e-ISSN: 2707-1863
(CRESH)

Social Status, Gender, and Caregiving in Virginia Woolf's *Mrs. Dalloway*: An Examination of Burden and Expectations

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Received :	1 Mai 2026
Accepted :	20 juillet 2026
Published:	25 Septembre 2026
Citation:	Matta, Elie & Emile Whaibeh. (25 Septembre 2026)." Social Status, Gender, and Caregiving in Virginia Woolf's Mrs. Dalloway: An Examination of Burden and Expectations". *University Studies Journal in Arts and Humanities* (22), 199-216. http://cresh.ul.edu.lb/?page_id=80

Abstract

Introduction: Providing informal care for individuals with chronic illness is a major health concern, disproportionately affecting women and leading to significant caregiver burden. While literature often foregrounds illness, the lived experiences of spousal caregivers, particularly the ways in which gender and social class shape their burden, remain underexplored in Woolf scholarship. This paper addresses Virginia Woolf's observation of illness's minimal presence in

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(CRESH)

literature by examining the gendered reality of caregiving in her novel, *Mrs. Dalloway*. Specifically, this study aims to examine how gender and social status modulate the burden of three spousal caregivers in the novel and to reinterpret Septimus' suicide in light of this burden.

This study analyzes three spousal dyads: Clarissa and Richard, Evelyn and Hugh, and Lucrezia and Septimus. It integrates literary analysis with concepts of caregiver burden and historical gender roles, investigating how social class and gender modulate the emotional, financial, and physical caregiver burden. The analysis is guided by an adapted version of Gérain and Zech's (2019) Informal Caregiving Integrative Model (ICIM).

This paper argues that Woolf constructs a sliding scale of caregiver burden, arguing that while informal spousal care is taxing, the burden is amplified for women of lower social status. Lucrezia's situation caring for her traumatized husband contrasts sharply with the materially buffered, though emotionally distant, upper-class dyads. The analysis reveals that working-class women's vulnerability exacerbates their mental and physical strain.

By foregrounding spousal caregivers, Woolf's novel critiques the invisible gendered labor of informal care. This reading positions *Mrs. Dalloway* as a valuable text for medical humanities scholars examining the social determinants of caregiver well-being.

Keywords: Virginia Woolf, *Mrs. Dalloway*, caregiver burden, gender, social class

Introduction

Providing informal care for a person with a chronic illness – be it mental or physical – can be a burdensome task. It puts mental and physical strain on the caregiver, reduces their leisure time, and limits their ability to get paid work (Fekete, Tough, Siegrist, & Brinkhof, 2017). Moreover, chronic illnesses can extend over the course of several months or years, and the majority of such illnesses involve a gradual deterioration in the health of the care receiver. This results in negative and disruptive changes in the lives of the patients as well as the family members, particularly women who have been historically expected to occupy the role of the caregiver of their household (Hoffmann & Mitchell, 1998).

The issues of sickness and caregiver burden have been discussed by Virginia Woolf herself. In her essay "On Being Ill", Woolf remarks how little space illness occupies in literature compared to

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other themes like "love and battle", especially considering how common and transformative it is (Woolf, 1999). In *Mrs. Dalloway* (1925), she depicts illness as experienced by the patients themselves as well as its effects on their spousal caregivers. Considering the importance of illness in Woolf's writings, this essay examines Woolf's representation of spousal caregiving through three patient-caregiver dyads: Clarissa and Richard, Evelyn and Hugh, and Septimus and Lucrezia. We argue that Lucrezia's gender and social status render caring for her ill husband a much more taxing feat compared to her male counterparts, Richard and Hugh. Consequently, Septimus' suicide can be seen as Woolf's attempt to release Lucrezia from the burden of caregiving and the looks of sympathy that Lucrezia constantly receives, which Woolf considers an illusion and a hurdle that slow down Lucrezia's march with the "army of the upright" (Woolf, 1999). This reading is grounded in the text itself: Septimus' final cry, "I'll give it you!", and Lucrezia's calm, smiling reception of the news of his death (Woolf, 1999) together frame his suicide as an act directed toward his caregiver.

Our research paper aims to answer the following questions:

- How do gender and social status account for the differences in the burden borne by Lucrezia, Richard, and Hugh?
- How does reading Septimus' suicide through the lens of Lucrezia's caregiver burden reframe its meaning?

1. Literature Review

Research on caregiver burden started in the 1960s, originally defined as any cost that the health of an ailing person causes to their family (Hoffmann & Mitchell, 1998). This burden has multiple dimensions: physical, psychological, emotional, and socio-economic (Kasuya, Polgar-Bailey, & Takeuchi, 2000). In 1985, scholars distinguished between two types of burdens: objective burden, referring to the activities that the caregiver has to carry out, and subjective burden, which refers to the emotions associated with caregiving as well as the characteristics of the caregiver (Hoffmann & Mitchell, 1998). Additionally, researchers found that the caregiver burden has less to do with the objective tasks required and more to do with the care receiver's increasingly excessive demands and the embarrassment that they might cause for their caregiver (Hoffmann & Mitchell, 1998). Pinquart and Sörensen proposed the Model of Carer Stress and Burden as a conceptual framework to explain

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informal caregiver burden in relation to six different interacting elements: (1) primary stressors, which refer to the objective burden; (2) secondary stressors, which correspond to the consequences of the primary stressors; (3) the appraisal, which refers to the caregiver's subjective assessment of their situation; (4) the outcomes; (5) the exacerbating and mitigating factors; and (6) the contextual factors such as the sociodemographic, cultural or ethnic determinants that frame the caregiver's experience (Pinquart & Sörensen, 2006).

To build on the limitations of the Model of Carer Stress and Burden, Gérain and Zech developed the Informal Caregiving Integrative Model (ICIM) as a theoretical framework that considers all the different determinants of informal caregiver burnout, including the caregiving setting, the characteristics of the caregiver, and the social environment (Gérain & Zech, 2019). To Gérain and Zech, the appraisal of caregiver burnout is influenced by the aforementioned determinants as well as the relationship quality and coping strategies, and it is this appraisal that leads to the outcomes of caregiving burden, which include emotional exhaustion, depersonalization, lack of personal accomplishments, as well as other negative feelings associated with informal caregiver burnout (Gérain & Zech, 2019). In this paper, this framework serves as an analytical scaffold for the literary analysis, supplying the vocabulary through which the determinants, mediators, and outcomes of caregiver burden in *Mrs. Dalloway* are identified and compared.

2.1 Gender as a Determinant of Caregiver Burden

In many Western societies, caregiving has historically been considered a female burden. The wife, often younger and in better health than her husband, becomes the primary caregiver. Her absence, under any circumstances, means that the responsibility is conferred to children or siblings (Hoffmann & Mitchell, 1998). Until the 19th century, there was a deeply held belief that "every woman is a nurse", as caregiving was considered a domestic duty and innate to the female sex (Holton, 1984). Nevertheless, Florence Nightingale argued against such views and called for the formal training of women, thus establishing the profession of nursing. Hence, caregiving was no longer seen as an act of love but as that of labor and moral duty (Hoffmann & Mitchell, 1998). However, even Nightingale insisted that caregiving can only be carried out by women, a belief she considered self-evident and possibly motivated by her desire to provide them with respectable employment (Holton, 1984).

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Unsurprisingly, research on gender differences in caregiving found that women are more likely to report greater objective and subjective burdens (Sharma, Chakrabarti, & Grover, 2016). This is mainly due to several reasons. First, women spend more time on caregiving than their male counterparts, mainly because they are less likely to be employed outside of the house. Second, female caregivers are more likely to carry out tasks related to personal care and daily management of the condition as opposed to male caregivers. Finally, women are more likely to experience interference with their careers and social lives, which results in physical problems, fatigue, depression, and resentment toward their care-receivers (Sharma et al., 2016). In short, women are more likely to feel trapped in their caregiving role compared to their male counterparts. Other research suggested that the relationship between gender and caregiver burden might be mediated by other factors: the age of the caregiver, marital status, educational level, employment, socio-economic status, as well as the severity of the patient's illness (Sharma et al., 2016). Other factors contributing to caregiver burden include financial stress, social isolation, prolonged time providing care, and personal history of depression and anxiety (Felderhoff, 2017).

2.2 Illness and Caregiving in *Mrs. Dalloway*

Much has been said about Virginia Woolf's lifetime suffering with multiple ailments that documenting, dissecting, and analyzing their impact on her writing have occupied a large portion of her scholarship. To Ghalandari and Jamili, Woolf takes the role of both the patient and the "experimenter" who tries to understand the quality and depth of illness in her works (Ghalandari & Jamili, 2014). This is mainly notable in her novel *Mrs. Dalloway*, which juxtaposes the life of a politician's wife with that of a shell-shocked war veteran. In preparation for writing this novel, Woolf writes in her diary, "I want to give life and death, sanity and insanity; I want to criticize the social system, and to show it at work, at its most intense" (Leššová, 2011). In her introduction to the Modern Library edition of *Mrs. Dalloway* published in 1928, Woolf writes about the novel, stating that Septimus is Clarissa's double and that Clarissa was originally to kill herself by the end of the party (Kelley, 2013). Some research even compared Septimus' character to the Christian figure of Jesus Christ, arguing however that unlike Jesus, whose death "give[s] eternal life to the worthy" (Bethea, 2010, p. 250), Septimus' death feels anticlimactic and fails to achieve any purpose.

Critics have come forward with various interpretations of Septimus' death, either by comparing the work to Shakespeare's *Cymbeline* or Stevenson's *Dr. Jekyll and Mr. Hyde* or by interpreting it as an

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act of communication. According to Molly Hoff, *Mrs. Dalloway* shares with *Cymbeline* the cyclical theme of "loss and recovery", emblemized by the mythical bird, the Phoenix (Hoff, 2016). The bird imagery in the novel not only indicates that Septimus is Clarissa's "double", but it also shows that his death redeems her and leads to her rebirth (Hoff, 2016, p. 26). On her part, Joyce Kelley traces echoes of Robert Stevenson in *Mrs. Dalloway*, stressing on literary doubles and suicide (Kelley, 2013). The character of Septimus is likened to Dr. Jekyll's double, Mr. Hyde, who represents the *id*, the repressed, and the hidden nature of people. In Stevenson's novel, Dr. Jekyll dies because life is hopeless for a man who cannot reconcile private and public identities; however, Woolf allows Clarissa to live after Septimus' death because his suicide transforms her (Kelley, 2013).

For other critics, Septimus is not only a scapegoat to revive or transform Clarissa but also a man hopelessly trying to communicate a message. For Eileen Yu Xiaoxi, Septimus' problem is his inability to communicate, and his suicide can be therefore seen as a transcendental communication with Clarissa, despite the two never meeting. The meaning of the message that Septimus is trying to convey remains unclear; however, it invites Clarissa to reflect upon her own life through his death (Xiaoxi, 2016). To Douglas Rasmussen, Septimus' suicide is a message sent to a much larger audience: the British society of the time, plagued with ideologies of war and patriarchy. The death of the shell-shocked war veteran is blamed on the medical profession, which fails to diagnose and treat him. His suicide is read as an attempt to communicate his criticism of the system that fails him (Rasmussen, 2016).

Some readings of *Mrs. Dalloway* underemphasize the significance of Septimus' death in relation to the woman who suffered the burden of his illness the most, Lucrezia. Douglas Rasmussen states that Lucrezia blames Septimus' death on the shortcomings of the medical profession of the time: "Never, never had [she] felt such agony in her life! She had asked for help and been deserted!" (Rasmussen, 2016; Woolf, 1999). In fact, critics such as Wu believe that Rezia has the complete right to feel that way since she is a victim of her husband's trauma. Not only is Rezia ostracized by her society, but she also suffers from what seems to be depression following her husband's army days (Wu, 2019). According to Wu, Rezia's suffering "is just a microcosm of the fate of the females in and after the war" (Wu, 2019, p. 567), and it should not be taken lightly given her husband's condition (Wu, 2019).

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In contrast, Turner looks at the character of Rezia from a different perspective, one that this paper agrees with. It is true that throughout the novel, Rezia comes across as a burdened wife, who is heavily affected by her husband's condition (Turner, 2018). Her reaction to her husband's death, however, is the most curious of all the characters. When Rezia is informed that Septimus has just committed suicide, she smiles, and this reaction, according to Turner, "suggests that a semblance of relief falls over her" (Turner, 2018, p. 40). Rezia does not react in the conventional way that one would expect a grieving wife to display, and this can be attributed to her caregiver burden (Turner, 2018). However, it is important to note that Woolf was not only aware of the burden the care-receiver places on their spouse; she experienced it firsthand as evidenced in her suicide note to her husband Leonard, where she writes, "I know that I am spoiling your life, that without me you could work. I can't go on spoiling your life any longer" (Woolf, 1993).

2. Methodology

Taking into account Woolf's views on illness, as expressed in her essay "On Being Ill", as well as the social and historical context of *Mrs. Dalloway,* this paper will examine the caregiver burden of Lucrezia in comparison to Richard and Hugh and will focus on the significance of Septimus' suicide in relation to his primary caregiver, Lucrezia. To evaluate the caregiver burden of Hugh, Richard, and Lucrezia, this analysis will adopt an adapted version of the Informal Caregiving Integrative Model (ICIM), as proposed by Gérain and Zech (2019). The adapted model of informal caregiver stress (Figure 1) focuses on three main headings: the determinants of caregiver burden, its mediators, and its outcomes.

Figure 1

Framework for Informal Caregiver Burden, Based on and Adapted from Gérain and Zech's 2019 Informal Caregiving Integrative Model

e-ISSN: 2707-1863
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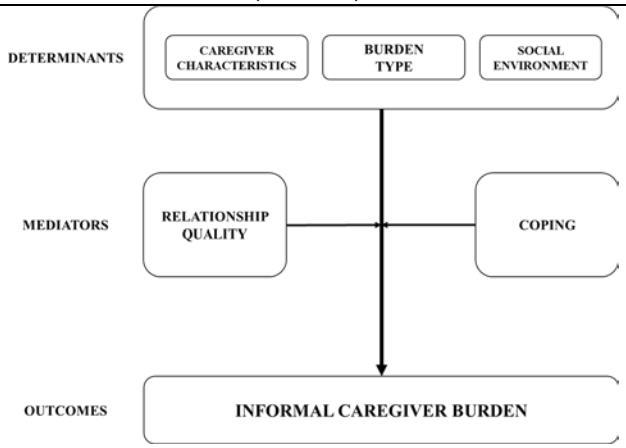

3.1 Caregiver Characteristics

Three main categories make up the caregiver characteristics. The first determinant is the caregiver's background and sociodemographic factors. As outlined in Section 2.1, gender is a central factor here: women are more likely to experience burnout and caregiver strain (Salama, 2012; Truzzi et al., 2008). The caregiver's employment status also plays an important part: Working while caregiving allows the caregiver to experience different forms of distraction, instead of having to be around the patient at all times. Unfortunately, some female caregivers might be pushed to leave their occupations for the sake of taking care of their ailing dependents (Verbakel, Tamlagsrønning, Winstone, Fjær, & Eikemo, 2017). Finally, another important socio-demographic factor to consider is the multiple roles that the caregiver may have. Caregivers who also happen to be partners and/or parents are more likely to experience worse caregiver strain because of the stress that each role causes them (de Almeida Mello et al., 2017).

Moreover, the caregiver's psychological and physical states should be taken into consideration. On the psychological front, the caregiver's personality type, their ability to control their emotions, and their overall mental health state contribute greatly to caregiver burden (Gérain & Zech, 2019). The type of relationship between the caregiver and the care recipient also affects how motivated the caregiver is to look after and protect the care recipient (Kindt et al., 2015). Furthermore, the physical state of the individual greatly affects how they treat their recipient and how involved they are in the process of caregiving. Caregivers who do not suffer from any physical illnesses or issues are more at ease with the caregiving process (Pinquart & Sörensen, 2006), while those who are

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plagued with their own health issues are more prone to experiencing burnout (Demirhan et al., 2011).

3.2 Burden Type

The second determinant of caregiver burden is the type of burden that the caregiver suffers from. Objective burden relates to the different tasks that the individual does in the process of caring for the ill: preparing meals, spending time with the recipient, accompanying the recipient to medical appointments, and others (Rhind et al., 2016). In contrast, subjective burden is related to the degrees of psychological distress that the caregiver may experience, and this is linked to how severe the patient's case is, how much time the caregiver spends with the recipient, how many roles the caregiver has, and how many adjustments the caregiver has to make in order to accommodate for the patient's case (Rhind et al., 2016). Studies have shown that people who suffer from higher rates of objective burden are more likely to be emotionally, physically, and socially affected, hence leading to worse subjective burden (Bezance & Holliday, 2014).

3.3 Social Environment

The caregiver's social environment is also a determinant of caregiver burden. It is important to look at whether or not the main caregiver receives enough support and external help to ensure their ability to go on with caregiving. Since caring for an ill partner is a taxing feat, receiving help from other family members or friends, whether it is emotional, social, or financial, can also lessen the burnout of the caregiver (Peeters, Van Beek, Meerveld, Spreeuwenberg, & Francke, 2010). Nevertheless, in some cases, the caregiver fails to receive any social support, which results in them isolating themselves from the rest of the society. This isolation negatively affects the caregiver and may push them to experience feelings of loneliness and frustration (Gérain & Zech, 2019). Finally, the support that the individual receives from a medical professional is also essential in easing the caregiver's burden. Indeed, difficult relationships with said healthcare professional may prove to be more harmful than useful for the carer (Almberg, Grafström, Krichbaum, & Winblad, 2000).

3.4 Relationship Quality

There is no doubt that the occurrence of any type of ailment heavily affects the relationship quality. Indeed, the caregiver-recipient relationship can be influenced by many factors, and these include the nature of the relationship before the occurrence of the illness and the willingness of both the caregiver and care-recipient to cooperate during the process of caregiving. Consequently, couples

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suffering from relationship issues have been shown to experience burnout more frequently than other couples (Kindt et al., 2015). Conversely, individuals who are continuously supported by their ill partner and who have a good relationship with them experience less burnout and burden (Choi & Sok, 2012). Moreover, the physical and emotional distress that both the patient and the caregiver experience can take their toll on the relationship and modify the traditional roles that the couple was used to having prior to the illness (Bastawrous, Gignac, Kapral, & Cameron, 2015). The caregiver may start to develop a feeling of inferiority, as they might see that their needs have been overshadowed by those of the patient's health issues (Ybema, Kuijer, Hagedoorn, & Buunk, 2002).

3.5 Coping Strategies

Coping mechanisms differ from one caregiver to another, and the individual's ways of coping play a major role in facilitating or impeding the caregiving process. These strategies are affected by the caregiver's type of personality, the quality of the carer-patient relationship, and the caregiver's access to social support (Gérain & Zech, 2019). Caregivers may approach this process in a submissive or helpless way, which makes it more likely for them to experience burnout. However, caregivers who are more optimistic, hopeful, and positive are not prone to the same burnout risk (Onwumere et al., 2017). Furthermore, individuals who rely on a larger number of coping strategies simultaneously experience less subjective burden when compared to those who do not (Adelman, Tmanova, Delgado, Dion, & Lachs, 2014).

3. Analysis and Discussion

Using the adapted model of the Informal Caregiving Integrative Model (ICIM), this section of the paper looks at the three caregivers in *Mrs. Dalloway* (Lucrezia, Richard, and Hugh), their relationship with their partner, and their social environment. The analysis assesses informal caregiver burden by closely examining the determinants of caregiver burden of these three characters, the possible mediators of this burden, and the outcomes that these characters face on the physical, emotional, and social levels.

4.1 Caregiver Characteristics

Lucrezia works as a hat maker, an occupation she carries out from home. In addition, she fulfills her domestic and caregiving duties: she follows Dr. Holmes' instructions, takes Septimus out on walks in Regent's Park, and makes a significant effort to get him to look at the world around him. The

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Warren Smiths are of lower socio-economic status; this is expressed in Dr. Holmes' contemptuous comment: "And if they were rich people, said Dr. Holmes, looking ironically around the room, by all means let them go to Harley Street" (Woolf, 1999). On their part, both Hugh and Richard have governmental jobs that entail spending long hours away from home. Because they are of a higher socio-economic status, the men are required to perform fewer caregiving tasks. Richard, for instance, structures his day around committee work and Lady Bruton's luncheon, while Hugh divides his time between his duties at court, shopping, and social calls. In both cases, the novel depicts routines organized around public life rather than around an ailing wife: a freedom never granted to Lucrezia.

Both Evelyn and Clarissa rely on external help. Though little is known about Evelyn, Hugh clearly relies on formal caregivers to take care of her; the reader is informed through Clarissa that the Whitbreads come to town to see doctors, and since she intends on visiting her in the nursing home, it is understood that Evelyn is currently institutionalized. Clarissa is also well-provided for; she has a housemaid, Lucy, and the education and companionship of her daughter are delegated to Miss Kilman. As opposed to being the primary caregivers of their wives, the men in the novel offer material support by paying doctor bills and buying flowers and jewelry. The fact that both men have the privilege of relying on external help, something that Lucrezia does not have access to, places them in a better position than Rezia when it comes to dealing with caregiver burden.

4.2 Burden Type

Lucrezia's caregiver burden significantly exceeds that of Richard Dalloway or Hugh Whitbread. For one, Lucrezia spends more time with her ill husband than her male caregiving counterparts. Richard only makes a short visit during the day to talk to Clarissa, and because of her heart condition, the reader has reason to believe the couple does not spend every night together: "Richard insisted, after her illness, that she must sleep undisturbed" (Woolf, 1999). Similarly, Hugh's wife, Evelyn, is hospitalized. Considering he walks with Clarissa in the morning, visits Lady Bruton for lunch, buys jewelry in the afternoon, and attends parties in the evening, the text suggests, though it never states directly, that he does not spend a significant amount of time with his ill wife.

Taking all these factors into account, it is hardly a surprise that caring for Septimus is a much more demanding job than caring for Evelyn or Clarissa, and therefore, the impact of caregiving on Lucrezia is far more damaging. It is evident that Lucrezia is psychologically affected and feels

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trapped as Septimus' guardian. Lucrezia is embarrassed by her husband's erratic behavior in public. On numerous occasions, she expresses her self-consciousness that people must notice his unusual movement and speech and place a judgement on the young couple. Indeed, people do notice and judge them, with Maisie Johnson describing them as both "queer"-looking and Peter Walsh as "desperate" (Woolf, 1999). Caregiving burden is also discernible through her weight loss: "Was it that she had taken off her wedding ring? 'My hand has grown so thin'" she said. 'I have put it in my purse,' she told him'' (Woolf, 1999). Lucrezia's situation is a clear example of how many objective and subjective burdens she suffers from: She has to spend all her time with her husband, is constantly subjected to judgmental looks from people in the street, and is considerably losing weight.

On the other hand, neither Hugh nor Richard displays any major signs of despair or melancholy over the illnesses of their wives, as both men appear to be good-humored and cheerful throughout the day. They visit different shops, attend Lady Bruton's lunch, and prepare themselves for the party. As for their physical health, even though almost every character comments on Hugh's weight gain, which might be an outcome of caregiver burden, textual evidence seems to indicate that the culprit for the excessive weight might be Hugh's insatiable appetite rather than caregiver stress. Even Millie Brush thinks, as she watches Hugh eating at Lady Bruton's, that "Mr. Whitbread thought only of his chicken" (Woolf, 1999).

The severity of the ailment is certainly a factor to consider. Septimus' condition is by far the most severe of all three ailing characters, as it involves suicidality and requires forced institutionalization. Despite receiving help, Clarissa still enjoys autonomy and agency: she writes the party invitations herself, mends her own dress, and, most importantly, buys her own flowers. Evelyn does not appear physically in the novel; however, the reader is led to believe through Hugh's accounts, however doubtful these might be, that Evelyn is capable of sending invitation letters to Peter Walsh asking him for lunch. Having to deal with such a severe case of shell shock definitely takes its toll on Rezia's physical and mental well-being; in contrast, both Richard and Hugh seem to be dealing with their (almost non-existent) caregiver burden in a much better way.

4.3 Social Environment

Another factor that exacerbates Lucrezia's caregiver burden is the lack of social support. She is a foreigner with no one to help her. Her sisters are in Milan, and she has no family in England.

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Lucrezia's loneliness and the lack of social support are so severe that she considers confessing her troubles to random strangers: "[Rezia] almost felt sometimes that she must stop people in the street, if they looked good, kind people, just to say to them "I am unhappy" (Woolf, 1999). The only character who displays sympathy towards the Warren Smiths is their landlady, Mrs. Filmer, who constantly checks up on the couple. Mrs. Filmer's kindness is not lost on Lucrezia, however, who decides to make a hat for Mrs. Filmer's daughter in return. On the other hand, both Richard and Hugh are well-socially connected. They are respected and reliable government employees who have many friends, colleagues, and acquaintances. They both get invited to parties or attract many attendees to the ones they throw. Neither Richard nor Hugh is embarrassed about walking through the streets of London or visiting any of the shops. They are welcome anywhere they go. As such, Richard's and Hugh's connections and their ability to lead a perfectly normal social life allow them to deal with their caregiver burden more easily than Rezia.

4.4 Relationship Quality

Prior to Septimus's condition, the couple had a relatively stable relationship. Both love spending time with one another, especially when Lucrezia is busy making hats and trying to involve Septimus in the process of hat-making. This quickly changes, however, once Septimus's condition starts to deteriorate. Nevertheless, despite being described as out of touch with his surroundings, Septimus is not blind to his wife's suffering: "His wife was crying, and he felt nothing; only each time she sobbed in this profound, this silent, this hopeless way, he descended another step into the pit" (Woolf, 1999). When he notices the missing wedding ring, he concludes that their marriage is over, and though he describes the feeling as agonizing, he is also relieved of his guilt: "Their marriage was over, he thought, with agony, with relief […]; he was free, as it was decreed that he, Septimus, the lord of men, should be free; alone" (Woolf, 1999). Not much is known about the relationship quality between Evelyn and Hugh other than the fact that he frequently buys her jewelry. Richard, on the other hand, always has to compete with the memories of Peter Walsh for his wife's affection. He shows his love for his wife indirectly: by buying her flowers and surrounding her with helpers.

4.5 Coping Strategies

While it is true that Richard and Hugh do not have the same experience as Lucrezia when it comes to caregiving burden and, as such, may not need to rely on any coping strategies, some might argue

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that Richard's and Hugh's walks in the London streets, visits to the shops, and lunch invitations are their way of coping with their wives' illnesses. The two characters may be trying to distract themselves with daily activities and routines that allow them to dissociate themselves from the reality of their wives' conditions, even if for a little while. This is what Gérain and Zech refer to as "emotional distraction," and it is a protective factor from caregiver burnout (Gérain & Zech, 2019). This privilege, however, is not available for Lucrezia, who spends the majority –if not all– of her time with her sick husband. She cannot leave him at any time and has to make sure that he is constantly looking at "real" things, as advised by Dr. Holmes. Thus, the only coping strategy that Lucrezia has is to reminisce about all the good times that she has previously had with her husband. She can think about how gentle Septimus was before the war and remember how they used to make hats together. This is Lucrezia's only way of adapting with her situation and pushing herself to stay involved in the caregiving process.

Because of the vast differences between the levels of caregiver burden that Lucrezia, Richard, and Hugh experience, it is normal for the readers to sympathize with Lucrezia the most. However, in "On Being Ill", Woolf displays a critical stance regarding sympathy for the ill. To Woolf, society moves forward like an army marching to battle, and the ill, who cannot continue their march, are mere "deserters." She states that when a person is ill, they complain about their disease and about getting no sympathy; however, in her view, sympathy is an illusion, as it is quite naïve to believe the world is there to respond to our every sigh (Woolf 1999). Moreover, she views sympathy as a pointless emotion because it blocks social progress. She states:

> But sympathy we cannot have. Wisest Fate says no. If her children, weighted as they already are with sorrow, were to take on them that burden too, adding in imagination other pains to their own, buildings would cease to rise, roads would peter out into grassy tracks; there would be an end of music and of painting; one great sigh alone would rise to Heaven, and the only attitudes for men and women would be those of horror and despair.

By releasing Lucrezia of the caregiver burden, Woolf allows her to continue her life and achieve her own personal goals. Rezia feels trapped in England; she wants to return to Milan where the gardens are far more beautiful and where her family resides; she wants to make hats, and she wants to have children. Woolf expresses scathing criticism of those who devote their time to caring for the ill. She states that the only people who have time to spend on sympathy are the "laggards

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and failures", chiefly women who have dropped out of the "march to battle" and, therefore, have enough time to spend attending the ill in sickrooms (Woolf, 1999). Drawing on Woolf's own analogy, this paper contends that the death of Septimus alleviates his own guilt of not being able to fulfill his wife's desires, but more importantly, it saves her from a lifetime of caregiving.

Conclusion and Future Research Directions

Research on illness in *Mrs. Dalloway* is extensive, yet the majority of studies mostly focus on Septimus and Clarissa Dalloway, highlighting the similarities and discrepancies between the two, usually as a means to criticize the British society following the First World War. Rarely, however, is attention given to more "minor" characters such as Lucrezia, especially regarding her caregiver burden. Future research can benefit from adopting a more interdisciplinary approach to exploring illness in the novel. Focusing on the interplay between illness and gender, illness and historical context, and the psychological well-being of the caregiver can greatly illuminate the experiences of the novel's characters and offer a fresh perspective of looking at the narrative.

By considering caregiver burden as experienced by Lucrezia, Hugh, and Richard and the intersecting factors that contribute to it, this reading of *Mrs. Dalloway* offers an alternative interpretation of Septimus' suicide. Perhaps Septimus does employ his suicide as a means to communicate; however, the addressee of his last words is neither Dr. Holmes -indicting the medical profession, nor Clarissa Dalloway - teaching her a lesson about life and recovery. The intended recipient of his final gift, his life, when he cries "I'll give it you!" before jumping to his death, is Rezia, the character who immediately "saw" and "understood" his message (Woolf, 1999). Rezia's gender and socio-economic status greatly exacerbate her caregiver burden. When compared to Richard and Hugh, both middle-class men, Rezia is alienated by her society and barely receives any help from her surroundings. It is no wonder, then, that her caregiver burden is much more debilitating than that of Richard or Hugh.

In our reading, Septimus, through his death, spares his wife more suffering, as had he gone with Dr. Holmes, his situation would have only deteriorated, and Rezia's burden would have only grown larger. It is for this reason that Lucrezia is seen smiling at Mrs. Filmer when she announces Septimus' death. Her smile contains no malice; Woolf makes this clear by pointing out the honesty in her eyes: "'He is dead,' she said, smiling at the poor old woman who guarded her with her honest

e-ISSN: 2707-1863
(CRESH)

light-blue eyes fixed on the door" (Woolf, 1999). Septimus' death is Virginia Woolf's way of releasing Lucrezia of the burden of caregiving. It is also Septimus' way of turning the tables, inviting Rezia this time to "Look!" at the door, for a way out, for a new chance.

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