Rhetorically "Ill:" Traumatic Strategies in the Work of Virginia Woolf

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"Rhetorics," Herman and Vervaeck state in their *Handbook of Narrative Analysis*, "considers a story as an attempt to persuade the reader by means of all kinds of techniques" (122). The trauma survivor, then, is doubly challenged to present a coherent narrative both to herself and to her audience. The authors continue: "These techniques themselves are no longer analyzed in their own right—as in structuralism—but they are studied in terms of their orientation to and effects on the reader." (Here we may substitute physician, or care giver for "reader.") "An insecure narrator" (and all trauma survivors are insecure narrators) "may have different intentions: perhaps he wants to make the reader insecure as well, or he may want to seduce him or make him curious. The nature, meaning, and function of narrative strategy only become clear when these effects are taken into account" (122). Having written frequently about illness, Virginia Woolf is well-suited as a subject for the uses and limitations of narrative to understand the rhetorics of the trauma narrative.

Employing the word "mad," as Woolf and those around her did to describe her illness, Kylie Valentine writes in *Psychoanalysis, Psychiatry, and Modernist Literature*, "We know Woolf was mad . . . because of her practices and the material she left in the world. It is visible in the behaviors witnessed by her family, friends, and doctors; narrativised in her diaries and public writings" (146). Reading madness in Woolf, Valentine reminds us, should "involve attention to differences: between genres, between audiences, between private and public, and between self-revelation and the creation of fiction" (124). It should also involve, I would argue, attention to the strategies and nuances that a survivor of sexual trauma employs to relate and refract her experience.

As Hermione Lee notes, "Virginia Woolf's clinical history keeps pace with the developing history of medicine and attitudes to mental illness" (178). If her treatments did not change between the 1880s and the 1930s—"bed rest, milk diets, and the avoidance of excitement," including writing, neither did her diagnosis. Her illness was described in the same way at the end of her life as at its beginning, as "acute neurasthenia;" Leonard Woolf uses this term to describe his wife's state of mind at the time of her suicide (Lee, 752). But neurasthenia was a notoriously unstable diagnosis which, like its counterpart hysteria "is a mimetic disorder; it mimics culturally permissible expressions of distress" (17), as Elaine Showalter points out in *Hysteries*. Moreover, neurasthenics, associated with both suffragettes and modernists, were viewed as incapable of telling a "complete, 'smooth and exact' story about themselves; they left out, distorted, and rearranged information" (84). In short, they were perceived as narrating their illness in much the same way, if not within the same framework, as survivors of early childhood sexual trauma and viewed with the same suspicion as were rhetorical orators by their classical audiences. Woolf, speaking of the "great confessional of illness," claims "a childish outspokenness in illness; things are said, truths are blurted out, which the cautious respectability of health conceals" (11).

Common Illness

Virginia Woolf begins her essay *On Being Ill* with a rhetorical flourish: "Considering how common illness is . . . how astonishing when the lights of health go down . . . what wastes and deserts a slight attack of influenza brings to view ." Yet the list of her chronic illnesses, physical and mental, for which she was treated is far more serious and kept hidden from the reader. These include, in alphabetical order: anorexia; fainting spells; glandular

imbalance; heart murmur, misdiagnosed, palpitations, and rapid pulse; influenza; migraine, pneumonia; scarlet fever, and so on. To this list must be added post-traumatic stress disorder, or as I prefer, Bessel van der Kolk's more recent definition of "developmental trauma disorder," which "is predicated on the notion that multiple exposures to interpersonal trauma, such as abandonment, betrayal, physical or sexual assaults . . . "have consistent and predictable consequences that affect many areas of functioning" (10). The multiple traumas that Woolf experienced within her household included the deaths of her mother, her half-sister Stella, and her elder brother Toby; the mental illness of her half-sister Laura; and sexual abuse by her two half-brothers Gerald and George. In fact, the "slight attack of influenza" resulted in a two-month long break in her diary.

The brilliant, pages-long, tour-de-force paragraph with which Woolf opens *On Being Ill* performs an extraordinary display of disguise and revelation of her childhood trauma, as Woolf rhetorically entices her readers toward, while distracting them from, the truth of her sexual abuse, and both shields and exposes her secret. Its long sentences and seemingly random associations stand in stark contrast to the opening of another, equally well-know essay of "madness," William Styron's *Darkness Visible*, whose more simple sentences stride toward a trajectory of health even as they slip into the pit of depression. As an incest survivor, Woolf presents a much more anxious and unstable illness narrative. Woolf drops her reader almost immediately from a "slight attack" of influenza "into the pit of death" where we "feel the waters of *annihilation* [ital. mine] close above our heads (3)", presaging her suicide by drowning. The exaggerated and labile language of this paragraph seems more appropriate to the hyperarousal of a victim of sexual abuse than the adult sufferer of the flu. As van der Kolk notes, "Although people with PTSD tend to deal with their environment

through emotional constriction, their bodies continue to react to certain physical and emotional stimuli as if there were a continuing threat of *annihilation*" [ital. mine] (*Traumatic Stress*, 13).

Woolf points to her sexual trauma two pages later, still within the same paragraph, when the "slight attack" becomes "one of the great wars"—and here we should note the echo of *Mrs. Dalloway*, which conflates the trauma of illness with the historical trauma of World War I—"the body wages with the mind . . . in the solitude of the bedroom against the assault of fever or the oncome of melancholia" (5). Woolf, however described this bedroom assault more privately in "22 Hyde Park Gate," a minimizing and jocular account of her adolescence delivered the audience of the Memoir Club in 1921:

> The room was dark. The house silent. Then, creaking stealthily, the door opened; treading gingerly, someone entered. 'Who?' I cried. 'Don't be frightened,' George whispered. 'And don't turn on the light, oh beloved. Beloved—'
>
> Yes, the old ladies of Kensington and Belgravia never knew that George Duckworth was not only father and mother, brother and sister to those poor Stephen girls; he was their lover also. (177)

Kylie Valentine's observes that "Reading madness in Woolf's words involves reading all the genres in which she wrote: novels, essays, reviews, diaries and letters" (124). Indeed, each genre deploys its own rhetoric to convey the truth of the trauma it seeks to relate, depending on its intended audience. As Woolf's posthumous readers we hear and understand her trauma in a way that her correspondents and contemporary readers could not. It allows multi-perspectival analysis denied even the therapist. It suggest, too, the instability of trauma narrative, dependent as it is on the narrator's trust of her audience. Reading Woolf's madness, Valentine admonishes, "involves engagement with material, not access to her consciousness (146)." Yet this textual engagement across so many genres and

documents, permits the reader to engage with the process of Woolf's own discovery and disclosure of her trauma through it writing, editing, and publication.

Enacting Trauma

"Oh what a bank," Woolf writes in her diary on November 27, 1925, after the two-month gap caused by the illness which "tumbled her into bed" (*D III*, 45). This "blank" is immediately preceded by an entry in which Woolf frets about the her relationship with Tom—T. S. Eliot—her friend and now business rival to Hogarth Press as editor at Faber & Faber. (In becoming an editor Eliot assumed a role of authority akin to Woolf's half-brother Gerald, publisher of her first two novels and himself a perpetrator of sexual abuse even earlier and more traumatic than that of George.) "Then there is the fascination of a breach," she writes about her relationship with Eliot; "I mean, after all this time conscious of something queer about him, it is more satisfactory to have it on the surface. Not that I want a breach: what I want is a revelation" (45). In fact, the diary enacts the breach that Woolf claims not to have wanted, as she succumbs to illness. Immediately on returning to the diary Woolf describes her lengthy recovery: "On the whole, I have not been unhappy; but not very happy; too much discomfort, sickness . . . a good deal of rat-gnawing at the back of my head; one or two terrors; then the tiredness of the body" (46).

This entry even more closely ties *On Being Ill*, written during this period, to her growing preoccupation and understanding of her sexual trauma. Key to this reading is the recognition of Woolf's use of the word "rat-gnawing" to describe the somatic symptom of mental distress. In his book *Soul Murder,* Leonard Sheingold extensively and persuasively links rat imagery in clinical and literary texts to sexual trauma and abuse. From the cases of

the "rat people" which he studies Sheingold discovers the "typical themes" found in trauma survivors. These themes include, but are not limited to, "an extraordinary power of dissociation from feeling and experience; autohypnotic states [and] compromised identity" (136). "The essential features of the dissociative disorder," as it is defined in the DSM, "is a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment." Woolf associates illness with a feverish creativity, "[this] making up of shapes and casting them down . . . this buffeting of clouds together . . . this incessant ringing up and down of curtains of light and shade . . . this endless activity." "Incomprehensibility has enormous power over us in illness," Woolf writes. The power of this incomprehensible creativity originates from a state in which the body lies "prone, stiff," (14) a description as apt of the experience of sexual trauma as it is of sickness. "We float with the sticks in the stream" (12). What Woolf calls "that snowfield of the mind" (15) from which poetry emerges is an extraordinary image of Keats's negative capability; it is also a chilling description of dissociation and self-erasure.

"The fact [of this creative activity] seems to call for comment and indeed for censure" (13-14), Woolf continues. Why censure? The tropes of creativity are for Woolf inextricably bound to the memories of her sexual trauma. Woolf submitted *On Being Ill* to Eliot for publication in the *Criterion*. In doing so she could not quite repress her association of Eliot the publisher with Gerald Duckworth the abuser. "That old rat chased to his hole," she writes about Eliot, using again the unconscious imagery associated with sexual abuse, "there is Tom's postcard about *On Being Ill*—an article which I & Leonard too, though one of my best . . . I mean he is not enthusiastic; so reading the proof just now, I saw wordiness, feebleness, & and all the vices in it" (*D III*, 49). In this brief entry we see Woolf enact the

trauma of publication, associated with self-disclosure and abuse, which cause her to breakdown in severe depression throughout her career. Astonishingly, we find in the same entry a hint of what will become *To the Lighthouse*: "What theme have I? Shan't I be held up for personal reasons? It will be too like father, or mother: & oddly, I know so little of my powers. Here is another *rat* [my italics] run to earth" (49).

Illness Narratives

"Illness narratives are not illnesses," Arthur Frank reminds us, "but they are a significant means for studying the social construction of illness as rhetorically bounded, discursively formulated phenomenon . . . . Illness narratives invoke change." "The core of any illness narrative is an epiphany" (41). I would like to conclude by suggesting that Woolf's *On Being Ill* embodies a resistance, originating in the nature of trauma, to the rhetoric of epiphany and to the trajectory of the story. "The public would say that a novel devoted to influenza would lack plot; they would complain that there is no love in it—wrongly, however, for illness often takes on the disguise of love, and plays the same odd tricks." (One of those tricks, as we have seen, is the sexual abuse of half-brothers.) "But enough of Shakespeare—let us turn to Augustus Hare," Woolf begins the final passage of her essay in an audacious feint that undermines the reader's need for closure, which she herself acknowledges: "There are people who say that even illness does not warrant these transitions" (23). In her long conclusion, which parallels that of her beginning, Woolf tells a story with all the narrative brilliance that she disavowed in her opening paragraph. It is a story that ends in stasis and death, performing not the Phoenix-like upward trajectory to the sky as Arthur Frank would argue, but a downward fall to mourning and the grave: "Never

could Sir john Leslie forget, when he ran downstairs on the day of the burial, the beauty of the great lady standing to see the hearse depart, nor, when he came back, how the curtain, heavy, mid-Victorian, plush perhaps, was all crushed together where she had grasped it in her agony" (28).

Trauma: Intersections among Narrative, Neuroscience, and Psychoanalysis
George Washington University
March, 2010

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