surrey, England: Ashgate, 2013.

    Print.

Collins, J. P. "The Return of the Soldier." *The Bookman* 54.322 (July 1918):

    123. *ProQuest*. Web. 15 Oct. 2015.

Davis, Lennard J. *The End of Normal: Identity in a Biocultural Era*. University

    of Michigan, 2014. Print.

Deleuze, Gilles, and Félix Guattari. "Becoming-Intense, Becoming-Animal, Becoming

    Imperceptible." *A Thousand Plateaus*. Minneapolis: University of Minnesota,

    1987. 232-309. Print.

"First Battle of the Somme." *Encyclopaedia Britannica. Britannica Academic*.

    Encyclopaedia Britannica Inc., Web. 23 October 2015.

    [http://academic.eb.com.ezproxy.tcu.edu/EBchecked/topic/554099/First-Battle-

    of-the-Somme]

Freud, Sigmund. "Beyond the Pleasure Principle." *The Standard Edition of the Complete*

    Psychological Works of Sigmund Freud. London: Hogarth, 1955. 7-23. Print.

Hynes, Samuel. "Introduction." *The Return of the Soldier*. New York: Penguin, 1998.

    Vii-Xvi. Print.

Owen, Wilfred. "Dulce Et Decorum Est." *World War One British Poets: Brooke, Owen,*
Sassoon, Rosenberg, and Others. Ed. Candace Ward. Mineola, NY: Dover
Publications, 1997. 21-22. Print.

Pinkerton, Steve. "Trauma and Cure in Rebecca West's "Return of the Soldier"" *Journal*
of Modern Literature 32.1 (2008): 1-12. *JSTOR*. Web. 07 October 2015.

Rae, Patricia. "Introduction: Modernist Mourning." *Modernism and Mourning*. Ed.
Patricia Rae. Lewisburg: Bucknell University Press, 2007. 13-49. Print.

Waugh, Arthur. "Shakespeare's Warriors." *Fortnightly Review*. 97.577 (January 1915):
113-124. Web. 25 October 2015.

West, Rebecca. *The Return of the Soldier*. New York: Penguin, 1998. Print.

Williams, W. Llew. "Mr. H. A. Barker's Offer: Military Needs and Medical
Methods." *The English Review* (October 1916): 330-42. *ProQuest*. Web. 25 Oct.
2015.

Woolf, Virginia. "Mr. Bennett and Mrs. Brown." *The Hogarth Press* (1924): 3-24. Web.
10 Oct. 2015.

CHAPTER II
Failed Medical Treatment and the Crisis Heterotopia: The Language
of Owing and Giving in Virginia Woolf's *Mrs. Dalloway*

Look within and life, it seems, is very far from being 'like this'. Examine for a moment
an ordinary mind on an ordinary day.
Virginia Woolf, "Modern Fiction"

At what price do we look away from the invisible wounds of war or the hidden
costs of heteronormativity?
Mark Wollaeger, *Modernism, Media, and Propaganda*

Mrs. Dalloway (1925) narrates a reimagining of mental trauma in post-war British

society. Virginia Woolf, who suffered from her own mental illnesses, assumes a leading

role in the literary discourse on psychological trauma by instigating a rethinking of the

social and medical treatments of disabled men. Though psychological trauma existed

prior to the First World War, the advent and residual effects of modern warfare, as well

as the sheer scale of those involved, injured, and killed, brought critical attention to

mental illness in a way never before represented in fiction. Through her modern novel,

Woolf critiques social reactions to and spatial delineations of disability, while

simultaneously confronting antiquated and inadequate medical treatments of traumatized

soldiers.

Woolf's novel, as Ariela Freedman writes, is "especially concerned with the

language of owing and giving" (83). Woolf's refusal to abide by traditional literary

conventions on disability encourages both a new attitude toward post-war trauma, and a

critically reevaluation of normative and alienated social spaces. *Mrs. Dalloway*,

consequently, urges readers to critically reconsider social treatments of trauma, for the

novel asks, what does society owe disabled soldiers? This question challenges not only

social reactions to trauma, but also medical treatments of the traumatized. Through

Septimus's failed medical treatment, Woolf critiques post-war doctors and the medical

practices they employ. Ultimately, Woolf calls for a reevaluation of the social and

medical motivations pushing soldiers to return to a predetermined state of mental

normalcy. By breaking the boundaries of fixed expectations, Woolf inspires a renewed

analysis of the post-war disabled soldier.

Mrs. Dalloway

Mrs. Dalloway is the story of a man and woman who never meet. Framed as a

momentary glimpse of life in post-war London, Woolf's narrative—which reads as a

collective, but shifting consciousness—takes place on a single day in June 1923, and

follows the lives of upper-class socialite Clarissa Dalloway and disabled war veteran

Septimus Warren Smith. Clarissa and Septimus are simultaneously connected and

disjoined, as Julia Briggs writes in *Virginia Woolf: An Inner Life*:

> The hostess and ex-soldier are at once linked and antithetical, for Clarissa is the
>
> insider, living at the heart of the English establishment—at Westminster, the seat
>
> of government. Septimus is the outcast; the victim of shell-shock, he embodies the
>
> troubled unconsciousness of a society that has buried its dead and turned back to
>
> the business of living. (133)

Although Woolf's characters never directly meet one another, in an allegory of the center

and the margins their narratives connect in specific ways. Both Clarissa and Septimus

continue to experience the War after its official conclusion, albeit their experiences differ

greatly. Though the fighting has stopped, the War is not, in fact, over. The minds of the

civilian and soldier remain fixated on what has happened: Clarissa recalls the War as she

passes through London's streets, and Septimus cannot differentiate between his physical presence in the city and his memories of the front. Both characters experience a continued presence and invasion of war.

As Woolf's novel opens, readers step out with Clarissa into the bustling streets of central London. Clarissa's initial observations of the city suggest that London has resumed the normalcy of life previously disrupted by war. She observes straightforwardly that "the War was over . . . thank Heaven—over. It was June. The King and Queen were at the Palace. And everywhere, though it was still so early, there was a beating, a stirring of galloping ponies, tapping of cricket bats" (5). This idealized image of London rejects any past distresses of the Great War; yet such an imagining cannot be sustained. As Clarissa walks toward Bond Street, she cannot help but also think of "some like Mrs. Foxcroft at the Embassy eating her heart out because that nice boy was killed . . . or Lady Bexborough . . . with the telegram in her hand, John, her favourite, killed" (5). Woolf makes it apparent that the residual effects of the War still dwell in the minds of those it impacted. These memories reveal the vastness of war; its ability to extend beyond its physical boundaries. For, as Clarissa acknowledges, "this late age of the world's experience had bred in them all, all men and women, a well of tears" (9). London continues to be reminded of and occupied by trauma.

Clarissa's experience of war is secondary; she is affected by the results of war— the loss of friends' children or such small interruptions as remembering "a glove shop where, before the War, you could buy almost perfect gloves" (11). Her most intimate encounter involving the production of war is her own long, slow recovery from German influenza, suffered during the four years of fighting, which "gave [Clarissa] physical

pain, and made all pleasure . . . in being . . . rock, quiver, and bend" (12). In contrast,

Septimus's knowledge of war is first-hand and ever present. Septimus's shell-shock—a

term that itself became, as Briggs notes, "familiar in the autumn of 1922 (as Woolf began

to work on the novel) with the publication of a government report on its 'deferred

effects'"—negates his ability to distance the War and its aftermath from his life in

London (133). Woolf's narrative incorporation of Septimus's disabled post-war mind,

what some of the time would regard as a mind taken over by "madness," provides a

valuable insight into the thoughts of the disabled soldiers who, upon their return home,

were expected to resume a life of prescribed social normalcy. Septimus, returned from

the front, is now "aged about thirty, pale faced, beak-nosed, wearing brown shoes and a

shabby overcoat, with hazel eyes which had that look of apprehension in them which

makes complete strangers apprehensive too" (14). While he may be physically present, it

is only Septimus's body that ties him to London. His mind remains fixed on the War—his

experiences, those he has lost, and the post-war realization that "it must be the fault of the

world then—that he could not feel" (88).

Woolf accentuates Septimus's disabled mental state to demonstrate inadequate

social and medical receptions of psychological trauma, instigating, consequently, a

rethinking of the disabled condition. If Rebecca West uses her novel to stimulate a

reimagining of disabled soldiers during war, Woolf uses her novel as a means of critically

considering social reactions to disabled soldiers in a post-war setting. Septimus's

eventual suicide reveals that his doctors' continued insistence that he is merely "in a

funk" overlooked the underlying psychological stresses of war (149). Septimus chooses

death not because he is a coward, as Dr. Holmes believes him to be, but because he

refuses to abide by social boundaries of normativity that demand he recover from his war neurosis. Through the inner mind and interrupted narrative of Septimus, Woolf refutes the limitations of social and medical normalcy and illuminates the complications of mental trauma.

A Modern Response to Shell-Shock

Of the many traumas emerging out of the First World War, one of the most widely recognized and prominent injuries was shell-shock. Shell-shock, as described by George Mosse, was "unlike any of the other wounds contracted in the war," for mental trauma lacked both the familiarity and accessibility of physical wounds (101). The foreignness of psychological medical conditions marked shell-shock as abnormal, often leading to the social conclusion that soldiers who acquired such trauma were of a weaker mental state than their heroic cohort.

By the time the War concluded in 1918, shell-shock signified, according to Mosse, a "fusion of [incomplete] medical diagnosis and social prejudice . . . it was an injury, which, while raising disturbing medical questions, was easily co-opted by traditional cultural prejudice which, so it was thought, could provide it with a readily understood context" (101). The inability to easily mend mental trauma substantiated the well-established social belief that "war was the supreme test of manliness, and those who were the victims of shell-shock had failed this test" (Mosse 104). This social stigma colors the way Woolf's secondary characters interact with and react to Septimus. Even Septimus's wife Lucrezia does not think of Septimus as the heroic soldier; instead she defines him by his inability to recover from mental trauma: "Septimus had fought; he was

brave; he was not Septimus now" (23). The blame of unresolved mental trauma rested on disabled soldiers, not the medical men who failed to productively treat their psychological injuries or the society that did not acknowledge the cost of sending men into a world war.

A great taboo surrounded mental breakdown in Britain, and consequently, such illnesses were rarely discussed openly. Soldiers of the First World War lived in a world in which it was unacceptable to broadcast psychological trauma, as mental illness openly challenged national ideals of heroism and strength. Just as Chris contests social perceptions of the gallant soldier in *The Return of the Soldier*, Septimus too confronts in *Mrs. Dalloway* the belief that war-induced mental breakdowns would be short-lived. It becomes evident, as Fiona Reid notes, that war could not be labeled as "a natural and therefore manageable task" (46). The great number of men suffering psychological trauma discredited social notions that modern warfare could continue to be viewed as an innately tolerable and livable condition. Septimus's "madness" denies him the chance to be perceived as the embodiment of the social ideal of heroism and highlights instead the inability of many soldiers to cope with the trauma of war, even in the years following its conclusion.

Though "war neurosis [was] not simply modern man's response to industrial war," industrial war was the first to instigate a heightened social, and consequently literary, awareness of traumatized neuroses (Reid 2). For the first time, "psychological casualties [of war] appeared to represent real problems of both morale and manpower"; as a result, discussions on disability changed with modern warfare (Reid 2). Through

literature, Woolf assumed a leading role in this social discourse, inciting new perspectives on mental disability through the reimagined modern novel.

Rather than stereotype the disabled individual, as seen in several canonical Victorian literary texts, Woolf chooses to engage directly with the conditions of disability to express more authentically the aesthetic of modern trauma.[2] Woolf persistently advocated for a new literary style and subject befitting the new era in which she lived. In her 1921 essay "Modern Fiction," Woolf emphasizes that the present (modern) novelist must not be afraid to investigate new areas of interest, even if those subjects deal with more complicated issues:

> He [the novelist at present] has to have the courage to say that what interests him is no longer 'this' but 'that': out of 'that' alone must he construct his work. For modernists 'that', the point of interest, lies very likely in the dark places of psychology. At once, therefore, the accent falls a little differently; the emphasis is upon something hitherto ignored; at once a different outline of form becomes necessary, difficult for us to grasp, incomprehensible to our predecessors. (162)

For the first time, the modern novel is making visible a trauma that cannot be photographed and often cannot be articulated. To challenge the social conditions and responses to disability, disability must be reconsidered in a new dialogue—it must be

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[2] In Victorian Britain, literary discourses on disability were, according to Martha Stoddard Holmes, overwhelmingly melodramatic. The use of this emotion, which was undoubtedly a "part of the individual and social experience of disability, disproportionately define[d] those experiences in ways that inform[ed] not only popular imagination, but also, as a consequence, public policy" (3). Some of the best known examples of Victorian disabled characters include Harriet Martineau's Miss Young of *Deerbrook* (1839), Charles Dickens's Jenny Wren of *Our Mutual Friend* (1865), and Wilkie Collins's Rosanna Spearman of *The Moonstone* (1868).

brought to the forefront of the social conversation, not obscured in the conventions of outdated thinking and practices.

When investigating the novel, Woolf challenges her audience to consider critically "Is life like this? Must novels be like this? Look within and life, it seems, is very far from being 'like this'. Examine for a moment an ordinary mind on an ordinary day" (160). Septimus embodies this new psychologically-astute critique, for his disability cannot be seen "like this"; it must be allowed to develop in its own way to be more clearly understood. The modern novel must take on the challenge of bringing to light issues and conditions previously kept silent. Through *Mrs. Dalloway*, Woolf gives voice to the disabled consciousness, challenging social distinctions between normative society and abnormal outsiders.

Utopic and Heterotopic Space

Woolf's reimagining of the conditions of and reactions to modern trauma incites a necessary critique of the social spaces allocated to returned disabled soldiers. By situating her novel in London, Woolf draws attention to normative and alienated social sites, emphasizing the juxtaposition of spaces taking place within a shared location. *Mrs. Dalloway*, as Mark Wollaeger highlights, "intervenes in postwar English life to ask pointed questions about how societies cope, or do not cope, with trauma. At what price do we look away from the invisible wounds of war or the hidden costs of heteronormativity?" (72). Through the designation of spaces, society is capable of featuring normative sites or concealing othered locations; this is done in an effort to create an idealized society embodying normative social conditions, particularly in a

culture trying to recover from war. Woolf brings attention to the social construction of the heteronormative state as a way of demonstrating the alienating treatment of psychological trauma post-war. By bringing the traumatized soldier back into London, Woolf simultaneously interrupts and challenges socially constructed normative space.

London, as Clarissa initially observes it, is attempting to resume the normalcy of life before the War that "every one remembered" (9). Throughout the city, Londoners enjoyed "the soft mesh of the grey-blue morning air, which, as the day wore on, would unwind them, and set down on their lawns and pitches" (5). Images of "the whirling young men, and laughing girls in their transparent muslins" painted life in London, or at least, the lives in London no longer focused on the complications and residual effects of war (5). But just as Clarissa's walk through the city could not be free of traumatic memories, Londoners too could not wholly ignore the traumatized men returned home.

This initial scene of London, even in its brevity, paints the city as a utopian space. A utopia, as described in Michel Foucault's "Of Other Spaces," is "a site with no real place. They are sites that have a general relation of direct or inverted analogy with the real space of Society. They present society itself in a perfected form" (24). When applied to London, this image of the perfected state removes the complexities of trauma, allowing London's inhabitants to move past the burden of a world war. These sites, however, are fundamentally unreal spaces, much like the "Unreal City" of T.S. Eliot's "The Waste Land":

> After the torchlight red on sweaty faces
>
> After the frosty silence in the gardens
>
> After the agony in stony places

The shouting and the crying

Prison and palace and reverberation

Of thunder of spring over distant mountains

He who was living is now dead

We who were living are now dying

With a little patience. (322-330, my emphasis)

For human space or living space, as Foucault labels them, are understood in "relations of

propinquity, what type of storage, circulation, marking, and classification of human

elements should be adopted in a given situation in order to achieve a given end" (23). In

short, to achieve the imagined ideal of the perfected state, selective spaces must be

emphasized over or in place of others. Clarissa's initial but short-lived description of

London demonstrates the attempt to resume a sense of social normalcy uncomplicated by

residual war memories. The cost of utopic perfection is the erasure of traumatizing

disruptions.

Included amidst the perfected—albeit idealized—illustration of society is the

romanticized soldier. Like the unreal space he occupies, the idyllic soldier is constructed

in a selective manner, as a means of creating the heroic and hyper-masculine

representative of the British nation. Despite the return of innumerable traumatized

soldiers, society did not lose faith in its perfected hero, according to David Taylor:

Insofar as such romantic views [of the masculine or masculinized soldier]

existed—and they cannot be written out of the picture entirely—in many cases

they showed remarkable resilience both during and after the war. The idea of the

solider hero, characterized by courage, duty and endurance, was not destroyed by

war. (35)

The image of the enduring soldier continued to exist post-war, as he embodied and

contributed to utopic London. Such soldiers were not unlike the boys on brigade that

Clarissa's childhood friend Peter Walsh observes on his own walk through the city:

"Boys in uniform, carrying guns, marched with their eyes ahead of them, marched, their

arms stiff, and on their faces an expression like the letters of a legend written round the

base of a statue praising duty, gratitude, fidelity, love of England" (51). There is validity

to Taylor's assertion that the imagined heroic soldier was not wholly destroyed by war; it

is also necessary, however, to acknowledge that the utopic hero and the space he

occupied were challenged by the continued presence of traumatized soldiers.

Septimus's presence in the city disrupts the attempt to establish a social utopia,

for his disabled social participation collapses the illusion that post-war London functions

as a perfected space. Consequently, Woolf reveals London to be a heterotopia, rather than

a utopia. As Foucault portrays them, heterotopias are "capable of juxtaposing in a single

real place several spaces, several sites that are in themselves incompatible" (25). Within

the real space of society, multiple sites exist, and compete with or contradict one another.

Woolf quickly decenters the utopic space of London to invade the idyllic portrait of the

city post-war; she does this, rather simply, using the sound of a car backfiring. The noise,

like "a pistol shot in the street outside," instantly creates two realities (13): passers-by

imagine they "had just time to see a face of the very greatest importance" (14), whereas

Septimus feels "some horror [that] had come almost to the surface and . . . the world

wavered and quivered and threatened to burst into flames" (15). In one moment, social

space is divided— society thinks of their nation's leader, while Septimus's mind returns to war. This scene exemplifies how each heterotopia "unfolds between two extreme poles. Either their role is to create a space of illusion that exposes every real space, all the sites inside of which human life is partitioned . . . Or else, on the contrary, their role is to create a space that is other" (Foucualt 27). Within these othered spaces exist those that diverge from social normativity, specifically the traumatized and disabled.

Society is able to focus more readily on its idealized spaces by allotting specifically othered social sites to non-normative individuals. Within *Mrs. Dalloway*, these sites exist outside the boundaries of the city. Although illness is examined and preventively treated in London, those with continued afflictions seem to be re-localized to the country. Woolf makes this evident, for instance, by including Clarissa's friends Hugh and Evelyn Whitbread briefly, but consciously in the novel's narrative. Unlike "other people [who] came to see pictures; go to the opera; take their daughters out; the Whitbreads came [to the city] 'to see doctors;'" and once their visit concluded, they returned to a place "times without number Clarissa had visited . . . a nursing home" in the country (6). Clarissa is similarly removed from social life during her illness, though she is not relocated to the country. To recover from her illness, Clarissa "went upstairs" as Richard insisted, like "a nun withdrawing," to the room that "was an attic," so "that she may sleep undisturbed" in her "narrower and narrower" bed (31). In her state of illness, Clarissa cannot participate in normative space. She is, instead, sequestered upstairs, away from society and its participants; the narrower bed she sleeps in mirrors the restricted space she is forced to occupy. Woolf's illustration of illness reflects how heterotopic sites determine and differentiate spaces.

Septimus most readily divides the spaces of heterotopic London. Like the Whitbreads, his medical treatment first takes place in London, but his continued affliction and cure, according to Sir William Bradshaw and Dr. Holmes, must take place outside the city: "It was merely a question of rest, said Sir William; of rest, rest, rest; a long rest in bed. There was a delightful home down in the country where her husband [Septimus] would be perfectly looked after" (96). Septimus's disability, however, complicates the heterotopia in a way Evelyn Whitbread's illness does not. Because Septimus's trauma is the result of war, his presence triggers a crisis heterotopia. Such spaces, according to Foucault, are "privileged or sacred or forbidden places, reserved for individuals who are, in relation to society and to the human environment in which they live, in a state of crisis" (24). As illness is always outside normative social space, it will always instigate a heterotopia; however mental illness resulting from war trauma creates a heterotopia in crisis, for war is a space in which crisis, both physical and mental, is continually present.

The permanent return of the traumatized soldier prompts a renewed social interaction with war. Prior to the war's end, London's most direct contact with war trauma was German "air raids [which] inflicted some 2,300 casualties in London" (*Encyclopaedia Britannica* n.p.). While these causalities were by no means insignificant, the threat of their taking place ended when fighting ceased; consequently, society's state of crisis concluded with the war. For the soldier, however, the war was not a fixed physical or psychological entity; it was, as Taylor notes, "something that was experienced and re-experienced on a continual basis; it was something that was interpreted and reinterpreted as time passed and the war was viewed from differing vantage points" (40). Thus the return of the disabled soldier into society instigates a continued presence of

trauma, and a renewed state of crisis. This "crisis heterotopia" acts like a mirror, according to Foucault, forcing society to continually acknowledge the previously ignored crisis:

> Between utopias and these quite other sites, these [crisis] heterotopias, there might be a sort of mixed, joint experience, which would be the mirror. The mirror is, after all, a utopia, since it is a placeless place . . . But it is also a [crisis] heterotopia in so far as the mirror does exist in reality, where it exerts a sort of counteraction. (24)

This counteraction results in the social awareness of the crisis state, ultimately negating the construction of the perfected utopia.

The crisis heterotopia climactically unfolds in the concluding scene of *Mrs. Dalloway*: Clarissa's party. As her party begins, Clarissa observes that "every time she gave a party she had this feeling . . . that every one was unreal in one way; much more real in another" (170-171). Once again, dual sites—made up of the invited guests and the individuals crashing the party— exist within a single space. The invited guests of Clarissa's party form a utopic setting; conversely, the continual intrusion of uninvited visitors creates different social sites within a defined location, restructuring the space as a heterotopia. The third space of a crisis heterotopia, however, again results from Septimus, though he is not physically present. Despite the cheerful setting, Lady Bradshaw discusses Septimus's suicide, bringing crisis intimately into the party: "Lady Bradshaw . . . murmured how . . . 'A young man (that is what Sir William is telling Mr. Dalloway) had killed himself. He had been in the army.' Oh! thought Clarissa, in the middle of my party,

here's death" (183). Immediately, Clarissa's party is disrupted, and images of Septimus's death invade Clarissa's thoughts:

> A young man had killed himself . . . 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 . . . And the Bradshaws talked of it at her party! (184)

Disability once again invades normative society and institutes a crisis heterotopia. But in this state of crisis, disability and death are reconsidered, and Clarissa begins to challenge the social frames delineating Septimus as cowardly. She states simply: "Death was defiance. Death was an attempt to communicate . . . There was an embrace in death" (184). This scene, through Woolf's conscious construction, launches a broader commentary on reinterpreting the intrusion of disability and war into normative society.

Septimus and the crisis heterotopia he initiates are both necessary to Woolf's critique of normative and alienated social space. Trauma cannot be overlooked to maintain the illusion of the perfected state; it must be critically considered and addressed socially. By situating Septimus in London, Woolf makes Septimus's private trauma public. Septimus's mental illness, what those around him label as "madness," denies him social acceptance upon his return to London; yet Woolf highlights this rejection to critique the construction of normative and non-normative spaces.

Incomplete Medical Treatment

Creating a literary crisis heterotopia allows Woolf to discuss without interruption the alienating social responses to mental illnesses. Her refusal to abide by social

treatments of psychological trauma results from Woolf's own "classical case of manic-depressive illness," as Thomas Caramagno notes (6). Like Septimus, Woolf was over-identified by her illness and her condition received little effective treatment. This was a consequence of inadequate medical examinations of the time, which massed together illnesses without critical consideration:

> Ascertaining just what Woolf did think of her illness is complicated by her doctor's inconsistent explanations of nervous disorders. Neurasthenia ("nerve weakness") was a Victorian euphemism that covered a variety of vaguely recognizable symptoms, just as the term *neurosis* lumped together various disorders. (Caramagno 11, emphasis original)

Doctors' inability to productively deal with Woolf's condition is less surprising when examined beside popular medical practices of the Victorian and early twentieth century era. The nineteenth century, according to Caramagno, "developed these two parallel lines of psychiatric thought, each having its vogue for several decades: either insanity was so biologically based that it was not intelligible at all . . . or madness resulted from a weak character" (15). These modes of thinking shaped Woolf's medical experiences; consequently, the central tensions of *Mrs. Dalloway* are informed by Woolf's intimate knowledge of neglectful medical treatments.

In its examination of Septimus's war neurosis, Woolf's narrative voice in *Mrs. Dalloway* contests medical practices that dictate how disability must be socially and medically understood. Her own ineffective treatments provided her with a first-hand understanding of psychological treatments, thus allowing her to challenge such practices through literature. Woolf writes, both in fiction and non-fiction, on the disparities

existing between healthy (normative) and disabled (othered) society. This subject is readily reflected in Woolf's 1930 essay, *On Being Ill*: "Considering how common illness is . . . it becomes strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature" (3-4). Woolf highlights how illness breaks the illusion of a perfected and productive society, forcing disability to be taken out of conventional spaces:

> But in health the genial pretense must be kept up and the effort renewed—to communicate, to civilise, to share, to cultivate the desert, educate the native, to work together by day and by night to sport. In illness this make-believe ceases. Directly the bed is called for, or, sunk deep among the pillows in one chair, we raise our feet even an inch above the ground on another, we cease to be soldiers in the army of the upright; we become deserters. (12)

Septimus's presence in London similarly disrupts this social "make-believe." Society—especially its doctors—must insist Septimus "had nothing whatever seriously the matter with him [except that he] was a little out of sorts," for acknowledging the larger problem he embodies would be to invite disability into society (21).

The disillusioned awareness of post-war illness affected social discussions of trauma. Although the first recorded use of the term shell-shock can be found in the 30 January 1915 edition of the *British Medical Journal*, shell-shock was not a medically defined term until the autumn of 1922 (*Oxford English Dictionary* n.p.). Prior to the official recognition of shell-shock, official war medical manuals failed to mention shell-shock, hysteria, or war shock. The exclusion of these illnesses from official medical record contributed to the continued difficulty of treating psychological injuries.

Following the war, cultural discussions of shell-shock in the periodical press were also limited. According to the ProQuest's British Periodicals I&II Database, which has digitized a portion of the British periodical press, there were less than one hundred articles and advertisements circulating the term shell-shock between the years of 1918 to 1925.[3] When compared to the larger periodical discourse on the war (in this database), which includes over 5,000 publications in the same seven-year timeframe, the conversation on war trauma is noticeably absent.[4] Additionally, the tone used to discuss mental illness in many of the articles acknowledging shell-shock fosters the sentiments Caramagno espouses concerning social perceptions of disability and weakness. W. Kingscote Greenland's 1922 article "Mind Healing," for instance, describes the process of mental cure as an awakening out of a weaker state:

> There is no cure for the neurotic until the deep struggles with repressed 'wishes' going on in his innermost self are brought out to his knowledge, though the process may be humiliating and make him declare 'I'm sure I'm not that at all.' Neither is there any 'salvation' for the sinner till he owns up to his unconfessed and secret sins. (819)

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[3] To conduct a search of the term "shell-shock" (or its alternative spelling, "shell shock"), I searched a selective cross-section of British periodicals using the British Periodicals I&II Database (ProQuest). While there were other terms relating to mental illness—such as Freud's term "psycho-analysis"—I decided to focus exclusively on the term "shell-shock" to investigate the social use and periodical trends of the term. I confined my timeline to 11 November 1918 through 31 December 1925, but did not place any other parameters on my search. Of the sixty-three publications mentioning shell-shock, none appeared at the end of 1918; however, nineteen articles were published in 1919, fourteen in 1920, eleven in 1921, seven in 1922 (the year shell-shock became an official medical term), eight in 1923, and only two articles in 1924 and 1925.

[4] This information was found by using the search terms "The Great War," "World War One," "First World War," and "war." The timeframe remained the same.

Just as Sir William and Dr. Holmes blame Septimus for his illness, so too, in the periodical press, articles censure the individual for his unresolved trauma, exonerating society from addressing such illnesses. Woolf, however, does not allow such negligent practices to stand. Failed medical treatment takes on a central role in *Mrs. Dalloway* to stimulate a modern discussion of disability, social reactions, and medical practices. Trauma, in any form, cannot be lumped together as a collective. Disability, like the soldier, must be considered individually.

Failed Treatment and Resistant Trauma

To critique the medical practices of healing post-war trauma, Woolf constructs *Mrs. Dalloway* as a narrative of failed treatment. The final moments of Septimus's life accentuate society's inability to properly engage with and examine his mental illness. Contemporary critics like Patricia Rae emphasize that this portrait of failure challenges anticipatory or accepted literary patterns, in order to stimulate new attitudes:

> Novelists make choices about how to depict the aftermath of [war]; their representations . . . can challenge ideologically enforced expectations. A portrait of *failed* mourning, then, can amount to an example of *resistant* mourning, particularly if it functions to educate readers about the inadequacy or hypocrisy of accepted consolatory discourse. (28, emphasis original)

Woolf's engagement with failure and resistance is less concerned with mourning than it is with treatment. To reconfigure the discourse on mental trauma, Woolf does not present disability in a familiar (or stereotyped) manner. Instead, her soldier resists social exclusion and accepted medical practices. The failure to anticipate Septimus's actions

results in a resistance to normative behaviors, and a reexamination of medical expectations.

      To reorient perceptions of Septimus, and war-disability more broadly, Woolf first renegotiates social opinions and treatment of disabled bodies. Her primary challenge is overcoming social practices endorsing the alienation of disabled lives. These traditions stem from the belief, as Judith Butler stresses in *Frames of War*, that such lives "cannot be apprehended as . . . lost if they are not first apprehended as living" (1). Septimus's continued trauma strips away his heroic existence, therefore devaluing his life and removing him from the idealized social spaces of London's heterotopia. Once outside these sites, Septimus is no longer a recognizable or grievable life, making him "something living that is other than life"; he becomes, consequently, the embodiment of disability (15). In his othered space, Septimus even begins to describe himself in terms of death, rather than life: "Septimus, lately taken from life to death . . . who lay like a coverlet . . . suffering for ever, the scapegoat, the eternal sufferer" (25). To maintain the idealized social body, the disabled body must be ignored or removed. In these circumstances, the traumatized soldier becomes an outcast, disabled being; incapable of embodying the socially constructed hero, the traumatized individual is no longer a grievable life.

      This removal of life takes place, according to Butler, because the body's ontology is a social ontology, for the body is exposed to social crafting and form, as well as political saturation. The social ontology in turn constructs the social frame, which acts as "an editorial embellishment of the image" of normalcy (Butler 8). The institution of the social frame accounts, in part, for the construction of Foucault's heterotopic space.

Frames dictate social recognition or alienation, creating the parameters one is expected to fit within. Those who do not fit the frame, like Septimus, exist in an automatically othered space. Though the world around him says "we welcome . . . we accept; we create. Beauty, the world seem[s] to say," Septimus is denied acceptance because he no longer adheres to the social model of heroism or normative behavior (69). He cannot represent the beauty the world desires or perceives; he reminds society instead of the horror of war.

By highlighting the social frame and the lives accepted within it, however, Woolf calls attention to the flaws of such systems and treatments. Woolf uses Septimus's disability to pose pointed questions concerning the treatment of individuals outside the established social frame; specifically, if disabled lives are not socially recognizable, how are they medically treated? Woolf continues, asking more purposefully, if the purpose of curing psychological trauma is to return men to encoded social norms, are doctors positively treating mental disability? This critique allows Woolf to reframe the literary narrative of disability and establish a new structure that overtakes the presumed framework. The ability to reframe the given system, as Butler observes, demonstrates the ways in which the original frame is not as exclusive or encompassing as we might believe:

> To call the frame into question is to show the frame never quite contained the scene it was meant to limn, that something was already outside, which made the very sense of the inside possible, recognizable. The frame never quite determined precisely what it was we see, think, recognize, and apprehend. Something exceeds the frame that troubles our sense of reality; in other words, something occurs that does not conform to our established understanding of things. (9)

Woolf's refusal to typecast Septimus and his disability repeatedly denies a utopic reality, and, consequently, challenges perceptions of recognizable and alienated life. Yet Woolf's reframing does not institute another obstinate system within which "one is framed, mean[ing] one is accused, but also judged in advance"; rather, *Mrs. Dalloway* resists such closure because Woolf's writing is a rethinking of disability, rather than a determined outline of treatment and placement (11).

Woolf's renegotiation of the social system invites a renewed investigation into the responsibility of the social ontology. If all bodies are socially crafted and politically inundated, what does society owe to its bodies inflicted with disability? In his youth, Septimus abided by the standard of the ontology; when war broke out, "Septimus was one of the first to volunteer. He went to France to save England which consisted almost entirely of Shakespeare's plays and Miss Isabel Pole in a green dress walking in a square" (86). In his youthful naïveté, Septimus embodied and contributed to the idyllic spaces of England's social ontology. His participation in the ontology continued during his time at the war front, for Septimus "developed manliness; he was promoted; he drew attention" (86); his enduring mental trauma, however, shattered his Shakespearean England and left him with the realization that "human beings have neither kindness, nor faith, nor charity beyond what serves to increase the pleasure of the moment" (89). Septimus's naïve cultural nationalism and romantic illusions drive him to war; yet, upon his return home, society denies him entry into heteronormative space because of injury, insisting instead he relocate himself to the country to rest and, most importantly, recover from his trauma. Woolf's inclusion of this narrative transition leads to the inevitable

question: if his mental trauma is the result of the social ontology, is it right that Septimus should be ostracized as he is?

Injury, as Butler highlights, "is the one thing that can and does happen to a vulnerable body (and there are no invulnerable bodies), but that is not to say that the body's vulnerability is reducible to its injurability" (34). The claim that no body is immune to injury negates social beliefs that mental illness is the result of mental weakness. The hierarchy between normative society and the traumatized is, as a consequence, invalidated. Injury—within the context of this discussion— becomes the result of outside conditions (i.e. war) rather than mental frailty; it can and does happen to anyone. This raises questions, as Butler notes: "Am I responsible only to myself? Are there others for whom I am responsible?" (35). If all of society is susceptible to injury, the conditions and residual conflicts of trauma must be critically reconsidered. Post-war mental injury cannot be medically treated in an effort to maintain the status quo of normativity; treatment must instead understand the conditions of trauma to effectively enact healing.

Woolf's reimagining of the responsibilities of the social ontology prompts a reassessment of society's commitment to its disabled individuals: "we could say that 'we' [normative society] have such obligations to 'others'" (Butler 14). Obligation to the "other," specifically within the narrative of Septimus's life, does not indicate or assure proper treatment of trauma, even if it makes treatment available. Sir William Bradshaw and Dr. Holmes, for instance, oscillate between the assurance that "there was nothing whatever the matter" with Septimus (90), and the insistence that Septimus needs rest to be healed, for "health we must have; and health is proportion" (99). The medical

obligation to treat men like Septimus stems from the urge to "[make] England prosper,"

according to Sir William (99). To enact such prosperity, medical men like Sir William

"secluded [England's] lunatics, forbade childbirth, penalised despair, made it impossible

for the unfit to propagate their views until they, too, shared [this] sense of proportion"

(99). Woolf's emphasis on these actions, which were perceived at the time as valid

medical treatment, reveals how doctors did little to positively cure their patients.

Septimus's mental trauma originates the sense of medical obligation in the novel; his

refusal to accept or obey the resulting treatments, however, highlights the failure of such

obligatory medical care.

Septimus's rejection of the rest cure medically prescribed to him by his doctors

operates as an act of resistance. By refusing to be re-localized outside the city, Septimus

resists the terms of socially obligated medical treatment. He denies normative society the

fulfillment of returning the "other" to a sense of proportion. As a result, the whole world,

as Septimus observes it, is "clamouring: Kill yourself, kill yourself, for our sakes" (92).

Yet Septimus does not kill himself for the world's sake; he chooses death as a resistance,

making his suicide "a freedom which the attached can never know" (92). Through death,

Septimus is not bound to the normative rules and practices of society; he is instead free of

such social constrictions. Thus the scene of Septimus's suicide—which is narrated in

Septimus's mind— reveals his deliberate resistance to assimilation. Septimus embraces

his alterity, though his doctors cannot:

> Holmes was coming upstairs . . . Holmes would get him . . . Holmes was coming .
>
> . . There remained only the window, the large Bloomsbury-lodging house
>
> window, the tiresome, the troublesome, the rather melodramatic business of

opening the window and throwing himself out. It was their idea of tragedy, not his

. . . (He sat on the sill.) But he would wait till the very last moment. He did not

want to die. Life was good. The sun was hot. Only human beings—what did *they*

want? . . . Holmes was at the door. 'I'll give it to you!' [Septimus] cried, and

flung himself vigorously, violently down on to Mrs. Filmer's area railings. 'The

coward!' cried Dr. Holmes, bursting the door open. Rezia ran to the window, she

saw; she understood (149, emphasis original).

In this moment, Dr. Holmes and Sir William have failed. Nevermore can doctors touch

Septimus, "this last relic straying on the edge of the world, this outcast" (93). Though it

means his death, Septimus ultimately succeeds in his act of resistance. Thus the

question— are doctors effectively treating psychological trauma— is answered.

Treatment is neither fulfilled, nor productive. The narrative of Septimus's suicide calls

into question the terms of social obligation and medical treatment, instigating a new

dialogue on the failed practices of healing mental trauma. By gesturing to Septimus's

decision to remain in traumatized alterity—which, as a whole, is a resistance to

assimilation—Woolf renegotiates the parameters of social obligation to the disabled.

Conclusion

The invasive news of Septimus's suicide into Dalloways' party establishes the

most forceful moment of connection between Clarissa and Septimus. As Lady Bradshaw

relays the story to Clarissa, she takes on a tone of pity for Septimus, calling his suicide "a

very sad case" (183). She fails, however, to recognize Septimus's suicide as the social

and medical acts of resistance that it is. Clarissa, on the other hand, understands the

defiance of his actions. Though "the young man had killed himself . . . she did not pity him" (186). Instead, Clarissa acknowledges the truth of Septimus's death, making her feel "somehow very like him . . . She felt glad that he had done it" (186). Clarissa recognizes— more fully than the socially privileged individuals at her party— the persistent effects of war trauma. Though she experienced her own social isolation during her illness, Clarissa, now fully recovered, feels "somehow it was her disaster—her disgrace. It was her punishment to see sink and disappear here a man . . . in this profound darkness, and she forced to stand here in her evening dress," embraced by society in ways Septimus and his disability never experienced (185).

Clarissa feels in that moment the totality of a world war and admits the flaws of her upper-class British society. Despite her party's elegance and cheerfulness, Clarissa remembers the cost of war; once again, the utopic image of London is undone through her consciousness. In her briefly secluded, heterotopic space, Clarissa embodies the repeated message of Rudyard Kipling's "Recessional":

> The tumult and the shouting dies;
>
> The Captains and the Kings depart:
>
> Still stands Thine ancient sacrifice,
>
> An humble and a contrite heart.
>
> Lord God of Hosts, be with us yet,
>
> *Lest we forget—lest we forget!* (7-12, my emphasis)

Through Septimus's death and Clarissa's revelation, Woolf exposes the lie of invulnerable heroism and short-lived psychological neurosis. Septimus, present in the heart of British society, actively demonstrates that post-war trauma cannot be buried with

the dead, nor relocated in othered social spaces. Disability is an ever-present part and consequence of society; the disabled men of war, therefore, deserve more than menial, obligatory treatment and social exclusion.

Works Cited

Briggs, Julia. *Virginia Woolf: An Inner Life*. Orlando, FL: Harcourt, 2005. Print.

Butler, Judith. *Frames of War: When Is Life Grievable?* London: Verso, 2010. Print.

Caramagno, Thomas C. *The Flight of the Mind: Virginia Woolf's Art and Manic-Depressive Illness*. Berkeley, CA: University of California, 1992. Print.

Eliot, T. S. "The Waste Land." *T.S. Eliot: Selected Poems*. London: Faber and Faber, 2009. 41-64. Print.

Foucault, Michel. "Of Other Spaces." Trans. Jay Miskowiec. *Diacritics* 16.1 (1986): 22-27. *JSTOR*. Web. 11 June 2015.

Freedman, Ariela. *Death, Men, and Modernism: Trauma and Narrative in British Fiction from Hardy to Woolf*. New York: Routledge, 2003. Print.

Greenland, W. Kingscote. "Mind Healing." *Quiver* (July 1922): 817-20. *ProQuest*. Web. 15 Nov. 2015.

Holmes, Martha Stoddard. *Fictions of Affliction: Physical Disability in Victorian Culture*. Ann Arbor: University of Michigan, 2004. Print.

Howard, Maureen. "Introduction." *Mrs. Dalloway*. Boston: Houghton Mifflin Harcourt, 1990. Vii-Xiv. Print.

Kipling, Rudyard. "Recessional." *Recessional and Other Poems*. Leopold Classic Library, 2014. 3. Print.

"London." *Encyclopaedia Britannica. Britannica Academic.* Encyclopaedia Britannic Inc., Web. 8 December 2015. [http://academic.eb.com.ezproxy.tcu.edu/EBchecked/topic/346821/London/294326/London-through-the-ages]

Moose, George L. "Shell-Shock as a Social Disease." *Journal of Contemporary*

    History 35.1 (January 2000): 101-08. *JSTOR*. Web. 12 Nov. 2015.

Rae, Patricia, ed. *Modernism and Mourning*. Lewisburg: Bucknell UP, 2007. Print.

Reid, Fiona. *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914-1930*.

    London: Bloomsbury, 2010. Print.

"Shell Shock." *Oxford English Dictionary*. N.p., Web. 12 Nov. 2015.

    [http://www.oed.com.ezproxy.tcu.edu/view/Entry/413064].

Taylor, David. *Memory, Narrative and the Great War: Rifleman Patrick Macgill and the*

    Construction of Wartime Experience. Liverpool, England: Liverpool University,

    2013. Print.

Wollaeger, Mark. *Modernism, Media, and Propaganda: British Narrative from 1900 to*

    1945. *Princeton University Press* (2008). Print. 28 May 2015.

Woolf, Virginia. "Modern Fiction." *The Essays of Virginia Woolf, Volume 4, 1925-1928*.

    Ed. Andrew McNeille. London: The Hogarth Press, 1984. 157-65. Print.

Woolf, Virginia. *Mrs. Dalloway*. Boston: Houghton Mifflin Harcourt, 1990.

    Print.

Woolf, Virginia. *On Being Ill*. Paris Press, 2002. Print.

CHAPTER III
"Am I Going Mad?": The Smooth and Striated Spaces of Psychological Trauma in Ford Madox Ford's *Parade's End*

Curiosity or fear? In the trench you could see nothing and noise rushed like black angels gone mad; solid noise that swept you off your feet . . . Swept your brain off its feet. Something else took control of it. You became second-in-command of your own soul.
-Ford Madox Ford, *A Man Could Stand Up—*

Hitherto, [Valentine] had thought of the War as physical suffering only; now she saw it only as mental torture. Immense miles and miles of anguish in darkened minds. That remained. Men might stand up on hills, but the mental torture could not be expelled.
-Ford Madox Ford, *A Man Could Stand Up—*

This is what the late war was like: this is how modern fighting of the organized, scientific type affects the mind. If, for reasons of gain, or, as is still more likely out of dislike for collective types other than your own, you choose to permit your rulers to embark on another war, this—or something very accentuated along similar lines—is what you will have to put up with! I hope, in fact, that this series of books, for what it is worth, may make war seem undesirable.
-Ford Madox Ford, Introductory letter to *A Man Could Stand Up—*

Parade's End (1924-1928) brings readers intimately into the traumatic conditions of active war. By refusing his audience the detachment of flashbacks or momentary images of war, Ford Madox Ford complicates the portrayal and perception of the shell-shocked soldier. Ford, a participant of war himself, resists glorifying events of battle in his fictional representation of the First World War; a narrative of psychological strain, *Parade's End* instead confirms that the primary cause of mental trauma is an extended exposure to war itself, not a discrete injury or cerebral weakness in its participants. Through his disabled soldier Christopher Tietjens, Ford conveys to his readers the residual influence of the War on the mind. As Eric Leed notes, "We might gauge the power of industrial war in terms of the changes it makes in the minds of those who have endured it" (87). *Parade's End*, like *The Return of the Soldier* and *Mrs. Dalloway*, challenges its readers to reconsider the assumed conditions of disability.

In previous chapters, I have questioned what it means for a soldier to return to war, and what society owes the disabled men returned home after the war. In this concluding chapter, I investigate the implications of a narrative that continues to return to an arena of sustained trauma. In *Parade's End*, Ford develops a new territory of mental disability, demonstrating how the long four-year war—which includes, but is not limited to, shell-shock—results in disability. Ford's narrative, coupled with his own war experiences, reveals the continued strain of war in a way many of his contemporaries could not or did not illustrate. Of the four novels comprising the tetralogy of *Parade's End*, this chapter focuses heavily on the second and third installments, *No More Parades* (1925) and *A Man Could Stand Up—* (1926), as both are localized at the war front and offer an illuminating perspective of disability due to continued exposure to trauma.

Parade's End

Recognized by some as "the best English fiction about the war" or even as "the greatest war novel ever written by an Englishman," *Parade's End* navigates the traumatic realities of a soldier in a space of sustained violence.[5] The tetralogy, which concentrates on the life of Christopher Tietjens, offers a complex reflection of disability. Ford's continuous fracturing and fusing of characters, scenes, and situations creates a novel encapsulating the psychological chaos of life in war, giving readers a narrative focused on the mind, more than the body. Ford, like West and Woolf, refuses to constrain the disabled soldier to the imposed social binary of normative or "othered."

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[5] Saunders, *Ford Madox Ford: A Dual Life* (2012), ix.

Ford's emphasis on the consciousness of a single soldier from 1912 to 1919 highlights the recurrent psychological traumas Tietjens's suffers. His tetralogy, which focuses on the psychological strain of war, rejects the narrative emphases employed by many of his authorial peers, as Robie Macauley notes in the novel's introduction: "Tolstoy and Crane followed [the] line and so did nearly all of Ford's contemporaries who wrote about the first World War . . . [that] war was a savage, hideous thing and had to be shown as such" (xiii). These literary representations of savagery that Macauley highlights focus almost exclusively on war's physical violences; consequently, corporeal brutality takes precedent over accounts of psychological trauma. These narratives, however, expose "the old lie" that Wilfred Owen resists: "Dulce et decorum est pro patria mori" ["It is a sweet and fitting thing to die for your country"] (22). They fail to challenge or modernize the representation of war and its depiction in fiction, and instead encourage outdated social notions of heroism and nationalism. Like Owen and selective war writers, Ford instead critiques the ideologies that promote the "old lie" and represents the psychological costs and brutal efficiency of this first industrialized war.

Ford insists on a large canvas, akin to John Singer Sargent's "Gassed," to confront readers with the scale and seeming unending nature of this particular war. He dwells on the mental strain of an intellectually brilliant mind to illustrate that even a supremely rational consciousness cannot repress or surmount the trauma of war. Macauley recognizes, as other modern scholars have, that this is one of the key differences in Ford's novel:

Fiction about war has always been, essentially, a kind of adventure fiction . . . How will the English (or the Scotch or the French) win this battle? . . . If there is

any adventure in Ford's war it is a cerebral adventure and if there is any danger it

is psychological danger. Tietjens's question: 'Am I going mad?' becomes a

universal one and while protagonists of other war novels see villages wrecked,

Tietjens sees a civilization going to ruin. (xiii)

Though the novel dwells in the war arena, Ford is disinterested in presenting a narrative

of battle; *Parade's End* instead focuses on Tietjens's grip on his sanity. The construction

of Tietjens's saga speaks more broadly to Ford's refusal to let the "English habit of self-

suppression in matters of the emotions" deny or restrict social perceptions of war

disability (*Some* 190). Disability, as represented in *Parade's End*, is not the result of

mental weakness or physical violence. Trauma is, instead, the consequence of a

prolonged exposure to war.

Though *Parade's End* is often read as Ford's critique of war (an examination that

includes previous and future possibilities), there is also a simultaneous critique of

society's assumptions of disability embedded in Tietjens's psychological progression. As

the first novel (*Some Do Not,* 1924) opens, Ford first presents Tietjens as a man rooted in

the gentry traditions of feudal England: "The youngest son of a Yorkshire country

gentleman, Tietjens himself was entitled to the best—the best that first-class public

officers and first-class people could afford. He was without ambition, but these things

would come to him as they do in England" (5). Tietjens upholds the dying traditions of

Toryism, ostensibly making him the last of the English Tories. The combined outlooks of

feudalism and Toryism mark Tietjens as a man "synonymous with . . . an ordered, bound,

and harmonious past" (Macauley viii). As a man of profound rationality, Tietjens does

not waver in his convictions nor feel the need to modernize with society.

Ford's initial construction of Tietjens as "the most brilliant man in England of that day" (*Some* 51) with "a perfect encyclopaedia of exact material knowledge" (*Some* 5) emphasizes the radical changes Tietjens ultimately endures. Though Tietjens's "mind was at rest," he knew "there was going to be a war" (*Some* 199). Unlike Septimus, whose nationalist pride persuades him to enlist, it is Tietjens's sense of Tory duty that propels him to join the war, despite his inability to reconcile it in his conscience. War, Tietjens saw it, "was one part of the twentieth century using the eighteenth as a catspaw to bash the other half of the twentieth" (*Some* 253). This physical image of bashing narrows Tietjens's initial focus, causing his mind to dwell on the bodily violences he could encounter in war:

> Obviously he might survive; but after that tremendous physical drilling what survived would not be himself, but a man with cleaned, sand-dried bones: a clear mind. His private ambition had always been for saintliness: he must be able to touch pitch and not be defiled. (*Some* 200)

Though Tietjens's acknowledges the physical changes he will undergo, he adamantly believes he will survive the war mentally unscathed. Tietjens's intellectualism is his most distinguishing and developed quality; he consequently believes his mind to be untouchable. Ford mirrors Tietjens's manner of thinking with British cultural opinions of trauma—if a soldier was psychologically sound, war trauma could not touch his sanity; if a soldier suffers mental distress, however, it was the result of a cerebral weakness.

As his experiences contradict his expectations, however, Tietjens reconsiders his outlook, both of himself and mental trauma. The longer Tietjens remains in battle, the more his mind loses its rational fixedness: "That was fear: the Battle Fear, experienced in

strafe. He might not again be able to himself think. Not ever, what did he want in life? . . . Well, just not to lose his reason" (*A Man* 621, emphasis original). Tietjens's earlier fear of "physical drilling" is superseded by his anxiety of complete mental exhaustion and collapse. Trauma, therefore, disconnects Tietjens from the fixed identity of a country gentleman and situates him instead between feudal and modern principles. As a man in constant transition, Tietjens views the world and his position in it differently. His change in character reaches its peak as the war concludes in the tetralogy's third installment, *A Man Could Stand Up—*:

> The war had made a man of him! It had coarsened him and hardened him. There
> was no other way to look at it. It made him reach a point at which he would no
> longer stand unbearable things [. . .] And what he wanted he was prepared to take
> . . . What had he been before, God alone knew. A Younger Son? A Perpetual
> Second-in-Command? Who knew. But to-day the world changed. Feudalism was
> finished; its last vestiges were gone. It held no place for him. He was going—he
> was damn well going!—to make a place in it for . . . A man could now stand up
> on a hill. (723-724)

Tietjens's renunciation of feudalism illustrates his rejection of bound identity and order. Because of his trauma, Tietjens is no longer firmly situated in British upper class society; yet he embraces his alterity, moreover, through the recognition that he is no longer compelled to participate in the social parade of past traditions. He can now "stand up" as a man who embodies both rationality and disability.

The titles of each of the tetralogy's novels cue readers to the distinct changes in Tietjens's character. *Some Do Not,* as the introductory novel, reveals Tietjens's resistance

to modernity. His gentry rationality and opinions do not vacillate—until he experiences the war directly. Contact with war dismantles the social and military parades Tietjens follows. *No More Parades*, a narrative of active war space, therefore highlights trauma's major disruption to Tietjens's fixedness. *A Man Could Stand Up*, also set at the war front, functions as a continuing portrait of Tietjens's oscillation between trauma and rationality. Although Tietjens no longer embodies rational fixedness, he accepts his shifting position. War breaks the binary separating the eighteenth and twentieth centuries, allowing Tietjens to subsist in both cultural traditions. The tetralogy concludes without settling Tietjens's mind, emphasizing that Tietjens's transitioning psyche is not resolved with the end of war. *The Last Post* affirms that Tietjens's trauma is not limited to the war arena— Tietjens's psychological distresses remain even after he has returned home.

Ford's modernizing of Tietjens reveals a crucial commentary directed toward British society: the participants of war cannot be held to past expectations, but instead must be reconsidered within the framework of modern experience. Tietjens's change in character is not the result of a single moment, but is rather a compilation of collected moments that lead him to a new way of thinking; through Ford's narrative, readers, too, come to the realization that changes to social concepts of disability are necessary. As Rob Hawkes notes, "in the case of *Parade's End*, the text's thoroughgoing in-betweenness does not mean that it is any less radical in its modernism" (15). Rather, its in-betweenness demands society reconsider its imposed and imposing opinions of disability, thus modernizing society's comprehension of trauma.

The Smooth and the Striated

To craft his narrative on war disability, Ford presents trauma as a continuous, but unresolved mental condition. The war spaces of *No More Parades* and *A Man Could Stand Up*— emphasize Tietjens's fluid shift between normative and traumatized states of being. Ford's refusal to situate Tietjens firmly as either a mentally injured or rational participant of war denies the social binary separating heroic soldiers from the disabled. Ford, like West and Woolf, consequently complicates trauma by ceasing to construct it within assumed social frameworks. Tietjens demonstrates there is not an implicit divide between trauma and the rational mind; trauma is illustrated, instead, as a shifting process, one that denies a strict duality between the "othered" and the venerated soldier.

The recurrent changeability of Tietjens's psyche repositions *Parade's End* as a story of trauma, rather than an exhibition of combat. As a series of psychologically narrated novels, *Parade's End* reveals, as Leed notes, how soldiers in the Great War often lost "the ability to experience [themselves] as something that [had] continuity and sameness" (87). To deny Tietjens psychological consistency gives Ford the opportunity to challenge social beliefs that "war and peace are distinct and separate realms of existence" (Leed 88). The decision to narrate the entirety of the war front through Tietjens's consciousness emphasizes the importance of the experience over the event, thus shaping trauma as a recurring reality of psychological strain. *Parade's End* therefore confirms that soldiers move between points of normative (peace) and traumatized (war) realities. These extreme but connected psychological mentalities are understood by Deleuze and Guattari as smooth and striated spaces.

As defined in *A Thousand Plateaus*, "smooth space and striated space—nomad space and sedentary space—the space in which the war machine develops and the space instituted by the State apparatus—are not of the same nature" (474). Like normative and traumatized mentalities, smooth and striated spaces function in different ways and impose varying conditions. Smooth space is "the constant variation" or the "continuous development of form" (478). This sort of nomadic development relates closely both to concepts of normative psychological behavior, as the mind continually develops thoughts and ideas, and social spaces, which are amorphous rather than homogeneous in their development. Striated space, in contrast, is a "constant or fixed . . . variable," focused on moving from "one point to another" (477-478). This fixed movement, which Deleuze and Guattari describe as "the most perfect and severest form" of space, is always delimited (492); in the context of *Parade's End*, striated space becomes traumatized space, for in moments of trauma the mind does not develop, but jumps between instances of injury.

These spaces are first defined by their inverse relationship, yet the "simple opposition [of] 'smooth-striated' gives rise to far more difficult complications, alternations, and superpositions" (481). Like the mind in war—which moves between injury and recovery—these "spaces in fact exist only in mixture: smooth space is constantly being translated, traversed into a striated space; striated space is constantly being reversed, returned to a smooth space" (474). War trauma, when examined within a Deleuzoguattarian framework, becomes an ongoing fluid process, not a single moment of injury. Mental trauma does not impose an unchanging psychological condition, but instead functions as transitioning interruptions of normative behavior. Within the context of *Parade's End*, this theoretical structure resists situating the soldier as entirely disabled

or rational. Tietjens, who continuously moves between striated and smooth statuses,

recognizes his transitional position as he recalls the death of a soldier in his battalion:

> And at the thought of the man as he was alive and of him now, dead, an immense
>
> blackness descended all over Tietjens. He said to himself: *I am very tired*. Yet he
>
> was not ashamed . . . It was the blackness that descends on you when you think of
>
> your dead . . . It comes, at any time, over the brightness of sunlight, in the grey of
>
> evening, in the grey of the dawn, at mess, on parade; it comes at the thought of
>
> one man or at the thought of half a battalion that you have seen, stretched out,
>
> under sheeting [. . .] lying downwards, half buried. (*No More* 384, emphasis
>
> original)

Tietjens's mind, due to trauma, jumps from memories of life to death. Yet, even as this

moment of trauma occurs, Tietjens's rationality returns and changes (or develops) his

way of thinking. Moments like these reveal that rationality and lack of action do not

necessarily imply each other. War is an ongoing, intermittent engagement that

intersperses moments of banality and great violence. Trauma, consequently, is not

necessarily the result of violent action. Rather the mind moves, at any given time,

between smooth and striated points.

The striated spaces of Tietjens's mind reveal to the reader how war trauma is the

result of prolonged psychological strain. As the narrative of *Parade's End* develops,

Tietjens's fears continually return, reverting him from rationality to a traumatized frame

of mind. Ford's use of heightened anxiety and tighter striation in Tietjens's psyche

reveals a homogenized trauma that Tietjens returns to throughout his time at the front.

According to Deleuze and Guattari, the "tighter the striation, the more homogeneous the

space tends to become" (488). Thus the longer Tietjens encounters trauma, the more consistent his fear becomes:

> His mind began upon abstruse calculation of chances. Of his chances! A bad sign when the mind takes to doing that . . . He was aware that he was going to be hit in the soft spot behind the collar-bone. He was conscious of that spot—the right-hand one; he felt none of the rest of his body. It is bad when the mind takes charge like that. (*A Man* 592)

Tietjens, a deeply rational man, cannot stop his mind from being violated and changed by trauma. His repeated insistence that he could feel the spot where he was "going to be hit behind the collar-bone . . . not itching, but the blood pulsing just a little warmer" highlights how trauma occurs as a series of repeated encounters (*A Man* 599). This representation challenges social frameworks that would label Tietjens's war disability as an event of injury. Shell-shock, as Ford shapes it, is consequently not a moment of shock, but an elongated exposure to trauma.

To expand the smooth and striated spaces of Tietjens's mind, Ford simultaneously develops the spaces of the war arena. This includes, both directly and indirectly, sites localized inside and outside of active war space. Just as smooth space is defined in opposition to striated space, so too is social space distinguished from war space. *Parade's End*, as a series of four novels, separates the spaces of war and society. The second and third novels of the tetralogy take place in active war space, interrupting the smooth (and secondary) account of war first presented in *Some Do Not* and later discussed in *The Last Post* (1928). Consequently, the titles *No More Parades* and *A Man Could Stand Up—*

reflect Ford's striation of the war narrative; the idealized parade of war is rejected, and in its place stands a realistic evaluation of trauma.

In their analysis of smooth and striated spaces, Deleuze and Guattari identify the city—which embodies social space—as "the striated space par excellence," for it contains points of destination rather than developmental spaces (481). Though Foucault might argue this initial observation of the city is utopic, Deleuze and Guattari acknowledge that the city does develop from its striated state, as the "force of striation reimparts smooth space" (481). When compared to the traumatizing arena of war space, which is also striated, social space assumes smoothness. In war, the individual's movements are directed, rather than exploratory. The space, consequently, becomes striated, for "in striated space, lines or trajectories tend to be subordinated to points: one goes from one point to another" (478). Ford articulates this movement most clearly in Tietjens's observations of the trenches:

> In correctly prepared trenches . . . you go along a straight ditch of trench for some yards, then you find a square block of earth protruding inwards from the parapet round which you just walk; then you come to another straight piece, then to another traverse, and so on to the end of the line, the lengths and dimensions varying to suit the nature of the terrain or the character of the soil. These outjuttings were designed to prevent the lateral spreading of fragments of shell bursting . . . which would otherwise serve as a funnel. (*A Man* 619-620)

Tietjens reveals the fixedness of war space by describing it in terms of plotted movement. Yet, as Deleuze and Guattari define it, striated space does not remain in a stagnant state; as a space of transition, "striated space reimparts smooth space, with potentially very

different values, scope, and signs" (486). It is important to ask, then, what happens to war space when it becomes smooth?

To resolve the trauma of war space, society must reduce war to a distressing, but isolated event. Defining the Great War in such impassive terms removes all of the variable components and moments that create the "event," thus removing its striation; war becomes a smoothed, amorphous idea. The industrialized British society of the early twentieth century, as Leed writes, defined war "as an abnormal state of emergency" (88); consequently, when "the events which had consumed the interest of Europeans, the whole world, for four years" ended, the War "ceased to be discussed . . . [it] was denied words and forgotten" (Leed 89). The smoothing of war space invites society to forget trauma and normalize periods of war. As Deleuze and Guattari emphasize, however, the war machine (their term for industrialized war) does not "imply normalization. [It is] the State apparatus . . . [that finds] a new way of appropriating the war machine" (490). By normalizing the abnormality of the First World War, society attempts to smooth over its incurred trauma. Ford, however, reimposes striation by inserting readers back into the war front narrative years after the War's conclusion.

Ford's construction of trauma is reliant on his complication of spaces, both mental and physical. When analyzed through the lens of Deleuzoguattarian theory, *Parade's End* illustrates that there is a direct connection between social perceptions of striation in war space and mental trauma. If war space is smoothed, the social understanding of trauma is also forfeited. By reintroducing the striation of war space and the soldier's psyche into social discourse, readers experience the sober reality of irresolvable trauma. Consequently, when Tietjens struggles to negotiate his trauma, readers too must work to

navigate the once-firm boundaries separating war and peace: "He imagined that his brain was going; he was mad and seeing himself go mad. He cast about in his mind for some subject about which to think so that he could prove to himself that he had not gone mad" (*A Man* 609). British society's smoothing of spaces in the Great War—both psychological and physical—results in a misguided reduction of what causes and sustains war trauma. It is fair to say then, as Deleuze and Guattari conclude, "never believe that a smooth space will suffice to save us" (500). Both the smooth and the striated must be acknowledged to collapse the binary separating normative and traumatized mentalities.

Ford's Writing of the Great War

Ford's narrative of trauma in the "Tietjens saga"—his original title for the tetralogy—is shaped by an intimate understanding of life at war. As Max Saunders writes in the *Oxford Dictionary of National Biography*, Ford, at age forty-two, enlisted as a British soldier and began his tour of war, only to endure trauma first-hand:

> Ford joined the army in 1915 and served as an officer in the Welch [sic] regiment
> . . . When he was sent to the Somme in July 1916, only two weeks into the
> bloodiest battle in British military history, he nearly did die: a shell explosion
> concussed him, and he lost his memory for three weeks, forgetting even his own
> name for a few days. He was sent back to the front, this time in the Ypres salient.
> But he became ill again, suffering from pneumonia, probably exacerbated by
> having been gassed . . . Ford was sent to convalesce in the south of France, but
> when he returned to the front he had to be invalided home. (n.p.)

These traumatic experiences, of which there were many, influenced Ford's construction of *Parade's End* and provided the novel with an often unmatched sense of realism. Ford's experiences, as Rob Spence notes, "offered [him] membership of a club that was closed to a good many other contemporary writers" (153). Ford's time in war instilled in him an intimate familiarity with interruptive and invasive trauma. *Parade's End*, consequently, reflects the ongoing mental multiplicity of war trauma and stresses the fundamental circumstances that produce shell-shock.

Ultimately, *Parade's End*, like *The Return of the Soldier* and *Mrs. Dalloway*, works to reveal the complexities of disability by renegotiating the framework of the war novel. To do this within his own narrative, Ford resists exaggerating the repeated tensions of a mind caught between injury and recovery. Readers, as a result, experience the same "intimate fear of black, quiet nights, in dug-outs" as Tietjens, who suffers even during "those normal times when fear visited him at lunch" (*A Man* 595). Caught in Tietjens's consciousness, the reader endures the paradox of sustained psychological strain—the mind's movement between smooth and striated spaces. For Ford, the establishment of this implicit connection between reader and narrative is necessary to the production of the novel:

> The struggle—the aspiration—of the novelist . . . [is] to construct his stories and so to manage their surfaces that the carried away and rapt reader shall really think himself to be in Brussels on the first of Waterloo days or in Grand Central Station waiting for the Knickerbocker Express. ("The English Novel" 7-8)

The goal of the novel, as Ford understands it, is to impress upon the reader the sensation of authenticity. Through this produced sense of realism, the readers of *Parade's End* engage in memetics, or the imitated experience of Tietjens's narrative.[6]

Ford's insistence on a narrative engagement with readers is further explicated by his status as an Impressionist writer. Fordian Impressionism, to borrow Alexandra Becquet's term, "emerges as an aesthetics of perception which triggers memory . . . and which at the same time encapsulates the complexity of memory and its ties to the present" (96). The Impressionist lens, as written in Ford's 1913 essay "On Impressionism," expresses "the impression of a moment; it is not a sort of rounded, annotated record of a set of circumstances—it is the record of the recollection in your mind of a set of circumstances that happened ten years ago—or ten minutes" (41). By using this "record of recollection," Ford revives a war that concluded six to ten years prior; he denies readers the option of erasing or neglecting war memories or consequential trauma, and instead inserts his audience into the restored war narrative. Consequently, when Tietjens narrates his trauma, his striation is transmitted onto the reader: "Curiosity or fear? In the trench you could see nothing and noise rushed like black angels gone mad; solid noise that swept you off your feet . . . Swept your brain off its feet. Something else took control of it. You became second-in-command of your own soul" (*A Man* 602). The smoothness of the reader's war experience is transformed by

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[6] Coined by Richard Dawkins, a meme (or memetics) is "an element of a culture that may be considered to be passed on by non-genetic means, [especially] imitation" (*Oxford English Dictionary* n.p.). Through Tietjens's consciousness, Ford transfers an element of culture—modern trauma—onto the reader and allows readers to imitate the experience of disability.

Tietjens's striated narrative; trauma, consequently, exists outside of its imposed social binary.

The Impressionist frame is meant not only to reveal situations more intimately, but also to instigate reader reflection. By positioning readers in the midst of active fighting, Ford simultaneously returns the reader to past conditions of war. This sense of return is, according to Ford, central to an Impressionist text and reveals the ways in which readers are able to reflect on imposed experiences of striation:

> Indeed, I suppose that Impressionism exists to render those queer effects of real life that are like so many views seen through bright glass—through glass so bright that whilst you perceive through it a landscape or a backyard, you are aware that, on its surface, it reflects a face of a person behind you. For the whole of life is really like that: we are almost always in one place with our minds somewhere quite other. (40-41)

This sort of modern writing works to represent reality more accurately; Ford's stylistic technique then positions the reader, like Tietjens, in a state of in-betweenness. They are both inside and outside the narrative, and conscious of both positions.

Parade's End, consequently, illustrates another narrative representation of trauma that expands the collective exploration of disability launched by West and Woolf. In both *The Return of the Soldier* and *Mrs. Dalloway*, West and Woolf each deal with the cultural mistreatment of soldiers and work to reveal the many ways in which society fails to understand or positively treat disability. Though these authors highlight how society disappoints in its treatment of psychologically injured soldiers, neither investigates the conditions in which trauma is sustained. *Parade's End* provides this analysis by revealing

the recurring traumatic conditions soldiers encounter at the war front. Together, these novels reassess and complicate perceptions of trauma, socially and medically.

Continued Traumatic Exposure

To reveal the complexity of war disability, Ford illustrates a new technique of approaching the traumatized mind; instead of being defined in terms of a specific moment of shock or injury, psychological disability becomes the result of continued exposure to mental strain, anxiety, depression, and fear. Ford's insistence that readers be exposed to the circumstances imposing mental injury reintroduces the First World War as an ongoing dimension of British society ostensibly in peacetime and denies the repression of its distressing moments—a social tendency that Tietjens remarks on in *Some Do Not*. Ford's fictional account of war challenges and modernizes opinions of trauma, as he writes in the introductory letter to *A Man Could Stand Up—*:

> This is what the late war was like: this is how modern fighting of the organized, scientific type affects the mind. If, for reasons of gain, or, as is still more likely out of dislike for collective types other than your own, you choose to permit your rulers to embark on another war, this—or something very accentuated along similar lines—is what you will have to put up with! I hope, in fact, that this series of books, for what it is worth, may make war seem undesirable. (Macauley v)

Tietjens's state of traumatic transition thus unsettles the grounded conviction that war is a manageable or controllable event. By repositioning the war novel as a narrative of traumatic human encounters, Ford instigates a necessary reevaluation of the war experience.

Ford weaves together key instances of personal trauma to construct his narrative. These incidents are integral to construction of Tietjens's disability, for they reveal the true nature of psychological injury in war. Like Chris and Septimus, Tietjens experiences his own instance of shell-shock, the first of many traumas he will encounter. Tietjens divulges this injury to Sylvia retrospectively during his brief return home:

> 'What really happened to you in France? What is really the matter with your memory? Or your brain; is it?' [Sylvia asked.]
>
> He said carefully: 'It's half of it, an irregular piece of it, dead. Or rather pale. Without a proper blood supply . . . So great a portion of it, in the shape of memory, has gone.' (*Some* 179)

The "shape of memory" Tietjens loses is the "perfect encyclopaedia of exact material knowledge" he possessed prior to the War (*Some* 5). In this moment, Tietjens acknowledges that a great part of his rational mind is silenced and in its place remains trauma. As a result, Tietjens's mind is irrevocably divided and fluctuates between repeated moments of rationality and disability. Ford purposefully places this traumatic experience early in the narrative. Tietjens, not yet having spent a considerable amount of time at the front, quickly encounters psychological injury that instills enduring trauma. This first encounter of trauma, then, is not the focal point of the tetralogy, but is instead the introductory illustration of mental disability.

Tietjens's first instance of shell-shock exposes the underlying psychological strain of war. When pressed by Sylvia for more information about his injury, Tietjens suffers a momentary burst of emotion, crafting a simultaneously sense of helplessness and a need for rational understanding in him as he discusses his disability:

'Do you mind telling me what exactly happened to you?'

[Tietjens] said: 'I don't know that I can very well . . . Something burst—or

'exploded' is probably the right word—near me in the dark. I expect you'd rather

not hear about it? . . .'

'I want to!' Sylvia said.

He said: 'The point about it is that I *don't* know what happened and I don't

remember what I did. There are three weeks of my life dead . . . What I remember

is being in a C.C.S. [Casualty Clearing Station] and not being able to remember

my own name.' (*Some* 180, emphasis original)

Even as Tietjens tries to recall his injury, the memory is disrupted and incomplete. The

traumatic striation of war arena overtakes the smooth space of society, emphasizing that

mental spaces are constantly being interrupted and transitioned. Trauma, in consequence,

becomes a character of interruption— specifically, an interruption of mental normalcy.

Ford's predominant development of trauma occurs in the second and third

installments: *No More Parades* and *A Man Could Stand Up—*. Tietjens's return to the

front reinstates the process of active injuring. Ford, conscious of his novel's building

tension, composes his narrative as a "*progression d'effet*" (Macauley xi, emphasis

original). This rhetorical framework creates a "psychological melodrama which gradually

produces intolerable pressure" (Macauley xi). The longer Tietjens remains in war, the

more notable his mental anxiety becomes. Ford's "*progression d'effet*" framework

increases the tension between the smooth and striated spaces of Tietjens's mind, denying

any resolution of interruptive trauma. Though Tietjens "hope[s] that nothing would

happen that would make him lose control of his mind," the mounting pressure imposed

on his psyche highlights what little control he has (*A Man* 644). Within the narrative of

Parade's End, the effect of "*progression d'effet*" is not a sense of rationality, but a

continual questioning of sanity.

Within the two novels of the war front, the rhetorical tension is focused, in great

part, on Tietjens's experience of O Nine Morgan's death. O Nine Morgan, a soldier under

Tietjens's command, dies violently in training camp and in close proximity to Tietjens.

Though the scene is inherently written as a moment of trauma, emphasis is not given to

the physical description of O Nine Morgan's death. The distress of this scene is instead

revealed in Tietjens's attempt to suppress his psychological stress. This soldier's death,

offhandedly labeled as "another bloomin' casualty," haunts Tietjens more than any other

of the tetralogy, for O Nine Morgan dies immediately following Tietjens's decision not to

allow him home leave. Though O Nine Morgan requests to be returned home to confront

his cheating wife, Tietjens denies him leave because Tietjens believes him to be a good

officer momentarily overtaken by madness: "The repression of the passion drive them

mad. He must have been being sober, disciplined, patient, absolutely repressed ever since

1914—against a background of hell-fire, row, blood, mud, old tins" (*No More* 318).

Tietjens ignores the psychological distress of his soldier, and chooses instead to keep him

in active war space. This decision is representative of a larger social resolution to

disregard trauma and keep soldiers in war.

This scene, however, is directly followed by the bursting of a shrapnel shell that

kills O Nine Morgan. When Tietjens is made aware of O Nine Morgan's death, he

experiences psychological shock in a way previously unfamiliar to him. Prior to the loss

of O Nine Morgan, Tietjens observes his men as abstracted pieces: "Each man a man

with backbone, knees, breeches, braces, a rifle, a home, passions, fornications, drunk

pals, some scheme of the universe" (*No More* 319). The death of O Nine Morgan,

however, gives Tietjens an awareness of the materiality of the human body he had not,

until that point, personally encountered:

> In the bright light it was as if a whole pail of scarlet paint had been dashed across
>
> the man's face on the left and his chest. It glistened in the firelight—just like fresh
>
> paint, moving! . . . [Tietjens] hoped he would not get his hands all over blood,
>
> because blood is very sticky. It makes your fingers stick together impotently. But
>
> there might not be any blood in the darkness under the fellow's back where he
>
> was putting his hand. There was, however; it was very wet . . . Tietjens thought
>
> that, thank God, someone would come and relieve him of that job. It was a
>
> breathless affair holding up the corpse with the fire burning his face. (*No More*
>
> 331)

The exposed blood of O Nine Morgan forcibly reminds Tietjens of his part in his

soldier's death. The attempt to repress trauma by focusing on the removal of blood

highlights, as Eve Sorum notes, Tietjens's attempt to "abstract the space—smoothing

over the violent particulars of the [scene]—so that he can achieve some sort of coherent

perspective" (157). Yet Tietjens, suffering from a combination of shell-shock and grief,

endures further mental striation; his attempt to rationally approach trauma ultimately fails

and is subverted by the unresolved memory of O Nine Morgan's death.

Though Tietjens initially focuses on his bloody hands, his attention is

immediately and continually interrupted by ongoing psychological distress. Ford reveals

the striation of Tietjens's mind through Tietjens's inability to forget his role in the death

of his soldier: "If he, Tietjens, had given the fellow the leave he wanted he would be alive now! . . . Well, he was quite right not to have given the poor devil his leave. He was, anyhow, better where he was. And so was he, Tietjens!" (*No More* 333). Yet Tietjens's assurance that he himself is "better" reinforces Ford's narrative of recurrent and developing trauma. Tietjens is not better, nor he is able to resolve the stresses he sustains.

Almost three hundred pages later in the narrative, Tietjens is still plagued by the trauma of O Nine Morgan: "He knew his nerves were in a bad way because he had a ghostly visit from O Nine Morgan, a fellow whose head had been smashed, as it were, on his, Tietjens', own hands, just after Tietjens had refused him home leave" (*A Man* 607). Though O Nine Morgan's death was an instant of injury, Tietjens is incapable of completely smoothing over his psychological striation. The consequences of this event even cause Tietjens to observe his men in new, darker ways:

> He found himself at times looking at the faces of several men and thinking that this or that man would shortly be killed. He wished he could get rid of the habit. It seemed indecent. As a rule he was right. But then, almost every man you looked at there was certain to get killed. (*A Man* 673)

Trauma instigates an intellectual complexity that Tietjens proves unable to resolve, despite being deeply committed to intellectualism before the war. While he is capable of intellectual rationality, Tietjens is also continuously traversed into traumatic striation. *Parade's End*, then, becomes the mediator between normalcy, memory, and trauma. As Ford develops his narrative, the traumatic strain of war on Tietjens becomes increasingly evident. Regardless of his location—at the front, at training camp, or in London— Tietjens experiences a repeated mixture of rationality and disability, making his trauma a

persistent and irresolvable reality during and after the cessation of hostilities. Consequently, when Tietjens observes that the "imbecile national belief that the game is more than the player . . . was our ruin, mentally, as a nation," the reader is acutely aware of the need to renegotiate the delimited boundaries socially imposed on trauma (*No More* 329).

The Last Post concludes Ford's narrative of recurrent trauma by situating Tietjens and his disability back into the social spaces of London. Like Chris and Septimus, Tietjens's return instigates certain cultural expectations. Mark, Tietjens's brother, observes Tietjens as "done for . . . he was as good as down and out, as the phrase was" (*The Last Post* 796). The lasting affects of trauma, which divorce him from his strictly gentry outlook, prompt Tietjens to adopt a lifestyle Mark cannot accept. For Tietjens "proposed to eschew comfort . . . He was not going to live in that way unless he could secure that or something like it, by his own talents" (*The Last Post* 805). Mark is incapable of understanding why Tietjens would choose this existence; in his opinion, "an Englishman's duty is to secure for himself for ever" reasonable comfort (*The Last Post* 805). What Mark fails to understand is that Tietjens is no longer bound to the social parade of the British upper class.

Valentine, Tietjens's lover, more readily accepts Tietjens's traumatized state, though there are moments when she thinks of his trauma as his "half-crazed condition" (*The Last Post* 887). This description recalls her envisioning of Tietjens when she first hears of his psychological trauma in *A Man Could Stand Up*: "broken down, broken up, broke to the wide" (559). Though Valentine loves Tietjens, the life they have together after war does not meet her expectations. She "imagine[s] that she would go all on to the

end with her longings unvoiced . . . And you have to think whether it is worse for the unborn child to have a mother with unsatisfied longings or a father beaten at his" (*The Last Post* 878-879). Ford's conclusion provides no sense of resolution. Readers are left to grapple with Tietjens's life post-war, observing that he, like Chris and Septimus, no longer adheres to social expectations. Yet this ending aligns with the account of trauma Ford presents: trauma is irresolvable and does not fit within a socially ascribed frame.

Conclusion

Ford's presentation of striated trauma exposes readers to the disabled experience in a way that differs from the narratives of either *The Return of the Soldier* or *Mrs. Dalloway*. In the novels discussed in chapters 1 and 2, West and Woolf reveal trauma's persistent psychological effects outside of active war space: Chris's trauma erases his memory of adulthood and war, and Septimus's trauma continually reengages his memories of war. *Parade's End*, however, situates readers in the process of trauma. The framework of Ford's tetralogy encodes on its readers the same experience of mental multiplicity that Tietjens's suffers; *Parade's End*, therefore, functions as a series of experiences, not observations.

By narrating the arena of war as the soldier psychologically encounters it, Ford challenges what Patricia Rae emphasizes as "a much wider social amnesia prevailing in Britain after the war, an amnesia manifested in government policies . . . and sustained, ironically, by commemorative rituals, such as the 'moments of silence' " (28). Without vocal discussions of war and its lingering effects, disability remains encased in outdated conventions. As Tietjens learns, striated spaces cannot be concealed by smoothness.

Trauma, as an ongoing process, must be treated as a mixture of the smooth and the striated. Society must break down the binary of rational and disabled so soldiers with mental multiplicity may stand up and be recognized.

Works Cited

Becquet, Alexandra. "Composting the War and the Mind; Composing *Parade's End*."

    War and the Mind: Ford Madox Ford's Parade's End, Modernism, and

    Psychology. Ed. Ashley Chantler and Rob Hawkes. Edinburgh: Edinburgh

    University Press, 2015. Print.

Bourke, Joanna. *Dismembering the Male: Men's Bodies, Britain, and the Great War*.

    Chicago: University of Chicago, 1996. Print.

Deleuze, Gilles, and Félix Guattari. "The Smooth and the Striated." *A Thousand*

    Plateaus. Minneapolis: University of Minnesota, 1987. 474-500. Print.

Ford, Ford Madox. "A Man Could Stand Up—." *Parade's End*. New York: Vintage

    Classics, 2012. 541-730. Print.

Ford, Ford Madox. "No More Parades" *Parade's End*. New York: Vintage

    Classics, 2012. 311-540. Print.

Ford, Ford Madox. "On Impressionism." *Critical Writings of Ford Madox Ford*. Ed.

    Frank MacShane. Lincoln: University of Nebraska Press. 1964. 33-55. Print.

Ford, Ford Madox. "Some Do Not . . ." *Parade's End*. New York: Vintage

    Classics, 2012. 731-906. Print.

Ford, Ford Madox. "The English Novel." *Critical Writings of Ford Madox Ford*. Ed.

    Frank MacShane. Lincoln: University of Nebraska Press. 1964. 3-20. Print.

Ford, Ford Madox. "The Last Post" *Parade's End*. New York: Vintage

    Classics, 2012. 1-310. Print.

Hawkes, Rob. "Introduction." *Ford Madox Ford's Parade's End: The First World War,*

    Culture, and Modernity. Ed. Ashley Chantler and Rob Hawkes. Amsterdam:

Rodopi, 2014. 13-21. Print.

Leed, Eric. "Fateful Memories: Industrialized War and Traumatic Neuroses." *Journal of Contemporary History* 35.1 (January 2000): 85-100. *JSTOR*. Web. 6 January 2016.

Macauley, Robie. "Introduction." *Parade's End*. New York: Knopf, 1950. V-Xxii. Print.

"Meme." *Oxford English Dictionary*. Web. 10 Feb. 2016. [http://www.oed.com.ezproxy.tcu.edu/view/Entry/239909?redirectedFrom=mem #eid].

Moore, Gene M. "The Tory in a Time of Change: Social Aspects of Ford Madox Ford's Parade's End." *Twentieth Century Literature* 28.1 (Spring 1982): 49-68. *JSTOR*. Web. 06 January 2016.

Owen, Wilfred. "Dulce Et Decorum Est." *World War One British Poets: Brooke, Owen, Sassoon, Rosenberg, and Others*. Ed. Candace Ward. Mineola, NY: Dover Publications, 1997. 21-22. Print.

Rae, Patricia. "Introduction: Modernist Mourning." *Modernism and Mourning*. Ed. Patricia Rae. Lewisburg: Bucknell University Press, 2007. 13-49. Print.

Saunders, Max. "Ford, Ford Madox (1873–1939)." *Oxford Dictionary of National Biography*, Oxford University Press. Web. 12 January 2016. [http://www.oxforddnb.com.ezproxy.tcu.edu/view/article/33197]

Saunders, Max. *Ford Madox Ford: A Dual Life, Volume 1: Before the War*. Oxford: Oxford University Press, 2012. Print.

Sorum, Eve. "Mourning and Moving On: Life after War in Ford Madox Ford's *The Last*

    Post." *Modernism and Mourning*. Ed. Patricia Rae. Lewisburg: Bucknell

    University Press, 2007. 154-167. Print.

Spence, Rob. "Ford and Lewis: The Attraction of Opposites." *Ford Madox Ford's*

    Parade's End: The First World War, Culture, and Modernity. Ed. Ashley

    Chantler and Rob Hawkes. Amsterdam: Rodopi, 2014. 23-35. Print.

CONCLUSION

One forgets only those things one wants to forget. It's our business to find out why
[Chris] wanted to forget this life.
-Rebecca West, *The Return of the Soldier*

At last, with melodramatic gesture which he assumed mechanically and with complete
consciousness of its insincerity, [Septimus] dropped his head in his hands. Now he had
surrendered; now other people must help him. People must be sent for. He must give in.
-Virginia Woolf, *Mrs. Dalloway*

Tietjens went on reflecting . . . There were a great many kinds of madness. What kind
was this?
-Ford Madox Ford, *Parade's End*

Within the vast canon of modernism, *The Return of the Soldier*, *Mrs. Dalloway*,

and *Parade's End* renegotiate the narrative of the disabled soldier. Despite the cultural

attempt to situate them otherwise, each of West, Woolf, and Ford's soldiers resists any

inherent fixedness; their disability does not delimit them as "othered," but reveals the

complexities of psychological trauma inside and outside of the war arena. The distorted

social perception of trauma, as Kai Erikson emphasizes, leaves psychologically injured

individuals "withdrawn into a kind of protective envelope, a place of mute, aching

loneliness, in which the traumatic experience is treated as a solitary burden that needs to

be expunged by acts of denial and resistance" (186). The insertion of the psychologically

disabled soldier into literary discourse, however, refuses to deny or resist the complexity

mental injury. These canonical modernist works, consequently, give a voice to mental

trauma.

West, Woolf, and Ford's novels restructure war as a psychological, rather than

physical, sequence of events. Each of their narratives highlights a different situation of

mental disability, bringing their novels together as a portrait of collective trauma. Both

The Return of the Soldier and *Mrs. Dalloway* confront misguided social and medical treatments of disability, while *Parade's End* reveals it is not the mental weakness of a soldier that causes psychological injury, but rather the ongoing process of traumatic exposure. These renegotiated representations of trauma are, according to Edward Said, "part of what we do as intellectuals . . . [we] not only define the situation, but also discern the possibilities for active intervention" (36). West, Woolf, and Ford characterize the First World War as an experience of continuing psychological injury, consequently confronting the socially framed experience of heroism or disability. By destabilizing the assumed characteristics of disability, these authors resist firmly situating psychological trauma within an imposed expectation. Like the movement of the smooth and striated mind, Chris, Septimus, and Tietjens exist in a mixture of normative and disabled behavior. These stories reveal the intricacies of the wounded mind without imposing restrictive conditions.

The disruption of the binary separating normative and traumatized individuals necessitates a reevaluation of other analogous dualities, particularly the binary separating spaces of war and peace. Peace, as Said notes, is not simply an inherently smooth or utopic space, though society might expect such conditions:

> The seduction of the word itself—peace—is that it is surrounded by, indeed drenched in, the blandishments of approval, uncontroversial eulogizing, sentimental endorsement . . . It takes a good deal more courage, work, and knowledge to dissolve words like 'war' and 'peace' into their elements, recovering what has been left out of peace processes that have been determined

by the powerful, and placing that missing actuality back in the center of things.

(38)

The division of war and peace subverts any subsequent effects of war inside social spaces. Society's lack of fluid observation and understanding enforces opposition between conditions that, in fact, exist in a state of mixture. The separation of war and peace is directly tied to the separation of normalization and trauma. If society cannot acknowledge war and peace as mixed spaces, mental disability acquired in combat will continuously be denied or mistreated outside the war arena.

Trauma, as it is depicted in all three novels, is not a single or impassive incident. Trauma is recurrent; it takes place at the front, on leave, and upon a soldier's permanent return home. The modernist fiction of West, Woolf, and Ford elicit a social reassessment of the War, trauma, and the disabled mind by revealing that British culture is not a space separated from trauma. Even one hundred years later, social discourse continues to wrestle with accommodating new perceptions and opinions of such psychological injuries, making a study of these narratives all the more timely. An analysis of these three novels reveals a persistent feature of modernist fiction that, curiously, has gone unnoted to date. The purpose of my project is to distinguish three exemplary works of fiction within the modernist canon to explore how war *and* disability are persistent preoccupations of modernism. The cost of mental disability and trauma must be included in discussions of war, lest contemporary scholars miss an important dimension of modernist studies. *The Return of the Soldier*, *Mrs. Dalloway*, and *Parade's End* unite as a presentation of the mind affected in war. Ultimately, society must resist closing the frame of mental disability—only then can we uncover what madness truly implies.

Works Cited

Erikson, Kai. "Notes on Trauma and Community." *Trauma: Explorations in Memory*. Ed.

Cathy Caruth. Baltimore: John Hopkins University Press, 1995. 183-199. Print.

Said, Edward W. "The Public Role of Writers and Intellectuals." *The Public Intellectual*.

Ed. Helen Small. Oxford: Blackwell Publishing, 2002. 19-39. Print.

BIBLIOGRAPHY

Anonymous. "The Return of the Soldier." *The English Review* (July 1918): 79. *ProQuest*.

    Web. 15 October 2015.

Becquet, Alexandra. "Composting the War and the Mind; Composing *Parade's End*."

    War and the Mind: Ford Madox Ford's Parade's End, Modernism, and

    Psychology. Ed. Ashley Chantler and Rob Hawkes. Edinburgh: Edinburgh

    University Press, 2015. Print.

Bonikowski, Wyatt. *Shell Shock and the Modernist Imagination: The Death Drive in*

    Post-World War I British Fiction. Farnham, Surrey, England: Ashgate, 2013.

    Print.

Bourke, Joanna. *Dismembering the Male: Men's Bodies, Britain, and the Great War*.

    Chicago: University of Chicago, 1996. Print.

Briggs, Julia. *Virginia Woolf: An Inner Life*. Orlando, FL: Harcourt, 2005. Print.

Butler, Judith. *Frames of War: When Is Life Grievable?* London: Verso, 2010. Print.

Caramagno, Thomas C. *The Flight of the Mind: Virginia Woolf's Art and Manic-*

    Depressive Illness. Berkeley, CA: University of California, 1992. Print.

Collins, J. P. "The Return of the Soldier." *The Bookman* 54.322 (July 1918):

    123. *ProQuest*. Web. 15 October 2015.

Davis, Lennard J. *The End of Normal: Identity in a Biocultural Era*. University

    of Michigan, 2014. Print.

Deleuze, Gilles, and Félix Guattari. "Becoming-Intense, Becoming-Animal, Becoming

    Imperceptible." *A Thousand Plateaus*. Minneapolis: University of Minnesota,

    1987. 232-309. Print.

Deleuze, Gilles, and Félix Guattari. "The Smooth and the Striated." *A Thousand Plateaus*. Minneapolis: University of Minnesota, 1987. 474-500. Print.

Eliot, T. S. "The Waste Land." *T.S. Eliot: Selected Poems*. London: Faber and Faber, 2009. 41-64. Print.

Erikson, Kai. "Notes on Trauma and Community." *Trauma: Explorations in Memory*. Ed. Cathy Caruth. Baltimore: John Hopkins University Press, 1995. 183-199. Print.

"First Battle of the Somme." *Encyclopaedia Britannica. Britannica Academic*. Encyclopaedia Britannica Inc., Web. 23 October 2015. [http://academic.eb.com.ezproxy.tcu.edu/EBchecked/topic/554099/First-Battle-of-the-Somme]

Ford, Ford Madox. "A Man Could Stand Up—." *Parade's End*. New York: Vintage Classics, 2012. 541-730. Print.

Ford, Ford Madox. "No More Parades" *Parade's End*. New York: Vintage Classics, 2012. 311-540. Print.

Ford, Ford Madox. "On Impressionism." *Critical Writings of Ford Madox Ford*. Ed. Frank MacShane. Lincoln: University of Nebraska Press. 1964. 33-55. Print.

Ford, Ford Madox. "Some Do Not . . ." *Parade's End*. New York: Vintage Classics, 2012. 1-310. Print.

Ford, Ford Madox. "The English Novel." *Critical Writings of Ford Madox Ford*. Ed. Frank MacShane. Lincoln: University of Nebraska Press. 1964. 3-20. Print.

Ford, Ford Madox. "The Last Post" *Parade's End*. New York: Vintage Classics, 2012. 731-906. Print.

Foucault, Michel. "Of Other Spaces." Trans. Jay Miskowiec. *Diacritics* 16.1 (1986): 22-
27. *JSTOR*. Web. 11 June 2015.

Freedman, Ariela. *Death, Men, and Modernism: Trauma and Narrative in British Fiction
from Hardy to Woolf*. New York: Routledge, 2003. Print.

Friedman, Susan Stanford. "Periodizing Modernism: Postcolonial Modernities and the
Space/Time Borders of Modernist Studies." *Modernism/modernity*. 13.3 (2006)
425-443. *Project MUSE*. 5 March 2015.

Freud, Sigmund. "Beyond the Pleasure Principle." *The Standard Edition of the Complete
Psychological Works of Sigmund Freud*. London: Hogarth, 1955. 7-23. Print.

Greenland, W. Kingscote. "Mind Healing." *Quiver* (July 1922): 817-20. *ProQuest*. Web.
15 Nov. 2015.

Hawkes, Rob. "Introduction." *Ford Madox Ford's Parade's End: The First World War,
Culture, and Modernity*. Ed. Ashley Chantler and Rob Hawkes. Amsterdam:
Rodopi, 2014. 13-21. Print.

Holmes, Martha Stoddard. *Fictions of Affliction: Physical Disability in Victorian Culture*.
Ann Arbor: University of Michigan, 2004. Print.

Howard, Maureen. "Introduction." *Mrs. Dalloway*. Boston: Houghton Mifflin Harcourt,
1990. Vii-Xiv. Print.

Hynes, Samuel. "Introduction." *The Return of the Soldier*. New York: Penguin, 1998.
Vii-Xvi. Print.

Kipling, Rudyard. "Recessional." *Recessional and Other Poems*. Leopold Classic
Library, 2014. 3. Print.

Leed, Eric. "Fateful Memories: Industrialized War and Traumatic Neuroses." *Journal of Contemporary History* 35.1 (January 2000): 85-100. *JSTOR*. Web. 6 January 2016.

"London." *Encyclopaedia Britannica. Britannica Academic.* Encyclopaedia Britannic Inc., Web. 8 December 2015. [http://academic.eb.com.ezproxy.tcu.edu/ EBchecked/topic/346821/London/294326/London-through-the-ages]

Macauley, Robie. "Introduction." *Parade's End*. New York: Knopf, 1950. V-Xxii. Print.

"Meme." *Oxford English Dictionary*. Web. 10 Februrary 2016. [http://www.oed.com.ezproxy.tcu.edu/view/Entry/239909?redirectedFrom=mem #eid].

Moore, Gene M. "The Tory in a Time of Change: Social Aspects of Ford Madox Ford's Parade's End." *Twentieth Century Literature* 28.1 (Spring 1982): 49-68. *JSTOR*. Web. 06 January 2016.

Moose, George L. "Shell-Shock as a Social Disease." *Journal of Contemporary History* 35.1 (January 2000): 101-08. *JSTOR*. Web. 12 November 2015.

Owen, Wilfred. "Dulce Et Decorum Est." *World War One British Poets: Brooke, Owen, Sassoon, Rosenberg, and Others*. Ed. Candace Ward. Mineola, NY: Dover Publications, 1997. 21-22. Print.

Pinkerton, Steve. "Trauma and Cure in Rebecca West's "Return of the Soldier"" *Journal of Modern Literature* 32.1 (2008): 1-12. *JSTOR*. Web. 07 October 2015.

Rae, Patricia. "Introduction: Modernist Mourning." *Modernism and Mourning*. Ed. Patricia Rae. Lewisburg: Bucknell University Press, 2007. 13-49. Print.

Reid, Fiona. *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914-1930*.

London: Bloomsbury, 2010. Print.

Said, Edward W. "The Public Role of Writers and Intellectuals." *The Public Intellectual*.

Ed. Helen Small. Oxford: Blackwell Publishing, 2002. 19-39. Print.

Saunders, Max. "Ford, Ford Madox (1873–1939)." *Oxford Dictionary of National*

Biography, Oxford University Press. Web. 12 January 2016.

[http://www.oxforddnb.com.ezproxy.tcu.edu/view/article/33197]

Saunders, Max. *Ford Madox Ford: A Dual Life, Volume 1: Before the War*. Oxford:

Oxford University Press, 2012. Print.

"Shell Shock." *Oxford English Dictionary*. N.p., Web. 12 November 2015.

[http://www.oed.com.ezproxy.tcu.edu/view/Entry/413064].

Sorum, Eve. "Mourning and Moving On: Life after War in Ford Madox Ford's *The Last*

Post." *Modernism and Mourning*. Ed. Patricia Rae. Lewisburg: Bucknell

University Press, 2007. 154-167. Print.

Spence, Rob. "Ford and Lewis: The Attraction of Opposites." *Ford Madox Ford's*

Parade's End: The First World War, Culture, and Modernity. Ed. Ashley

Chantler and Rob Hawkes. Amsterdam: Rodopi, 2014. 23-35. Print.

Taylor, David. *Memory, Narrative and the Great War: Rifleman Patrick Macgill and the*

Construction of Wartime Experience. Liverpool, England: Liverpool University,

2013. Print.

Waugh, Arthur. "Shakespeare's Warriors." *Fortnightly Review*. 97.577 (January 1915):

113-124. Web. 25 October 2015.

West, Rebecca. *The Return of the Soldier*. New York: Penguin, 1998. Print.

Williams, W. Llew. "Mr. H. A. Barker's Offer: Military Needs and Medical

      Methods." *The English Review* (October 1916): 330-42. *ProQuest*. Web. 25

      October 2015.

Wollaeger, Mark. *Modernism, Media, and Propaganda: British Narrative from 1900 to*

      1945. *Princeton University Press* (2008). Print.

Woolf, Virginia. "Modern Fiction." *The Essays of Virginia Woolf, Volume 4, 1925-1928*.

      Ed. Andrew McNeille. London: The Hogarth Press, 1984. 157-65. Print.

Woolf, Virginia. "Mr. Bennett and Mrs. Brown." *The Hogarth Press* (1924): 3-24. Web.

      10 October 2015.

Woolf, Virginia. *Mrs. Dalloway*. Boston: Houghton Mifflin Harcourt, 1990.

      Print.

Woolf, Virginia. *On Being Ill*. Paris Press, 2002. Print.

VITA

Jacquelyn Danielle Mason, daughter of George and Joanne Mason, was born April 11, 1991 in Orlando, Florida. A 2009 graduate of William R. Boone High School, Jacquelyn received a Bachelor of Arts degree with honors distinction from the University of Tampa in 2012; she majored in English and minored in History. While at the University of Tampa, Jacquelyn was president of the English honors society Sigma Tau Delta and was awarded an honors study abroad scholarship to the University of Oxford.

After graduating from the University of Tampa, Jacquelyn joined the English graduate program at Texas Christian University. While completing her Master's thesis, Jacquelyn was appointed multiple positions within the English department: she was given a teaching assistantship in 2014, was assistant the Director of Graduate Studies in 2015, and was selected as managing editor to Texas Christian University's literary journal *descant* in 2015-2016. In addition to these positions, Jacquelyn also worked as a graduate proctor for AddRan College.

ABSTRACT

MENTAL DISABILITY AND THE GREAT WAR: THE NEW MODERNISM OF WEST, WOOLF, AND FORD

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This thesis investigates how British culture struggled with the representation of psychologically disabled soldiers in the fairly immediate aftermath of World War I. My analysis of Rebecca West's *The Return of the Soldier* (1918), Virginia Woolf's *Mrs. Dalloway* (1925), and Ford Madox Ford's *Parade's End* (1924-1928) exposes how mental illness complicates cultural perceptions of disabled soldiers, how social space is determined for the disabled, and how trauma is an ongoing mental process. This research joins the emerging field of New Modernist Studies, which reimagines the concepts that constitute a modernist text. I argue why it is important to consider how the aesthetics or style of modernism enables these authors to represent disabled bodies in a new way. The fiction of West, Woolf, and Ford elicit a social reassessment of war, trauma, and the disabled mind, thus revealing how war *and* disability are persistent preoccupations of modernism.