

“Unborn selves” – Literature as self-therapy in Virginia Woolf’s work

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Summary: *The connection between mental disorders and creativity in writers, poets, and other artists has been the subject of scientific interest for a long time. The aim of the present study is to examine the relationship between Virginia Woolf’s bipolar disorder and her literary creativity. The authors summarize Virginia Woolf’s life, family background, and the course of her illness and examine their influence on her work and creation. The authors try to present the complex process in the course of which the work of art is born with the help of the unconscious and conscious. In addition, the authors consider the effect of the development of her illness on her creativity and the way in which she integrated her experiences, anxieties, misconceptions, and hallucinations into art during decompensated depression. Based on these, the authors would like to give an insight into the writer’s life and work, which can help us understand better Virginia Woolf’s personality, both from artistic and psychiatric point of view.*

Keywords: *creativity; mental illness; Virginia Woolf*

Összefoglalás: *A mentális zavarok és a kreativitás, illetve az alkotótevékenység közötti kapcsolat számos író, költő és egyéb alkotóművész munkássága kapcsán felmerül, s régóta képezi tudományos érdeklődés tárgyát. Jelen tanulmány célja annak vizsgálata, hogy Virginia Woolf bipoláris hangulatzavara hogyan függött össze kreativitásával, s irodalmi alkotásaival. A szerzők áttekintik Virginia Woolf életét, családi hátterét, betegségének lefolyását, s mindezekkel összefüggésben elemzik munkásságát, alkotótevékenységét. Művei interpretációival megkísérlik érzékeltetni azt a komplex folyamatot, amelynek során a tudattalan és a tudatos munka segítségével megszületik a mű. Ezen belül rávilágítanak arra, milyen hatással volt Virginia Woolf betegségének alakulása az alkotási folyamatra, s miképp integrálja a művész az alkotásba a dekompenzált, depressziós hangsúlyú időszakokban megjelenő élményvilágát, szorongásait, tévképzeteit, hallucinációit. Ezek alapján szeretnének betekintést adni a szerzők az író életébe és munkásságába, ami által talán nagyobb rálátással lehetünk Virginia Woolf személyiségére, mind művészeti, mind pedig pszichiátriai nézőpontból.*

Kulcsszavak: *kreativitás; mentális betegség; Virginia Woolf*

Introduction

Numerous studies have examined the connection between creativity and mental disorders (1–7). Unconscious energies are typically used during creation (8). According to Hunter, the artist’s eye also observes things that people who are less sensitive do not (9). Highly sensitive individuals have a greater chance to develop mental illnesses. Conversely, we can often experience that psychotic individuals or people suffering from other mental disorders have

greater creativity compared to the healthy ones (10).

The incidence of the bipolar disorder, for example, is more frequent in writers and their relatives than in any other population (11). Patterson noted that one of *Edgar Allan Poe’s* mental disorders for instance is depression (12). *Tennessee Williams* was born in a family, in which the incidence rate of serious mental diseases was high, and he himself suffered from bipolar disorder (13). In *Ernest Hemingway’s* family, five suicides were committed within four

generations (14). The aim of the present study is to demonstrate this relationship through the examination of *Virginia Woolf’s* life, work, and disease.

Virginia Woolf’s life

Virginia Woolf was born as Virginia Stephen in 1882 in London. Her mother was called Julia Jackson and her father Sir Leslie Stephen and for both, this was their second marriage (15). She was descended from a family with great literary traditions, as a number of her relatives were artists. Her father was a critic, a man of letters. Her great-grandfather, grandfather, uncle, and cousin were also writers. Her mother had a published book and her sister Vanessa became a famous painter. Her brother Adrian was a psychoanalyst, writer, and editor. Her godfather was the great American poet *J. R. Lowell* (16). She had five siblings, sister Vanessa, brothers Thoby and Adrian, and half sisters Stella and Laura.

She started her career as a critic in her twenties and later began to write books. She was a member of the Bloomsbury group, which consisted of well-known, young intellectuals and artists. In 1912, she got married to *Leonard Woolf*. Together they founded the Hogarth Press, publishing, in addition to significant literary works, the English translations of *Freud’s* writings in 24 volumes (17). From 1924, the Hogarth Press became *Freud’s* official English publisher (18). *Woolf* lived mostly in London. In 1915, she and her family moved to Richmond, to the so-called Hogarth House. She lived an active social life, besides this, she spent most of her time writing. After several suicide attempts, she took her own life on 28 March 1941.

Virginia Woolf’s work

Virginia Woolf is one of the most salient figures of the 20th century. She wrote mostly novels. *Mrs. Dalloway*, published in 1925, can be mentioned as one of her main writings, (19)

describing one day in the life of a housewife in London who is during which she is preparing for giving a party. The famous film, *The Hours*, was partly based on this book. Her experimental novels, including *To the Lighthouse* published in 1927 (20), and a prose-poem novel *The Waves* published in 1931 (21), are of great importance.

Beside her novels, it is important to mention her journal-entries, which were written between 1915 and her death. Some of her last notes were written four days before her suicide. Though she did not write to her diary every day, we can observe her creative path of life continuously throughout 27 years (22).

In all her life, she carried on correspondence with several people. She wrote her biographies, essays, and studies before and after writing books as having a rest. In these, she also gives an account of her readings. We can emphasize “*The death of the moth*” (23), one of her essay-volumes, which was published posthumously and contains the writer’s thoughts about different topics, like the social and literary life of her era, fictional critics, studies. Among other things, she became one of the creators of the so-called psychological novel and one of the most salient figures of the 20th century English prose because of her writings.

The course of her illness

According to Bond, in *Virginia Woolf’s* family history, several psychiatric disorders can be identified (16). Her half sister Laura was diagnosed with schizophrenia; she spent most of her life in mental institutions. Her father, Sir Leslie Stephen, had depressive periods, first as almost a child in 1848. Her cousin, James Stephen, had a manic-depressive illness and committed suicide at the age of 33. Vanessa, her sister, had three children, suffering postnatal depression after all her childbirths (15).

Based on the detailed description of syndromes, *Virginia Woolf* suffered from bipolar II disorder (24). The ambivalence that is characteristic of this illness followed Virginia through-

out her life; we can find examples of this both in her books and in her diary. She had an ambivalent relation with her environment, life events, illness, with the people surrounding her as well as with herself.

She had to face the tragedies at an early age. She lost her mother at the age of 13 and her father when she was 22 years old. Soon after her mother's death, her half sister Stella died because of an unsuccessful operation. This may be why Virginia lost her trust in doctors. Her brother Thoby died from typhus in 1906 when Virginia was 24 years old (15).

Beside genetic traits, childhood events could play a role in her manic-depressive states. According to historical accounts, in her younger years, she was energetic like the others and had a rich imagination. However, it is true that her anxiety was evident already in her childhood. She did not get appropriate love and care from both of her parents. In Bond's opinion, her mother Julia was not suitable for the role of a mother. Having a narcissistic personality, she was not able to fill the needs of a growing child (16). Dally points out that Julia kept a tight control on both herself and her environment. She was not able to get close to anybody unless she was in the role of the nurse (15). Thus, no wonder that Virginia had a strong desire to see someone in the role of the mother. She found the mother figure in several women; for two years, she kept up a love affair with Vita Sackville-West who had a homosexual husband.

Melancholy was an integral part of her mother, and Virginia experienced many of Julia's personality traits. She was filled with distress when her environment seemed to be surreal for her and felt that the world was strange. At such times, she perceived time and space distorted. On numerous occasions, this sense of isolation ended in panic. For example, the first instance of this occurred in her childhood, when her parents were talking about a neighbor's suicide on St. Ives, which was the family's summer resort. Later, as Virginia was walking in the moonlight, she believed to have seen the horror of suicide, the man's despair on an apple tree. She was standing numb in front of the tree,

staring at how the parts of the tree form strange shapes while panic increased inside her. Later, this feeling appeared spontaneously, for instance, when she was not able to step over a puddle because her feeling of the world was so unreal. On these occasions, she became aware of her own weaknesses and fears that strengthened her depression (15).

According to Rieger, *Woolf's* illness was partly genetically inherited but stressful situations activated her symptoms (25). In these states, she experienced some but not full-blown symptoms of psychosis, for instance, when Virginia was ill for months after her mother's death. She lived detached from the world and depression and anxiety almost paralyzed her. Although she was unable to write or read, she stayed in touch with her environment. Later, smaller cyclothymic periods emerged around the age of 17, but at that time, she was mostly well balanced. In reference to this, it is worthy to mention that the cyclothymia has a high risk of developing into bipolar II disorder (26).

Dally is of the opinion that in Virginia's life, milder forms (hypo)manic and depressive periods alternated (15). When her father became ill, Virginia needed somebody to talk to about her loss. *Violet Dickinson*, who was interested in Virginia's character, took on the role of the caring mother, prepared for providing maternal care. This was a very close connection between them and it can be characterized as a mother-daughter relationship rather than an erotic one. Her father died in 1904. Virginia, who was 22 years old that time, became depressed and turned her accumulated anger against Vanessa. Two days after their return from Italy, Virginia became manic and when she attacked Vanessa, she could be held back only with nurses. After this, she hallucinated for three months and heard birds singing in Greek. The manic period was followed again by depression. Then, she had sense of guilt because of her behavior towards Vanessa.

Several examples demonstrate her emerging high sensitivity in stress situations and especially following the losses in Virginia's life. After Thoby's death, she became touchy and tense,

struggled with sleeping difficulties and medication intolerance. Another instance causing tension in Virginia was that she had a good relationship with Clive, Vanessa's husband. Clive, being an excellent critic, examined Virginia's works. Virginia was very grateful but Clive misunderstood Virginia's reactions and because of this, Virginia felt such a great guilt that her cyclothymic episodes worsened. In the late winter of 1907 and in the early spring of the next year, intense periods of depression emerged and in the summer, she had hypomanic outbursts (15).

In 1913, both Leonard and Vanessa thought that she was restless because she worried about her book titled "*The Voyage Out*." She was hospitalized, but her depressive thoughts returned as there seemed to be no remission of symptoms. Leonard took her to a pub, where they had been on their honeymoon. Virginia's condition suddenly changed for the worse and signs of paranoia emerged. She thought of being watched by people who conspired against her. She felt threatened everywhere and could not sleep only with the help of medication. After they returned home, she committed her first suicide attempt when she was left alone for a short time. She stole Verolan from the usually closed drawer and took a large dose of it. She became unconscious, and it took 36 hours to wake her up (15).

Virginia suffered serious depression in the following period of her life. In 1915, on Leonard's solicitation, they moved to Richmond to the Hogarth house. In February, while having breakfast with Leonard, Virginia became unexpectedly excited. She said that her mother is in the room and she started to talk to her. The outburst caught Leonard unprepared, although there were smaller signs of the forthcoming indisposition from the end of January. Virginia's headaches returned, she slept badly and became paranoid. A week after her mother appeared, manic symptoms emerged. She was hospitalized again and later joined Leonard at the Hogarth house. However, nurses had to be called as she was difficult to tame and was constantly mumbling, mostly incoherently. She was hardly

sleeping, eating, or drinking, and she refused all kind of feeding or cleaning violently, gradually losing contact with the outside world. Though her condition improved on some days, depression alternated with euphoria in the following two months (15).

She committed her second suicide attempt in 1928, after she had a quarrel with Vita Sackville-West. On the way home, she took a large dose of Somnifen, putting her into a semi-coma state; Leonard was barely able to wake her up. The next breakdown occurred in 1936 when the symptoms of depression emerged at the beginning of the year. Virginia concentrated all her power on writing "*The Years*," but she could not get on with it, her depression took over. Headaches emerged and she was able to work only for a short time. She kept waking up at night anxiously, feeling frightened about the end of civilization and about losing her common sense. In April, she finished the book but suddenly became very nervous; she could not even look at the imprints. She suffered headaches and sleeping disorders when she finally collapsed. She was taken to a mental institution, Rodmell, for four weeks and then returned to London in June, but the change did not seem to be long lasting. She returned to Rodmell in three days. Each morning she woke up in agony, with headaches, and with the feeling of despair and failure. She was not able to work for more than half an hour at a time. Her condition improved enough for her to be able to deal with the imprints for the autumn.

The main reason for her breakdown in 1936 was that she did not agree with Leonard's ideas because he supported the war, which Virginia unambiguously rejected. Her depression and anxiety increased and although her environment thought that she became ill because of "*The Years*," perhaps it was the result rather than the cause of her illness (15).

The third or perhaps the fourth collapse, depending on the sources, which led to her suicide and death, can be clearly tied to the war that broke out in September. During the following 18 months, Virginia's condition changed three times. From September 1939 to April 1940, she

was anxious, though she tried to hide it. In February 1940, she came down with headache, insomnia, and continuous temperature fluctuations, this condition lasted until the beginning of April.

At that time, many of their friends, including Leonard, had a pessimistic opinion about the war, they talked about the possibility of suicide. In summer, Virginia felt an over-excitement; she was wavering on the verge of hypomania. From October on, her hypomanic symptoms lessened, but winter depression immediately emerged. Because of the country life, Virginia began to feel claustrophobic, which Leonard did not observe because the question of the war kept him busy too much. During this time, Virginia became pessimistic regarding the future. She was very thin and because she lost weight to such a frightening extent, Leonard asked for medical help. It has to be emphasized that insomnia and weight loss may increase the risk of suicide in depressed individuals (28). Virginia's last doctor was *Octavia Wilberforce*, with whom she did not get along. The question of suicide did not come up between them. Virginia had paranoid delusions, she was not able to keep her thoughts under control, and by this time, she heard voices again, which in all probability plunged her into suicide (15). In the course of the winter, her depression worsened. She committed suicide on March 28, 1941. She walked into the Ouse River with stones in her pocket.

Various interpretations of her illness

According to Rieger, *Woolf* had at least four breakdowns and two suicide attempts (25), while other sources mention only three main seizures (15). Her first significant collapse occurred after her mother's death in 1904, although she did not become psychotic then. The second one happened after her marriage in 1913, because Virginia did not have affection for Leonard, as in general for other men. Their relationship lacked sexuality. In the last stage of their honeymoon, in Venice, Virginia turned ill, she had a splinting headache, denied food, and experien-

ced exhaustion. Therefore, Leonard took on the role of the mother instead of the husband. The course of the 1913 breakdown was slower than the one in 1904, but the pattern was similar.

All of her main indispositions intensified due to her depression in the late winter-early spring, leading to intense emotional conflict. She hardly ate and could not sleep for more than one or two hours at a time. Headaches were usually present during her depressed periods, supporting the previously mentioned bipolar II disorder diagnosis (29). However, when her depression deepened and was threatening with decompensation – headache was replaced by numb perception. Hallucinations appeared during the last stages (15).

Bond thinks that in Virginia's case, the separation of the mother presented a problem, she had to repress her anger towards her, which she then reversed against herself and because of this, she was unable to relief the aggression built up inside (16). The anger was dormant through the years but led to her manic seizures. According to the author, at least two problems occurred relevant to Virginia's psychological improvement that involved the development of the superego. The one is the deficit in the establishment of the superego as a control system, the other one is the lack of ability in controlling the self-estimation.

McGlashan distinguishes two kinds of personalities according to how people are able to elaborate the experiences of the psychotic states in the non-psychotic periods (27). In the case of the *integrative* functioning, continuity can be observed in the patient's mental life before, during, and after the psychotic state. The integrators possess appropriate coping strategies through which they can face their psychotic states and integrate the experiences, hereby developing. In contrast to this, people of the *sealing-over* type are isolated from their illness; they are not able to accept that as a part of their personality. Here, the psychotic experiences and the non-psychotic mental activities are fully separated.

Virginia Woolf belonged to the integrating type because she tried to use the experiences she

went through in the psychotic period in her art. Accordingly, for instance, after three years of serious illness (1913–1915), Virginia wanted to make use of the experiences during that time, becoming aware of her big creative energies hidden in the depth of her mind. Above all, because the creative work is partly a conscious process, if an artist is never fully conscious, he/she is not able to create anything. Geniuses need the unconscious but working with the unconscious becomes impossible without the corresponding intellect (15).

According to Dally, in the case of the bipolar patients, patterns of thinking and behavior characteristic in the depressive and in the normal mental state are mixed, the old sphere of thoughts is lost and "a kind of mental vacuum exists" (15, p.193). In contrast to this, in the manic period, such ideas are whirling in the mind that may seem strange to the patient in the normal mental state. Sometimes, these can replace or merge with the original thoughts (15). "A way of thinking is changed and a solution to a seemingly impossible problem follows." (p. 193).

In Dally's opinion, Virginia's mental health was always in danger, when experiencing not only big tension stemming from her repressed emotions but also little or no tension (15). Partly, this lack of tension led to boredom and finally depression. It seems as if her nervous system had required increased stimulation to be able to function normally. At the same time, the difference between the optimal and minimal level needed for the healthy functioning was insignificant.

Conscious and unconscious self-reflections

Virginia Woolf was highly interested in the question of the self, the personality that she did not comprehend in its entirety but as the collection of different parts of the personality (11). We can find numerous examples in "The Waves" (21) of how she searches for the answer to the nature of personality and presents different elements of personalities.

"What am I? I ask. This? No, I am that. ... They do not understand that I have to effect different transitions; have to cover the entrances and exits of several different man who alternately act their parts as Bernard." (p. 76).

"which of these people am I? It depends so much upon the room. When I say to myself, 'Bernard', who comes? A faithful, sardonic man, disillusioned, but not embittered. A man of no particular age or calling. Myself, merely." (p. 81).

In this case, we can see the self as a part of something and not as a whole. This topic is present through the entire book, *"With their addition, I am Bernard; I am Byron; I am this, that and the other. ... For I am more selves than Neville thinks."* (p. 89).

Towards the end of the book, we can observe in Bernard's monologue Woolf's doubts regarding her and her friends' personalities as she examines the boundaries between her and others' selves: *"And now I ask, 'Who am I?' I have been talking of Bernard, Neville, Jinny, Susan, Rhoda and Louis. Am I all of them? Am I one and distinct? I do not know. We sat here together. But now Percival is dead, and Rhoda is dead; we are divided; we are not here. Yet I cannot find any obstacle separating us. There is no division between me and them. As I talked I felt, 'I am you.' This difference we make so much of, this identity we so feverishly cherish, was overcome."* (p. 288-289).

We can read several times that Bernard speaks to his self as if it were a separate entity: *"But you understand, you, my self, who always comes at a call... you understand that I am only superficially represented by what I was saying tonight. Underneath, and, at the moment when I am most separate, I am also integrated."* (p. 77).

Bernard sees one of his selves entirely outwardly in the following lines: *"This self now as I leant over the gate looking down over fields rolling in waves of colour beneath me made no answer. He threw up no opposition. He attempted no phrase. His fist did not form. I waited. I listened. Nothing came, nothing."* (p. 284).

The writer is haunted by past remembrances, missed opportunities, possibly failed self-formations, *"shadows of people one might have been; unborn selves."* (p. 289).

According to Gardner, the experiences and feelings concerned primarily *Virginia Woolf* (11). She observed both herself and others continuously, the way she and her environment experience the events. She wrote these observations down, expressing her inner life and that of the others. She is similar to *Freud* who found a method by means of which he helped others to look inside them. *Woolf* did the same. She externalized her inner world in her writings, helping herself and others. From her work, we can observe the way she demonstrated the personality without becoming subjective.

Creating as the tool of self-therapy

From *Woolf's* diary (22), it becomes obvious how deeply she suffered from sadness and how vitally important she believes writing is, "And so I pitched into my great lake of melancholy. Lord how deep it is! What a born melancholic I am! The only way I keep afloat is by working." (p. 140).

Self-analysis is part of the creation, as seen in the next quotation, in which she expressed a feeling of total isolation from the outside world, "I believe these illnesses are in my case – how shall I express it? – Partly mystical. Something happens in my mind. It refuses to go on registering impressions. It shuts itself up. It becomes chrysalis." (p. 150). She also mentioned her headaches in her diary, trying to ease the inner tension, "I began the year with three entirely submerged days, headache, head bursting, head so full, racing with ideas." (p. 254). She described her deep preoccupation with creation, losing her footing trying to find the ground in the everyday life, "I must very nearly verge on insanity I think, I get so deep in this book I don't know what I'm doing." (p. 258).

Translating illness into art

Woolf searched to find a philosophy that could revive the feeling of unity. She thought that there is a pattern behind everything and if she understood this pattern, the events would

become whole and intelligible. Through words, she tried to make order in chaos. As she wrote in her diary (15), "It is only by putting it into words that I make it whole; this wholeness means that it has lost its power to hurt me, it gives me, perhaps because by doing so I take away the pain, a great delight to put the severed parts together. Perhaps this is the strongest pleasure known to me. It is the rapture I get when, in writing, I seem to be discovering what belongs to what." (p. 37). For Virginia, this feeling always emerged in the early stages of writing books. She moved on without breaks, anxieties, controlling the happenings.

Woolf's hallucinations proved to be a fertile ground for the writing of her books. In "The Waves," we find instances for how she begins to lose the security of the consensus reality (21). "I begin now to forget; I begin to doubt the fixity of tables, the reality of here and now, to tap my knuckles smartly upon the edges of apparently solid objects and say, 'Are you hard?'" (p. 288).

In her novels, we can also read about the dissection of the question of death. Bernard, for instance, associates the haircut with mortality, "So we are cut and laid in swathes, I said; so we lie side by side on the damp meadows, withered branches and flowering. We have no more to expose ourselves on the bare hedges to the wind and snow; no more to carry ourselves erect when the gale sweeps, to bear our burden upheld; or stay, unmurmuring, on those pallid noondays when the bird creeps close to the bough and the damp whitens the leaf. We are cut, we are fallen." (p. 280). Death is not presented as a bitter event full of fears but as a desire in that we "do not have to" be any more.

This appears also in her novel "Mrs. Dalloway," since here emerge the above-mentioned questions, which are emphasized in "The Waves." When Clarissa receives news of a young man who committed suicide, we do not see pity but desire (19), "She felt somehow very like him-the young man who had killed himself. She felt glad that he had done it; thrown it away while they went on living." (p. 204). She approaches the question of death through bipolarity. "Did it matter then, she asked herself, walking towards

Bond Street, did it matter that she must inevitably cease completely; all this must go on without her; did she resent it; or did it not become consoling to believe that death ended absolutely?" (p. 11). Woolf represents the idea of death and the psychotic episodes through Septimus, "Now we will kill ourselves," when they were standing by the river, and he looked at it with a look which she had seen in his eyes when a train went by, or an omnibus—a look as if something fascinated him; and she felt he was going from her and she caught him by the arm." (p. 74).

On several occasions, we can also observe the integration of her hallucinations. We can read in Dally's book (15) that the birds were singing Greek to Virginia, experienced by Septimus in "Mrs. Dalloway" (19), this is partly how her illness manifests itself in her artistic work, "He waited. He listened. A sparrow perched on the railing opposite chirped Septimus, Septimus, four or five times over and went on, drawing its notes out, to sing freshly and piercingly in Greek words how there is no crime and, joined by another sparrow, they sang in voices..." (p. 28).

We can observe Septimus' and Virginia's misconceptions, "...and saw faces laughing at him, calling him horrible disgusting names, from the walls and hands pointing round the screen. Yet they were quite alone. But he began to talk aloud, answering people, arguing, laughing, crying, getting very excited and making her write things down." (p. 74-75).

"It was turning into a man! He could not watch it happen! It was horrible, terrible to see a dog become a man! At once, the dog trotted away." (p. 76)

"For God's sake don't come! Septimus cried out. For he could not look upon the dead." (p. 78).

Summary

For Woolf, writing was an essential tool for elaborating her feelings, experiences, and conflicts. As we could see, she never underwent psychoanalysis, at the same time, writing served as a tool for exposing her inner conflicts and their transformation in her consciousness.

Although the above quoted parts of her diary indicate Woolf's creativity regarding the introspection and transformation, her writing was not an unconscious process. In the course of writing, she built in her inner conflicts; therefore writing became both a tool and a result for her. Accordingly, creation was at least partly a conscious process for her. She strongly and markedly evaluated her internal occurrences and transferred them into her works of art. In "To the Lighthouse," she unambiguously shaped Mr. and Mrs. Ramsay's figures, basing them on her parents. In the book, Mrs. Ramsay has a narcissistic personality. A good example of Woolf's self-therapy is the writing of "To the Lighthouse" because her mother's remembrance haunted her until the age of 44, but as soon as she finished the novel, her obsession, and the hallucinations disappeared. It seems as though she elaborated her feelings towards and rough conflicts with her mother in her works rather than on the psychoanalytic couch. Virginia Woolf's technique of writing down her inner life is similar to the psychoanalytic method of putting the inner life into words, to the ideation (18).

We could see above how Woolf tried to express the nature of her illness in her writings. As a further example, it can be mentioned that in "Mrs. Dalloway," it was originally intended that Clarissa would commit suicide but finally she put into the book the psychotic Septimus whose misconceptions can be seen above. She attempted to give voice to her inner world by dividing the parts of her illness among her characters. She represents Peter as the man who always deals with himself, Septimus as the psychotic person, and Clarissa in her euthymic states as the mixture of these two (2).

In her manic periods, which were usually present during the beginning of book writing, her mind moved at full speed, with ease, and she wrote her books in great excitement. After such state, she later had to pay with depression, which she often suffered while finishing her books. She was afraid of what will be their welcome (11). Depression that emerged when

finishing her novels never posed a real danger for her. Many of her ideas came in the depressed period while lying in the bed and she could make use of these later when writing her works (15).

In *“The waves,”* six voices are speaking. The book is a net of internal monologues. According to Charles, in *“The waves,”* the voices can be heard as the fractions of the personality. We have to understand the parts in order to understand the whole. Sometimes it is ambiguous whose voice is heard, thus the reader is also initiated in the discovery. We can see Virginia’s thoughts reflected in Septimus in *“Mrs. Dalloway,”* where she tried to maintain a relation to her own illness. In Caramango’s opinion, through Septimus, Woolf emphasized the structure of perception so that it was seen no more as an outer process but as a message. They

understood thinking as an external procedure, as a voice that sounds in the head. Septimus’ character demonstrates how Woolf fell into a vicious circle, *“He feels he must die because he is depressed, but he thinks he is depressed because the world is murderously insane and wants him to die”* (p. 223). In *“Mrs. Dalloway,”* the reader can experience how it is to suffer from manic-depressive illness. Three characters are presented by means of one person. In reference to Septimus, he writes that because the feelings became stronger than did the self which feels them, their control is no more possible. *“Mrs. Dalloway”* is an example of how Virginia used writing as self-healing. She tried to strengthen her self-image. Clarissa binds herself to the good sides of reality, which suggests, in fact, the modern methods of cognitive psychotherapy (2).

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