

Jelige: Dreadnought

The Representation of Personality Disorders in Virginia Woolf's Works

Every secret of a writer's soul, every experience of his life, every quality of his mind is written large in his works
(*Orlando* 499)

Whether or not Virginia Woolf suffered from any personality disorder is still debated. By reading some of her works through the lens of psychology, this paper seeks to find an explanation as to why literary scholars, psychologists, and psychiatrists have come to different conclusions concerning Woolf's mental state. After giving a brief overview on the author's life as well as her critical reception in Hungary, this paper will elaborate on whether psychological disorders can be applied to fictitious characters. The aim is to provide a comprehensive account of how the writer's life and her particular work with various characters in it interact. Therefore, the investigation will centre on the most important facts concerning Woolf's life that might have led to the projection of her own psychological symptoms in some of her novels. In this paper, the definition of personality disorders is based on the DSM-IV nosology by the American Psychological Association and will be followed by an attempt to analyze some of Woolf's characters concentrating on their personalities. The analysis will focus on characters including Rhoda (*The Waves*) and Clarissa Dalloway (*Mrs. Dalloway*). Besides, special attention is going to be paid to circumstances resulting in frustration as represented in Woolf's works.

This paper applies literary and psychological analyses as methods. The former aims to interpret particular characteristics of Rhoda and Mrs. Dalloway, while the latter tries to place those characteristics in psychological context. Since literary and psychological analyses are two different discourses, and psychology has strict scientific accuracy while literature gives the opportunity of wider assumptions and interpretations, paragraphs of psychological proficiency might seem to break through literary analysis. The choice of the two characters selected for analysis was based on the concept that Mrs. Dalloway and *The Waves* are probably two of the best-known novels of Virginia Woolf. Unfortunately, the length of this paper does not leave room for the analysis of further characters. The last paragraphs make a parallel between Woolf's own life and the findings of the analysis of the characters. On the basis of this parallel, the paper makes an attempt to answer the main question: why Woolf scholars have come to different conclusions concerning Woolf's mental state. The final part of the paper offers perspectives for further analysis in the future.

Jane Goldman's *The Cambridge Introduction to Virginia Woolf* and Hermione Lee's biography *Virginia Woolf* have been studied, thus, the short summary of Woolf's life will be based on these books. Lee begins her biography with questions:

My God, how does one write a Biography? Virginia Woolf's question haunts her own biographers. How do they begin? Virginia Woolf was a Miss Stephen. Virginia Woolf was a sexually abused child: she was an incest-survivor. Was Virginia Woolf "insane"? Was Virginia Woolf mad? Virginia Woolf said that "if life has a base" it is a memory. Or: Yet another book about Bloomsbury (3).

Virginia Woolf was born on 25th January 1882 into a highly intellectual family. Her father, Sir Leslie Stephen, was a famous scholar; her sister, Vanessa, was a gifted painter. Although Virginia Woolf was not given the opportunity of going to university, she had the key to her father's library and became an extremely well-educated woman. Woolf's early experience of inequality between men and women, however, was something that she seemed unable to forget and she often remembered her father as the representative of tyranny and oppression.

Later, Woolf was surrounded by other great minds such as Lytton Strachey, Roger Fry, Clive Bell, and Leonard Woolf whom she later married and who encouraged her to write. They formed the Bloomsbury Group and discussed taboos of the Victorian era. It was a famous group, even in its own time. Woolf soon became successful in writing; however, she always felt uncertain about her talent and was very much intimidated by the public reaction to her works. With Leonard Woolf, she founded Hogarth Press in 1917, publishing the books of members of the Bloomsbury Group as well as prominent works in the field of contemporary science and English translations of foreign literature. Among others, they published the works of T. S. Eliot and Sigmund Freud.

Virginia Woolf lost her mother at an early age. Some claim that her passionate feelings and love for Vita Sackville-West and Violet Dickinson are only "neurotic attachments to older women, poor substitutes for her dead mother" (Caramagno 11). Soon after her mother's death, Woolf lost her half-sister, Stella and her father as well. This series of loss led to her first mental breakdown and she began to hear voices. During her childhood, she also had to face sexual abuse brought on by her half brothers. All these childhood traumas contributed to the weakening of her mental condition. She suffered several breakdowns throughout her life. In 1906, her brother, Thoby died. This was a loss that she never really recovered from. She tried to fight her manic-depression, and silence the voices in

her head, but sometimes this seemed impossible for her. Her husband, Leonard made huge efforts to help his wife through these battles.

Finally, on 28th March 1941, Woolf felt unable to return from “madness” (as she wrote in her suicide notes that she left for her husband) and drowned herself in the River Ouse. In her psychobiography *Who Killed Virginia Woolf?*, Alma H. Bonds suggests that the three main reasons for Woolf’s suicide were the loss of her lover, Vita Sackville-West; her losing faith in her husband, Leonard Woolf; and her alienation from her sister, Vanessa. “At the end, every pleasure that bound her to earth was cut off, until only the return to the inanimate remained. For the valiant Virginia Woolf, ‘Against you I will fling myself, unvanquished and unyielding, O death,’ the Death Instinct had finally triumphed” (Bond 176). She was fifty-nine years old.

Goldman describes Virginia Woolf as a “British intellectual aristocrat, high modernist, canonical author, writer of best-sellers, Bloomsbury liberal, Labour Party socialist, feminist, sapphist, acknowledged beauty, suicide, and woman” (35).

Indeed, Woolf was a many-sided person. She started her career as a literary critic, and then became a novelist, essayist, short story writer, diarist as well as autobiographer and biographer. She definitely turned into one of the major figures of modern literature. The first novel in which she was experimenting with the stream of consciousness mode was *Jacob’s Room*, published in 1922. According to *A Dictionary of Modern Critical Terms*, stream of consciousness is a literary technique which seeks to record the random and apparently illogical flow of impressions passing through a character’s mind (232). Woolf became a master of this technique.

When studying a foreign writer, it is wise and interesting to look at the critical reception of that particular person in one’s own country. Among her articles and books on Virginia Woolf, Nóra Séllei wrote a paper on Woolf’s critical reception in Hungary. She assumes “that cultural translation is never an easy and simple process” since “both the source culture and the target culture” (55) are involved. In addition, difference has to be made not only between scholars studying Woolf and the reading public, but also between scholars in the source and the target culture. Séllei highlights the lack of accuracy concerning Woolf’s reception in 20th century Hungary and elaborates on the factual mistakes made by prominent literary critics (e.g., Antal Szerb, György Lukács, Lajos Pál Bíró, Mihály Szegedy-Maszák). For instance, she points out that “Bíró makes contradictory statements: in his view Woolf, on the one hand, is enchanted by Joyce, but surpasses him, whereas on the other hand, he claims that she does not produce any original work” (Séllei 57). Bíró also assumes that “Woolf looks

ideologically unredeemable as a representative of pointless, decadent, bourgeois experimentation with narrative forms” (Séllei 60). Still, the erroneous and unjustified criticism notwithstanding, Woolf’s introduction in Hungary was promising.

To the question, how it is possible that we have the opportunity to study Woolf’s texts, among others, in Hungary these days, Séllei gives the following answer in her article: “literary critics opened the way for modernist texts to enter the otherwise narrow canon of literature” (60) and Woolf is enjoying the elevated status of a major modernist in Hungary. Séllei praises Ágnes Bécsy, the author of the first Hungarian monograph on Woolf, because Bécsy “maintains a delicate balance of biography and an interpretation of the texts that works at an abstract level of structuralist and philosophical approach” (63). Being the writer of the only Hungarian monograph on Woolf, Bécsy has contributed a lot to Woolf’s appreciation in Hungary.

After this brief overview on Woolf’s life and her critical reception in Hungary, the paper is going to elaborate on whether or not psychological disorders can be applied to fictitious characters.

It is a generally accepted truth among psychologists that one’s environment and significant events in one’s life influence one’s personality. Furthermore, it can be assumed that a writer’s personality appears in their works in one way or another, i.e., a literary work somehow reflects its writer’s personality. Although the process is an admittedly risky one, it makes sense to apply pathology to fictitious characters. With this method, instead of the exploration (i.e. in-depth examination) or observation of the characters, one can draw conclusions from some facts written in the work that can serve as a basis for pathological analysis. At this point, another problematic aspect of the method might come to one’s mind: is it possible that fiction is its writer’s projection? Comer describes projection as a defence mechanism identified by Sigmund Freud, whereby individuals attribute characteristics, qualities, or impulses to other people that they do not wish to acknowledge in themselves (693). Moreover, it is also a question whether the writer projects or sublimates. The following definition is given for sublimation in Ronald J. Comer’s *Abnormal Psychology*:

In psychoanalytic theory, sublimation is the rechanneling of id impulses into endeavours that are both socially acceptable and personally gratifying. Sublimation can also be used as a defence mechanism; Freud believed that sublimation was a sign of maturity that allows people to function normally in socially acceptable ways (696).

It is also interesting to speculate on why one assumes that a writer considers herself/himself as a starting point. Is it possible **not** to be our own starting point when it comes to writing? Does the author create the characters to project his/her emotions? Is the writing process the tool of sublimation? How much does the author draw on his/her own experiences?

As Woolf states in her novel *Orlando*, “in short, every secret of a writer’s soul, every experience of his life; every quality of his mind is written large in his works; yet we require critics to explain the one and biographers to expound the other” (499).

By and large, it can be assumed that there are strong connections between Virginia Woolf’s own life and her writings. Thus, Woolf’s fiction often can be read as a version of her own biography. “There is a remarkable affinity between the way Virginia Woolf narrates a dream, the way she remembers her childhood, the way she describes her breakdowns, and the way she places images in characters’ minds in her fiction” (Lee 198). As for an example to verify the above statement, Lee refers to the following parallel:

In *The Waves*, Rhoda is unable to cross a puddle in the road (“ ‘there is the puddle,’ said Rhoda, ‘and I cannot cross it.’ ”) – while, in *Sketch of the Past* Woolf describes this scene as her own childhood dream (“There was the moment... I could not step across the puddle...”) (Lee 198).

Could it be assumed that Woolf projected all of her experiences, feelings, traumas, and her own life onto her writings? Could this assumption then help explain the long-lasting debate about whether Virginia Woolf herself suffered from any personality disorder? Should be conclusions drawn on the basis of her writings? What did famous Woolf scholars think of the writer’s mental condition?

But the named illness is also 'her' illness in that it took the material of her life as its subject-matter. It, and the treatment she received for it, affected her personality, her behaviour, her writing and her politics. ... Her illness has become her language. It has also become inextricably knitted into the readings of her by friends, family, biographers and analysts (Lee 176).

As Lee suggests, Woolf definitely had an illness, but she highlights that “our versions of her will depend on our own attitudes to feminism, medicine, and mental illness ... we can only look at what it [her mental illness] did to her, and what she did with it ... her creation of a language which faces it and makes something of it” (199). This might also serve as an explanation as to why literary scholars, psychologists, and psychiatrists have come to different conclusions concerning Woolf’s illness upon carefully studying her diary entries

and letters. Some of the experts (Malcolm Ingram, Frederick K. Goodwin, Kay Redfield Jamison, Mitchell A. Leaska, etc.) are convinced that Woolf went through manic-depressive disorder all her life; others (Alma Halbert Bond, Hermione Lee, Nóra Séllei, etc.) believe that the diagnosis has nothing to do with any major mental disorder and Woolf's breakdowns are only the outcome of the traumas that she had to face during her childhood.

One of the main problems that make room for misinterpretation is Woolf's own misdiagnosis: "in her letters she sometimes describes her illness to fit the prevalent model of the time – the neurotic artist" exhibiting manic-depressive or bipolar disorder (Caramagno 10). The *Glossary of Psychological Terms* gives the following definition of manic-depressive or bipolar disorder: a mood disorder characterized by alternating periods of depression and mania. According to Harting & Widiger, manic-depressive illness is a component of the borderline personality disorder that is characterized by "extreme black and white thinking, instability in relationships, self-image, identity and behaviour often leading to self-harm and impulsivity" (263). Consequently, those who interpret Woolf's illness as borderline personality disorder probably agree with Harting & Widiger.

Caramagno's article mentions the Freudian theory as well. Freud assumed that writing, and producing art in general, is the projection of one's unconscious. "However mysterious the appeal of art, he [Freud] focused his attention on instinctual demands and infantile traumas, viewing art more as a fearful evasion than as a joyous exercise of skill and perception" (Caramagno 10). As a consequence, Freud assumes that by analyzing art through the lens of psychology, one can be provided with all the necessary information for making psychological diagnosis. Caramagno also investigates the possibility of genetic inheritance and gives a full list of mentally ill members of Woolf's family. First of all, Virginia Woolf's half-sister, Laura who "was institutionalized for a lifelong psychosis"; Woolf's cousin who went mad and "was institutionalized for intense mania"; Woolf's father with his "unpredictable mood swings"; her father's brother, Fitzjames who "became mad and died"; and finally Woolf's grandfather, Sir James who "did suffer from chronic depression" (13). However, scientific achievements suggest that genetics plays only a subtle role in inheriting personality disorder.

Today, it is a widely and probably generally accepted belief that Woolf's manic-depressive disorder cannot be characterized as personality disorder. Caramagno's final sentence that stated "when a psychological profile makes too much sense, something has been ignored" (22) is just as true as witty.

To sum up, according to Caramagno's study, one can assume that Woolf's "fiction functioned as a defense mechanism against grieving, against confronting unresolved feelings of guilt, defilement, anger and loss" (10). Given that "often the characters in her fiction experience similar disillusionment and deflation of wishful thinking" (Caramagno 15), one thing is clear: Woolf "explored components of her own symptoms in the characters she created" (Caramagno 19).

From Woolf's diary entries, it is also obvious that while fighting her mental illness, she could not really differentiate between "meaning and meaninglessness" and her manic stages "stimulated her already rich imagination to create and project ideas that had little basis in reality" (Caramagno 14). Although it is quite controversial and it is very dangerous to assume, this paper argues that Woolf used writing fiction, among other things, to live with her own disillusionment and to project her traumas onto her fictitious characters. One can account for the statement above by looking at her diary entries. Upon completing a work, except the worrisome thoughts concerning the critical reception of that particular work, her condition usually improved. As for grieving, Virginia Woolf herself writes in connection with *To the Lighthouse* that "I suppose I did for myself what psycho-analysts do for their patients. I expressed some very long felt and deeply felt emotion. And on expressing it I explained it and then laid it to rest. When it was written, I ceased to be obsessed by my mother. I no longer hear her voice; I do not see her" (*Moments of Being* 81).

The quotation above clearly shows that Woolf herself was aware of the fact that she could use fiction as a means of overcoming emotional traumas and consciously exploited this. Moreover, it can be assumed that the projection of her emotional impulses onto her writings served as powerful inspiration.

"Since in her writing she transforms illness into a language of power and inspiration, it is inviting to think of her illness as a 'gift', not as a disability, and of her fiction-writing as a form of therapy" (Lee 194). However, madness was not her only subject; thus, Lee claims that her fiction cannot be treated only as therapy because this would "empty her writing of all content except the curative, to depoliticize it and to narrow its ambitions" (194).

There are no letters or diary entries to be found from periods when Woolf suffered from her breakdowns or from periods of deep depression; and the lack of writing seems to have worsened her condition. Woolf wrote the following in her notes after her mother's death: "I was terrified of people – used to turn red if spoken to. Used to sit up in my room raging – at father, at George, and read and read and read. But I never wrote. For two years I never wrote. The desire left me; which I have had all my life, with that two years break" (Lee

178). One of Virginia Woolf's diary entries can also be considered here: "I wish I could write out my sensations at this moment. They are so peculiar & so unpleasant. ... Very lonely. ... Very useless. No atmosphere round me. No words. Very apprehensive. ... And I cannot unfurl my mind & apply it calmly & unconsciously to a book" (*Diary V* 63). Later on, Woolf often uses the word 'apprehensive' to describe her mood when she is unable to write.

Bond assumes that Woolf's inability to write greatly contributed to her wish to die. "During the war years, the sale of Virginia's books all but disappeared. Without an audience, Virginia's hard-won identity, her "writing I," had vanished. In addition to the pleasure experienced in writing, she lost her major means of sublimating anger and grief, as well as her way of "battening down" anxiety" (Bond 173).

One can agree with the Freudian thesis which suggests that a writer's unconscious impulses and qualities are largely projected or sublimated in his/her work. However, it cannot be denied that projection and sublimation are mental processes happening to everyone, even if on an unconscious level. For example, anger or frustration can be sublimated in excessive housework or in an overbearing manner of behaviour. Concerning projection, Freud assumed that false accusation can also be a way of justifying actions that might be otherwise unjustifiable or unexplainable. "There remained only the window, the large Bloomsbury-lodging house window, the tiresome, the troublesome, and rather melodramatic business of opening the window and throwing himself out. ... (He [Septimus] sat on the sill.) ... "I'll give it you!" he cried, and flung himself vigorously, violently down ..." (Mrs. Dalloway 164) Although, – when writing *Mrs. Dalloway* – Woolf does not accuse Septimus of acting inappropriately, this could be considered as a projection of her first breakdown in 1895, when she tried to commit suicide by jumping out of a window.

Obviously, the application of Freudian theories should not be done lightly or rashly, for then they can only make room for risky speculations. In her essay "Freudian Fiction", Woolf says that all characters become cases when the triumphs of science [the new psychology, i.e. psychoanalysis] are applied to fiction; and instead of enriching and complication, there is detraction and simplification (Lee 197). Thus, the question still remains: can pathology be applied to fictitious characters? Moreover, can it be perceived as the writer's projection or sublimation? There is no simple answer to them. Assuming that there are enough facts put down in a particular work for the verification of a psychological diagnosis, the analysis has a *raison d'être*. Finding connections between one's fiction and one's own life helps justify the appearance of projection; and it has already been stated that strong connections are traceable between the events in Woolf's life (deaths in her family,

mental breakdowns, suicide attempts) and her fiction. Therefore, at this point, the paper turns to analyzing various characters in Woolf's novels, and assumes that the characters are the projected entities of Virginia Woolf.

However, a few relevant psychological notions have to be defined first. In the *Glossary of Psychological Terms* by the American Psychological Association the following definition is given for 'personality disorder': "a chronic, inflexible, maladaptive pattern of perceiving, thinking, and behaving that seriously impairs an individual's ability to function in social or other settings". There are several definitions; however, the most widely used being the one in the *Diagnostic and Statistical Manual for Mental Disorders* (henceforward referred to as "DSM-IV") also published by the American Psychological Association. Here, ten types of personality disorders are described and grouped into three clusters in the following manner:

Cluster A includes odd or eccentric disorders, such as paranoid, schizoid, and schizotypal personality disorders; Cluster B includes dramatic, emotional, or erratic disorders such as antisocial, borderline, histrionic, and narcissistic personality disorders; while Cluster C includes anxious or fearful disorders such as avoidant, dependent, and obsessive-compulsive personality disorders. However, the following four types of personality disorders were excluded from the categories described above and were listed under the heading 'Personality Disorders Not Otherwise Specified': sadistic, self-defeating, passive-aggressive, and depressive personality disorders. For the sake of completeness each type has been listed, but in this paper just a few of them are going to be used and exact definitions are going to be given of the relevant ones only. Now, the paper turns to analyzing two of Woolf's characters: Rhoda from *The Waves* and Clarissa Dalloway from *Mrs. Dalloway*.

Caramagno states that "like Rhoda in *The Waves*, the depressed Woolf feels naked and vulnerable, stripped of all illusions, as empty on the inside as the world appears to be on the outside" (16). One can easily agree with this statement; however, this paper assumes that there are further problems in the background concerning Rhoda's feelings and her view of her own life. According to the *Glossary of Psychological Terms*, schizoid personality disorder is a severe form of psychopathology characterized by the breakdown of integrated personality functioning, withdrawal from reality, emotional distortions, and disturbed thought processes; while schizotypal personality disorder is a personality disorder characterized by a need for social isolation, anxiety in social situations, odd behaviour and thinking, and often unconventional beliefs.

In *The Waves*, the reader can see a timid, shy girl who is afraid of human relations and is intimidated by every reaction towards her: “Rhoda loves to be alone. She fears us because we shatter the sense of being, which is so extreme in solitude – see how she grasps her fork – her weapon against us” (*The Waves* 700).

One of the symptoms of schizoid personality is the preference for solitary activities over communal ones: “ ‘The birds sang in chorus first,’ said Rhoda. ‘Now the scullery door is unbarred. Off they fly. Off they fly like a fling of seed. But one sings by the bedroom window alone’ ” (*The Waves* 641).

Indeed, the reader sees a girl who lives in her own world, lost in her imagination, always staring out through the window. The following quotations from the book clearly exhibit the statement above: “I see out of the window over his shoulder ...” (*The Waves* 687) or “she stands at the window and looks at the chimney-pots and the broken windows in the houses of poor people” (*The Waves* 733). Having a glance at the following one the reader can easily witness that Rhoda not only stares out through the windows of houses, but also through the windows of vehicles: “Now from the window of the tram I see masts among chimneys; ...” (*The Waves* 715).

Upon reading lines, such as “I sail on alone under the white cliffs” (*The Waves* 649) or “The world is entire, and I am outside of it” (*The Waves* 646), Rhoda seems to be completely indifferent to the surrounding world.

The only thing that bears some merit for her is music, which helps her withdraw from reality and escape into her own world:

Here is a hall where one pays money and goes in, where one hears music among somnolent people who have come here after lunch on a hot afternoon. Then, swollen but contained in slippery satin, the sea-green woman comes to our rescue. She sucks in her lips, assumes an air of intensity, inflates herself and hurls herself precisely at the right moment, as if she saw an apple and her voice was the arrow into the note, “Ah!” (*The Waves* 714)

Apathy is another symptom of schizoid personality disorder; and I believe it characterizes Rhoda’s reaction to intimacy. When she starts dating Louis, the relationship gives her solace; however, when it is about to develop towards intimacy, Rhoda seems unable to maintain it:

I left Louis; I feared embraces. With fleece, with vestments, I have tried to cover the blue-black blade. I implored day to break into night. I have longed to see the cupboard dwindle, to feel the bed soften, to float suspended, to

perceive lengthened trees, lengthened faces, a green bank on a moor and two figures in distress saying goodbye. I flung words in fans like those the sower throws over the ploughed fields when the earth is bare. I desired always to stretch the night and fill it fuller and fuller with dreams (*The Waves* 735).

Odd beliefs and thinking are the most significant characteristics of schizotypal personality disorder. Rhoda sees herself as a ghost, a person without a face, someone who is unrecognizable:

‘That is my face,’ said Rhoda, ‘in the looking-glass behind Susan’s shoulder — that face is my face. But I will duck behind her to hide it, for I am not here. I have no face. Other people have faces; Susan and Jinny have faces; they are here. Their world is the real world (*The Waves* 657).

Her beliefs seem to be very persistent and recurrent; she cannot release herself from the prison where she was put by her odd thinking:

But here I am nobody. I have no face. This great company, all dressed in brown serge, has robbed me of my identity. We are callous, unfriended. I will seek out a face, a composed, a monumental face, and will endow it with omniscience, and wear it under my dress like a talisman and then (I promise this) I will find some dingle in a wood where I can display my assortment of curious treasures. I promise myself this. So I will not cry (*The Waves* 652).

She really thinks that she has no affection for anyone and, vice versa, she believes that nobody cares about her. Other symptoms of the schizotypal personality, such as unusual perceptual experiences and inappropriate affect, i.e., “a display of emotion that does not reflect the reality” (*Glossary of Psychological Terms*), also apply to Rhoda.

‘As I fold up my frock and my chemise,’ said Rhoda, ‘so I put off my hopeless desire to be Susan, to be Jinny. But I will stretch my toes so that they touch the rail at the end of the bed; I will assure myself, touching the rail, of something hard. Now I cannot sink; cannot altogether fall through the thin sheet now’ (*The Waves* 648).

It is assumed that besides feeling emptiness, Rhoda exhibits a wide range of symptoms characteristic of both schizoid and schizotypal personality disorders. However, is it possible that two psychological diseases could be present in the same person at the same time? Looking at pathological symptoms which take a scientific nosology as the basis, the question arises: how can two medically well isolated disorders co-occur in the same personality, even if it is a fictional character? According to the DSM-IV, schizoid and

This chart includes the prominent and central features of the personality disorders covered by the DSM-IV nosology. While the presence of prominent features only strengthens the diagnosis, the presence of each and every central feature is essential in order to diagnose someone with the particular personality disorder. As the reader can see, Rhoda exhibits all features of the schizoid disorder and nearly all characteristics of the schizotypal personality disorder. Relationship problems are central features of both disorders and it was already investigated that Rhoda was unable to maintain a permanent relationship. To verify that she demonstrates cognitive and perceptual eccentricities together with ‘psychoticoform’ episodes that characterize the schizotypal disorder, a longer paragraph is going to be quoted from the book:

They have friends to sit by. They have things to say privately in corners. But I attach myself only to names and faces; and hoard them like amulets against disaster. I choose out across the hall some unknown face and can hardly drink my tea when she whose name I do not know sits opposite. I choke. I am rocked from side to side by the violence of my emotion. I imagine these nameless, these immaculate people, watching me from behind bushes. I leap high to excite their admiration. At night, in bed, I excite their complete wonder. I often die pierced with arrows to win their tears. If they should say, or I should see from a label on their boxes, that they were in Scarborough last holidays, the whole town runs gold, the whole pavement is illuminated. Therefore I hate looking-glasses which show me my real face. Alone, I often fall down into nothingness. I must push my foot stealthily lest I should fall off the edge of the world into nothingness. I have to bang my head against some hard door to call myself back to the body (*The Waves* 657).

The fact that Rhoda is sensitive, aloof, isolated, self-absorbed, and sometimes even anxious, or tense has already been proved in her analysis. For the sake of summarizing, one of the earlier quoted passages is going to be cited here again, since it shows all of the characteristics described above. “Rhoda loves to be alone. She fears us because we shatter the sense of being which is so extreme in solitude – see how she grasps her fork – her weapon against us” (*The Waves* 700). To sum up, she exhibits each and every central and prominent characteristic of the schizoid personality disorder and, at the same time, there are hardly any features of the schizotypal disorder that cannot be found in her.

Caramagno claims that Rhoda is only one of the “multiple selves speaking at random of their various moods” (16) in the novel; and therefore, she cannot be easily characterized.

Yet, she fulfils at some point the diagnosis of the previously mentioned disorders, thus, one can assume that she has a ‘personality disorder with schizoid and schizotypal features’. Moreover, at the end of the novel she commits suicide – the tragic end seems to be inevitable as in so many cases of personality disorders:

I cannot make one moment merge in the next. To me they are all violent, all separate; and if I fall under the shock of the leap of the moment you will be on me, tearing me to pieces. I have no end in view. I do not know how to run minute to minute and hour to hour, solving them by some natural force until they make the whole and indivisible mass that you call life (*The Waves* 699).

The other character who is going to be elaborated on is Clarissa Dalloway. She is one of the most famous characters in modern British literature, and her behaviour is often analyzed from a feminist point of view. Helal, among others, chose such a method and describes Woolf’s representation of anger “as a tool of gender ideology” (80). She argues that “while Kilman’s anger transforms into an urge to control the other, Clarissa’s anger becomes an urge to control the self. She becomes paralyzed by her rage, and ultimately attempts to repress it altogether.” (84). According to Helal, this antagonism between Miss Kilman and Clarissa “represent[s] a set of contradictory characteristics for feminist critics” (79). It is obvious that anger and nearly everything else can be analyzed from a feminist perspective. This paper assumes that anger in *Mrs. Dalloway* can also be interpreted as the expression of Clarissa’s frustration.

According to the discussion of the frustration-aggression hypothesis in the *Glossary of Psychological Terms*, frustration occurs in situations in which people are prevented or blocked from attaining their goals, and a rise in frustration then leads to a greater probability of aggression. Anger itself can be seen as a form of aggression, though aggression does not necessarily mean brutal action. Clarissa’s frustration is the result of the different beliefs that battle inside her mind. It turns out from her memories that she had chosen Richard instead of Peter Walsh. Obviously, with Peter, her life would not have been the same as it is now. Whether it was a good decision or not she cannot really decide, and this uncertainty frustrates her:

And Clarissa had leant forward, taken his hand, drawn him to her, kissed him,—actually had felt his face on hers before she could down the brandishing of silver-flashing plumes like pampas grass in a tropic gale in her breast, which, subsiding, left her holding his hand, patting his knee, and feeling as she

sat back extraordinarily at her ease with him and light-hearted, all in a clap it came over her, If I had married him, this gaiety would have been mine all day! (*Mrs. Dalloway* 52)

At this point, one might have a feeling that Clarissa exhibits some symptoms of the obsessive-compulsive personality disorder. According to the *Glossary*, it is a mental disorder characterized by obsessions (i.e. recurrent thoughts, images, or impulses that recur or persist despite efforts to suppress them) and compulsions (i.e. repetitive, purposeful acts performed according to certain rules or in a ritualized manner). She lives the life of an upper-class woman with lots of social interactions. She often gives parties and organizes everything in advance. The novel opens with “Mrs. Dalloway said she would buy the flowers herself” (*Mrs. Dalloway* 5). Preoccupation with details is the very characteristic of the obsessive-compulsive personality disorder. Obviously, giving a successful party needs careful planning of details; however, it is very unlikely that an upper-class woman would buy the flowers herself or mend her own dress:

Her evening dresses hung in the cupboard. Clarissa, plunging her hand into the softness, gently detached the green dress and carried it to the window. She had torn it. Some one had trod on the skirt. [...] By artificial light the green shone, but lost its colour now in the sun. She would mend it. [...] She would take her silks, her scissors, her—what was it?—her thimble, of course, down into the drawing-room, for she must also write, and see that things generally were more or less in order (*Mrs. Dalloway* 42).

In Comer’s chart for illustrating *Prominent and central features of personality disorders* (511), cognitive/perceptual eccentricities are listed as a prominent element of obsessive-compulsive personality disorder. One may call Clarissa’s thoughts quite eccentric:

But often now this body she wore (she stopped to look at a Dutch picture), this body, with all its capacities, seemed nothing—nothing at all. She had the oddest sense of being herself invisible; unseen; unknown; there being no more marrying, no more having of children now, but only this astonishing and rather solemn progress with the rest of them, up Bond Street, this being Mrs. Dalloway; not even Clarissa any more; this being Mrs. Richard Dalloway (*Mrs. Dalloway* 13).

Obsessive-compulsive disorder often exhibits paranoid and schizoid features as well. It is interesting that Clarissa considers what people think about her really important and thus, she always tries to seem perfect. Self-critical behaviour counts as a prominent feature in the

diagnosis of obsessive-compulsive disorder and one can easily recognize this feature by looking at the following quotation:

She wore ear-rings, and a silver-green mermaid's dress. Lolloping on the waves and braiding her tresses she seemed, having that gift still; to be; to exist; to sum it all up in the moment as she passed; turned, caught her scarf in some other woman's dress, unhitched it, laughed, all with the most perfect ease and air of a creature floating in its element (*Mrs. Dalloway* 191).

She always finds a topic to talk about with everyone, but it is always small talk and she does not let anybody see behind the mask of the perfect hostess. This might lead to a self-absorbed personality and relationship problems. She can even bewilder her close friends. She tries to find a balance between privacy and social life; the reader witnesses the surface and her inside world as well. On the one hand, she desires socializing, on the other, solitude is essential for her. "She had six or seven words with each..." (*Mrs. Dalloway* 187) then she goes on to find another person to talk to. One can argue that being the hostess of the party, Clarissa behaves naturally; however, her solitude sometimes creates tension, which is another prominent feature of obsessive-compulsive personality disorder:

Every time she gave a party she had this feeling of being something not herself, and that everyone was unreal in one way; much more real in another. It was, she thought, partly their clothes, partly being taken out of their ordinary ways, partly the background; it was possible to say things you couldn't say anyhow else, things that needed an effort; possible to go much deeper. But not for her; ... (*Mrs. Dalloway* 188).

Another feature of the disorder is self-consciousness; and indeed, Clarissa is really self-reflective. It is an ever-returning question for her whether she made the right decisions at certain times. Maybe this uncertainty frustrates her and this frustration manifests itself in several ways.

It was due to Richard; she had never been so happy. Nothing could be slow enough; nothing last too long. No pleasure could equal, she thought, straightening the chairs, pushing in one book on the shelf, this having done with the triumphs of youth, lost herself in the process of living, to find it, with a shock of delight, as the sun rose, as the day sank. Many a time had she gone, at Bourton when they were all talking, to look at the sky; or seen it between people's shoulders at dinner; seen it in London when she could not sleep. She walked to the window (*Mrs. Dalloway* 204).

One would call her a double-layered personality. Her depression, her anger towards Miss Kilman [“Ah, how she hated her—hot, hypocritical, corrupt; with all that power; Elizabeth’s seducer; the woman who had crept in to steal and defile (Richard would say, What nonsense!)”] (*Mrs. Dalloway* 192), and here desire to live a life of her own again are the manifestations of her frustration. All these make her hostile, a prominent element in the obsessive-compulsive disorder.

By the end of the novel she arrives at the conclusion that life contains a lot of pressure and tension and she should accept her life as it is. Since Mrs. Dalloway lacks the central features, one cannot claim that she fits the obsessive-compulsive personality disorder or any other disorder, as a matter of fact. However, frustration can contribute to the fact that she exhibits some very similar patterns to those who live with mental illnesses.

Septimus Warren Smith might seem to be a more plausible character for analysis; however, he cannot be subjected to relevant psychological analysis here. Septimus is suffering from shell shock, which is a well-diagnosed psychological illness, and does not leave room for further examination. However, to some extent, Septimus Warren Smith serves as the double of Clarissa. By committing suicide, he helps Clarissa replace her own thoughts of suicide with the acceptance of her life. Thus, this paper assumes that Septimus is the key to Clarissa’s epiphany and the two characters cannot be entirely separated from each other:

She must go back to them. But what an extraordinary night! She felt somehow very like him—the young man who had killed himself. She felt glad that he had done it; thrown it away. The clock was striking. The leaden circles dissolved in the air. He made her feel the beauty; made her feel the fun. But she must go back. She must assemble. She must find Sally and Peter (*Mrs. Dalloway* 204).

Jung’s notion of the shadow might prove to be a more comprehensive explanation as to why Clarissa exhibits a wide range of cognitive/perceptual eccentricities, why she is dissatisfied with her love life, or why she is occupied with suicidal thoughts. According to *A Glossary of Jungian Terms*, shadow is a repressed, inferior layer of the personal unconscious with an emotional and imaginary content, which includes the particular person’s denial, fear, or hatred. By growing conscious of the shadow’s contents, the person is likely to project it onto personal, family, or cultural scapegoats. Bearing in mind the above, Clarissa’s hatred towards Mrs. Kilman can be seen as the projection of Clarissa’s fear of letting go her adult daughter. Her dissatisfaction with her love life can be interpreted as the consequence of her realization of the uncertainty of her choice of Richard instead of Peter Walsh. Furthermore,

Clarissa's desire to be given the possibility to live her life again might only be the sign of age, i.e., having to face the proximity of the end. Finally, Clarissa can project some of her fear and denial – either conscious or unconscious – onto Septimus' suicide: "He made her feel the beauty; made her feel the fun. But she must go back" (*Mrs. Dalloway* 204). Obviously, facing frustration and its effects, and integrating Jungian 'shadow' into one's personality are characteristic of most human beings. Although, the manifestation of Jungian shadows can be regarded as potentially pathological characteristics, definitely not everyone who is frustrated is prone to have any mental illness. So, this paper concludes that Clarissa Dalloway does not suffer from any personality disorder.

To sum up, analyzing fictitious characters and applying pathology to them are rather risky processes which involve not only the literary works in question, but also their writer's life and surroundings. It is essential to decide which nosology can serve as a basis for this. Noticing the connections between the author's life and fiction sometimes seems an easy mission; however, one should always be careful not to jump to far-fetched and unfounded conclusions. This paper focused on the *raison d'être* of applying psychological theories to literary works; moreover, investigated the question whether writing fiction is one of the various defence mechanisms, namely projection and sublimation; and is concluded with the assumption that Virginia Woolf might have exploited these mechanisms. Rhoda (*The Waves*) and Clarissa Dalloway (*Mrs. Dalloway*) have been analyzed by psychological means in the argumentation. These characters can be perceived as projections of Woolf herself; and, to some extent, each of them fits the diagnosis of a particular personality disorder. However, given that they were only created by Woolf's mind, pathology cannot be fully applied to them. The features that Mrs. Dalloway exhibits might be only the consequences of her frustration; and if we assume that an author's life and fiction interact, we might also assume that the writing process, among other things, can be a manifestation of frustration, as well as an extremely creative way to overcome frustration.

The paper concludes with the assumption that by analyzing Woolf's novels and investigating various characters from the psychological point of view, one can find an explanation as to why scholars have come to different conclusions concerning Woolf's mental state. Assuming that Woolf, upon the loss of her loved ones, projected her emotional instability, her own psychotic like episodes, suicide attempts or even her relationship problems onto Rhoda, it is inviting to draw a parallel between Rhoda's personality disorder and Woolf's own mental illness. Consequently, one might hastily label her as someone living

with personality disorder. However, by considering Mrs. Dalloway and assuming that Woolf, to some extent, represented herself in that character, one cannot account for any real mental illness. Committing suicide and exhibiting various features that could be necessary for identifying some personality disorder can be seen as the outbursts of Clarissa's frustration. Similarly, Woolf's suicide attempts, mental breakdowns, or her fear of public opinion can be explained by factors other than having a mental disorder. To sum up, analyzing Woolf's characters as her projection can lead to misinterpretation. Sometimes it is very hard to judge whether the particular characters are exhibiting the real symptoms of personality disorders or only features that are inviting to be considered as such. Similarly, by looking at only the manifest symptoms that Woolf exhibited, one can find a possible explanation for the evolution of different arguments over whether or not Woolf herself suffered from a personality disorder.

By and large, Virginia Woolf's case is just one example in literature, where one can identify strong interactions between the author's life and his or her work. Looking at Dostoyevsky's novelette *The Gambler*, the reader gets the precise description of a person suffering from obsessive-compulsive personality disorder. Since Dostoyevsky himself was suffering from the obsession of gambling, a parallel can be identified between the writer and the main character in the novelette. Sometimes, of course, there is little correspondence between the writer's life and fiction, or it is not verifiable. The French playwright Molière offers a perfect example of pathological meanness in his comedy *The Miser*. While one gets to know an archetypal miser and would assume that the writer himself suffered from the same symptoms, one has to bear in mind that Molière could be called anything but mean. Another example can be found in László Németh's novel *Iszony* (in English: *Loathing*), where one of the main characters, Nelli Kárász, exhibits a wide range of symptoms concerning her repulsion towards sex and intimacy. However, László Németh, on the basis of his letters and diaries, particularly in his confessional recollections *Sajkódi esték* (in English: *'Evenings in Sajkód'*) can hardly be accused of having had qualms about sex and intimacy. To sum up, one can safely say that great authors either use their own lives and mental problems as the material of their literary work, or they simply rely on their rich imagination and writing skills that result in perfectly real descriptions of pathology even if the symptoms are foreign to the particular author. Life being manifold, and likewise literature too, of course there are mixed cases. However, the analysis of this would lead to another study.

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