WOOLF'S ALTERNATIVE MEDICINE:

NARRATIVE CONSCIOUSNESS AS SOCIAL TREATMENT

An Abstract of

a Thesis

Presented to the Faculty of

the Department of English and Journalism

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In Partial Fulfillment

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Master of Arts

By

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ABSTRACT

The primary objective of this thesis project is to investigate Woolf's narrative construction of consciousness and its enactment of resistance against the clinical model of cognitive normativity, using *Mrs. Dalloway*. This objective is part of an effort to identify the ways in which Woolf's writing can be used, foundationally, to challenge the contemporary language of clinical diagnosis, as it functions to maintain power imbalances and serves as a mechanism of the rigid policing of normativity. It is also intended to support the suggestion that Woolf's novels and essays make a valuable contribution, when advanced by theory—including disability theory, to scientific conversations on the mind. One major benefit is that doing so encourages border-crossing between disciplines and views. More specifically, this project examines the ways in which *Mrs. Dalloway* resists the compulsory practice of categorizing and dividing the mind. The novel, I assert, supports an alternative narrative treatment, not of the mind but, of the normative social forces that police it. It allows and encourages readers to reframe stigmatizing, divisive, and power-based categories of cognitive difference and to resist the scientific tendency to dismiss pertinent philosophical and theoretical treatments of consciousness that are viable in literature. The critical portion of the project is concerned with the way in which *Mrs. Dalloway* addresses consciousness and challenges medical authority. Its implications urge the formation of an investigative alliance between Woolf's work and psychology that will undermine the power differential, call attention to and dismantle the stigma of "mental illness," and propel clinical treatment into new diagnostic practices.

APPROVAL PAGE

This thesis by Jessica Mason McFadden is accepted in its present form by the Department of English of Western Illinois University as satisfying the thesis requirements for the degree Master of Arts.

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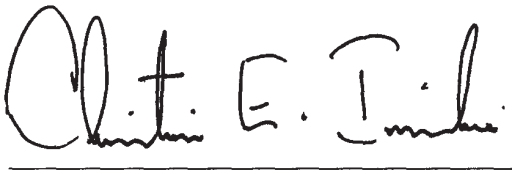

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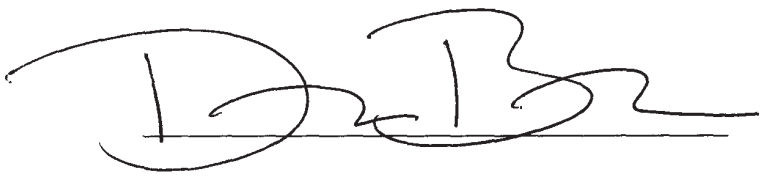

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Yet it is not only a new language that we need, more primitive, more sensual, more obscene, but a new hierarchy of the passions; love must be deposed in favour of a temperature of 104; jealousy give place to the pangs of sciatica; sleeplessness play the part of the villain, and the hero become a white liquid with a sweet taste—that mighty Prince with the moths' eyes and the feathered feet, one of whose name is Chloral.

Virginia Woolf, "On Being Ill"

CHAPTER I

WOOLF'S NARRATIVE MEDICINE

In October 2013, I presented a paper on *Mrs. Dalloway* to a room of about twenty-five scholars, mostly in English Studies. Before I began, I asked them to capture and hold the first word or image that came to mind when I mentioned "Virginia Woolf." It was an impromptu experiment that produced, as intended, an immediate result. Sure enough, the word "crazy" was on the minds of a number of scholars in the room at the mention of Woolf's name. Not delving psychoanalytically into the origins and meaning of that response, the scholars' admissions afforded me preliminary insight into the power of associations and the role they play in complicating and dispersing contemporary meanings and uses of the work itself.

When we read something by Woolf, just as when we mention her name, a web of associations informs the reading and shapes our interpretation of it. In this web is a mix of distorted and displaced historicity and lore. We should not dismiss this web nor should we accept it at face value. What we might do is utilize it. For this project, my intention is to explore and utilize the common association of Woolf with "crazy." The literary analytic and autobiographical portions aim to change the way that we think about both Woolf's work and mental illness. This will happen in a style that is more circular than it is linear. Forgoing the aim of a singular point of analytic focus, the project strives to address broadly the intricate sphere of complication in which Woolf, madness, and the narrative are enmeshed.

I come to this sphere of complication not as a "Woolf scholar" but as someone who was swept off the coast of clinical psychology and into the bay of Woolf scholarship

by the web of associations surrounding Woolf's "madness." Given this, I ask that this document be read as a hybrid attempt to further the already-present conversation surrounding Woolf's contributions to our current conceptualizations and practical treatments of the mind.

One of the problems that has stood in the way of our view of Woolf as a radical theorist on difference and madness is our knowledge of her blatant hypocrisies, biases and prejudices, particularly those tied to her racial and socioeconomic position of privilege as a member of the white intellectual elite. As a feminist icon, Woolf has, while extoled enormously, been criticized by some factions in the academic community for her elitist weaknesses. If we begin to see her as an icon of madness, those weaknesses, as they apply to cognitive privilege, must be addressed.

Janet Lyon, in her article "On the Asylum Road with Woolf and Mew," addressed Woolf's liminal position by exploring the implications of and questions raised by Woolf's own journal entries— in particular, one in which, in 1915, Woolf wrote with violence about an encounter she had with inmates of an asylum in a London suburb. Reflecting on what Woolf unapologetically denoted "'a long line of imbeciles' on a towpath near Kingston,'" the journal entry is raw and extreme: in addition to stating that it was a "perfectly horrible" sight, she writes that "they [the long line of imbecile] should certainly be killed" (551). Though this perhaps-private moment of confliction and hostility is troubling and worth further consideration, we should note that Woolf wrote this journal entry early in her writing career, more than a decade before *Mrs. Dalloway* was published. This might clue us into the evolution of her ideas: a later work, like

Orlando, indicates that her understanding of self and society underwent significant transformations over time.

Woolf's prejudices, nevertheless, are troubling, though not surprising. I point to one manifestation of them to emphasize that Woolf's personal failings as well as the moral weaknesses inherent in her work serve as more than a reason for our distrust of both. They reveal how deeply enmeshed, in a conflicting way, Woolf and her work were and are in the understanding and treatment of individuals with cognitive abnormalities. Woolf's weaknesses reflect the weaknesses of the time and context in which she lived. We should use both the weaknesses and strengths of Woolf's work to further our contemporary understanding of and responses to cognitive difference.

Janet Lyon's example shows us that Woolf is very much a product of what Lyon calls a "bygone era of alienists and asylums" (551). Not only is Woolf, at this early moment in her life, caught in that violence and perpetrating a dimension of its web; she's likely also grappling with straddling the borderlands between her own forced and default adoption of the normative, patriarchal system of labeling bodies and minds as well as her role as a rebel against pervasive diagnostic articulations of patriarchy. Consequent issues regarding Woolf's prejudices complicate this project, but by focusing primarily on what Woolf's works might subversively be thought to say and less on what they incite in their historical associative webs, we can begin to treat consciousness and the cognitive state according to the transgressive strengths of her narrative model.

Rather than seeking to understand Woolf's consciousness through her works, I hope, instead, to propose that there are other, less concrete and more preferable, ways of looking at the mind and the contemporary state of diagnosis through Woolf's

representations of consciousness. *Mrs. Dalloway* enacts its own kind of literary "attempt to doubt everything…however convinced we may be concerning what we doubt" (Husserl 57). Woolf does not claim definitively any certain reality or particular strain of argument in the novel and, because of this, the novel gives the impression of doubting its own composition. The cooperative yet contradictory space of narration, in which Rezia's thoughts might run into Dr. Holmes or in which Peter's might run into Sally's, make choosing a perspective with which to sympathize more difficult for readers. Believability is not an issue because it is not carried out consistently throughout. Authenticity exists without truth— authenticity that is comprised by a gathering of perspectives, which on their own, if pitted against one another, would create doubt. There is an acknowledgment more generally in Woolf's novels, in their adoption of a state of universal doubt, that Being cannot be doubted for "anything, and in the same act of consciousness (under the unifying form of simultaneity)" brought to a substantive meaning "under the terms of a Natural Thesis" (Husserl 57). This is of interest, specifically with regard to accepting Woolf's narrative as a state of mind rather than referring to an actual, natural, state of mind in a Woolf who at one time existed. *Mrs. Dalloway* is not tied to an underlying, compact "natural thesis;" instead it offers a narrative compendium of cognitive dispersal in which authentic and valid doubts co-exist.

Vijay Kapur's take on this phenomenon of an infinite reality without a definite, scientific truth is captured in his characterization of the "reality of existence" for which Woolf was striving. He says, in *Virginia Woolf: The Shaping Vision*, that it cannot be "found in the conditioned illusions of the human mind or in its artistic, intellectual or imaginative projections" and that "her vision of life is essentially 'spherical' in the sense

of being comprehensive…the mode of that reality [being] basically dialectic" (159). Adding to this is Patricia Morgne Cramer's description of modernism as being "widely associated with innovation, alienation and abrupt breaks with past tradition," rendering her [Woolf's] name, according to Suzette Henke, a "'watchword for modernist innovation'" (Cramer 180). Although "there is no definitive truth" and "the consciousness of each [character] serves a kind of mirror-function from one mirror to another" (63), Woolf's experiments with fragmentation, both in terms of style and the consciousness the narrative reenvisions, reveal that there is wholeness and harmony in partitioned chaos.

Woolf is also part of the chaos of our current conversation on cognition. She does not attempt to bring about definitive meaning in "natural" terms (under a scientific regime, regardless of its reality or factuality) in *Mrs. Dalloway*. She chooses, rather, to enact the phenomenological, Cartesian attempt at universal doubt: not denying the realities of the world or the existence of anything, but accepting it "in the bracket," or "only in the modified consciousness of the judgment as it appears in disconnexion and not as it figures within the science as its proposition, a proposition which claims," according to Husserl, to be valid, recognizable, and functional (Husserl 59). Along these same lines and following Woolf's narrative example, this project's aim is not to explore the bracketed realities of Woolf's mind or of her life. Interpreted with a bracketed acknowledgement of a "Natural Thesis" and a reliance on phenomenological doubt, the project explores representational acts of consciousness. Accordingly, Woolf's novels and characters, as meta-entities representing consciousness through the framework of doubt, are models for the way in which this project has been devised. Woolf's "poetic intellect

or narrative consciousness model, should act as the doubting phenomenological responsorial treatment to an essentialist and patriarchal "Natural" treatment of consciousness endorsed and practiced by contemporary psychologists and psychiatrists.

With purely scientific realities of the mind set aside but not abandoned entirely or denied, it becomes possible to forge ahead and explore connections between disability theory and Woolf's work. Issues of selfhood and integration must also be addressed briefly, first, as the project takes extensively as its focus Woolf's re-envisioning of the relationship between separateness and connection. Woolf asserts, through her narratives, that wholeness and fragmentation can coexist and do not negate one another as a result. While the works discussed in this project break apart the notion of an integrated self, they also acknowledge the notion that, despite having a fractionary quality in form, fragmentation --which is an acknowledgement of phenomenology's doubt-- does not undermine unity. The positive result of this is that Woolf's model of unity-in-chaos undermines the diagnostic and pathologic imperative.

What is relevant to Husserl in *Ideas* is relevant to contemporary disability theorists and to readings of Woolf. Many philosophical and theoretical (disability-specific) issues arise out of the "marked shift" that came "with the emergence of a scientific medical discourse" (Quayson 9). Ato Quayson emphasizes, in *Aesthetic Nervousness: Disability and the Crisis of Representation,* that there were profound effects of that marked shift, in which the disabled were "subjected to taxonomies of scientific measurement and ordering," including the practice of reeducation and the "consolidation of carceral complexes such as the prison and the hospital" (9).

Working with Lennard Davis' consequent introduction to *Enforcing Normalcy: Disability, Deafness, and the Body*, Quayson recognizes that with these changes and enmeshed with the accompanying "dual notions of the average citizen and of virtue were implicit ideas of wholeness" (20). Quayson is referring to Davis' essay, "Who Put the The in The Novel," in which Davis explores the notion of the "average citizen" in relation to the "essential structure of the novel in the eighteenth and nineteenth centuries" (Quayson 19). Davis says, at the end of his essay, that what he tried to show is that "the very term that permeates our contemporary life – the normal – is a configuration that arises in a particular historical moment" (49). This statement is an acknowledgement of the long-lasting effects and simultaneous impermanence of "the normal." Following that, he explains that "from the typicality of the central character, to the normalizing devices of plot to bring characters back into the norms of society, to the normalizing coda of endings, the nineteenth- and twentieth-century novel promulgates and disburses notions of normalcy" (Davis 49).

With a deep acknowledgment of what Davis argues, this project's aim is to explore where Woolf, particularly her novel *Mrs. Dalloway*, falls into place within this framework, with the understanding that she addresses normalcy from a complicated position: of marginality in some respects and of privilege in others. Its other aim is to explore where Woolf takes this framework. Janet Lyon contends that it is "an uncontroversial proposition that modernist aesthetics, with its emphasis on disproportion, fracture, and incompleteness, shares with disability studies a foundational contestation of the category of 'the normal'" (552). Since this bridge is so palpable and has been

acknowledged, our role, as members of the conversation elicited by this project, is to decode and seek out its nuance and purpose in Woolf's work.

Just as normalcy is a concept of consequence to this project, the role of the asylum, which was during Woolf's time, Foucault claims, being opened up to "medical knowledge," (505) is contextually consequential. Of special relevance is that "a fourth structure," that Foucault identifies as being "proper to the world of the asylum as it came into being at the close of the eighteenth century…to authorise not only new contacts between doctors and patients, but also a new relation between alienation and medical thought, which was finally to take command of the whole modern experience of madness" (503). With this change came the abolition of what he calls "the deepest meaning of confinement" and a window of possibility into "all the connotations that are familiar to us today" (Foucault 504). This well-captured shift is what makes possible Woolf's novels, what renders them limited, and what forms their contents. It makes possible, too, this project and its supposition that *Mrs. Dalloway* acts as metaphorical treatment to the social ills of the heteronormative, masculinist, label-and-authority-dependent practice of medicine that continues to operate today.

Rita Charon, a professor of Clinical Medicine and Director of the Program in Narrative Medicine at the College of Physician and Surgeons of Columbia University, defines narrative medicine, on behalf of her program, as "medicine practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness" (vii). The program's recognition of the role of narrative within the diagnosis and treatment of clinically-labeled illness is not an entirely new idea, but what is significant is that, as a distinct field, narrative medicine values to a greater extent than has been

perpetuated in the past the importance of the narrative in the practice of medical diagnosis, placing narrative beside, and even before, medicine. It recognizes that narratives play an important role in the client-clinician relationship. This recognition validates narrative contributions to the sciences. The notion of the narrative as an agent of treatment rather than as a receptacle for it shifts our concept of treatment at the same time that it shifts the paradigm of the narrative; moreover, it is integral to the way in which we read and relate to Woolf's narratives. *Mrs. Dalloway* and other novels by Woolf speak to and validate narrative medicine poignantly. We do not want to act, when we read her work, as clinicians with an interest in the diagnosis of an individual; it is preferably to read it as a narrative of social illness.

Mrs. Dalloway is less a product, or side effect of a treatable patient and more a treatment to the problems of clinical practice and diagnosis. Narrative medicine, as described by Charon, assumes that a purely scientific medical practice fails the patient in some way, leaving her at a degree of loss when it comes to struggling with conditions (3). As the sources of narrative medicine are derived from collaboration between medicine *and* the humanities, its practice offers a more holistic model of treatment— one that, in interdisciplinary fashion, allows for the making of more comprehensive connections. *Mrs. Dalloway* speaks directly to the ills that cause purely scientific clinical practices to fail the patient. Two of the novel's manifestations of the social prescription and rigid policing of cognitive normativity include the consciousness metaphor of the woman bound to the household and the war veteran whose suffering at the hands of his physicians is so great that suicide seems a victory. Both the domestic consciousness that pervades the novel metaphorically and the dystopic model of clinician-client relationship

between Dr. Holmes and Septimus emphasize the negative consequences of a treatment model that is reliant upon gross masculinist imbalances in power.

In *Recovering Bodies: Illness, Disability, and Life Writing*, G. Thomas Couser scopes out the relationship between bodily dysfunction and personal narrative. His work on life-writing contextualizes Woolf's in-between position and contextualizes her treatment of the mind in *Mrs. Dalloway*. The relationship between bodily dysfunction and personal narrative, he says, is complex, as "the former may both impel and impede the latter" (Couser 5). We can accept *Mrs. Dalloway* as an illness narrative even though it is not directly about illness and it is fictional rather than autobiographical. We can do so because we are not analyzing it as autobiographical in fact but as narrating illness in atypical and abstract ways that push the very idea of illness, especially in relation to the notion of the norm, revealing to us the confines of stigma and futility and moral consequences of prescriptivism. Woolf, in "On Being Ill," speaks to Couser's observation that "bodily dysfunction tends to heighten consciousness of self and of contingency" (5), musing that "there is…a childish outspokenness in illness; things are said, truths blurted out, which the cautious respectability of health conceals" (Woolf 11). Here, she casts health as a kind of social mask, implying that it (the mask of health) maintains the guise of normalcy. Later she states that in health "our intelligence domineers over our senses…but in illness, with the police off duty, we creep beneath…" (21) and that it "sweeps" aside the "buzz of criticism" so that nothing is left but the object of focus [Shakespeare] and "oneself" (23). Health, then, is not only a social mask but a shield against the consequences of difference. Such observations and their implications serve as

starting point, and perhaps a small compass, for the way in which we view cognition and health in *Mrs. Dalloway*.

Another parallel between Woolf's short essay, "On Being Ill," and Couser's theoretical work is the acknowledgement of the uncommonness of narratives written by those with bodily dysfunctions, despite his assertion that "bodily dysfunction may be conducive to autobiography" (Couser 5). Mitchell and Snyder, in their discussion of "narrative prosthesis," note the literary tendency to rely on the disabled body as a contrasting device against the backdrop of the "able" body, devoid of a "definitional core" (49). They state, in *Narrative Prosthesis: Disability and the Dependencies of Discourse*, that "literary narratives revisit disabled bodies as a reminder of the 'real' physical limits that 'weigh down' transcendent ideals of the mind and knowledge-producing disciplines" as well as that "the representation of disability has both allowed an interrogation of static beliefs about the body and also erupted as the unseemly *matter* of narrative that cannot be textually undone" (Mitchell and Snyder 49). The complexity of narrative prosthesis is not lost on Woolf, though it came before her, nor is it irrelevant to her novels. Narrative's dependence on anomaly is both present in and challenged by *Mrs. Dalloway*; Septimus, especially, brings our attention to narrative prosthesis— yet while he fulfills some of its conventions, Woolf also uses his presence to challenge anomaly itself, exposing the problems of norms in a way that is not completely reliant on the presence of the anomaly. Consciousness, in *Mrs. Dalloway*, touches on but also blurs the structure of the abnormality/normality binary by exposing the social dimension and interconnectivity of consciousness.

This project aims to contribute to that holistic approach by adamantly pursuing the social component of illness through a close reading of Woolf's *Mrs. Dalloway*. The novel, through the complex layering of her quintessential stream of consciousness apparatus, articulates a shifting and altering form of narrative while simultaneously challenging and calling into question its conventions and very logic (Prince 6). I assert that *Mrs. Dalloway* provides a model of consciousness in which fragmentation and wholeness coexist. Readers have, up until this point, thought about the stream of consciousness as a stylistic device, primarily: a way of thinking set on the page. We have yet to think about it more comprehensively as a way of thinking that transcends the page, that educates, and that can be applied to the way we perceive cognitive difference and conduct the practice of medicine.

Mrs. Dalloway deals with both issue of illness and consciousness. In the novel, the clinician's categorical voice is not privileged. Rather, the collective and metaphorical "patient's" perspective, or collective consciousness, is stressed. Characters in the novel as in much of Woolf's work, Françoise Defromont carefully asserts in "Mirrors and Fragments," are not "presented directly, in totality, but transparently, with many openings: the character is composed like a mosaic made of hundreds of tiny flashes" (63). Traces of the privileged clinical voice are certainly part of the collective consciousness made up of "hundreds of tiny flashes" in *Mrs. Dalloway*, but though they are distinguished, they are included in its web. In terms of their separation from their cognitive mosaic, they are distinguished as social authorities and ethical outsiders. The clinical fragments that the mosaic represents form a mass on its surface: a villainy of the conscience. Woolf's narratives often contain metaphors of consciousness that counter and

unravel binaristic, traditional ideologies. In *Mrs. Dalloway*, this comes in the form of a consciousness metaphor of domestic space and through the construction of Septimus' consciousness as it struggles against the confining modernist medical practices. Urmila Seshagiri characterizes one element of the radical project of Woolf's literary innovations as "kaleidoscopic representations of selves" (59). Variegation in narrative representation of identity is the means through which Woolf takes on consciousness norms. The notion of "self" as a singular consciousness that *is* the body and, assuming some separateness from it, simultaneously is *of* the body is what Woolf's radical kaleidoscopic style in *Mrs. Dalloway* complicates.

Labels have a practical purpose; they are used to diagnose individuals in order to initiate and justify treatment. Unfortunately, they also enforce normalcy and maintain a rigid divide between abnormal and normal that has negative consequences for those who are cast into the abnormal category. The consequences of that binary can be devastating, and Woolf, who in her life was made to deal with many dualistic constructs, was acquainted with that devastating partitioning and its consequences. *Mrs. Dalloway* deals with the notion of separateness as a kind of collective despair of the soul, rather than a reality of the body, and of abnormality as having a viable, important, and fluid place within an abstract but real collective stream of consciousness. Woolf's narrative reaches beyond the binary while not ignoring it nor escaping it so that we now may continue to do so through it. The use of Woolf's narratives, perhaps starting with *Mrs. Dalloway*, to treat contemporary consciousness is not intended to serve as a replacement for, or to be in total conflict with, today's popular scientific and theoretical bases for understanding the mind and behavior. It should be seen as supplemental and integral to such endeavors.

Supplemental, in the sense that it is an addition to what currently exists. Integral, in the sense that it dismantles the tyranny of the binary of normal/abnormal consciousness.

Woolf's stream of consciousness goes against the grain of contemporary, scientific notions of consciousness, particularly in its use of an apparatus of entanglement. Consciousnesses are entangled and this is a point of intimate connection where depth and learning come to pass between characters and among readers. Characters in *Mrs. Dalloway* perceive separateness at times, but the narratives themselves do not emphasize separateness in consciousness as a primary disposition. They, rather, emphasize the collective experience of a consciousness, and through it, critique the conflicting duality of separateness/connection. The social transgressions present in *Mrs. Dalloway*, for instance, perform a trick on prescriptive normative constructions of cognition, especially in relation to gender. It is with transgression in mind that this project joins situates the novel within an interdisciplinary conversation on illness and an intersectional conversation on cognitive normativity. There is no end result projected or asserted; there is only an unveiling of another cognitive dilemma, to which this project responds. In a world that seeks to simplify in order to categorize, *Mrs. Dalloway* offers an alternative conception of a consciousness of complication: one that calls into question and suspends the reality of power-laden and oversimplified categories.

Woolf's novels call for an intellectual openness that opposes the strictures of both criticism and diagnosis. This call is prefaced and enacted in *A Room of One's Own*, which Catherine Stimpson, in "Woolf's Room, Our Project: The Building of Feminist Criticism" describes as "an agitating series of gestures that forbids complacency, security, and premature intellectual closure" (Marcus 241). Stimpson's pointed essay

provides an innovative framework on the consciousness of the woman and the woman writer that is required for a feminist critical reading into the collective consciousnesses of Woolf's novels. Before discussing *Mrs. Dalloway*, framing it as an alternative form of narrative "medicine" and contextualizing it within a variety of scholarly conversations, it is consequential to probe with inquisitiveness representations of the mind that are present in the realm of her "non-fiction."

It is not quite accurate to refer to *A Room of One's Own* as a non-fiction essay, when the piece references fiction often and perpetuates Woolf's significant and substantial pattern of blurring the lines between fiction and non-fiction. What might be called semi-non-fiction or semi-fiction might simply be referred to less quantitatively and more ambiguously as non/fiction. While non/fiction still maintains a dualistic category of narrative form, it serves its purpose: to confuse and encapsulate in more non-dual, or holistic, terms narrative labels and divisors. While she neither ventures into the psychological condition of the woman writer nor draws connections between her own prose and a theory of consciousness, Woolf does acknowledge, in her article "Women and Writing," the social condition of women historically as one of accumulated silences and intermittent-yet-obfuscated manifestations. Of their situation, she writes that it is nearly impossible to determine causality in the course of women's lives or writing habits prior to the 19th century— nearly impossible to identify viable reasons for women's actions, absences as writers, or even the occasional appearances of their masterpieces. "Strange spaces of silence," she supposes, "seem to separate one period of activity from another," citing Sappho and her collective as one example of a modest uprising of women writers who eventually fell silent, melding back into the baseline of women's

uncommunicativeness ("Women and Writing" 44). That muteness, not to be taken for reticence, contemporary feminists can place within a politics of oppression, but there is more that can be gleaned from her observation. It requires that that oppressed position be examined critically as a faulty social condition carried out by the oppressing party.

The muddle of abstraction and obscurity that Woolf references in "Women and Writing" encapsulates women's history prior to the emergence of the feminist movement and Women's Studies of the 20th century. That muddle of obfuscation as a sociological phenomenon also bares psychological consequences. Given oppression's involvement, the oppressed mutually affective sociological and historical position of women requires that we also consider the mutually reflective oppressed psychological position. Manifestations of Woolf's mind on the page – representations of a state of mind upon which no accredited, labeling force can justly place its diagnostic mark – complicate narrative roles and structures, and in doing so call into question the roles and structures of consciousness, especially the areas in which misogyny threatens to operate. The literary imagination, which Woolf's work mystifies deliberately, mirrors the particulars and patterns of the space it occupies within a sociohistorical setting. At the end of *Mrs. Dalloway*, we, as readers with psychic involvement and culpability in the novel's scheme of consciousness, are called to look with unknowing at Clarissa, who as a character and representation of our own consciousness stands apart from us, captivating our imagination. We stand as one and as *one*: simultaneously connected to and disconnected from the character and the condition of the mystified consciousness that we share.

She, Clarissa, is a fiction, embedded in the fictions of others, and that is what we are granted through the larger metaphor of the novel: the frustrating and compelling

ambiguity of our own collective narrative of consciousness. Woolf's placement of us outside of Clarissa forces us to face that. We hear from Sally that Richard has improved; we hear another, less familiar voice (of Lady Rosseter), muse questioningly, "What does the brain matter…compared with the heart;" and we end up in Peter's shoes, wondering with him, "What is this terror? what is this ecstasy?...what is it that fills me with extraordinary excitement" (341). The narrative urges us to be cognitively disembodied in our reading so that we might question consciousness, as if from outside of it, only to be answered: "It is Clarissa…For there she was" (341). Despite Clarissa's prominent and connective role in a psychic network, at the end of Woolf's novel, she stands outside of it, limited and grandiose in her compactness, as an object of bafflement and fascination looked upon by Peter and the reader. She might be seen, here, as a representation of feminine consciousness under the authoritarian gaze. Simultaneously, Woolf's decision to end the book with this outsider view of Clarissa might serve to create one of those earlier mentioned Sapphic "strange spaces of silence," in which the object reminds us, in its silence, of its powerless position.

The Sapphic silence is the silent presence of Clarissa, which stands outside of the male consciousness (embodied by Peter) but also elicits its endless curiosity. There, it is empowered in its separateness, because of the position from which Woolf writes. Power and gender are elements of that silence, but it is also the silence of an object of consciousness being encountered by another object of consciousness (whether Peter or the reader). Representing the fascinating paradox of consciousness itself: we cannot see our own consciousness without interacting with the consciousness of another, who serves as our mirror into awareness and out of the limits of one-dimensionality. The recognition

of another, in its simple silence, is made possible by the state of separation but less possible when the one envisioning it is embedded in that consciousness. Peter, throughout most of the novel, is embedded, but at the end of the novel, he stands back to recognize and marvel. By standing back from the mode of consciousness in which he was previously embedded, he experiences, through his detachment, heightened awareness. Woolf's final paradoxical point, ultimately, is that consciousness pins us together as it sets us apart, precisely because we cannot recognize our alikeness until we perceive it through our separateness.

The act of reading fiction demonstrates Woolf's paradox of consciousness, in so much as it can be said that we must straddle the boundary as readers between being part of the consciousness of the novel and outsiders to it who are privileged by our outsidership to act as evaluators. Our separateness from the object of focus (the novel) allows us to recognize ourselves within its fictional web. Straddling the borders of a co-dependent and co-conspiring consciousness is, according to the model that Woolf sets up in *Mrs. Dalloway*, the work we are destined and urged to do. Doing that work makes us more highly aware of our position in relation to others, which, in turn, allows us to access and evaluate our own consciousness.

Recognizing the inherent meta and cooperative qualities of consciousness prescribed by Woolf's work is not new or extraordinary; there, it is a reality. The final image of Clarissa at the end of Mrs. Dalloway points our attention to the representation of consciousness, implying that, perhaps, that is its principal aim. Whether of feminist concern or outside of gender altogether, consciousness brings us into itself and, then, is held before us for, not examination but, our acceptance of its indefinite, or "silent," shape

and status. Woolf urges us to accept the silent, indefinite shape of consciousness as an alternative to the models of the mind which are determined socially, according to hierarchical systems of power in which submission and domination are the chief operators. *Mrs. Dalloway* embraces a wide realm of consciousness and what the novel brings to light about representations of consciousness in the literary imagination has practical implications. In it can be found a gentle diagnosis of a social condition that affects us all: cognitive normativity.

If normativity is a binary-dependent and power-based construction and device, dependent upon the use of categories to divide people and the development of stigma to justify the subjugation and policing of those outside of the normative range of behavior, then Woolf indirectly challenges this model in *Mrs. Dalloway* by offering a compelling alternative. The novel provides an alternative route of navigating the mind that is not reliant upon the habit on forcing qualities of the mind into either affirmative or disparaging categories. In it, equality in separateness is shown to be a valid representation that challenges power-determined division. Woolf's representation of ambiguity functions in the novel as a political tool that dissociates us from our normative and prescriptive concepts of consciousness and from hierarchically determined labels of self. She says, of her article title "Women and Fiction," that "the ambiguity is intentional, for in dealing with women writers, as much elasticity as possible is desirable" (Woolf 43). The very ambiguity of the woman writer, through Woolf, becomes a larger metaphor for the role of womanly consciousness in a male dominated world. It can also be seen as a relevant metaphor for consciousness, regardless of gender. Woolf's constructions of consciousness in *Mrs. Dalloway* challenge the contemporary normal/abnormal binary

through which behavior and representation are patrolled, exposing the binary's limits and ambiguity's significance.

In *Mrs. Dalloway*, Woolf reveals physical, spatial, and cognitive dominations as being complicatedly and inextricably connected. In order to do so, she assumes an in-between position. The novel neither accepts submissively nor rejects aggressively domination, yet it raises questions about and exposes aspects of the role of domination in our current treatment of consciousness (of the mind and mental illness). Its difficult and moderate positioning allows for a complex message about domination and the mind to be made— one that rejects the notion that there are only two plausible responses to tyranny: complete submission or complete anarchy. Rejecting polarized positions of surrender and tyrannical rebellion, Woolf, in *Mrs. Dalloway*, creates a space that is simultaneously between and outside of them. The novel is neither submissive nor aggressive in its treatment of the relationship between domination and consciousness. It is in the instability of assuming a middle position that Woolf exemplifies what it means to be out from underneath the idea of power itself. *Mrs. Dalloway* carves out this liminal space and offers an alternative to the power-based normality/abnormality binary that is inherent in our contemporary system of clinical diagnosis. Chapters II and III provide two examples of Woolf's treatment of consciousness in *Mrs. Dalloway* that urge us to consider thinking about the mind and illness in different and new terms, according to Woolf's example.

CHAPTER II

WOOLF'S ROOMS: METAPHORICAL MOVES, SPATIAL TRANSGRESSIONS, AND THE HOUSEHELD MIND OF VIRGINIA WOOLF

Woolf's often-referenced "room" functions in both fictional and non-fictional works as a cognitive metaphor for subjugated female consciousness. While *A Room of One's Own* is about independence and is integral to the work of feminists over the past thirty years, functioning as " a symbol of privacy and of income," it also functions symbolically in other ways (Black 114). Naomi Black, in *Virginia Woolf as Feminist*, draws our attention to the interconnectedness of our life circumstances (social, cultural, financial, and psychological, for instance), noting Woolf's diary commentary and reaffirmation of the sentiments present in the essay: that limitations in resources and a lack of financial independence were problems that stretched beyond their obvious reaches. Being financially dependent held more pervasive consequences, including a psychological component, or impact (Black 114). It is up to contemporary readers and thinkers to continue developing this notion as it relates to the problems women face today across the difference spectrum (what I am calling the different spectrum refers to race/class/gender/sexuality/ability consciousness and scholarship).

The paradigm of the room encapsulates the bondage of female consciousness to male consciousness and mirrors the domination of normal constructions of consciousness over abnormal ones. Ultimately, it is the dichotomy, its dualistic splitting, that serves as the warden of the prison run, largely in a default mode, by a force greater than but implemented by society: misogynistic normativity. Woolf's room is a place of cognitive refuge for the abnormal and oppressed refugee consciousness. Consider more closely the

way in which Virginia Woolf's fiction and non-fiction often cross paths, meeting at political intersections and forming metaphorical alliances. *A Room of One's Own* and *Mrs. Dalloway* are generically distinct but not diametrically opposed. The mind in both the essay and the novel is explored through the paradigm of the consequential living space. This can be traced to the eighteenth century rise of the bourgeoisie and an accompanying rise in the "domesticization, feminization, and privatization of society" (Mezei and Briganti 838), yet it need not be articulated in a purely historical manner. What's consequential when considering the mind and household relationship is the particular way in which Woolf "explores intimate, private spaces of the mind and society…within a middle-class household" (838). Kathy Mezei and Chiara Briganti introduce the notion that readings of the evolution of the household parallel literary readings in "Reading the Household: A Literary Perspective." While their perspective on the household is more historically- and, certainly, literary-focused than will be the one offered in this chapter, the acknowledgement of the metaphoric role of the household as reflective and capable of parallelism and reciprocity, as well as the acknowledgement of a significant link between domestic space, society, and the mind, are a testament to the relevance of exploring the mind through Woolf's literary constructions of domesticity and domestic life.

At the fork in the road between these two works by Woolf is the politically and personally charged household in which identities are constructed and by which women are bound. Woolf occupies domestic space in order to reveal and reconfigure it. Her occupation is one that reflects an intimacy that is part of a larger development in domestic living, one that Mezei and Briganti claim must be understood through

"something new in human consciousness" (839). They cite what Witold Rybczynski denotes an arrival of "the internal world of the individual" through which the house can be accepted as a place of interior emergence for said individual (qtd. in Mezei and Briganti 839). Woolf writes from within her household and at the forefront of this emerging cultural and personal interior world. She writes of the contentious household from within it and at its edges; the contentions within it shape the narrative and are reciprocally reflective of a physical-historical location and a psychological one.

Given the fair assertion that "materialist feminists have long insisted on the dual positioning of middle-class women, their relative powerlessness with respect to gender, [and] their relative privilege with respect to class" (251), it is important not simply to acknowledge the dual position, which Woolf inhabited, but to strive to understand the importance of that position of friction in producing works that challenge dualistic thinking, then and now. This generative and paradoxical location of Woolf's writing is one in which the reverberations of Victorian domesticity and modernism's complex, sometimes contradictory response function, in a manner that is both invigorating and oppressive. On the threshold of the household, there is the promise of new knowledge-making and the chains of what knowledge has already been made within it.

Talk of the private and public spheres during the eighteenth century differs considerably from the twentieth century "metaphor of the sphere" as "the figure of speech, the trope, on which historians came to rely when they described women's part in (American) culture" (Kerber 10), but it is one to which Woolf's work contributes richly and shapes. The tension of domestic space, as it transitions from Victorian culture to Modernist culture, experiencing the flaws of both, is a psychological tension that might

be considered a form of intimacy. Anne Fernald, in "The Domestic Side of Modernism," acknowledges the complicated ties that bind and divisions between Victorianism and Modernism, stressing that Modernism is neither a continuation of nor a departure from Victorianism but is rather a new era in which a "cultural shift" is happening. Early 20th Century England, she says, made it possible for "divorce and toilets" to be spoken about openly (Fernald 827). Her reference to conversation (speaking) suggests that the "cultural shift" is one of dialogue—internal and otherwise, which informs its surrounding customs, politics, and trends, rather than the other way around. While Victorian aesthetics are intimate when compared to those produced by Modernism, Fernald draws our attention to a way of looking at the voice and space that may contradict this, by suggesting cross-over. The political tension of the modernist body on the edge but still within the domestic space mirrors the political tension caused by a shift in psychosocial intimacy. Internal dialogue, a private psychological space which women had little means of expressing publicly during Victorianism, was beginning to shift outside of the private sphere during modernism— but not for most women and certainly not entirely for any woman in the early 20th-Century.

Woolf, who conveys many private and intimate details of the household, especially those that reflect the mind, makes this gradual but significant shift away from the private sphere evident. "Intimate facts of our houses and our families—and a culture of talking about them," Fernald says, "may be as important a hallmark of the transition from Victorian to modern culture as any" (827). Though Fernald's characterization seems an oversimplification of this transition, Woolf's novels clue us into a more accurate and complex picture of that transition at work. Both *A Room of One's Own* and *Mrs.*

Dalloway confront confinement and the promise of an emerging communicative intimacy among and directed by women in different ways, but they both do so while also confronting its hardships, complexities, and contradictions. Characters in *Mrs. Dalloway* confront and navigate the tensions of domestic space, as it provides both freedom and confinement, and through this metaphor, a modernist dialogue on women's consciousness forms.

Intimacy is at stake and is the subject for which women vacillate in a state of deep internal contradiction: between emptiness and contentment, both discernible in the domestic particulars of the narrative account. Anne Fernald's notion that the emerging conversation on domestic intimacy is an "important hallmark of the transition from Victorian to modern culture" (827) captures well the importance of Woolf's literary works to our understanding of the construction of the domestic sphere. In an effort, not to reconcile but, to synchronize a conversation between Woolf-in-fiction and Woolf-in-non-fiction, this chapter examines the intersection between two of Woolf's representations of women and the domestic institution in order to expose the implications of domesticity on the construction of womanhood and the implications of the construction of womanhood on concepts of cognition and space through the sometimes strange bridges that form between the two works.

Domesticity forms one of these bridges, allowing for role-transgressions across genres and genders to be committed, and, more often than not, troublingly not-committed. Between *A Room of One's Own* and *Mrs. Dalloway* is the metaphor of a cognitive passing zone in which Woolf, in fictional and non-fictional form, expresses the metaphysical holding place of her psyche, wherein she both perpetuates the traditional

identity representations and travels against the grain of her own and a much larger mentality of domestic compartmentalization. One form of the compartmentalization of domesticity is dichotomization. Suzanne M.Spencer-Wood, in "The World in their Household: Changing meanings of the domestic sphere in the nineteenth century," writes that "gender dichotomies, structuralist thinking and methods can produce distorted constructions of households" (M.Spencer-Wood 166). Woolf's works take place within this distorted construction, playing up various kinds of distortions in order to expose their root dichotomies. M.Spencer-Wood identifies these dichotomies as the gendered spheres of public and private: the male domain as the public and female as domestic. This implies, to some degree, that domestic is the equivalent of private, although she states that a good deal of public tasks and events can and do take place in households (166).

The second binary gender ideology, pointed out by M.Spencer-Wood, is one that assigns all household tasks to women. This sexual division of labor "is often simplistically projected as actual practice so that household tasks and roles are unproblematically assigned to women" (166). While clearly representation plays a major role in the binarist construction of gender, it is also clear that these are centered on and connected to the household. It is complicated to claim that the domestic space is a female space because it does not *belong* to women in the household. Parts of it are doled out to and occupied by women in unpaid, invisible labor positions, but the site itself is controlled by the owner of the house – the living husband, in most cases. M.Spencer-Wood holds that "within the structuralist framework of gender dichotomy household spaces, features and artefacts are assigned fixed mutually exclusive identities as either male or female" (166).

Although Woolf never clearly makes these distinctions, and instead does a lot of blending of such "features and artefacts," she does make distinctions, for instance, in *A Room of One's Own,* between prunes and partridge, in order to emphasize the link between gender identity, financial ability, and fulfillment within the context of the domestic cognitive distortion of the household. Without ownership over some space in the domestic system, a woman cannot function outside of her role, cannot indulge, cannot think well, cannot write well. Woolf's attention to various manifestations of "space," such as those found in the household, those necessary for learning – in libraries and universities, and those created in the mind – often in desperation and resistance, renders space itself a metaphorical and metaphysical construct. This construct allows and challenges readers to remain in an intellectual and cognitive "space" of ambiguity, even when Woolf, herself as narrator, or Woolf's characters insist otherwise. It also indicates that the domestic households and systems about which she writes should be considered as metaphysical, cognitive spaces.

Space is very much a literal and figurative device that streams through metaphorical landscapes. The occupier of the essay's metaphorical space is not a singular unit: Woolf, her ficto-historical Mary, the audience, and women in general make up the essay's nexus of psychic occupancy. Added to this is the multiplication of ficto-historical Mary, which amplifies consciousness rather than reducing it. Instead of a unidirectional form, Woolf's essay elicits cooperatively conscious participation, speaking to women, as women, about women, of women. I contend that the physical space of the necessary room for which Woolf argues in *A Room of One's Own* is inextricably connected with the mind, rendering metaphorically that literal space a metaphysical, or metapsychic, space

that transforms both her own and our landscape of intellectual conversation and that makes a case for a new way of conceiving cognitive relating.

It starts, like Woolf says, "in my little street," where "domesticity prevailed" (39). Woolf contrasts her fixed place within the ongoings of the household, which bustles outside of her and contains her ("the house painter…descending his ladder; the nursemaid…wheeling the perambulator carefully in and out back to nursery tea"). She, "so engrossed," that she says she "could not see even these usual sights without referring them to one centre" (*A Room of One's Own* 39). Her focus on the issue of what is at the center of the household and is bound within it –female consciousness– is so strong that the household and the thought are fused (or, referred to "one centre"). Woolf's many references to actual domestic spaces in *Mrs. Dalloway* and *A Room of One's Own* can be paralleled with the inner consciousness of her characters and of her narrative persona (or collective persona of the narrative). Woolf explores and blends the literal and figurative in both works, but motions a deliberate move from literal to figurative, and back again, in *A Room of One's Own*, in which she crosses the boundaries between each within the non-fiction text itself. This move sets the stage for our readings of her fictional works, particularly with regard to her treatment of the relationship between mind and house.

Woolf first delivered *A Room of One's Own* in 1928 to two women's colleges at Cambridge University. Her non-fiction argument is generally seen as one that makes the case for space for women writers within a misogynistic literary tradition, and it was an act of defiance for Woolf to enter the masculinist institutional space, particularly with a scathing criticism of it. The quintessential title, to which the entire essay speaks, references a domestic space: a room, and the benign impact of that seemingly traditional,

household room is transformed by the political import doled out to it by Woolf. In fact, Woolf transforms the constructed room, via rhetoric, from a space wherein traditional womanhood and traditional marriage are perpetuated to a space that sets apart and sets free the much confined and ignored but ever-present feminine consciousness.

Woolf's room, the room she invents and places within the traditional household, then becomes an intellectual space— one, like a room in a university library, closed to women. Woolf introspectively describes how she explores the relationship between women, fiction and space from her place in nature, among the willows that "wept in perpetual lamentation" on the riverbank where to the right and left were bushes that glowed "golden and crimson" (5). When she, as a fictional Mary upon an encounter of the library at Oxbridge, says, "I was a woman. This was the turf; there was the path. Only the Fellows and Scholars are allowed here; the gravel is the place for me" (6), she makes a dualistic distinction, placing womanhood outside among the natural elements and the mankind (equivocated with Fellows and Scholars) within the institutional structure. Segregations of the mind and separations of space, within this descriptive moment, are divisions based on gender. Woolf's preface, that "I am a woman," sets up an integral relationship between gender and the division of space. This example is one of many in which she does not take entirely concrete ownership over this trespassing-in-the-doorway position, but, instead, uses takes the opportunity to complicate the shared space of fiction— the narrative position of sharing that is assumed by author and fictional character.

What's more: she loosens this relationship between author and character by announcing the pliable mold that binds them. Yet she does not insist one form of bond or

another; instead, she offers the curious statement, "Lies will flow from my lips, but there may perhaps be some truth mixed up with them" (Woolf 4). There seems little evidence that points to insecurity as the reason for her characterization of the essay as made up of lies laced with truth rather than truth laced with lies. Woolf's rhetorical move brings our attention to her habit of crossing over, and of her own view of fiction as a blurred combination of truth and fabrication. Just as she announces that she will blend the boundaries between truth and lies at the beginning of *A Room of One's Own*, she stands in the threshold between public and private spheres within the institution of domesticity.

Woolf castigates and invites in her readers and listeners like wanted and reform-ready guests into her space of contradiction and middle ground. As feminist host to her audience of aspiring women writers, she is the devil in the house. This requires that she kill the angel in it. In her paper, "Professions for Women," Woolf states that "killing the Angel in the House was part of the occupation of a woman writer," (qtd. in Showalter 339), and in *A Room of One's Own*, she does just that -- running herself, or her narrator, out of the house in order to urge women to demand a new addition. The Victorian "angel" of domesticity, of which Coventry Patmore wrote in "Angel in the House," is, to Woolf's writing, the antithesis of the woman-writer: and yet we know that Woolf writes in a domestic space and produces there, too. From this "intensely sympathetic," "intensely charming," and "utterly unselfish" household angel, Woolf tells us, a dark shadow was cast on her work; she (the shadowing angel) pervaded and prevented the writing experience from the start (*Women and Writing* 59). Woolf, then, acknowledged her liminal position as a writer, having, in order to write, to be occupied by both sides of the dualistic and moralistic imperative of domestic angel v. devil.

The shadow Woolf confronts is the one that "fell on her page" and "whispered: 'My dear, you are a young woman. You are writing about a book that has been written by a man. Be sympathetic; be tender; flatter; deceive…don't let anybody guess that you have a mind of your own'" (59). Whispering is hinged on auditory processing, but it is also reliant upon cognition. It is the meaning of the whisper that creates cognitive static in the writer. The whispering voice of the angel is one that conveys the patriarchal construction of the wife as a domestic fixture aimed at serving the man. Implied in this construction and its effects on the cognitive process of the woman writer is that patriarchy, in whatever domestic manifestation, is both physical and cognitive. Woolf cannot ignore the voice that is not physically present but is psychically present, so she catches her "by the throat" and does her best to kill her. More significant to this conversation is that liminal domestic space Woolf occupies metaphorically and literally, in which she stands between angel and devil, refusing to choose.

That a "choice" is demanded of her is not her doing, but it is a faulty "choice" that is given to each woman by the patriarchal system. Such a "choice" deals with the confinement of cognition as much as it deals with the physical confinement of the woman by domesticity (or of the woman writer to the choice to kill or not to kill). To reject the "choice" is to lose a space within the patriarchal system of domesticity but to accept either of its options is to suffer the consequences of the binary. A woman who chooses to either strive to maintain the illusion of the "angel in the house" or to kill it by acquainting herself with the implied "devil" will either be subject to the cognitive impairment of patriarchy or of patriarchy's excommunicating powers. Woolf takes and promotes a position, choosing the devil, yet her choice does not deny its own precursory liminality.

Woolf's reference to "killing" is metaphorical; it implies that there is some kind of battle with which the woman writer must contend. It is a mental battle into which women writers are forced, by the domestic system of patriarchal policing, to engage—one in which they are always, in some respect, liminal. They can either obey and heed the message of the persuasive and collective patriarchal hallucination or they can "kill it" by denying it, but its presence is part of the physical and cognitive domestic landscape. Had she not done this, she says, she would have been killed by the angel. Her writing, too, would have been thwarted to death. Linda Kerber cites the work of psychologist Erik Erikson, in "Separate Spheres, Female Worlds, Woman's Place: The Rhetoric of Women's History," when scoping out the psychological underpinnings of the metaphorical and literal spheres. She notes his characterization of the sphere as "Inner and Outer Space" and relays his conclusion that differences between them "'correspond to the male and female principles in body construction,' to psychological identity, and to social behavior" (11). Of Erikson's assertions, Kerber does not offer a pointed statement nor does she frame them definitively. She does acknowledge that knowledge of the spheres affected who and how historians conducted their studies of them. Erikson's psychological interpretation and construction of the spheres is relevant if limited to the sex-binary-based interpretation, but the notion of space as both physical and cognitive, and his incorporation of the social experience even at a liminal level, speaks loosely to the hallucinogenic angel, who, in order to fulfill her duty and maintain the private sphere, must cross the barrier between psychic inner and outer.

The angelic domestic fixture of the house is what stands in the way, Woolf states, of "having a mind of your own" and "expressing what you think to be the truth about

human relations, morality and sex" (*Women and Writing* 59). Thinking is what is at stake, and the references to the public sector of relations, morality, and sex indicate that thinking is political. The angel is integral to the preservation of the household, and of male power. Private space, according to that model, is contingent upon the presence of the mythical angel. The very thing that maintains the order of the patriarchal household is what prevents the woman writer from doing anything productive that does not serve patriarchal aims. Victoria Rosner utilizes Woolf's dealings with privacy and space in *Modernism and the Architecture of Private Life*, wherein she attributes Woolf with the feeling that "the spaces of private life has a determining effect on their occupants and that, inversely, individuals could create new ways of living by making changes to those spaces" (qtd. in Fernald 831). This is where her transgression lies: by producing work from within a space traditionally reserved for killing women's autonomy and prospect of paid productivity and having that very work produced criticize and destabilize women's undervalued and invisible domestic labor, Woolf both proves her point and dismantles the domestic system, rendering it a literary and cognitive location of undermining political organization.

The ghostly work of "the angel of the house," Woolf calls out, directly, in *A Room of One's Own*, saying, "For all the dinners are cooked; the plates and cups washed; the children set to school and gone out into the world. Nothing remains of it all. All has vanished" (89). The acts committed by the hostage and unpaid servant of the household are acts of erasure and they erase themselves so that there is no trace nor sign of the process, nor product to be witnessed or critiqued. With this domestic erasure is the simultaneous erasure of the female consciousness. All evidence of a psychology attached

to women's collective labor within the house is imperceptible. Hence, in talking about the state of the household and the state of women's consciousness and placing them in conversation with one another, Woolf chastises but ultimately serves these apparitional domestic servants, women, chiefly by making them aware of their liminal position.

To serve them, literally, from within the household simply would not work, and her essays make it clear that she knew this. Woolf's solution to this problem was to commit a socially transgressive act against the household: to write from within the transgressive region of it–her room, which she carved out for herself and wherein the freedom of her psychic and linguistic acuity was allowed. Her political act of writing of the household, in order to push its hostage angels from it into the less disempowered position of angel-killers, was one that required that she, herself, live out the political act. It turns out that, for Woolf, it was a largely psychic one— one in which she advanced herself, her labor, and her cause on the page. While warning her audience that "all these infinitely obscure lives remain to be recorded" and that "the accumulation of unrecorded life" was a weight upon the imagination, manifested in the streets of London (89), Woolf comments on the nature of her own work on behalf of the recording of representations of women's consciousness. Obscurity is more than a historical feature; it is a feature of a social state of mind, or imagination.

The "angel" Woolf strives to kill, and certainly wounds, is historical and social obscurity— the kinds of obscurity that contribute to the subjugation of women, their work, their intelligences, and their consciousnesses. She does not aim to kill obscurity itself, and this is clear in the way in which Woolf utilizes obscurity as a narrative tool in her novels. One form of obscurity, the obscurity of subjugation, is to be diminished while

the other (deliberate and aimed at empowering the female consciousness) is to be explored and utilized as a political tool against the strictures of normativity. The latter mode of obscurity is what makes possible the vindication of women's consciousness and is what makes possible this advice that Woolf offers:

> "Above all, you must illume your own soul with its profundities and its shallows, and its vanities and its generosities, and say what your beauty means to you or your plainness, and what is your relation to the everchanging and turning world of gloves and shoes and stuffs swaying up and down among the faint scents that come through chemists' bottles down arcades of dress material over a floor of pseudo-marble. For in imagination I had gone into a shop…a sight that would lend itself to the pen as fittingly as any snowy peak or rocky gorge." (90)

Even more compelling than Woolf's challenge to the binary of public and private sector is her psychological transformation of the house as a communal space for women's consciousness and for cognitive forms of feminist organizing. She calls on women to "illume," urging them into a metaphysical state of self-consciousness in which the material world of gloves and bottles overlaps, through the illumination, with the imagination. It is deliberate and mobile obscurity.

Movement is monumental to the material world and to women's newly identified means of transcendence. The imagination, as expressed in the quote, is the metaphysical vehicle through which women are made to travel beyond their "angel" status and their domestic chains. Even the reference to "pseudo-marble" brings together the sources of women's power that Woolf's essay aims to unite: the artificial as what is imaginable in women's collective intellect and the real as the material in symbolic form, being

lightened and made movable by the imagination. Mind and material, together-as-one, is Woolf's metaphor of choice. She uses it to kill the angel and concludes that it is significant to the pen— the executor of her will: her vision and work.

By turning the male ideal of the "angel in the house" into a grim reaping feminist phantom, Woolf gives a voice to the long-oppressed sister-consciousness of obscurity. This consciousness, which Woolf also inhabits, shapes her prose poetically and politically. The "spirit of Victorian womanhood, who hovered over her as she wrote," whispering restrictive words of advice to veil the womanly mind (Showalter 340) is the one to which Woolf's essay talks back. Not only is this a testament to the anticipatory state of her work in relation to 20th century feminism but it is also a testament to the anticipatory state of her work in relation to 21st century psychology. Woolf conjures consciousness as a metaphor, references it in order to make a point about gender relations, and transforms it by re-occupying it in rare phantom form.

The rare phantom is the consciousness that must kill part of itself in order to access and free the greater whole; Woolf's work is its explorative and experimental embodiment. The angel can be interpreted as a metaphor for physic space, and what Woolf does with it, in calling women to kill the angels within themselves and the angel within the house of their collective consciousness, is to throw an autonomy-saving wrench into a misogynistic design. Knowledge of "the house," or domestic space, is required, and so Woolf's directive also calls upon domestic knowledge as the means by which this consciousness will be affected. In the metaphor of "the angel in the house," mind and house are united in order that they should work together to wreak havoc and build a new creation: the domestic devil, devoted to unearthing a new, less repressed

consciousness. To kill the angel in the house is to kill the angel in the mind: the chains of misogynistic conformity and normativity to which women's consciousness is bound. This killing has to happen within the house: the historical keeper of women's consciousness.

Woolf's attention to and literary play with the cognitive space of the house is reflective of the larger state of an emergent 19th century women's consciousness in which the remnants of Victorianism still operated. The "domestic feminism" of 19th century America came out of the marriage-centered family. Within this system, women were increasingly viewed in terms of their interpersonal relationships (Scott Smith 53). This focus on a relational framework of family and on interpersonal connection is suggestive of the transformation of the family unit into a community. We see the network of interrelation in Woolf's domestic novel, *Mrs. Dalloway*, in which the consciousnesses of characters are always interconnected. Woolf makes reference to it in *A Room of One's Own*, in the metaphor of an obtainable private room that one must own if one wishes to access autonomy. With this private room is the assumption of a private cognitive space for the consciousness of a community of women. The allegory of Shakespeare's sister, in particular, supports and sustains this metaphor. Woolf states that:

> this poet who never wrote a word and was buried at a crossroads still lives. She lives in you and in me, and in many other women who are not here tonight, for they are washing up the dishes and putting the children to bed. But she lives: for great poets do not die; they are continuing presences; they need only the opportunity to walk among us in the flesh. (113)

With this statement, Woolf asserts interconnectivity. Shakespeare's sister is a consciousness that could not materialize historically but can materialize through

collective cognitive engagement— through the communal work of women. Woolf asserts that writing is a collective act of consciousness, framing living as communal practice. She also connects the act of writing with the spiritual act of interconnected living. Woolf provides the theoretical framework through which we are called to read her fictional works. Building on that, she unites women actively within the domestic sphere with those outside of it through the pen and the mind. What forms is a kind of alternative familial consciousness between and among women, a consciousness community that is external and internal: within and outside of the household, made up of women.

Daniel Scott Smith, in "Family Limitation, Sexual Control, and Domestic Feminism in Victorian America," argues that the Victorian "ideology" of family-as-community made it possible for women to rise to power within the family while also engaging in critiques of a male-ruled "materialistic, market society" (53). Woolf's political writings and novels function as a testament to this statement, revealing that, largely due to her financial means, fortunate education and elite social ranking; she was indeed living out, in her intellectual circles and in her productive domestic life, a model of domestic feminism. Though residing in Europe, Woolf was socio-politically educated on and aware of, not to mention well-connected, to the beginnings of its development.

The community-centered "conjugal family," rather than being a location of place, is one derived from marriage, but the use of the word community, which often signifies a universal web of relation, is capable of transcending marriage (Scott Smith 53). Woolf shows us that this is possible through her work; evidence of the possibility is not necessarily discernable in her life nor is the concept historically verifiable, but this metaphorical place —the universal web of interrelation— is surely one explored with

feminist sensibility in Woolf's writing, particularly when she writes, at the end of *A Room of One's Own*:

> if we live another century or so--I am talking of the common life which is the real life and not of the little separate lives which we live as individuals--and have five hundred a year each of us and rooms of our own…to write exactly what we think; if we escape a little from the common sitting room and see human beings not always in their relation to each other but in relation to reality; and the sky, too, and the trees or whatever it may be in themselves…if we face the fact that….we go alone and that our relation is to the world of reality and not only to the world of men and women, then the opportunity will come and the dead poet who was Shakespeare's sister will put on the body which she has so often laid down. (114)

Several rhetorical divisions are made in this passage so that new connections might be drawn. Woolf trivializes connection in a way that challenges traditional concepts of relating, especially relating in the binary gender system that simultaneously strives to divide and join man and woman in a marriage. The heteronormative family, which holds and is beholden to the institution of domesticity, is questioned and framed as cause for escape.

In place of the familial system of relating, Woolf names and offers the concept of "reality." The emphasis on multiple rooms and their contextualization within this broad notion of "the common life" as something of a collective that forms is in contradiction, perhaps purposely, with her critique of human relations as a focal point. She argues, finally, that interrelation must go beyond human connection, connecting with something more obscure: reality. Woolf's "reality" might be interpreted as something outside of the

house and inside the mind: a grasping of a larger picture of life. It is through the escape from domestic relating that Woolf indicates a sister of Shakespeare can be born, and this birth is a communal act of relating to something outside of the home, outside of the relationships within it— a bold moment that encourages, indirectly, the expansion of the collective of women's consciousness.

Before delving any further into collective consciousness, it is important to consider more closely Woolf's early addresses of domesticity in *A Room of One's Own*. Upon returning to her "little house on the river," Virginia, as one purposely and generically called Mary, begins to take in domesticity with the paintbrush of her consciousness, saying of it that in her "little street… domesticity prevailed." Her thoughts condense in such a way that the internal conversation is pulled gently out of all of the surroundings:

> In my little street, however, domesticity prevailed. The house painter was descending his ladder; the nursemaid was wheeling the perambulator carefully in and out back to nursery tea; the coal-heaver was folding his empty sacks on top of each other; the woman who keeps the green grocer's shop was adding up the day's takings with her hands in red mittens. But so engrossed was I with the problem you have laid upon my shoulders that I could not see even these usual sights without referring them to one center. (39)

Each of these precise images is as much in motion within Woolf as they are in actual motion as the cogs that must turn to keep the household orderly and productive. She takes in this motion cognitively and captures the images of the working household, yet also stands outside of it, as observer and commentator. Her mind is the metaphorical

household in which the images function and blend through the stream of her thoughts into the politically relevant realities with which they merge. This is the symphonic quality of Woolf's style, present in both her fictional and non-fictional works, and it centralizes the way in which both Woolf and her narratives straddle the borders between connectivity and separation, as well as mind and physical environment.

Moments earlier, before taking in the rhythm of the household, Woolf characterizes the stream of her critical realizations on the "change of temper" that would be caused by "a fixed income"— that "no force in the world can take" her from her "five thousand pounds" and that "food, house, and clothing" are hers forever (*A Room of One's Own* 38). The institution of the household, inextricably tied to the institution of marriage, serves to keep the flow of cash out of the woman's reach though it drives the rest of the household, and even her within it. She enters into the motion of domesticity when she turns into her "little street," but somehow she is less a part of the street than it is a part of her mind. Within the funnel vision of the mind, which gathers and swirls together images of domestic labor with the questions of the role of women and their unpaid labor on her mind, there is a blending of mental and environmental motion that drives the narrative and works to confuse and render futile a dualistic separation between the woman and the home. The household is a environment with deeply connected physical and psychological manifestations and consequences.

Momentum of consciousness, the fluid space of the creative consciousness, is the location of non-dual discourse wherein art and argument meld and propel. Woolf's narration of her own thought process in *A Room of One's Own* is spatially pervasive, throughout the essay, simultaneously moving between the interior of the house, into the

cupboards and at the verbose tables, and outside of the house, in nature, "laid on the grass" (*A Room of One's Own* 5). Her necessary separation from the house in order to access the freedom of mind, arguing that "money and a room of her own" are what a woman writer-of-fiction must possess, emphasizes the dislocation of women from their position within the household (4).

At the same time that she remains an outsider to the institution of the home, however, the home operates within her consciousness. If the exile that women experience while in the household is due to their lack of authority over, ownership of, and power within it, Woolf removes herself from the home and places the home within the questioning framework of her mind. One question, "Now what food do we feed women and artists upon" (53), leads to a remembrance of a past dinner of "prunes and custard," which accompanies an internal commentary. Her political deliberation on prunes and custard is tied to equally-as-uninspiring impressions of male voices: those that declared that "the best woman was intellectually inferior to the worst man" (53). Such mentalities and meals take place together; they are one another's company. The men at Woolf's table, spewing off daunting conceptions of intellectuality, are in Woolf's company but she is hardly in theirs. It is clear that she is far too preoccupied with the politics of food -- or the politics of imbalanced and misogynistic gender relations, and their implications on women's labor-- to attend to the conversation or express ideas of her own.

The moment draws us back to earlier moments, such as Woolf's question, "What had our mothers been doing that they had no wealth to leave us? Powdering their noses? Looking in at shop windows?" (21). Woolf's references to "amenities" are politically driven: "partridges and wine, beadles and turf, books and cigars, libraries and leisure" are

privileged amenities that belong to men, afforded to them by the time and self consuming domestic work of the household. In contrast to the luxury of the amenities of middle-to-upper class men, "to raise bare walls out of the bare earth was the utmost they ['our mothers'] could do" (*A Room of One's Own* 23). Amenities are not house-bound items; they are items that travel in and out of domestic spaces within the system of domesticity. Walls make up the foundational structure of the house — they *are* the house and what holds what is in it. On a metaphorical level, they are also what women possess and deal with psychologically: the same kinds of structures of domesticity that Woolf contends that contemporary women, like their foremothers, must build from the earth. The emphasis in this metaphor for psychological and emotional emptiness is on the repeated "bare." Women, without the amenities, have only the psychological wasteland of domesticity— wall after wall raised, and for what, to hold what? The implied and obvious answer is that it is for the travel of men and their amenities in and out of the household and to keep captive the temporary female servant-operators and -laborers of domestic production. It is Woolf's sometimes-full-of-fancy psychological preoccupation with such amenities and her begrudging emphasis on the outdoor, earthy, nature of women's domestic spaces (made of gravel and grass) —the blending of those two, especially— that challenges us as writers and readers to think more globally about space and occupancy. What does it mean to be a builder of a house in which you are an outsider, a house whose amenities you cannot access or enjoy?

Without filling in the blanks, *A Room of One's Own*, through the motion of Woolf's metaphors and thought-full meals, connects the dots and draws out the politicization of the household and the state of consciousness it occupies. She closes

some of the gaps between room and mind toward the end of *A Room of One's Own*, writing:

> Some collaboration has to take place in the mind between the woman and the man before the act of creation can be accomplished. Some marriage of opposites has to be consummated. The whole of the mind must lie open…There must be freedom and there must be peace. Not a wheel must grate, not a light glimmer. The curtains must be close drawn. The writer, I thought, once his experience is over, must lie back and let his mind celebrate its nuptials in darkness. (104)

Binaries, whether they are gender binaries, binaries in genre, the dualistic divergence of psychological and physical space, or binaries of another kind, serve to separate and subjugate. Woolf ends her essay by returning to the theme of fluidity, emphasizing its necessity to an egalitarian system of creation. "Collaboration" is the word that Woolf uses to describe the connection, or blending, that needs to take place to upturn the dichotomies of the collective consciousness, in which the mind is a room and the room possesses a mind of its own.

Woolf uses domestically connected tropes of consummation, nuptials, marriage and celebration, bringing them to life in reference to the mind through philosophical concepts of freedom, opposition, place, and peace. Here, perhaps more than anywhere else, she identifies the mind as the space of greatest importance for the writer, and her prose builds up the connection between it and a throng of external tropes, still lodged in but not confined to the interconnected institutions of marriage, the family, and the home. Woolf's reference to the curtains being "close drawn," in particular, speaks metaphorically to the privacy of the mind, which stands in contrast to its ubiquitous

interconnectedness (or "freedom" and "peace"). "Curtains close drawn" contextualizes the metaphor of the act of writing in a private space as a marital ritual in which binaries marry and holistic nuptials are performed. A return to darkness within the room of the mind is, to Woolf, a celebration of a union. This metaphor can be expanded to suggest that the financially-sustainable "room" of Woolf's essay is a eco-feminist metaphysical space in which the mind's privacy is allowed and treated with reverence.

Whereas the collective domestic room has the power to confine and fragment, Woolf calls for that room to be taken in as a space of spiritual significance, hence why her marriage metaphor works so well. The post-nuptial darkness directly suggests that writing is a relationship rather than an insertion, one that can be consummated within itself, as well as self-managed and -sustained. A writer's mind, then, is a space of relating, which carries over well into domestic metaphors of gatherings and hospitality. Even in the darkness of a room, or a mind, its connection to its surroundings is a cause for inner, nonverbal and nonvisual celebration. Through all of this, and with regard to Woolf's insistence that "it is necessary to have five hundred a year and a room with a lock on the door" in order "to write fiction or poetry" (105), freedom from the dualisms of domesticity within a still-domestic space is one of the more complicated conceptions for which Woolf's essay reaches— a complicated conception that, as she iterates, cannot "be weighed like sugar or butter" (105). That the mind and the physical environment are inextricably tied is made abundantly clear in the essay's movement between mind and metaphors of domestic location.

The "room of one's own" that Woolf calls for is not only a physical room but a metaphorical room, a psychic state, that she argues cannot exist without necessary space

and time devoted acquiring and housing the amenities of women's imaginations. What Woolf imagines is this missing, but always present, room in the house: the void, or gap, in the woman writer's cognitive framework, a psychological space that exists but cannot function without a means of refuge and indulgence. The conceptualized structures that Carl Jung, in both architectural and literary forms, identified as "possible fruitful replications or images of mental structures" that make a case for "'taking the house as a tool for analysis of the human soul'" are alive and unwell in Woolf's work, constituting "archetypes of the psyche" (Mezei and Briganti 841). Her conjuring of a physical space through her own mental space, perpetuating a rotten onion model of domestic psychology, gives political power to both the metaphorical consciousness and the literal space of "a room of one's own." The act of defiance is hardly containable, as it is a sweeping combination of Woolf's fragmented and obscured metaphors within the many layers of her argument. These come through in a fictionally ambiguous way in her "non-fiction" essay, but they are further developed in the deliberate, declarative fiction, *Mrs. Dalloway*. Woolf's boundary crossing –from literal to figurative and back– extends, or is swept in, to her fictional works. Mrs. Dalloway, caught in the ambivalent and nervous space of the early-20th Century household, is a prop through which Woolf explores, fictionally, domestic consciousness.

Woolf places Clarissa Dalloway in the middle of the Londonderry hub of upper-class domestic life, setting her humorless travels against the Dubliner experience. When we meet Clarissa, she is on her way to buy flowers, consumed with thoughts pertaining to the social event of the evening, for "the doors would be taken off their hinges; Rumpelmayer's men were coming…" (*Mrs. Dalloway* 165). The scattering of sensory

fixtures --waves, flowers, and smoke-- are interwoven with the words of a former lover. Peter's question: "Musing among the vegetables?" enters the scene as easily as "the kiss of a wave," and her answer, "I prefer men to cauliflowers," responds to the wave (*Mrs. Dalloway* 165). She, Mrs. Dalloway, is caught up in her public role but is not impenetrable to the challenges of the voices of memory that question and challenge it. Past and present are present in the mind, and Woolf's prose makes it difficult if not impossible for them to be divided. The chaos of domestic memory is deliberately part of her current frame of consciousness, as real and locatable as the impending party or the flowers in the flower shop destined for it. Her stream of consciousness is interrupted by an appreciation of the fresh morning scattered across the plots of domesticity, those that distract her from high-pressure, party-focused domesticity and bring her to deeper and less-accessible parts of her psyche. The breath of fresh air of familial domesticity, for the morning was, Woolf narrates, "fresh as if issued to children on a beach," takes Mrs. Dalloway out of the domestic composition of the party in which she is a married adult, or wife-and-therefore-hostess (165). It serves as a reminder of youth: a time prior to her assumption of and full participation in the institutional roles that sustain the system of domesticity, and this reminder brings her into the solemnity of her consciousness, though it cannot hold her there nor can it keep her from her position.

All throughout the novel, Mrs. Dalloway is smothered and spread thin, mainly by virtue of her own thinking, which takes place in the context of effusive domesticity. Metafiction emerges in the layering of thought, particularly in Mrs. Dalloway and in those, like Peter Walsh, who contemplate her within and outside of her role, her mannerisms, and her style of thinking. In a later scene, prior to the awkward cutting-off

of their reunion, Peter's narrative picks up where the ambiguous narrator leaves off, repeating Clarissa's words, "Remember MY PARTY, remember my party," to himself "rhythmically, in time with the flow of the sound, the direct downright sound of Big Ben striking the half-hour" (*Mrs. Dalloway* 207). He, too, is part of the system of domestic clockwork that controls and mobilizes the upper-class inhabitants of London, the clockwork which seems, in its streaming rhythm, to embody the qualities of a system of consciousness. He is part of the system but is also conscious, to the point of chronic discontent, of its partitioning nature. Whereas Peter's thoughts generally flow with great dissatisfaction against the domestic current, Clarissa, mostly flowing with the current, seems at moments to feel just as unsatisfied. M.Spencer-Wood writes of a further manifestation of the basic divides that occur within the system, noting that "since culturally constructed categories of women and men both included important domestic as well as public actors, the idealistic gender dichotomy did not exist as a monolithic reality (167).

The layering of thought in Clarissa and the layering-and-streaming of consciousness across the entire novel creates a sense of fragmentation. Each character has their fiction, their rendition of one another and of the realities of relating— and each entertains her reality as a singular reality. Where Clarissa Dalloway fancies, though somewhat doubtfully, herself warm in the flowers and in preparation for the party, Peter Walsh finds "something cold" in her, remarking that "she always had, even as a girl, a sort of timidity, which in middle age became conventionality" (207). His thoughts then dart from a former Clarissa to a recent Clarissa, one who caused him to feel "shame suddenly at having been a fool; wept; been emotional; told her everything, as usual, as

usual" (*Mrs. Dalloway* 207). Peter cannot continue a train of thought, a trait he has in common with every other character in the novel. Rather, they all seem to be part of a relational web— a space in which distinctions are fleeting impressions that blend but remain distanced from one another because of the strictures of the larger system of which they are a part. Domesticity, as a system with a flowery exterior and a fragmented, muting interior, is this system, and it is very much representative of the non-fictional reality of the elusive room, or mind, to which Woolf alludes in *A Room of One's Own*.

Woolf's strategic crafting of Clarissa makes her a metaphysical entity that blends into the austere, elegant backdrop— a metaphor for the upper class household. Domesticity, via Mrs. Dalloway's sensory delight, is painted to be exquisite, despite its troubled foundation. She is entirely enmeshed, even lost, in the provincial materiality of "privileged" life, surrounded by "delphiniums, sweet peas, bunches of lilac"; taken in by sights of "frilled linen clean from a laundry laid in wicker trays"; in love with "the grey-white moths spinning in and out, over the cherry pie, over the evening primroses!" (174). The abundance of sensory beauty is overwhelming, to the point of being smothering. It seems to smother her thoughts, or to distract her from engaging in introspection; surely this mimics the way in which the woman's intellect is smothered by domesticity and its "niceties": its rules, its schedules, its dictated and detailed arrangements. As it tries to uphold its imposed form, it is fragmented, anxious and crumbling. Clarissa Dalloway is not Shakespeare's sister nor is she a mirror of Woolf. She a fictional representation of the middle-upper class wife who is caught up in her role as a fixture within the larger fiction of domesticity: the cultural fiction that makes Judith Shakespeare an implausible figure.

Woolf uses fictional characters, like Judith Shakespeare, in *A Room of One's Own*, to deconstruct and critique the cultural fiction of domesticity. This is the political subtext of *Mrs. Dalloway*; it propels us, as readers, to search for some truth in it. In this way, Woolf inverts our very understanding of fiction, just as she does the household and the mind, so that it's relation to non-fiction is indecipherable. Truth, she shows us, can be told in fiction, and sometimes that truth is that what we think is reality is, in fact, fiction. Woolf exposes the interconnected relationship between fiction and non-fiction, both as forms of representation, through her work with the role of a woman in the household. "Mrs. Dalloway" is partitioned at times from "Clarissa: because she is so tied into her role as "Richard's wife." We sense this fragmentation when she is in conflict with the intimate connections that exist outside of the home, with Peter and Sally. Peter serves as Woolf's voice box on the matter of the role when ponders Clarissa and her whereabouts in the household, thinking:

> With twice his wits, she had to see things through his eyes— one of the tragedies of married life. With a mind of her own, she must always be quoting Richard…These parties for example were all for him, or for her idea of him…She made her drawing-room a sort of meeting-place; she had a genius for it. (233)

According to Peter, Clarissa's mind is shaped by Richard's role as her husband. Both are trapped, not as themselves but as their representations within the institution of marriage, an institution built by and into domesticity. The system in which they are forced to split, so that they might be themselves and also fulfill their obligations to their roles, forces Clarissa to see through her husband's eyes: not as Richard but as some kind of systematic, disembodied "husband." Richard never has to do this; he, as husband, does

not have to serve her or adopt her thoughts in order to serve the household. His service to the household happens outside of it, in the public sphere of work. It is not enough to see Clarissa as someone who "uses marriage as a safe place to remember the greater passions, heterosexual and homosexual, of her youth" (Fernald 829) because such a statement implies that her access to agency is somehow not entangled with the larger domestic social construction of knowledge. *Mrs. Dalloway* is a systemic and metaphorical work, and characters in it cannot be assumed to possess isolated agency.

Peter, as one caught in but critical of the system, offers a reason for this: that she was "worldly, cared too much for rank and society and getting out in the world" (232). Such a collection of ideas within two pages of one another encourages us to draw connections between society, rank, married life, and the household. Speaking specifically of the physical space of a room, Peter posits that Clarissa has one and that it is a meeting place for which she possesses a "genius." This is an important moment in the novel, as it speaks directly to two important themes in *A Room of One's Own*: place and genius. Problematically, Mrs. Dalloway's room is a social room (a "meeting-place'). As such, it cannot truly be a room *of her own*. It is Mrs. Dalloway's room, not Clarissa's: a room gifted by but belonging to the domestic institution; her role is to serve the room and its purpose of maintaining domestic structures and roles. Peters refers to the room as "hers" but it belongs only to her in name, *married name*. It is a social room, a room without a lock; therefore, it is not a place of cognitive, or creative, freedom. It is Mrs. Dalloway's, not Clarissa's, room— a public room, not a private room. The meeting room that provokes Mrs. Dalloway's kind of genius belongs to Richard Dalloway – he, in his role as husband, is the lock on the door to that room. Mrs. Dalloway, the domestic servant

within a constructed marriage, acts as a vessel for her husband's wishes, which she often cannot know and so guesses at, unsuccessfully and endlessly. Outside of Mrs. Dalloway's room is Clarissa, without a room of her own. The room she lacks is the cognitive space apart from her role as "Mrs. Dalloway."

Modeled after upper-middle-class Victorian households, the household in which Mrs. Dalloway operates, not unlike the Woolf household, is populated by a multitude of people, including maids, cooks, butlers, nannies, and relatives. It is likely, as Moira Donald points out in "Tranquil havens? Critiquing the idea of home as the middle-class sanctuary," that "the house would have been entered daily by a much wider range of visitors than would be the norm today" (105). In fact, Donald writes, "Most social contact, and much business interaction, would have occurred within the domestic space. From the daily visits of shop boys with groceries, through afternoon calls among female acquaintances…to the regular dinner parties that were a feature of well-to-do Victorian society, there was typically a regular stream of visitors" (105). Relevant to this discussion is the distinction that Donald makes between the Victorian household and Victorian domestic space, claiming that while the "household ensured that its wealth and status were reflected in every aspect of its construction, furnishing and ornamentation," "the domestic space can be 'read' in many ways" (106). Most interesting is her characterization of domestic space as a place that is interpreted differently upon entrance and inhabitance, depending on each individual's "role within the space and within society in general" (Donald 106). The institution of domesticity and the household, though they bear markers of distinction, are fluid and connected; the household is one, primary, space within the larger ideological institution that birthed it.

Mrs. Dalloway's meeting room, which belongs to the system rather than her, perpetuates the fictional ideology of Victorian domesticity; it indicates that the system is built on an illusion of possession and ownership, since those within in it are servants to its cause. It is in this borrowed room, bustling with visitors, that Mrs. Dalloway seeks to access her genius but cannot find it nor take satisfaction in it, because she bears some sense of its fictional and representational nature. Both she and Peter are suspicious and dissatisfied with their roles. The social space of the household, and of domesticity, is a one of duality and disruption. One minute up, the next down – and without a sense of meaning for individual characters. "It was fascinating," Mrs. Dalloway thinks in the midst of this larger fiction of domesticity, "with people still laughing and shouting in the drawing-room, to watch that old woman, quite quietly, going to bed…She felt somehow very like…the young man who had killed himself. She felt glad that he had done it; thrown it away…He made her feel the beauty; made her feel the fun. But she must go back. She must assemble" (*Mrs. Dalloway* 333). Clarissa emerges introspectively for a moment, reaching toward something she cannot quite grasp: the notion that she is a role within a system and that to throw away that role, like Septimus had, would be a form of freedom. She is both within the space and thinking of the space she is within, obsessing over it, trying to make sense of her own puppet-like emotional states as a member of its fiction. What's more, she is conscious of the contrast and of the contrariness of her own impulses against it but cannot resist the pull of it; it has become her state of mind.

In this respect, Woolf makes urgent connections between the mind and domestic space— ones that *cannot* be dismissed, as evidenced by the thought-processes of the struggling characters. In an exploration of "the maternal benefactress" in late 19th

Century novels by women, Rosemarie Garland Thomson writes of "apprehensions about the place of the female body in an evolving socioeconomic sphere, the rise of oppressive scientific constructions of women, and concerns about the effectiveness of the discourse of domesticity— which was increasingly unable to provide a tenable framework for either individual identity or social reforms" (83). Traces of the "maternal benefactress" can be witnessed in the character of Mrs. Dalloway, but more present than that are the apprehensions that Garland Thomson identifies as being in the body. In *Mrs. Dalloway*, we witness apprehensions in the mind as a result of the bifurcated social constructions and spatial dictates of domesticity. Mrs. Dalloway is caught between a room, or psychological identity, *of her own* and a fictional social space, the myth of a collective domestic identity which has been laid out for her. She and many other characters are caught in strains of the open but fragmented collective psyche of domesticity.

The effects of this shared domestic space on the character of Mrs. Dalloway are easily witnessed throughout the novel: she is tied up in that social space, preoccupied with it, coping by romanticizing about its trivialities. When Clarissa's private and free mind emerges, it is momentarily and with another woman— with Sally. With Sally, an outsider to Mrs. Dalloway's sphere and a person interested in Clarissa, came "the most exquisite moment of her [Clarissa's] whole life passing a stone urn with flowers in it" (195). Two women, within yet outside of the domestic institution, stopping. To do what? To kiss! And as Clarissa, who does not narrate for herself but is vividly present, recollects, "the whole world might have turned upside down! The others disappeared; there she was alone with Sally" (195). Sally and Clarissa, not Mrs. Dalloway, passing an urn and a kiss within the confines of the space of domestic fiction, perform the single

most transgressive and transformative act in the entire novel. The kiss, void of male representation and authority but happening within its quarters, is glimpse of freedom from the compartmentalizing binaries inherent in gender, sexuality, marriage, and the entire domestic system in which they function. This moment stands in contrast with all other moments in the novel, in which Clarissa is torn and preoccupied with her occupation as wife and hostess. There is so much for Mrs. Dalloway to do in service of her institution, to uphold its images, but also so much under the surface that must be dealt with and suppressed in order for her to function "properly" within it. The kiss is cognitive enlightenment as much as it is an erotically subversive act. Clarissa emerges from but then retracts back into the system of marriage wherein she, as Mrs. Dalloway, must cope with both the artificial state of mind of domesticity and the inner tumult of knowing a different, more vibrant, state of mind is possible. What seems to be Mrs. Dalloway's greatest stumbling block is her inability to follow through and make complete connections between her patterns of thought and social engagement. Her thinking mirrors the house, and is as compartmentalized. Sally is a break with domestic reality, one that must be avoided if Clarissa Dalloway is to remain Mrs. Dalloway.

It is difficult to distinguish Clarissa Dalloway from the social operation of the household, as both seem to shine and crumble in harmony, but the party is a perfect example of a location in which her social functioning and inner partitioning are simultaneously at their heights. The mobility the party requires takes her out of her doubt and places her into her role in its most extreme and real-seeming manifestation. Mrs. Dalloway finds herself at the peak of domestic hustle-and-bustle when running a party, darting around to make charming entrances and exists but never seeming to be in one

place, physically, psychologically or emotionally. She moves the social scene about as though it were almost her chessboard, placing friends in certain rooms, professors in other rooms, and youth in others. Placement and arrangement, as well as superficial small talk, are part of her performance as "hostess." But where is Clarissa in it?

Peter, who resents her role, keeps his mind on her actions, as hostess, but is powerless to take hold of his own placement and culpability within it. As soon as Sally and Peter try to catch Clarissa for a moment at the party, she brushes them off by telling them she cannot stay. "'I shall come later. Wait,' she said…They must wait, she meant, until all these people had gone" (328). Postponement and shifting are two of Mrs. Dalloway's primary social tactics, and perhaps her way of staving off her own impulses, as Clarissa. She uses them often in order to render her life and others' lives as place settings and to avoid her own state of mind, buried beneath the automatic actions of the role she is playing in the system of domesticity. Mrs. Dalloway, as the title of the book emphasizes, is more a commodity than a woman: she is the type of woman that domestic life and its Victorian history produces and demands. Clarissa's performance of this role exposes the failures, not of her but, of the institution.

Because of Woolf's high-minded and poetic prose, all characters in the novel, including Clarissa Dalloway are elevated to a state of heightened philosophical and emotional awareness. The high intellectual plane they occupy cannot function properly, however, because of their ties to the system of domesticity: it renders all of them on the edge of profundity, cut off from the full spectrum of profound selfhood, feeling its

presence but unable to access it fully, unable to live *as individuals* fully, because of the social roles in the cultural fiction of domesticity to which they are bound.

Domesticity, it becomes obvious in both *Mrs. Dalloway* and *A Room of One's Own*, is a social system, and the household is a fictional social space within the system of domesticity, wherein the flow of the collective consciousness is blighted with binary constructions and power differentials of house, home, family and gender. As Kathy Mezei and Chiara Briganti conclude in "Reading the House: A Literary Perspective," "the spaces of domesticity and of fiction shape the people who inhabit them; conversely, people and characters create and shape the spaces they inhabit (840). While the former statement is surely evident in both works, the latter statement oversimplifies and exaggerates the role of agency, placing too much emphasis on people and characters as actual entities with abilities to construct and reconstruct their realities. We witness the opposite of this in Woolf's works. Within the fictional context of domesticity, characters and people have little ability to create and shape their environments, physical or cognitive. They speak of them, and through language feign resistances and reshapings, but their cognitive motions are interrupted and stunted by the powerful currents of the system in place. Even in efforts to redirect their roles, their actions are consistently frustrated, and so they become part of the commotion of cognitive looping within the metaphorical space of domesticity. Mezei and Briganti are wise to note that "spatial constructs not only compose and record our past, but also set out a grid of our current and future lives and understanding (840). Woolf sets this grid by reframing domestic life as cognitive dissonance. The mind, like the room and the woman in the house, is constrained by her fixed position in relation to everything else, without a cognitive space

of her own. Her room is not her own, her social role is not her own, her painfully surfacing intellect is not her own; therefore, the space of her mind is not her own.

The home, with its many inaccessible and fragmented rooms, is an oxymoronic holding place— one that holds the cognitive abilities of women hostage within its pervasive fiction. It, the house, possesses the promise of literary discourse and advancement yet is blunted and distorted by convention, leaving the social construction of "woman" and a self-driven construction of "writer" at odds. Woolf challenges this cultural fiction with a fiction of her own, in which a truth of great significance is sought. The peril of Woolf's representations of women in 19th and early 20th century households as hosts with intense ambitions but debilitating social limits is one that is relevant to conversations on spatial metaphors and the mind, as well as to conversations on women and work, that take place today. Domestic fictions are still prevalent today, as "reality lags far behind policy and shows the continuing strength and influence of the ideology of domesticity" (Heynen and Leuven 111). Woolf's shift in domestic perspective, by "writing about and through…the domestic sphere" creates a "position in the field of cultural production" (Mezei and Briganti 843) that subverts and enmeshes notions of domestic space, cognitive space, and fiction. It was my hope, in this chapter, to momentarily occupy the space of Woolf's fictional consciousness in order to continue finding moments, even slivers, of metaphorical truth.

CHAPTER III

WRITING OFF THE PRESCRIPTION: SEPTIMUS, INDISCRIMINATE VICTIMHOOD, AND EARLY ATTEMPTS AT DISTURBANCES OF NORMALCY

We can read Woolf's cognitive metaphors in several ways. In the last section, I discussed the cognitive metaphor of the room; in this chapter, I will explore how Woolf's depiction of "mental illness" in *Mrs. Dalloway* serves to render states of mind and literary language less susceptible to diagnosis. Disability theory supports this interpretation in some respects, but it also challenges it. Woolf, in *Mrs. Dalloway*, uses some of the stereotypic tropes of her time in predictable ways; in other respects, however, she disengages the tropes from their predictable uses. Moving into the interior-most room of the cognitive-house of *Mrs. Dalloway* requires that these issues be explored and addressed. In writing off the physician, Woolf writes off the very prescription to which her narrative might be thought to adhere. She asks us to remove the patriarchal, prescriptivist frame from mental illness altogether.

In *Recovering Bodies: Illness, Disability, and Life Writing*, G. Thomas Couser sets up a distinction between illness and disability. While he acknowledges that the two are frequently linked causally, he claims they are conceptually divergent. Couser explains the main conceptual difference in what he calls "common terms," stating that "illness is temporary and can be moderated by treatment, if not cured, whereas disability is permanent and can only be moderated by rehabilitation" (177). More provocative is his assertion that "most illnesses are not stigmatic" in contrast with disability, which is stigmatic "almost by definition" (177). After citing cancer and HIV/AIDS as exceptions,

in Chapter 5 of *Recovering Bodies: Illness, Disability, and Life Writing*, it is hard to believe that Couser would overlook mental illness, which is also, almost by definition, stigmatic and is also, while perhaps at times manageable, often untreatable and incurable.

Regardless of the oversight's cause, the moment points to a conversational gap in disability studies to which *Mrs. Dalloway* has something to contribute. Woolf does not overlook mental illness; her novel takes it on in some conventional and some unconventional ways. She faces the void, the "poverty of language," which hinders "the description of illness in literature" and attempts to articulate that which "has no words" ("On Being Ill" 6). She, with awareness of that void, goes on to the "new language…more primitive, more sensual, more obscene" that she implores her readers to explore in "On Being Ill" (7). Woolf, both in terms of form and content, blurs the lines between the conventional and the unconventional. In the unconventional contributions are revelations about the stigmatic social position of mental illness, particularly in connection to the stigmatic social position of the gender-defiant woman/wife. Significantly, there is an acknowledgement of the misogyny of the social construction of illness and its medical treatment.

Woolf's habit of working against currents of misogyny in the literary world and literary form encapsulates well its nuances. Even her own adoption and perpetuation of its short sightedness, privilege and prejudice expose an undercurrent of struggle that is relevant to the way that we presently frame the mind from the page. Take what Woolf does with Septimus Warren Smith in *Mrs. Dalloway*, for example. Palpable are Woolf's personal struggles related to illness and diagnosis, as well as the cultural cache in which they are situated, but that entire trajectory cannot be said to be liberated. The belittled and

ridiculed stock figure of the novel, Septimus, embodies a stereotypical representation of mental illness, treated peripherally and written off into a victimhood that results in a brushed-aside death. Septimus falls into the self- and spouse- identified category of "the fallen," or those who are "torn to pieces" by "human cruelty" and are kept from the dangers of excitement by the likes of doctors (*Mrs. Dalloway* 291).

In this dimension of Woolf's stereotypical representation, Rezia establishes the sentimentalism for her husband, Septimus. Rezia softens and humanizes Septimus to readers and to his doctors; both her distress over his condition and her dedication to him serve, in most cases, to enact the sentimentalism that Rosemarie Garland Thomson characterizes and critiques as "the use of disabled figures in a parallel spectacle to generate sympathy" (81). Woolf generates sympathy in her depictions of Septimus' own characterizations of his indignant suffering, but she also does so through his wife, who reminds us of the sympathy we should feel for "the most dreadful thing of all," which is, to her and presumably to us, to "see a man like Septimus, who had fought, who was brave, crying" (*Mrs. Dalloway* 291). Here, Rezia is aligned with other highly held "maternal benefactresses and marginalized female figures who require spiritual and material redemption through their efforts" (Garland Thomson 82). Rezia is not explicitly ill, but she is implicated as a victim of Septimus' illness and as a patient witness, silent and obedient to own her marginal status. As both a foreigner from Italy and a wife of a social outcast, she is glorified and objectified, even by Septimus, who can offer her neither connection nor disconnection, mimicking those things that society also denies her.

Rezia is a silent male possession, directed and managed by both her husband and his caretaker, Dr. Holmes, one who is seen and described by Septimus and Woolf in such

a way that emphasizes her invisibility. When Septimus would cry out, presumably hallucinogenically, about flames engulfing him, "she would look for flames…but there was nothing…It was a dream, she would tell him…but she was frightened too" (*Mrs. Dalloway* 292). In the next sentence, we are to perceive her in the solitude of her employment, which was to sew a hat: "Her sign was tender and enchanting, like the wind outside a wood in the evening," Woolf writes (292). Though Rezia is not disabled, she is an "icon of vulnerability" who generates "a rhetoric of sympathy" (Garland Thomson 82). In her minor part and as a passenger to the stereotypic journey of the disabled figure, Rezia elicits "the sympathetic indignation" that serves to activate non-literary benevolent maternalism in the reader (82). She does so not for herself but on Septimus' behalf, bringing into view the role of wife as an inconsequential servant whose concerns are irrelevant except when they concern her spouse.

As such, she assumes the displacement of Septimus' disability (as her own cross to bear) and then also takes on the role of "the maternal benefactress" to "the disabled recipient [Septimus] of her bountiful endeavors" (Garland Thomson 82). Rezia aligns herself with her husband's illness, though it is unclear as to whether she does so out of marital loyalty or for other moral reasons. Woolf writes of Rezia's thoughts that "Even if they took him… she would go with him. They could not separate them against their wills" (298). Rezia's empathy, loyalty, and identification are all present, thought their sources are absent. She aligns herself with Septimus but that alignment is dismantled by the arrival of Dr. Holmes. The interruption quickly leads to a final separation of the two: Septimus' suicide. It is at that pivotal moment of separation, though, that the two seem to be most connected to one another and disconnected from Holmes. In that moment, "Rezia

ran to the window, she saw; she understood" (*Mrs. Dalloway* 299). In this understanding and standing apart-but-together with Septimus, Rezia becomes the object of Dr. Holmes', who was "white as a sheet, shaking all over," paternal and prescriptive attention (*Mrs. Dalloway* 229). Because of this, her "treatment," which vaguely mirrors Septimus' treatment, ultimately further aligns her with Septimus. It points to the role of the wife as a victim, always tethered to her husband's condition, so that if he is oppressed, she, too, will be oppressed. However, if he is not oppressed, she still remains oppressed. Rezia's thoughts, after Septimus' death, clue us into the greater meaning of this relational triangle and quandary.

Rezia, in a euphoric state at the moment of their physical separation, which is foreshadowed earlier in the novel, is physically separated from Septimus under Dr. Holmes' orders. Also significant is that only by being placed under his treatment, as a patient of Dr. Holmes, is Rezia able to see Dr. Holmes from Septimus' perspective. It is the final moment in the scene that brings this to our attention, when "She saw the large outline of his body standing dark against the window. So that was Dr. Holmes" (301). The moment reveals to us Rezia's shift in perception from seeing Dr. Holmes as an ally to seeing him as Septimus saw him: as an enemy. Her role as a caretaker of Septimus is called to her attention and into question when she experiences this second sighting. This is precisely Woolf's, perhaps intentional, complication of the devices referenced by Garland Thomson. Her (Garland Thomson's) concept of bifurcation within the context of the disabled-maternal benefactress relationship complicates the notion of Rezia as a disabled-victim-*and*-benefactress and it breaks down when it's applied, but thinking about this articulation of cooperative disability and blurry culpability among various

oppressed individuals emphasizes the complexity of Woolf's novel and its resistance against divisive labels and simple, uni-directional narrative relationships.

We can place Rezia within Garland Thomson's framework, but if we do so, we must stretch its boundaries. Rezia does not fit nicely into Garland Thomson's construct, which reveals that Woolf is doing something with disability that is worth noting. Rezia is lost in Septimus' world and has little to no interests or pursuits of her own that she can pursue: she is his travelling companion, there to serve. In serving Septimus and Septimus' doctors, her own victimhood is compounded and obscured. From a feminist standpoint, this plight is the product of social factors: the dynamics of gender, class, and ethnicity. While Woolf, in Rezia's case, fails, perhaps, to move away from stereotypic depictions of the disabled figure, she messes with them and treats them with so much complication that they are unique.

Discussing stereotypical literary representations, Rosemarie Garland Thomson uses Aristotle's *Poetics* to make the point that "caricatures and stereotypical portrayals that depend more on gesture than complexity arise necessarily out of [a] gap between representation and life" (11). Her gap of reference is between those who are disabled in life and their literary representations, but what she says about gesture-dependent portrayals does not apply to Woolf's work in *Mrs. Dalloway*. In fact, Woolf's novel depends on complexity, and, as such, the gap between the two is narrower, to say the least. Woolf's contradictory position in narrowing the gap is the result of a deliberate attempt to at least deal with, imperfectly, oppressive literary and social systems. The destabilization that Rezia poses creates in the novel a self-reflexive criticism that more

broadly serves to expose and undermine both representations of the stereotype and the systems of power from which it formed.

Certainly, on a micro level, those very qualities Rezia observes in Septimus— in visions, in auditory hallucinations, in the "very beautiful" and the "sheer nonsense" in which "he was always stopping in the middle, changing his mind; wanting to add something; hearing something new; listening with his hand up" (*Mrs. Dalloway* 291) are qualities which can be said to account for a fictional "overlap between her [Woolf's] accounts" of symptoms, including what Hermione Lee characterizes as "the hallucinations and euphoria of suicidal mania" ("On Being Ill" xiv). Kimberly Engdahl Coates uses "On Being Ill" as a premise point for her essay "Exposing the 'Nerves of Language': Virginia Woolf, Charles Mauron, and the Affinity Between Aesthetics and Illness." She writes --of Woolf's "disingenuous declaration" that originality and art are dependent on the body's "symptomology"-- that Woolf knows well that in most cases illness is not conducive to the production of creative work because "she was no stranger to the painful exigencies of being ill" (Engdahl Coates 242). She solidifies her point by referencing Woolf's acknowledgement of the barrier that illness poses to creation: namely, the inability to "hold the pen" (to write) (242). What is clear: that Woolf was deeply aware of the nuanced and frustrating relationship between illness and art— and that she was not willing to concede that illness, or first hand, philosophical knowledge of illness, did not quintessentially influence (her) art.

Given our knowledge of Woolf's dealings with late 19th and early 20th Century medicine, we can draw connections, yet not conclusions, between manifestations of those dealings in her work. However, the literary portrayal itself, while it engages social

stereotypes of illness, does not conform to it, does not "exaggerate an already highlighted [physical] difference," but, instead, renders it more abstract. While Rezia's role might be said to act as a form of narrative prosthesis to Septimus' body, "deemed lacking, unfunctional, or inappropriately functional" (Mitchell and Snyder 7), lending him a necessary humanity essential for the reader's empathetic reaction to him; we have to remember that Rezia, as the more normative of the two, is still his other half, debilitated, though not in physical ways, by the institution of marriage.

When Septimus is abandoned or treated poorly by his medical administrators, Rezia is both held up and belittled by them. To Dr. Holmes, she is "that charming little lady," "quite a girl," "a foreigner" (247) softening, to Holmes and perhaps to readers, Septimus' "deficiencies." Some of those "deficiencies" include an inability to experience taste with "relish," to perceive beauty in the outward world, and to feel. The complex sufficiency-deficiency balance formed between Rezia and Septimus is established early the novel, through Woolf's narration of Septimus' condition:

> 'Beautiful!' she would murmur, nudging Septimus, that he might see. But beauty was behind a pane of glass. Even taste (Rezia liked ices, chocolates, sweet things) had no relish to him. He put down his cup on the little marble table. He looked at people outside; happy they seemed, collecting in the middle of the street, shouting, laughing, squabbling over nothing. But he could not taste, he could not feel. In the teashop among the tables and the chattering waiters the appalling fear came over him— he could not feel. He could reason; he could read, Dante for example, quite easily…he could add up his bill; his brain was perfect; it must be the fault of the world then— that he could not feel. (243)

Septimus is isolated by his deficiencies in sensory perception yet connected to his social world by virtue of his intellectual abilities. The blame for his deficiencies is placed on "the world," but does Woolf do this to create empathy or to isolate him further? Perhaps the answer is neither.

Septimus' deficiencies are told through Rezia's abilities. Her sensory enjoyment is the place from which his deficiencies are measured and made visible to readers. This points to the way in which Septimus' differences are tied to his relationship with Rezia—to their marriage, and, therefore, their respective gender roles. In *Fictions of Affliction: Physical Disability in Victorian Culture*, Martha Stoddard Holmes narrows her focus to the ways in which disabled boys and men in Victorian culture assumed positions against their prescribed gender roles as a result of their disabilities. Claiming that both disabled women and men are situated outside of their traditional gender roles, she writes that "the disabled man's difference…is that he either is tied to the domestic sphere or else roams the streets without a regular workplace" (Stoddard Holmes 94). According to Victorian prescriptions for gender, those affecting Woolf's work, Septimus is rendered woman-like, and therefore childlike, because of his post-war conditions. He becomes dependent on Rezia for his mobility, as well as for any kind of semblance of vicarious, or substitutiary, normative emotional experience. She, his caretaker and his mode of transport, takes him to town and stays with him at all times out of her role-defined duty.

While Septimus stands outside of sensory experience, Rezia stands with him. His suffering is hers, to some extent, which compounds her suffering at the often separate-but-tethered condition of their marriage. Happiness and beauty are outside of them and outside of reason, too. The passage separates beauty and happiness from reason and

intellect. The two are fractured-and-bound much in the way that Rezia and Septimus are bound by marriage but fractured by that marriage as well as by a combination of other factors. Woolf's depiction of the married couple and their experience of disability supports Stoddard Holmes' assertion that gender confounds issues of disability and that issues of disability confound issues of gender in Victorian and post-Victorian society. What she says about Victorian fiction, of its "ideological uncertainty…about disability," speaks to "unstable meanings of work, class and gender" that are "additionally inflected and complicated by cultural constructions of disability" (132). Woolf articulates the latter in the relationship between Rezia and Septimus. Connection and disconnection, caused by social factors and exacerbated by conditions of the individual, are exposed as being inextricably linked. This is a reflection of a historical shift in which, at the end of the nineteenth century, "new theories were being advanced that cast doubt on the discrete identity of the subject itself" (Ryan 857).

Relevant both in terms of psychology and the novel, the change, which Judith Ryan explores in "The Vanishing Subject: Empirical Psychology and the Modern Novel," is significant because of the way in which it alters Woolf's treatment of the complex relationship between Septimus and Rezia. *Mrs. Dalloway* grapples with this shift -- toward conceptualizing the mind as a "collection and combination of ideas and impressions" (857)-- as much as were the nineteenth-century empiricists. When Rezia desires a child and weeps for Septimus' bleak refusal to bring a child into a world of desertion and suffering, Septimus cannot empathize. Instead, Woolf narrates, "he felt nothing; only each time she sobbed in this profound, this silent, this hopeless way, he descended another step into the pit" (245). Feeling is disembodied, but this body-without-

feeling and the object of the separate disembodied feeling are in the same vicinity, seemingly aware of one another's presence as well as the disconnection but unable to communicate outside of the articulation of disconnection.

This moment both reinforces and contradicts what Woolf says of illness in "On Being Ill": that words --in its context and from its framework-- "possess a mystic quality" in which the ill "grasp what is beyond their surface meaning, gather instinctively this, that, and the other—a sound, a colour, here a stress, there a pause… a state of mind which neither words can express nor the reason explain" (21). She calls this "incomprehensibility" in illness and divides further illness and health, saying that "in health meaning has encroached upon sound [and] intelligence domineers over our senses…but in illness, with the police off duty, we creep beneath some obscure poem…some obscure phrase…and the words give out their scent and distil their flavor" ("On Being Ill" 21). This, she says, if grasped, leaves the meaning "all the richer for having come to us sensually first, by way of the palate and nostrils, like some queer odour" (22).

Obvious traces of this line of thinking run through *Mrs. Dalloway*, though at times the division is contradictory. To some extent, Septimus depicts this "mystic" quality of illness, which is not mere invention by Woolf but theory based on lived experience. Not only are the boundaries between thoughts, words, and realities blurred, in what could be called a mystic way, but the partitioning of the senses and inadequacy of words to express them is also projected. The irony of this is that it is mimicry. Woolf, when writing the thoughts of Septimus, performs a style of thought, or state of mind, that

seems incomprehensible but that, at the same time, is extraordinarily moving and comprehensible.

The following passage gives the impression of being disparate, chaotic, and incomprehensible, yet it is not. It makes sense and meaning within the novel. When Rezia follows the orders of Dr. Holmes and tries to urge Septimus to look and "take an interest in things outside himself," Septimus disengages from her voice to his private seeing. Woolf captures this, narrating,

> So, thought Septimus, looking up, they are signalling to me. Not indeed in actual words; that is, he could not read the language yet; but it was plain enough, this beauty, this exquisite beauty, and tears filled his eyes as he looked at the smoke words languishing and melting in the sky and bestowing upon him in their inexhaustible charity and laughing goodness one shape after another of unimaginable beauty and signalling their intention to provide him, for nothing, for ever, for looking merely, with beauty, more beauty! Tears ran down his cheeks. (*Mrs. Dalloway* 182)

Septimus might not engage and experience in a way that is recognizable to Dr. Holmes or Rezia, but he engages and experiences, nonetheless. Profoundly so. It is not so much an inherent chaos and incomprehensibility in Septimus' thoughts as it is an incongruity, treated as chaos and incomprehensibility, in appearance to those on the outside.

In this way, it is an abnormality in style of connection that renders Septimus incomprehensible and unacceptable— and unbearable to Rezia who eventually must take a stroll to the fountain "for she could stand it no longer" (183). Septimus disconnects from Rezia and goes to the space of his thoughts, which causes her to stew in

powerlessness, thinking internally, as relayed by the narrator, "Far rather would she that he were dead! She could not sit behind him when he stared so and did not see her and made everything terrible; sky and tree, children playing, dragging carts, blowing whistles, falling down; all were terrible" (*Mrs. Dalloway* 183). Is this Rezia victimizing Septimus? Certainly not. To the contrary, Rezia is a victim, too, but of what? That is the unnamed component of the novel: a location for blame. Dr. Holmes seems to be at fault, but the path to that conclusion is not always direct or clear. The disconnection, or abnormality in relating, is not clearly defined, either; we do not know who is at fault or who is truly normal, based on the writing alone. We have only the power dynamics and dialogic indications of them to use to label the thoughts and interactions of characters.

Septimus, with what expresses itself as pleasure, reads the signals in the sky; his intimacy and delight are found with non-human entities, the inanimate objects around him, which, to him, are linguistic and sentient. But nothing in the text, nothing done by Woolf as master- and ghost- narrator, tells us what we should think about his thoughts in relation to her thoughts. Both are valid. Disconnected, valid, and connected by their respective roles in the story.

They each, in their intense inner landscapes, though with differing manifestations of communication, are merging and becoming intimate on the narrative level. Because of this, we can trace what Jean Love calls a "mythopoetic cognitive style" in both Rezia's and Septimus's thoughts. In *Worlds in Consciousness: Mythopoetic Thought in the Novels of Virginia Woolf*, she distinguishes mythopoetic thought as being "marked by greater diffusion and by less evidence of hierarchic integration than are to be found in empirical-theoretical thought" (Love 17). As a cognitive and literary style, five indicators

are used to identify diffusion: sensory diffusion (sometimes in the form of synesthesia), object diffusion, a blurring between objective and subjective, space diffusion, and time diffusion (Love 17). Of *Mrs. Dalloway*, in particular, Love writes that "character schematization…suggests that consciousness is less a property of the individual than of the universe" (149). She says that this is most obvious in "an intricate and subtle kind of subject-object diffusion" (149). Even to Rezia, the landscape of her frustrated focus is broken up in parts (sky and tree, children playing, dragging carts, blowing whistles, falling down). Though all of it is, to her in that moment of blame, pointed toward Septimus, her reading of her surroundings is not unlike his. In fact, in this instance, it is *more* broken apart in style.

It is content that separates them, too: he thinks of a fluid and beautiful landscape that speaks to him and she thinks of a fragmented and terrible landscape without language. Language is the difference. Both are isolated from one another and fixated on ideas: Septimus' focus is placed on the object of the sky, which he treats as a subject beholding signals for him. Rezia thinks of the subject (Septimus) through the objects (her surroundings) in more of an exchange between subject and object than a total shift of one to the other. This reinforces what Love says of subject-object diffusion, which manifests amidst the theme of broken-down communication.

Where in the skyward moment, Septimus seeks connection in a subjectified object, in a scene later in the book, Septimus responds to disconnection-from-feeling with the physical movement of his body— "with a melodramatic gesture which he assumed mechanically and with complete consciousness of its insincerity" (*Mrs. Dalloway* 245). The dropping of his head signals the lack of responsiveness in his body, which then

triggers a chain of reactions, beginning in his wife and ending with Dr. Holmes' orders. The separation from feeling, though it is in the realm of his intellectual consciousness, is not within the reach of his sensory capacities. All of this comes to fruition in the helm of Woolf's stream-of-consciousness narrative technique. Septimus' "subvocal thoughts" are expressed, like all other thoughts of the novel, in Woolf's "sequence of continuous associations" (Ryan 859). The friction is that while the literary style gives us a "bundle of often disparate and discontinuous sensory perceptions" that bundle seems to be "a single continuous stream" (859), Septimus, himself, is purported to lack a consequential aspect of that very ability. He, through that stream-of-consciousness, seems to be particularly aware of sensory perceptions: of their lack and of those of the suffering variety. Those of the suffering variety are cut off by the "surrender," which may be a protective resistance against the exorbitantly heightened post-war sensory perception he possesses.

All in all, surrender is not a surrender to feeling but a surrender to the reactionary system that keeps him from it, which brings us back to the question of how narrative prosthesis functions in the novel. Mimicking the difficult way Septimus is situated within the novel is the "textual nature of language" itself, which Mitchell and Snyder, following David Wills' lead, claim "lacks the very physicality that it seeks to control or represent" (7). Septimus lacks control over the processing of sensory language, and he, as a result, is forced to surrender to those whose processes resemble some norm and who are socially assigned to speak for him. Woolf's depiction of Septimus, particularly in moments in which he shuts down, reveals the ways in which the non-normative body must acquiesce to the norm. As Mitchell and Snyder relay in Lennard Davis' terms, it is "up against an abstraction with which it cannot compete because the norm is an idealized quantitative

and qualitative measure that is divorced from (rather than derived from) the observation of bodies, which are inherently variable" (Mitchell and Snyder 7). From a literary-focused standpoint, Septimus' gesture works narratively because it is a "marked case"—a case that, unlike a gesture made by the "normal" body, cannot pass without narration (Couser 16). There are two responsibilities that G. Thomas Couser claims those with extraordinary bodies (in this case, extraordinary minds) bear: they are "required to account for them" and it is expected that narrative accounts of them will "relieve their auditors' discomfort" (17). The first plays with Septimus to some extent, but not entirely. The second does not play out, except through the buffer of Rezia.

Septimus' melodramatic gesture is the embodiment of his atypical state of mind; its release signals to those around him a kind of submission to the norm. Rezia is given the task of interpreting his non-verbal expression and deciding what is in his best interest. She sends for Dr. Holmes, who, daftly and without attention to or awareness of the gesture, concludes that "there was nothing whatever the matter." Dr. Holmes' verbal articulation, in contrast with Septimus' nonverbal gesture, is accepted by Rezia, but that acceptance is only temporary— as throughout the novel, Rezia's trust in the normative verbal articulation diminishes and her comfort with and understanding of the nonverbal gesture grows.

Unlike Rezia, who is momentarily relieved, Septimus ironically internalizes the denial of validation and articulates it inwardly through Woolf's stream-of-consciousness, thinking to himself, "So there was no excuse; nothing whatever the matter, except the sin for which human nature had condemned him to death; that he did not feel" (Woolf 264). Septimus' hopeless echoing of Dr. Holmes' sideward brushing compacts his already-

tense psychological and physical state. The moment unfolds when Dr. Holmes returns again, only to repeat his earlier behavior in a more maddening fashion, brushing aside all of Septimus' symptoms: his "headaches, sleeplessness, fears, dreams" (*Mrs. Dalloway* 264). Septimus' perception of the scenario becomes more and more cynical, and even sarcastic, as Dr. Holmes' trite and condescending words are relayed. Dr. Holmes, who smiles off Septimus' refusal to see him, begins to drive a wedge, in Septimus' opinion, between him and all others, including Rezia. It results in Septimus' conclusion that he has been deserted. Woolf writes of Septimus' response that:

> The whole world was clamouring: kill yourself, kill yourself, for our sakes. But why should he kill himself for their sakes? Food was pleasant; the sun hot; and this killing oneself, how does one set about it, with a table knife, uglily, with floods of blood,— by sucking a gaspipe…besides, now that he was quite alone, there was a luxury in it, an isolation full of sublimity; a freedom which the attached can never know…even Holmes himself could not touch this last relic straying on the edge of the world, this outcast, who gazed back at the inhabited regions, who lay, like a drowned sailor, on the shore of the world. (248)

There is both an apt and odd quality to this moment. Woolf, in an articulation of the cornered, contradictory thoughts of Septimus, addresses stigma in a way that places a degree of, but not all, responsibility on Holmes, and, more so, places ethical questions in the stream of consciousness where they can neither be answered nor easily retrieved.

Septimus contradicts himself, internally, and the voice seems disembodied because it lacks a first person claim to ownership. Septimus does not declare, "I found the food pleasant and the sun beautiful;" he announces the facts so that his level of

attachment and identification with them is unclear and indeterminate. It is almost as if the argument to live exists outside of him. His disembodied thoughts, in which suicide is treated as an attachment-free intellectual debate, places readers in the position of having to decide how to navigate. A contemporary reader might become distrustful and feel inclined to diagnose Septimus at this moment, based on what modern Western science tells us about abnormal behavior and suicidality. Or, a reader might, instead, begin to hone in on the larger message in Woolf's construction of Septimus.

A multitude of questions do arise for readers: Is he an outsider or is that only how he sees himself? Are his assessments to be trusted? Are readers to trust in his distrust of Holmes, and of humanity? If he is reliable, where does his reliability come from? Whose thoughts are these and where do they sit within Septimus? These are only a few. Attempting to interpret and answer them isn't the point; the questions collectively point to Woolf's deliberate ambiguity, in this moment, in moments involving Septimus, and more broadly in the narrative.

One way of not answering but seeing collectively these questions is through the lens of what Edmund Husserl posits "the false parallelism of 'inner' and 'outer' experience" in *The Crisis of European Sciences and Transcendental Phenomenology* (219). At times, Woolf's text renders indistinguishable the inner and outer experience, perpetuating, in literary form, Husserl's criticism of the false parallelism. He connects this parallel separation of the two to the divide between natural science, which was thought to be based on the outer, and psychology, which was thought to be based on the inner, according to what were at the time natural-scientific and new psychological methods (219). When Woolf writes, inhabiting Septimus' perspective, that "Holmes

himself could not touch this last relic straying on the edge of the world, this outcast, who gazed back at the inhabited regions" (Woolf 248), she manipulates and speaks to the inner-outer division. Septimus is, not completely divided but, distanced from himself when he speaks. Authority is difficult to decipher let alone distribute because he is a fracture in narrative voice— a fracture in and fragment of consciousness.

The ambiguity and unified division of the internal monologue serves as a way of reminding the reader that the text is a shared space: that multiple voices may and do speak at once in any given textual moment. It also brings what is psychological into that space designated for natural science: the outer. The (natural) world is "clamouring" with thoughts directed at Septimus. Observations of various natural phenomena are made ("food was pleasant;" "the sun hot"), but they are not made in the style of the subjective because belief in, or identification with, the observations is not emphasized. We are also told, in the earlier passage, that Septimus cannot feel. This further complicates the passage and encourages us to look more closely at what is happening beneath the surface.

The complication, more specifically, pokes a hole in the idea of division itself: thoughts that reflect the compulsion of suicide are interrupted by doubts and distractions from the solidarity of suicidality. His second-thoughts ("and this killing oneself, how does one set about it…") seem to be internalizations from another source. They diminish Septimus' subjectivity— it is unstable because of ambiguous interjections. These pick up on the larger patterns in the stream-of-consciousness of the novel of interruption as well as Woolf's construction of the internal voice as a community space of various influential social and interpersonal forces. Also notable is that this key passage precedes the visitation by Evans, in which Septimus scares Rezia and is, again, dismissed by Dr.

Holmes. The passage begs the questions pointedly posed by Husserl: "Can psychology, as a universal science, have any other theme than the totality of the subjective? Is it not the lesson of a deeper and not naturalistically blinded reflection that everything subjective is part of an indivisible totality?" (220).

Woolf's construction of Septimus argues for the rhetorical meaning of these questions to be accepted, and added to that is the transfer of the subjective, in this case verbal and cognitive authority, between characters. Septimus' subjectivity is distrusted by Rezia and dismissed by Dr. Holmes; in addition, it is difficult terrain for Septimus, himself, to navigate and trust: he cannot separate his thoughts on the subject of his feelings or give them order so that they can become comprehensible to and be used to create connection with the world outside of him. While his outsidership and the divisive judgment thrust upon him by his own internalizations and the externalized opinions of others play on certain parts of a stereotype of the mentally ill, it would be inaccurate to refer to the entire depiction as a stereotypic trope. Woolf speaks to her own experiences with illness and stigma in *Mrs. Dalloway*, though that is not our focus. It is necessary to acknowledge, however, because it helps us rule out the possibility that her representation "imbues…differences with significance that obscures…complexity" (Garland Thomson 11).

Instead of exaggerating difference for the purpose of simplification, Woolf's novel conveys difference as vague in order to render complexity more material, more visible, and more accessible. Husserl's subjective totality frames well Woolf's treatment of the mind in *Mrs. Dalloway*, through the awareness it presents of "that oscillation between opposites which characterizes the mind's universe" (Novak xi). Jane Novak, in

The Razor Edge of Balance, criticizes what she deems to be two issues of balance in the novel, saying that "the relation between form and idea breaks down upon occasion and makes room for didactic perforation" and that "the double view of Clarissa sometimes weakens the reader's sympathy for her" (Novak 107). Though this is an odd and dated assumption, the glorification of a sympathetic and consistent narrator, it draws us back to the issue of the stereotype. The double view to which Novak refers is the split from Clarissa to Clarissa-and-Septimus, which, according to her, creates a double plot that is "subdivided into past and present sections" (Novak 109). Novak criticizes this for the "burden" of "widening complexity," claiming that it creates a conflict between their "inner and outer obligations" (109). Diverging from Novak's values, we should begin to think about subdivision, complexity and conflict as honest articulations of a truly subdivided, complex, and conflicted matter: the mind. Even more, we should consider subdivision, complexity, and conflict as highly inventive and intelligent ways of treating not only characters but also the social systems from which they originate and to which they speak.

Implied in Novak's commentary is that cognitive complexity, in literary form, is not preferable. She interprets Woolf's complexity through the lens of the "normate" reader, denying Woolf's literary representation of cognitive difference its divergence from traditional literary representation, which, as Garland Thomson purports, "sets up statis encounters between disabled figures and normate readers" (11). Garland Thomson pits this faulty form of representation against real social relationships, which are "always dynamic" (11). Woolf puts the complexity of "real social relationships," as they reflect and affect cognition, on the page. Novak, to her credit, does classify the constant goal of

all of Woolf's "variations in fictional design" as an "ordered aesthetic form that, for all its symmetry, would…accommodate disorder" (1). That is the point, and not one that undermines or denies disorder. Though the elements of the stereotypic are present in *Mrs. Dalloway*, the manner in which they are carried out are too complex to function to reestablish stigma. Even though the relationship between Woolf's literary representations and disabled subjectivities is "inevitably prosthetic," offering "an illusive grasp of the exterior world upon which it signifies," it is important to remember that, as Mitchell and Snyder's assert, "disabled peoples options are inevitably tethered to the options that history offers" (9). On other words, we should remember that Woolf was grappling with the options that her history offered her as we consider critically what she produced.

Woolf has been read often by scholars whose concerns are with issues of disorder and order; I propose that we take Woolf's model, or treatment, of the mind, and specifically of cognitive abnormality, as a way of situating "mental illness" within disability studies and that we do so with the intention of exploring the role of stigma and identity in a way that psychology has not yet been able to do. D. H. Lawrence's concept of a duality of knowing, in which humans are characterized as knowing in terms of apartness and togetherness, is not something that the field of psychology (Bazin 305), which increasingly is becoming dependent on scientific justification and financially enmeshed with labeling systems, would consider viable. Rosemarie Garland Thomson acknowledges this notion in *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* when she states that "disability has been almost entirely subsumed in twentieth-century America under a medical model that pathologizes disability" (37). Though she is not referring to "mental illness," her statement confirms

one of the consequential aims of disability studies: that it seeks to carve out a space that deals with pathology (usually the pathology of abnormal/extraordinary bodies), literary or otherwise.

Garland Thomson further reminds us that despite the fact that medical interpretation has shifted its focus on disability away from evil, difference is still "fraught with assumptions of deviance, patronizing relationships, and issues of control" (37). Woolf's novel, which preceded this important theoretical work, anticipates and articulates it, to some extent, in literary form. Disability theory, with its intention of tackling these issues, its serious attention to and incorporation of the sociological dimension, and its acknowledgement of the power, and often-detrimental power, of labels provides readers of Woolf and those interested in the language and politics of cognitive difference with a space in which to reconceive Woolf's novels. Her work might even be seen as a literary underpinning to work that will be done in the future to critique psychology's current treatment of the mind, which is still, though in less obvious ways, hierarchical, patriarchal, and oppressive.

While inside one of the internal monologues of Septimus, we experience the vileness of the oppressive and misogynistic practice of medicine with which Woolf was battling. Septimus cries out internally, "'You brute! You brute!'… seeing human nature, that is Dr. Holmes, enter the room" (*Mrs. Dalloway* 248). In this entrance, Septimus cries out against humanity— its brutal manner of oppressing through diagnosis and treatment. There is a definite sense that Woolf, through Septimus' stereotypic victimhood, is writing against what Marecek and Hare-Mustin characterize as "sexist treatments" that "cause (or at least exacerbate) psychological difficulties" (522). While Septimus, himself, does not

address sexism from a feminist angle, sexism is addressed by the rebellious humanistic voice. It is not accurate to say that Dr. Holmes represents human nature, but one specific dimension of it. Woolf does not clarify or name that dimension but when looking at the novel as a whole, it is fairly palpable. Stephen Trombley characterizes the main criterion used in the diagnosis of madness --made by *Psychological Madness*, a textbook published in 1905-- as "always the patient's ability to conform to social expectations" (193). He also notes, in *All that Summer She was Mad: Virginia Woolf: Female Victim of Male Medicine*, that the diagnosis made is "dangerous because its fundamental criteria go undefined" (Trombley 193). This both validates Septimus' outcry against brute humanity, embodied by Dr. Holmes, and anticipates the work of contemporary disability scholars, such as Davis, Garland Thomson, Couser, Mitchell, and Snyder.

From his position of high power, as a man and as a physician, Dr. Holmes represents a humanity that dehumanizes, reflected by the dehumanization of the stereotypic Septimus and resulting in a scenario of great irony. Septimus does not survive his position— at the final scene in the book, and only because of Dr. Holmes' co-conspirator, Sir William Bradshaw's attendance at Mrs. Dalloway's party, he emerges quickly and departs rather like a footnote, a sportive interruption in the flow of normalcy, a bit of trite gossip. But we are meant to note that. If we are not intended to note that, then we should note it anyway.

Whether or not Woolf was consciously making her point, the point is made. When Septimus is gone, we are left with a victor who survives but does not, to Mrs. Dalloway -- to whom the news is brusquely conveyed-- at least, seem victorious. A pivotal moment of

revelation for readers (but not necessarily for attendees of the party) happens when Mrs. Dalloway appraises Sir William Bradshaw. She thinks of him and ponders:

> Why did the sight of him, talking to Richard, curl her up? He looked what he was, a great doctor. A man absolutely at the head of his profession, very powerful, rather worn. For think what cases came before him—people in the utmost depths of misery; people on the verge of insanity; husbands and wives. He had to decide questions of appalling difficulty. Yet—what she felt was, one wouldn't like Sir William to see one unhappy. No; not that man. (Woolf 330)

Sir William Bradshaw, a well-to-do and well-respected psychiatrist and one of Septimus' diagnosing practitioners, disturbs Clarissa Dalloway at an instinctual level. Through Clarissa's uneasiness and distrust of him, Woolf is able to validate Septimus' thoughts and feelings about Dr. Holmes (human nature) and to affirm a more generic critique of the patriarchal system of power that is at work in and reflected by him. This happened earlier, at the scene of Septimus' suicide, when Rezia grew to dislike and distrust Dr. Holmes, and it is echoed at the end of the novel by Clarissa Dalloway.

Woolf knew about "sexist treatments;" she had firsthand experience with them. First, she frames the pinnacle of misery as the marriage relationship, identifying husbands and wives as Dr. Bradshaw's optimal cases. Doing so implicates, almost accusatorily, the institution of marriage itself in the proliferation of psychological misery and identifies it as enmeshed in the proliferation of the industry that produces men of power who are charged with making "appalling" decisions, such as Drs. Holmes and Bradshaw. The lightening rod of a binary is established, or at least flashed before us, in this moment: (from Mrs. Dalloway's mouth) the miserable v. (from the mouth of Septimus) the brute.

This binary gives credence and consequence to the "appalling difficulty" of the situation to which, not the doctors but, Woolf is speaking. It also connects Mrs. Dalloway's consciousness, her stream of thought, to Septimus' former, now deceased but still consequent, one. She's not picking up his exact line of thought but she is taking some strand, or fiber, of it and adding meaning to it.

Septimus, Rezia, and, finally, Clarissa Dalloway are strands on the same wavelength of consciousness, which suggests a kind of unity in the novel, despite its fragmented style. It also suggests a sharing of identity, and, therefore, (if there is illness) of illness. Woolf's layering of consciousness, in this moment, allows important things to happen. Jane Novak says of Clarissa and Septimus that "although without visible connection" they "'come nearer and nearer'" (113). The focus of her book is on balance, but such an observation supports my assertion that Septimus, though fragmented and isolated, is part of a larger consciousness in which he is least of all an outcast. This stands in contrast with Woolf's narrative treatment of Drs. Holmes and Bradshaw, who are the social elite by rank but who she castigates narratively. The problematic aspect of "the final effect," which Novak describes as "at the party at which Clarissa, through her relationship with Septimus at the height of her own vitality, absorbs the experience of his death into the fullness of her understanding of life" (Novak 113), is that Septimus does die. He, by his death, is cast off, and only through Clarissa's dislike of Sir William Bradshaw is honored. Here, Woolf acknowledges the weaknesses of her own work and the irreparable dimensions of a history of prejudice, cognitive normativity policing, and oppression.

Aside from bringing some validation to Septimus' position and encouraging readers to think more deeply about what Woolf is saying through him, the layering of consciousness that induces solidarity between Clarissa and Septimus creates the opposite: a considerable rift, between the doctors and that the solidarity of consciousness that is set up by the novel. It's important to think about where and when Woolf unites and where and when she divides. In this instance, division and unity happen simultaneously. Clarissa ends the tangent of her thoughts with a conclusion; she chooses division from Sir William, and this reframes her former statements about Septimus. As Hermione Lee points out in her introduction to Woolf's short essay, "On Being Ill," she (Woolf) tends to shy away from writing explicitly about herself, instead often choosing "we," "one," and "us" over the "tyrannical 'I'" (xxxiv).

There is a momentary camaraderie that undermines the authority of the physician and aligns not only *Mrs. Dalloway* but Virginia Woolf with the stereotypic victim (Septimus) and the comrade who wears the normative mask and who is revealed to us as the figure of misery (Mrs. Dalloway). The "psychic tendencies" that Septimus and Clarissa share, as Pamela Transue notes in *Virginia Woolf and the Politics of Style*, might reflect "some of Woolf's own strategies for psychic survival" (102). What's more, though, is not the way they lead us into Woolf's psyche; far more promising is the way they point us toward a better understanding of a current system that is in operation. That is where new meaning is to be made. While the methods of the sexist and social-norm-based treatments have changed, and forced bed rest is a treatment option saved for only those who are determined, by professionals, to be hazards to themselves (Marecek and Hare-Mustin 522); the medical and psychological industries still stand in the position of

financial power. They are the elite. They decide. They decide whether a client is capable of making decisions on her behalf (for instance, suicide) and they decide on the forms of treatment that the client receives. Given this, and the echoes of the dynamic that are exposed by *Mrs. Dalloway*, it is important that we continue to look back. Doing so allows us to renew our awareness of the intricate connections that exist in consciousness, between interacting consciousnesses and between consciousness and societal structures. Woolf's work gives us a new, rightly complicated, way of looking forward— one that may not be as efficient, but is worth the extra time and attention.

Another way that Woolf gives us information that is relevant to our current system is by externalizing the treated mind. The fragmentation of consciousness that Woolf orchestrates in the novel challenges the very notion of temporality. Though Woolf adheres to the exploitation of the disabled character as a contrived, political and loaded plot device in some respects when it comes to her depiction; in others, she destabilizes the framework from within. She also begins to take on the mind/body divide. In her essay "On Being Ill," Woolf philosophizes an interactive-but-fragmented mind-body divide, which takes on some of the qualities of the prevailing patriarchal systems of marriage and medicine in which she and her illness were, to a fair degree, fixed. She describes a conflicted affliction of illness as "those great wars which the body wages with the mind a slave to it, in the solitude of the bedroom against the assault of fever or the oncome of melancholia, are neglected" (5). In addition to describing a purely physical or psychical state, she's also referring metaphorically to literature's neglect of the body. She complains that while "people always write of the doings of the mind," the "daily drama of the body" remains unrecorded ("On Being Ill" 5). This she challenges in her fiction by

treating the body as the communicator of the mind— blurring the lines between mind and body, and almost rendering them, at times, reciprocal and kaleidoscopic. Septimus' "hallucinations" are of the mind, yet they are made physical through Woolf's writing process. The physicalization of the internal experience is the way through which the internal experience is communicated with the outside world.

Internal experience shapes social relating for Septimus and other characters across the novel, with the exception of Holmes, whose experience for the most part is left out and replaced with others' perceptions of him. Feeling is the subject of Septmius' dilemma: in Italy, after his comrade Evans was killed, Septimus "became engaged [to Lucrezia] one evening when the panic was on him— that he could not feel" (*Mrs. Dalloway* 242). The panic is on him (or the attached arrival of peace in Milan) rather than in him; it is outside of him, perhaps perceivable by others. Though he cannot feel it, he is aware of it. It follows that "now that it was all over, truce signed, and the dead buried, he had…these sudden thunderclaps of fear" (242). The recollection of an inability to feel, one described in terms of panic, are closely followed by "thunderclaps of fear." Whereas in some instances fear might be attributed to emotion, Woolf separates them: Septimus' fear (or panic) happens in relation to an inability to feel, implying that the relationship is not causal. Causality and the directional nature of the relationship are never clarified. The difficulty of the concept she sets forth, even the impossibility of it, encourages further consideration. The problem of difficulty itself is what Woolf urges us to face.

If Septimus, as "the sufferer" and the "ill," experiences illness without feeling or illness as a lack of feeling, what then is illness? Is illness merely paradoxical? We cannot say for sure whether or not Septimus is ill, unless we play the part of physician, which

Woolf never encourages us to do. We know illness, not so much through Septimus, as through Septimus' treatment by physicians. This, collectively, supports Davis Morris' assertion, in "Un-forgetting Asclepius: An Erotics of Illness," that Susan Sontag's idea of "illness as metaphor (or as "another country") is a simplified version of Woolf's complicated trope (427). We are told Septimus cannot feel, yet it is not a believable assertion. Confounding that is Woolf's acknowledgment in "On Being Ill" that "with the hook of life still in us we must wriggle. We cannot stiffen peaceably into glassy mounds. Even the recumbent spring up at the mere imagination of frost" (17). What Woolf is calling feeling, on the surface of the character, is a mask for something else that is missing: in Septimus is it interpersonal intimacy.

Septimus is isolated in his thoughts and feelings; it is not that feeling does not exist for him. Panic, in fact, is a feeling, so the claim of an inability to feel, while that may in fact be Septimus' authentic perception, is untrue. It is not a revelation, no. Woolf knows this and says it anyway because she is urging us to question the nature of illness itself, in metaphorical terms, so that we will turn our attention to the social politics of illness: the hierarchy, the patriarchy, all of the governing factors that render the practice of medicine impersonal, isolating, and outcasting. Woolf relays another moment of "illness" in which, for Septimus, "there were moments of waking in the early morning. The bed was falling; he was falling. Oh for the scissors and the lamplight and the buckram shapes" (*Mrs. Dalloway* 242). In this instance, Septimus physically experiences waking as a result of perceiving the bed as falling. A hallucination, presumably. These "symptoms," which from a clinical perspective are relatable to PTSD are, in the novel, a

way of developing a state of contradiction that is physicalized and psychologized in Septimus' body.

Woolf does not "code" the body, and so she frustrates what Lennard Davis describes as the constructed "coding of body parts and the importance attached to their selective function or dysfunction" as part of a "larger system of signs and meanings in society" (131). Such composed categories are deliberately avoided by Woolf. The avoidance performs a literary disruption of "the visual, auditory, or perceptual field as it relates to the power of the gaze" (Davis 129). The disruption in emotional perception that she acknowledges serves to remind readers of the disruption in their perceptual fields that she is performing. Each of those fields (visual, auditory, perception) named by Davis Woolf disengages from the categorical, cultural "act of splitting." She reinforces what he says of the "residue of [Freud's] Spaltung" on "our inner life, personal and collective, to produce monsters and evil stepmothers" (129). Septimus' perception of "thunderclaps of fear" characterizes the body's internal response to something fearful to which Woolf speaks. Panic is a mirror shining outward and showing readers the faulty categorical lens through which they are being urged, at a societal level, to use in navigating the world around and in them.

At a metaphorical level, fear, which is thunderous and has no origin but moves the body and mind into a state of emotional panic, might be a necessary reaction to those forces beyond the self that shape the self-image, such as the forces in society that call for value to be "attributed to body parts"— those "gradations of value" that are "socially determined" (Davis 131). Invariably at a more complicated level, Woolf calls for our recognition that "the divisions whole/incomplete, able/disabled neatly cover up the

frightening writing on the wall that reminds the hallucinated whole being that its wholeness is in fact a hallucination, a developmental fiction" (Davis 190). Woolf's self-reflexive false denial demonstrates Stanley Fish's point that cognition is "'limited by [the] institutions in which we are already embedded'" (qtd. in Zunshine 275).

Lisa Zunshine, in "Theory of Mind and Experimental Representations of Fictional Consciousness," argues that *Mrs. Dalloway* forces us to "process a string of fifth- and sixth-level intentionalities" and that she "introduces such embedded intentionalities through descriptions of body language" (281). She also notes that the physical actions of reference lack "immediate emotional content" (Zunshine 281). While exploring the levels is not pertinent here, it is helpful to consider this observation about intentionality and lack of affect. The idea of levels-of-intentionality, in particular, captures the difficulty of Woolf's work; we are forced to consider various simultaneously arising interpretive possibilities (or levels), and in doing must contend with issues of layered meaning and potentiality.

In this instance with Septimus, we are positioned to examine and question the complex statement about his ability to feel. Panic is a physiological response to a perceived threat. Septimus, who purportedly cannot feel (something), feels the shockwaves of fear. His illness, related to his war experience, allows him to feel in connection with that experience (with his comrade, Evans) but to disengage from connection with his wife, Rezia. This contradiction, and the fact that it is too ambiguous to label with any assurance, suggests that it is an attempt made by Woolf to displace "the linguistic and conceptual systems that guide us through health…leaving behind an uncannily alien figure" (Morris 427). The alien is the body, what Woolf calls "this

monster." It is a thing that assumes what a society obsessed with labels and diagnoses can withstand least: ambiguity. David Morris argues that Woolf's move to defamiliarize the body in a mystifying, rather than demystifying, effort is indicative of Woolf's conclusion. The conclusion he cites is that "illness for Woolf is inescapably bodily: a flesh-centered state of being in which the mind cannot maintain its normal dominance…a defamiliarized space where the consoling half-truths of ordinary life reveal their inadequacy, like language run dry (Morris 427). This is a political phenomenon, but one that never gets fleshed out in her essay "On Being Ill." Her novels provide more comprehensive indications and forms of guidance about what she calls "this monster, the body, this miracle, its pain" that "will soon make us taper into mysticism, or rise, with rapid beats of the wings, into the raptures of transcendentalism" (6).

We are brought back into this theme of feeling, after the recollection of the recurring thunderclaps of fear, when Woolf's narrator declares, again, "He could not feel" (*Mrs. Dalloway* 242). The repetition, its emphasis, acts as an undercurrent of thought through which we are led to read all of Septimus' memories, internal dialogues, and interactions. The repetitive quality does not necessarily solidify our trust in it; it reminds us, contrarily, to continuously reconsider it: its placement, its validity, and its role in the larger project of the novel. We are called by Woolf to consider relationality: the ways in which characters relate, the ways in which consciousnesses relate, and the ways in which consciousness relates to language. In "Narrativizing Characters in *Mrs. Dalloway*, Annalee Edmondson conveys Woolf's "construction of complex intersubjectivities" as a "tunnelling process," which Woolf, she says, laid out in her short story "An Unwritten Novel" (22). Her "'tunnelling process' is to foreground the deeply

intersubjective nature of her characters' minds—the ways in which they are continually interpreting each others' behaviors and casually attributing thoughts, beliefs, and desires to each other" (Edmondson 22). This, Edmondson says, causes Septimus (as well as Mrs. Dalloway) to be seen from the outside.

The contradiction within Septimus between feeling and apathy is a cogent example of a cave of intersubjectivity that commands explorative attention because of the way it urges us to look in different ways at cognition and relationality. Contradictory fracture in Septimus is not a singular experience; it is revealed in other pockets of intersubjectivity throughout the novel. Unique in Septimus' case is that intersubjectivity happens within him in a way that isolates him to the point of suicide. Other characters experience the trials of intersubjectivity and isolation, but Septimus dies.

Holmes and Bradshaw, as Septimus' physicians, are set on denying his psychosocial experience. At the same time, they deny the existence of intersubjectivity. Metaphorically, they serve as social executors charged with enforcing normalcy. Though the two do not address or attempt to deny Septimus' inner intersubjectivity, they belittle, deny, and disturb forms of intersubjectivity that he might form with the world around him. More pointedly, the ambiguous intersubjectivity of Septimus performs "a resistance that is highly political in the sense that it expressed the social creation and imposition of identity on a consciousness that is fluid" (Delgado García 16). Septimus' frustration and frustrating situation in which he is said to be devoid of feeling but placed in a state of panic emphasizes the futility of categorizing identity in the midst of a sweeping and intersubjective consciousness.

Feeling, to which Septimus earlier denies self-access, is revealed through and in him again, albeit nontraditionally, when Rezia interrupts his vision of Evans to show him the work she had done on a hat. The moment of intersubjectivity between the two is captured when "as she sat there, waiting, looking down, he could feel her mind, like a bird, falling from branch to branch, always alighting, quite rightly; he could follow her mind…and, if he should say anything, at once she smiled, like a bird alighting with all its claws firm upon the bough" (*Mrs. Dalloway* 297). There is an acknowledgement that he-who-cannot-"feel" does, in this small moment, feel. But what he describes is largely observatory. What he feels is Rezia's disembodied mind, a metaphorical bird alighting from branch to bough. His "feeling" is his metaphorical transformation of one subject (Rezia) to an object of the subject (Rezia's mind) to another object (the metaphorically free traveler), one that is mobile and might be a subject. Septimus physicalizes the mind in order to describe it as mobile. It is also notable that in describing feeling, he singles out the mind of Rezia and loses awareness of and interest in the rest of her. He can trace and follow the body of the traveling mind on its gentle path, but it is a silent, non-speaking traveler.

Woolf's summation of the mind, through this metaphor, frames the mind as mobile in its non-verbal communication. This is the communication that Septimus can feel, and so it is with the disembodied mind that he communicates and, again, interacts with an inner intersubjectivity. The visibility of the mind, and of Woolf's mind, is what Emily Dalgarno, in *Virginia Woolf in the Visible World*, says proceeds and diverges with "the writable" (I). Septimus, unable to or uninterested in speaking to Rezia, is interested in following the metaphorical and mobile path of her mind. With this, Woolf takes us to a

new place of conceptualizing communication, connection and consciousness: through the written, the metaphorical, the disembodied, the mind: all intersubjectivities made visible through writing. Are these valid forms of communication, the metaphor seems to ask. The metaphorical question receives its answer; the asker (the narrator of Septimus' vision) is cut off by the answer society holds. Alighting is interrupted when Septimus remembers what Bradshaw said— that "the people we are most fond of are not good for us when we are ill. Bradshaw said, he must be taught to rest. Bradshaw said they must be separated" (*Mrs. Dalloway* 297). Bradshaw's diagnostic words interrupt the flow of Septimus' intersubjective connection. Disruption, and the specific message in the disruption, is the unsatisfactory socially normative answer to the question of consciousness and connection that Woolf challenges. The disruption lends emphasis to the "kind of power that she attributes [elsewhere] to Septimus Smith, to see beyond the horizon of ordinary perception into a larger world that is only partly available to verbal representation" (Dalgarno I).

Woolf's model of a more mystical, questioning perception, one which seeks connection through that mystical optic, stands in contrast with the dogmatic and separatist answering perception, whose quest is to conquer by division and by virtue of socially-ordained authority. Like inside the asylum (or the Retreat) during the latter part of the 18th century, "the doctor took pride of place, since it was he who transformed the space into a medical institution" (Foucault 504). Though in the home and during a visitation, this structure, which was alive in Woolf's life and is alive in her work, defined the relational and political landscape of the practice of medicine. Not yet a science, the practice of medicine reflected the patriarchal system with which the practice of medicine

eventually became enmeshed. As Foucault reminds us, "the intervention of a doctor was not done on the basis of some skill or medical power as such that he alone possessed…It was not as a scientist that *homo medicus* gained authority in the asylum, but as a wise man" (Foucault 504). It is as a "wise man" that Bradshaw treats Septimus. Given that it is instructive, fatherly wisdom that he imparts, this patriarchal brand of wisdom is what irks Septimus. Bradshaw, with the social authority to control the body of his patient, dismisses the very subject of interest (the mind) and offers to the body, instead, treatment that is impersonal in origin (for he does not know Septimus nor does he seek to know him) and impersonal in composition.

The impersonality and isolation of the treatment recommended by Bradshaw is similar to treatments ordered by Dr. S. Weir Mitchell, the American doctor who treated Edith Wharton, Charlotte Perkins Gilman, and Jane Addams for neurasthenia (defined as a range of mood disorder symptoms thought to be caused by culturally-induced nerve disruptions). The treatment usually involved forced bed rest, sensory deprivation, social isolation (from adults, in particular), and an extreme nutritional regimen of "constant heavy feeding" (Marecek and Hare-Mustin 522). Woolf, herself no stranger to such a regimen, "was raised in an environment in which current psychological, as well as philosophical, ideas were being discussed" (Johnson 145). Her firsthand experiences paired with her deep awareness of emerging ideas in psychology set her on the course in *Mrs. Dalloway* for initiating a complicated and difficult agenda against the social system. Many elements of this agenda seem to anticipate our current medical system, rendering our work unfinished and her work relevant to its progress.

Woolf made her agenda clear: "I want to criticism the social system," she wrote in *A Writer's Diary: Being Extracts from the Diary of Virginia Woolf*, "and to show it at work, at its most intense" (qtd. in Zwerdling 69). Knowing this is not necessary for identifying the relevance of or utilizing the social critique; it does, however, signal the reader to be on alert for the political function of the narrative. In *Mrs. Dalloway*, we are presented with Holmes' and Bradshaw's social treatment of isolation; apart from the treatment of isolation, the diagnoses themselves enact a similar treatment: in the earlier moment, they dissever Septimus' attention to Rezia's mind, a moment of intersubjective cognitive intimacy that society, like Bradshaw and Holmes, would be inclined to read as odd. Unlike what Tobin Siebers' says of feminist philosophers: that they "have long argued that all knowledge is situated, that it adheres in social locations" (288), Woolf makes her social critique by destabilizing the linguistic ground upon in which knowledge is thought to be situated.

When Woolf renders in certain moments the experience of "mental illness" a way to make a narrative case, which can be accessed, treated, and used as social treatment, against inhumane or oppressive practices; she both reveals the impressive social implications of illness' stigmatic web and challenges a larger scheme of the enforcement of cognitive normalcy. If we choose to see the state of consciousness in Septimus as a cognitive difference that renders him cognitively abnormal, rather than placing him strictly within the framework of mental illness, it becomes much easier to see the ways in which *Mrs. Dalloway* reinforces Lennard Davis' description of disability as a "disruption in the visual, auditory, or perceptual field as it relates to the power of the gaze," wherein the disruption, as a rebellion of the visual, "must be regulated, rationalized, contained"

(Davis 129). Woolf is using the formula for addressing abnormality that is present in her culture, so she never totally gets out from beneath it. She does, however, through complicating devices and deliberate ambiguity, as well as with pointed critiques, employ a stare that disrupts the power of the gaze enough to be relevant.

Through embedded aesthetic descriptions of the cognitive state in visual, auditory, and perceptual terms that, on a metaphorical level, respond to the gaze, Woolf rebels against the policing of the mind and body by confusing voices, and therefore authority. In addition, she attacks the patriarchal structures responsible for mental illness' definition. In doing so, and in dispersing the wholeness of the gaze, she makes it apparent that consciousness is a metaphorical collective body of political import, as well as a part of an actual physical body, and that a text can bring about change outside of that text. The struggle of trying to work against the enforcement of normalcy while still, in other regards, enforcing it comes through in the prose's reflection of the internal confliction of most central, but even peripheral, characters.

Those not depicted as being in some kind of state of contradiction or inner conflict over something, and there seem only to be two, are those presiding in positions of authority: Holmes and Bradshaw. These one-dimensional characters, carriers of conventional treatment and wisdom, are obvious villains. They possess sureness and, Woolf lets us know, are not to be trusted. In that sense, sureness itself is a form of patriarchal authority that is not to be trusted. Rosemarie Garland Thomson makes the inarguable point that disabled bodies undermine authority and are perceived as "dangerous" because they are seen as being "out of control" (37). The rebelliousness of the disabled body to the social forces that seek to police it pose a threat to the underlying

patriarchal structure. In Garland Thomson's words: "The uncontrolled body does not perform typically quotidian functions required by the elaborately structured codes of acceptable social behavior" (37). Woolf stages an imperfect rebellion, while still lodged under some part of the foot of the patriarchal code.

Foremost, she makes these issues obvious. Illness, Woolf asserts, is transgression; the integral matter is that the novel never carves out a definitive cause-and-effect relationship. Woolf thwarts essentialism in diagnostic practices as well as reader interpretation. An example of this is the plummeting into the lowest depths of the system that happened to Mrs. Bradshaw, who "fifteen years ago had gone under" (*Mrs. Dalloway* 254). Woolf writes of it that "it was nothing you could put your finger on; there had been no scene, no snap; only the slow sinking, water-logged, of her will into his" (254-255). It is no coincidence that, preceding Mrs. Dalloway's party, Woolf relays the rising pressures of the social event run by Mrs. Bradshaw on behalf of Sir William, in which she served the guests of his professional classes. The "dinner in Harley Street" offers a pivotal snapshot of the "grey room." There:

> they learnt the extent of their transgressions, huddled up in armchairs, they watched him go through, for their benefit, a curious exercise with the arms, which he shot out…to prove (if the patient was obstinate) that Sir William was master of his own actions which the patient was not. There some weakly broke down; sobbed, submitted; others, inspired by Heaven knows what intemperate madness, called Sir William to his face a damnable humbug; questioned, even more impiously, life itself. Why live? they demanded. Sir William replied that life was good…to us, they protested, life has given no such bounty. He acquiesced. They

> lacked a sense of proportion…There were, moreover, family affection; honour; courage; and a brilliant career…Naked, defenceless, the exhausted, the friendless received the impress of Sir William's will. He swooped; he devoured. He shut people up. It was this combination of decision and humanity that endeared Sir William so greatly to the relations of his victims. (256)

Sir William is charged by his position and by his belief in it with controlling the rebellious bodies of those in attendance. Dominance and submission are laid out: the submissive patients give in to his authority (his "will," or force); he perseveres with authority on his side until he achieves control. Woolf describes this in belittling terms, emphasizing the misogynistic imbalance in power and her critique of it. She even goes so far as to refer to the group as "victims." This makes her purpose evident. Sir William achieves his goal, dominating his patients, but Woolf achieves her goal of exposing the indecency and cruelty of it, not undermining the reality of it or the form from which it stems but undermining the authority of it over the narrative. In life and society, that narrative carries little import. In the narrative, it is the other way around. Here, Woolf initiates, in a mild but also radical way, the process of "imagining anomaly…as agents capable of reconstituting cultural discourses" (Garland Thomson 38). She does not go far enough so as to increase "the possibility of interpreting…disability not as discomforting abnormalities or intolerable ambiguities, but rather as the entitled bearers of a fresh view of reality" (38), but she does render normality more discomforting and ambiguity more tolerable (read: intelligible).

Through discernable and indiscernible manifestations, and consistently through the narrative ambiguity, Woolf shows that consciousness can be externalized through the

unifying fragmentation of the metaphor of illness— showing, too, that mental illness can be considered within the conceptual framework of disability. When used in collaboration with disability theory, Woolf's novel(s) can participate in an interdisciplinary activism that transcends her ambiguous and imperfect history with the subject, rhetoric, social system, and politics of "mental illness."

A reader might be inclined to weed Septimus Warren Smith out as a cognitive anomaly or to identify him as *Mrs. Dalloway*'s most obvious representation of mental illness, but there is more going on with this character that converses relevantly with discourses of the mind and body. To accept Woolf's construction of Septimus as a representation of mental illness in normative terms, however, would be dismissive of his complex and integrated presence, a presence that is both fragmented from and related to the novel's ambiguous sum of cognition.

Readers first encounter Septimus through the haze of rumor and mystery caused by a motor explosion and observed by Mrs. Dalloway, who had been startled by it. Septimus overhears Edgar Watkiss humorously comment on the reaction of the entire strip, from Bond to Oxford Street, to the arrival of a motor car carrying some unknown person of importance. Septimus, who finds his mobility impinged by the collective response of the crowd, is introduced, first physically and then, as a thoughtful observer with a narrow perspective. At the traffic standstill, which caused a pulse-like sound, "Septimus looked" and "Septimus thought…It is I who am blocking the way" (*Mrs. Dalloway* 176). Woolf builds up this moment by taking us into Septimus' consciousness and showing us his thoughts, without framing them and without judgment: "Was he not being looked at and pointed at; was he not weighted there, rooted to the pavement, for a

purpose? But for what purpose?" (*Mrs. Dalloway* 176). Though Septimus, himself, is focused inward in this moment, on the subject: himself, Woolf's narration of his self-centered moment directs both us, as readers, and Septimus, as a character, toward intersubjectivity.

By revealing his inner thoughts to us, she places them in a communal space, making them visual and auditory. This is only an initiative example and Septimus is only one fragmented part of the culmination of consciousness that makes up the novel, but it is important to note this moment as we are introduced to Septimus, just as we are introduced to Mrs. Dalloway, through an entry into his private thought. It points to Woolf's larger project, inherent here and in much of her work, which is to make public the parts of the body that may not always but certainly can remain private. Septimus is a public spectacle when he is made one by his physician, but Woolf does not introduce him through the perspective or the vocalization of the physician; she, instead, introduces him by virtue or lack thereof of his own thought.

Woolf's style is not the only thing that should be emphasized here; the thought itself is significant. Septimus, in a defensive manner, questions rhetorically the stigma that surrounds him. That stigma is revealed by his defensive questioning. The stigma's manifestation is the gaze. Woolf, through Septimus' reactionary thought, performs what Lennard Davis calls a "disruption in the visual, auditory, or perceptual field as it relates to the power of the gaze" (129). "Being pointed at and looked at" is Woolf's responsive stare to the gaze of normalcy; she allows Septimus to respond inwardly and expresses outwardly her one-sided political act of calling out. In this particular moment, Septimus and his cognitive disability (the externalized manifestation of an otherwise, perhaps,

invisible but chronic cognitive ailment) does not fulfill Mitchell and Snyder's criteria as a "stock feature of characterization" or an "opportunistic metaphorical device." The text seems to respond to narrative prosthesis by fragmenting its foundation. Whereas according to narrative prosthesis, "disability lends a distinctive idiosyncrasy to any character that differentiates the character from the anonymous background of the 'norm" (47), Woolf's narrative treatment dismantles the juxtapositioning quality of narrative prosthesis by fragmenting the interrelation of consciousness and blurring distinctions between idiosyncrasy and the anonymity of the norm.

Septimus' thoughts reveal him as the object of normativity's gaze. He believes that he is "blocking the way" of the crowd. By self-identifying as a blockade against the crowd, or norm, Septimus separates himself from it and identifies himself as what stands in it way. The spatial metaphor not so simple, however. Woolf has Septimus speak back to this separation, not bearing the burden of having to repair the broken relationship but assuming some agency, not from within it but outside of it. It is the thoughts that reflect back his stigmatized social role that are externalized and articulated by Woolf. He looks at himself through normativity's eyes but does not alter his behavior or kowtow to it. Septimus' internal state is described in external terms: he describes himself as being rooted to the pavement, and this is stated as being in conjunction with the judgment of others (i.e., being "looked at" and "pointed at"). At this moment --in the conjoining of an external ridicule that the inner consciousness recognizes and names in external terms-- and in the moments that precede and follow it, Woolf brings the noncompliant, ailed mind into the framework of disability. She renders it, not physical, but through her metaphors and prose style, visible and capable of reaction.

In its representation of Septimus as a singular but inextricable aspect of non-conforming cognition, *Mrs. Dalloway* performs the act of aestheticizing disease in such a way that challenges our notions of representation as they relates to the inner condition. It is not so much a reality of a disease that is represented aesthetically, and certainly cannot be said to point at truth in any moralistic sense; it is, rather, a representation in which the aesthetic renders questionable the reality of disease and more palpable the fantasy of a cognitive unity that embraces fragmentation. Susan Sontag, in "Illness as Metaphor," proposes that "illnesses have always been used as metaphors to enliven charges that a society was corrupt or unjust" (72). Septimus embodies mental illness while at the same time, as one part of a larger pattern of consciousness, Woolf's construction of him treats his social treatment critically— as an ailment of normativity that is just as, or more, provocative than the illness-called-into-question. Representation becomes a place for a social critique that renders nearly indistinguishable the mind and body, particularly when it comes to their relationship with stigma.

Woolf blurs the lines similarly in dealing with issues of similarity and difference, assimilation and divergence, between Rezia and Septimus, wife and husband. She does this by revealing the challenges and complexity of relationships that form in a patriarchal system and by raising the issue of the intricacy in the relationship between unity and separateness. Describing Septimus' intake of Rezia's sensory data, in one instance, we are informed that "Septimus heard her…with a roughness in her voice like a grasshopper's which rasped his spine deliciously and sent running up into his brainwaves of sound which, concussing, broke" (*Mrs. Dalloway* 182). Woolf describes neurosensory processing in an ambiguous way that focuses the moment of perception without defining

it. The simile of the voice traveling like a grasshopper emphasizes the focus of Septimus' processing of the voice within the compact but mobile body. The grasshopper captures the quality of his processing and the quickness of transfer between the speaker's body, the air, his ear, his spine and, finally, his brainwaves. The process of hearing her is both disembodied and embodied: its auditory roughness propels into and rapidly through him only to break at the point of "concussing," or reaching the surface of consciousness.

Woolf's use of "broke" is ambiguous; we might understand it as meaning an arrival of consciousness or a departure from connection. Rezia's sound broke in him after traversing his consciousness. The image seems highly intimate yet at the same time crushing. The description of sensory processing as an insect of transfer points to questions of pain and pleasure, as well as to questions pertaining to pain, in general. Rosemarie Garland Thomson, in articulating the cultural role of disability in *Extraordinary Bodies*, identifies the sociopolitical import of visible and invisible pain. "Disability," she writes "…can be painful, comfortable, familiar, alienating, bonding, isolating, disturbing, endearing, challenging, infuriating, or ordinary" (14). All of the states of disability that she lists are internal— perceived emotional classifications that call upon or are created linguistically by an awareness of sensation and translated through thought. Opposing emotional states are encompassed in their relationship: disability can be both alienating and bonding, at times separately and sometimes simultaneously.

Even more compelling is what she writes of these contradictory inner experiences: that they are "embedded in the complexity of actual human relations" and are "always more than the disabled figure can signify" (Garland Thomson 14). Septimus' internal state captures the fragmented chaos of the qualities of disability described by

Garland Thomson. Woolf's construction of Septimus as part of the novel's milieu of consciousness makes the complexity of interrelating apparent. The brain wave that began in Rezia's mouth and traveled through Septimus is externalized. When it travels out of out of Septimus, it enters into the backdrop of the moment. At the moment of the milieu's revelation, Septimus-as-narrator seems less himself and more ambiguously universal when this happening is characterized as "a marvelous discovery indeed—that the human voice in certain atmospheric conditions (for one must be scientific, above all scientific) can quicken trees into life" (*Mrs. Dalloway* 182).

Not dismissing Woolf's notable use of parenthetical sarcasm, this passage draws our attention to the striking linguistic-cognitive style that Woolf uses to describe the thoughts of the character that is socially identified in the narrative (by doctors) as being mentally unwell. This "unwell" character, through Woolf's consistently ambiguous narration, employs the same linguistic-cognitive style employed by every other main character. Woolf's references to and interweaving of waves, sound, and voice —in addition to her style of momentum-building, abruptly cut-off ends to thoughts, and rapid, barely perceptible, shifts into thoughts by new thinkers— are stylistic choices that she uses throughout the novel. They are not unique or limited to Septimus, nor is Septimus set up as an outlier in contrast with an average cast of characters and their linguistic style patterns. He is his own person with a distinct role in the plot but his thought and linguistic patterns render him, via the text, part of the socially defiant narrative norm. He is not set up according to a tangible norm outside of the novel nor in accordance with a norm of reference that comes through in his treatment by Dr. Holmes and Sir William. Woolf offers the juxtaposition of their treatment styles, connecting those styles with the level of

power possessed by each. Not only does Woolf offer a political commentary about power but she also makes a political narrative move that encourages readers to consider and be part of Septimus' cognitive reactions to questionable positions of power and styles of treatment.

Power in Holmes and Sir William comes across in their linguistic styles and regiments, but most prominently in Septimus' linguistic framing of them. This is evident and is repeated throughout the novel. Consider when Septimus repeats to himself, "Once you fall…human nature is on you. Holmes and Bradshaw are on you. They scour the desert. They fly screaming into the wilderness. The rack and thumbscrew are applied. Human nature is remorseless" (*Mrs. Dalloway* 252). Septimus' reference to his nature pushes against his physician's attempts to "fingerprint" his psychic identity. This corporeal logic that informs his treatment enters and tries to hold Septimus into what Davis characterizes as an "identical relationship with the body" wherein "the body forms the identity" and "the identity is unchangeable and indelible as one's place on a normal learning curve" (31). While style remains tethered to a wavering pattern, the narrative voice, or collective character, is one that is deeply variable and would have an unusual effect on a graph, if it were possible to enter linguistic styles and cognitive dissonances as data on a statistical chart.

Woolf's employment of a model of sameness and variability that is not based in an ideology of proportion challenges the normality/abnormality binary. In her mind, Rezia, at times, expresses a terrible frustration with Septimus' manner in the world. In one instance, delving into a state of self-proclaimed loneliness and isolation, she posits internally through Woolf's narration, "Dr. Holmes might say there was nothing the

matter. Far rather would she that he were dead. She could not sit beside him when he stared so and did not see her and made everything terrible…It was she who suffered—but she had nobody to tell" (*Mrs. Dalloway* 183). Woolf complicates the notion of suffering so much that she renders it subversion against any kind of normative system to which one might speak. Rezia is in torment in relation to Septimus' suffering, having no social outlet for her own suffering because of her role as a wife and having no support system outside of a doctor that denies there is anything there (i.e., in the mind). This denial (that there is anything there) is complicated, too. The illocatability of psychic suffering and its difficult-to-characterize linguistic expression is perhaps Virginia Woolf's most relevant contribution to present day resistances in the humanities against the prescriptiveness of the social sciences. On the one hand, it suggests that there is no difference— all suffering is suffering, and this is manifest in her employment of a stylistics of connection. On the other hand, the complexities of the suffering endured across the narrative consciousnesses of the novel are adequately nuanced and individual.

Consider further the important-but-usually-strained relationship between Septimus and Rezia. Late in *Mrs. Dalloway*, in contrast with her earlier detachment from Septimus, Rezia experiences peace and closeness with him, expressing after his suicide, that "it was not their idea of tragedy…for she was with him" (299). Their closeness in the face of diagnostic separation speaks to their similar nature (as human beings connected to one another by a common understanding and empathy despite differences) and is set against the insertion of Sir William Bradshaw's propagandizing treatment of "divine proportion." It is no coincidence that the critical building up of Sir William's rhetoric of proportion is followed by the suicide of Septimus, a critical climax in the novel and a

profound moment of character intimacy and collective agency. The act of suicide, of Septimus' ability to set himself free of the treatment of physicians, is the act that allows him for a moment to be able to cross the communicative divide between he and his wife. His social transgression is done in concert with his wife, with her psychic support. This peace - shared understanding and cognitive connection - suggests that there is intersubjective validity in his escape.

Woolf narrates a unique and direct critique of Sir William, who metaphorically stands at the forefront, or top, of hierarchical English society when she writes that "worshipping proportion, Sir William not only prospered himself but made England prosper, secluded her lunatics, forbade childbirth, penalized despair, made it impossible for the unfit to propagate their views until they, too, shared his sense of proportion" (*Mrs. Dalloway* 254). Woolf, here, contextualizes and authenticates Septimus as a character, his opinions and his linguistic style. She does not standardize it, but, instead, simply validates it by painting love and connection into his last moments and contrasting those with a scathing narrative critique of society. This allows Woolf to narratively take a political stand and translate for the "average" reader Septimus' statements about the remorselessness of humanity

Mrs. Dalloway disturbs the proliferation of normative ideologies because, as Lennard Davis puts it, she destabilizes and reconstructs completely "the typicality of the central character," by making that central character collective, as well as by "normalizing devices of plot to bring deviant characters back into the norms of society," and "normalizing (the) code of endings" (49). Where the "nineteenth- and twentieth-century novel promulgates and disburses notions of normalcy and by extension makes of physical

differences ideological differences" (Davis 49), Woolf brings psychic differences back into the center of the novel, promulgating and disbursing a queer psychology that resists a normative ideology. The socially pervasive ideology of proportion, indoctrinated and spread by Sir William, is called into question in Woolf's content while her style offers a new way of conceptualizing the mind outside of the norm of proportion. She constructs the mind as a wide range of forms of psychic mobility that, when considered universally, takes on a shape of its own: a metaphysical shape, the shape of thought. Woolf sends the message that despite differences in circumstance and in social treatment by those in power in the novel, Septimus is an insider, not significantly different than his narrative counterparts.

It's as if they are all part of one larger alternate consciousness. *Mrs. Dalloway*'s steady momentum, along with its blurriness in character and style, transforms narrative and social convention. This is suggestive of the ability of fiction, or narrative, to challenge and advance operating social ideologies that harm. If Woolf's fictions enact a form of narrative rebellion against normalcy that theorists, like Lennard Davis, speak of in theoretical terms, fiction and other forms of creative art can be seen and consciously pursued as collaborative-and-necessary places of political, theoretical, and social import and mobility. Woolf's literary model is an instructive, albeit sometimes impersonal, model of the reconceptualization of post-modern normalcy, one that opens up a new space for discussing the relevance of cognition to disability studies. The mind, still, is the "property" of psychology, but it would benefit tremendously from inclusion by disability theorists and, likewise, would benefit from moving outside of a purely scientific context in order to receive the cooperative attention of scholars and theorists alike.

CHAPTER IV

MOTHER OF MAD THEORY:

A PERSONAL-POLITICAL OVERVIEW AND STATEMENT OF IMPLICATION

Although *Mrs. Dalloway* is not an autobiography, the novel captures the liminal space that Woolf had to occupy to write it and challenges us to learn from the its embrace of that liminal position. Her treatment of consciousness informs both fictional and autobiographical 21st Century treatments of cognitive difference; they, more than Woolf herself, urge us to interrogate our own liminal positions and the social impositions and power structures that influence them. Life writing today offers us one means of transcending some of the weaknesses in Woolf's work: it may not be something she would have, in her time, advised, but it is a major part of what I hope this project will achieve.

The ways in which Woolf's novels speak intelligently to our current system and issues give credence to the use of narrative in the study of psychology and in the treatment of what we now, in part perhaps due to a lack of linguistic inventiveness, call "mental illness." They call us to question our adherence and obedience to the language of mental illness and the stigmatizing pathologization of abnormality, and, more, they ask us to consider narrative accounts as valid alternative but not oppositional responses to medical accounts— and as capable of surpassing them. The first step is accessing new and relevant meaning, which I set out to do in the previous chapters. From there, developing theory based on Woolf's writing, including her fiction, should follow. It is not about what Woolf would do; it is about what we can do with Woolf's work to further our

understanding of the roles that authority and stigma play in our current mental health system.

Disability theorist G Thomas Couser writes that with an increasing number of disabilities coming "out of the closet into the living room of life writing" marginalized groups of the 20th Century are using life writing as a "cultural manifestation of a human rights movement" (457). Furthermore, he says, in his essay "Disability, Life Narrative, and Representation" that "disability autobiography should be seen…not as spontaneous 'self expression' but as a response—indeed a retort—to the traditional misrepresentation of disability in Western culture generally" (Couser 457). Whether that writing is strictly autobiographical, fictional, or somewhere in between, the idea of writing as response rather than expression is key in contextualizing both the political impact of Woolf's novels and the goal of this project. As Couser points out, it is the "marked case" that calls for narration. Sometimes, he says, this is a burden for those who, because of it, are interrogated, interpreted, or invaded (458). The position of marginalization that is typical in life writing about disability, especially in the case of autobiography, can be an empowering one, however, because, as Couser states, "in disability autobiography particularly, disabled people counter their historical subjection by occupying the subject position" (458). It was from the very phenomenon described by Couser that this project was formed.

In an attempt to produce a piece of scholarship that undermines normative authority and that speaks back to the historical subjugation of Woolf and others who have been labeled "mentally ill," I have chosen to incorporate into this project the theoretical, literary/analytic, and personal. My decision to do so is part of the larger project that

Woolf's work has initiated, and I hope that my own narrative of marginality in this final chapter will perform rhetorically a power shift of its own. Woolf's embrace and use of liminality performs the kind of radicalization of discourse that I seek to emulate, now, in this chapter.

It is my assertion that Woolf's works are "haunted" and that our interpretations are shaped by the reputation of her mind. Given that it is commonly believed that Woolf suffered from some form or another of mental illness, this is not surprising. Thomas Szasz characterizes this little-questioned common assumption "that she suffered from a manic depressive psychosis" as a conviction that actually "forms an integral part of the vast Woolf literature and mythology" (2). Based on both Woolf's own account and others' accounts of her "illness," the folkloric social diagnosis of Woolf influences the way in which her works are read, analyzed and interpreted. If the lore aspect were not enough, the narrative content-and-structure itself pushes readers to think about cognition— and so, whether right or wrong, Woolf and "mental illness" are already indivisibly connected. We should think about Woolf's mind, but I propose that we do so in a way that challenges and transcends stigmatic haunting diagnoses. When we're reading Woolf, then, we're reading a de facto representation of Woolf's mind. To confound this already present phenomenon, Woolf's works often contend with the mind, or consciousness, in dialogic, metaphorical, and stylistic ways that both call into question the nature of "illness" and broaden its meaning.

To confront a narrative by Woolf is to confront a state of mind, but not necessarily a personified state of mind. In the case of *Mrs. Dalloway*, we're poised to contend with the mind and given an opportunity to confront the ills of domination and

stigma. Common assumptions and diagnoses made about the writer, herself, do not necessarily need to be abandoned but should be actively questioned and resisted in favor of a less historical and more daring and radical repurposing of the work itself in order to make radical additions to current social and medical practices. In order to arrive at that gateway destination, however, an examination that is as imaginative as it is critical of both Woolf's works --and the layers of critical conversations in which they are embedded culturally-- is necessary. It is a detached, political endeavor in some respects; in others, it is a highly personal endeavor.

The personal dimension of this project has much to do with its origins— for me, it began in a graduate-level course I took in Abnormal Psychology, in 2011, when I was preparing to apply to a graduate program in clinical psychology. For the final assignment in the course, we were asked to write a short case study and render a clinical diagnosis of a character in a film using the tools laid out for us in the textbook. In other words, we were asked to diagnose a character with a mental illness. We were given a list of films and film characters from which to choose, and I was very happy to see that one of my favorite films, *The Hours*, was on the list. Happy, yes, but concerned. The idea of playing the role of clinician and diagnosing a fictional Woolf seemed amiss at an instinctual level, but I was forced by nature of the assignment to try to disengage from my impressions in order to fit fictional Woolf into a set of categories (at that time Axis) based on the *Diagnostic and Statistical Manual of Mental Disorders*.

I could have chosen another movie, but that was not my preference; my curiosity over the way in which the film might address that very feeling and the conflict of the assignment led me onward in Woolf's direction. It ended up being one of the most

difficult papers I've had to write; the nature of the fictional assignment exposed me to weaknesses in actual diagnostic practices. Diagnosing *The Hours* disturbed my ability to diagnose, and thank goodness it did. I ended up writing a much-different kind of paper than what was laid out in the assignment. I managed to fulfill all of the requirements, but I did it in a very roundabout, unorthodox way. The end result was a hybrid work that was far more anti-diagnostic than it was diagnostic. It was partly a film analysis and character study of *The Hours*, partly a translation --made possible by the suspension of disbelief-- of a film into a narrative case study of client (character, representation of Woolf, or Woolf), partly a meta-analytic commentary and critique of the assignment, partly a clinical diagnosis, and partly an anti-diagnostic critique of diagnosis.

Ultimately, I critiqued the assignment, as politely as possible, and wrote about the diagnostic interference of the misogyny of fictional Woolf's clinicians and general environment. I contended repeatedly with the question of what I could do with such a complex assignment, given that the film seemed to speak directly *against* the practice I was being asked to engage in. To diagnose fictional Woolf felt like a kind of preposterous violence. Having to perpetuate that violence, while being highly aware of it and intellectually opposed to it, was, to say the least, an incredible learning experience. It clued me into the depersonalization that is inherent in the procedure of clinical labeling and the unique effects and the consequences that diagnostic depersonalization has on members of marginalized communities.

In writing the paper, I struggled as a lesbian and feminist writer, sensing the language of diagnosis as a patriarchal one. I experienced a great deal of self-loathing during the process, always wanting to diagnose the system of diagnosis and set Woolf

free of an institutional classification of her life and state of mind, fictional or otherwise. But even to set her free would be to assert some arbitrary sense of power over her. It was a strange position to be in. While we may not be diagnosing in a clinical sense when we read texts as scholars and researchers in the liberal arts and humanities, there are similarities between clinical diagnosis and the language and hermeneutic practices of interpretation as they apply to literature.

The result of writing the fictional diagnosis was that I had to become, or try on the role of, a sort of anti-clinician. I could not rectify my sense of dissatisfaction with the strictures of the assignment, and ended up writing a paper which included a deconstruction of the clinically oppressive masculinist, heteronormative world in which all of the characters in the film struggle. Like a character in the film *The Hours*, my paper took on a fragmented form of its own. The theme of fragmentation caught my attention, in particular; I thought about it in terms of the film, at first. Later, I began to explore it as a stylistic tool that Woolf uses to reframe consciousness for an audience inundated with the message that cognitive complexity, especially complexity in women, should be pathologized. The significance of my own difficulty, the process of diagnosing Woolf which deconstructed itself, and the constraints I personally experienced with assignment led me to incorporate autobiography into my diagnosis. I used my own marginalized position and queer critical perspective on the process of diagnosing Woolf to construct the anti-diagnosis.

Interestingly, I was living out, without knowing it, both the difficulties Woolf encountered and the barriers her work combated. What this shows is that narration on the margins truly does speak back to medical authority and that the use of autobiography by

clinicians is pertinent. I could not help but incorporate narrative into my diagnosis of Woolf, and it led me away from diagnosis itself. *Mrs. Dalloway* reemphasized and put into theoretical terms for me the liminal position I assumed in diagnosing Woolf as a marginalized writer and helped me to make meaning from that experience that counters the hegemonic medical narrative of the mind and strives for a more fluid and socially-aware treatment of it.

It was Woolf, through Michael Cunningham's novel and Stephen Daldry's filmic rendition of it, who transformed how I see the field of clinical psychology. She, first in filmic form and then in textual form, guided me away from institutional diagnostic language and binaristic models of the mind— toward a newer model, one we are just beginning to recognize and accept, of dealing with consciousness and cognitive difference. I credit her writing, and even her fictional image, with having a special power: that is, the transformation of the intellect. In a language all of her own, Woolf singlehandedly calls into question the validity of the very foundation of the language of diagnosis: of the authority that shapes language and determines its effects.

Ultimately, I decided to look to the "the real Woolf's" work to see if it, like *The Hours*, might enacts a resistance against misogynistic diagnosis in a way that could be used to challenge politically charged and authority-driven constructions of the mind today. Her work did not disappoint, on that account. I became passionately interested in the possibility that Woolf scholars might be able to use her fictional models as a way of exposing and critically responding to the divisionary clinical practices of labeling that exist today.

I recognize that it is not likely that many of those in the field of clinical psychology will consider seriously the contributions of fiction, especially of Woolf's work, to our current understanding of the mind anytime soon. Woolf, after all, did not claim to be theorizing consciousness and she was in no way trained formally in psychology; it would be the interpretive endeavor of Woolf scholars and of open minded scholars in psychology to theorize through and using Woolf's fiction. Essentially, this is the project I have begun: an initiation of that process.

Shortly after taking the course in abnormal psychology, I discovered that the most promising avenue psychology offers, as a point of connection, right now at least, is what is called "narrative medicine." The practice of narrative medicine is geared toward honoring client narratives and building them into the clinical relationship. What I pull from it is its validation of and attention to narrative, and specifically its use of narrative as a consequential part of client autonomy, independence, and treatment. The treatment part is a big one; this is where I began to see the big picture of how Woolf's work might function and also where I might contribute by suggesting new uses for narratives.

Some of Woolf's novels can be seen as stories of illness, but I'm not saying that they should be seen as stories of Virginia Woolf's, or any other individual human being's, illness. What I propose is that we see them as stories of social ills. My departure from narrative medicine might be that I believe these stories can be used as theoretical treatments to those social ills. Somewhere in this midst of all of my early connections in organizing this project, I came up with the concept of Woolf's novels as forming a narrative *alternative* medicine, or as narrative treatments, specifically, to the social negative consequences of misogyny and normativity. If we see them this way, even if it

requires a bit of a suspension of our disbelief, then we can build on the interdisciplinary validation offered by medical programs, such as Charon's, that are collaborating with the humanities. The narrative medicine lens came up in my research and was helpful, but even more helpful with grappling with the gap between psychology and the humanities was what I found another social science brings to the table.

Disability theory, which I had no inkling of when I began, addresses the social treatment of the body in a way that psychological theories have not yet done adequately with the mind. They are vastly different approaches: whereas psychological theories are, in broad terms, focused primarily on the individual, disability theory focuses much of its attention on the sociological dimension and its effects on the individual: with particular attention given to the relationship between society and the individual body. Psychology is knowledge- and treatment- oriented, addressing issues of power, authority, normativity, and stigma only in recent years and mostly in secondary fashion. There is no getting around the fact that much of clinical psychology is based on and continues to address the brain and behavior in terms of the divisive normality/abnormality binary. This, I argue, is one of the core themes against which Woolf's works speak. Her experiments in the narration of consciousness allow us to reframe it. Additionally, they break apart and frustrate a variety of binaries, including the gender binary and the binaries on which psychology is built: the one I mentioned earlier as well as the individual/society divide (or the separation of psychology and sociology).

Once I became acquainted with disability theory, my interest in reading Woolf through its lens grew. An issue I ran into in trying to draw together conversations happening in Woolf scholarship and disability studies is that disability studies has yet to

attend in great depth to the mind. With its focus on the body, the mind has somehow become set apart, as if it is something outside of it. Some disability theorists have drawn distinctions between illness and disability, and with good reason, but mental illness, in particular, seems to be an obvious exception. It's important for us to acknowledge that not all disabilities are visible and that many forms of "mental illness" are visible, or perceivable.

I envision that scholars can begin to use Woolf's work to challenge domination in contemporary, common contexts, particularly in academia and clinical psychology, as well as to change facets of the current diagnostic model that aren't working in order to create more room for complexity and difference within those models. I also envision disability studies widening its scope and impact in order to pay more attention to the effects of stigma on those who are labeled as having mental illnesses. Related to that, I would like to see the language of mental illness changed. "Mental illness," for example, might be reframed as "cognitive difference" within the disability studies field, which might in turn have an impact on psychology.

Woolf started this conversation in her work and it is up to scholars who are aware of the politics of language to finish it. My interest in clinical psychology has changed drastically, because of Woolf. I credit her work with a major shift in my thinking. I might have become a clinical psychologist if it had not been for Woolf; I now, instead, seek to improve the practice of clinical psychology from the outside --in the humanities-- rather than by becoming a clinician. I hope that we will someday live in a world where diagnoses are not made in twenty-thirty-minute time frames using a survey of heteronormative questions geared toward placing people into highly stigmatized and

binaristic categories for the purpose of maintaining hierarchical organization and obtaining the support of insurance companies. Woolf's legacy gives and sustains that ambitious hope. It's pretty incredible to think that a project that involved diagnosing a fictional depiction of Woolf might end with qualitative and narrative studies on the effects of diagnostic labels on the social experiences of clients in clinical settings, including studies of clinicians and their diagnostic practices. Woolf's work is a platform from which we might begin to engage diagnosis and "mental illness" from a social justice position.

Consider popular scholarly approaches to cognitive abnormality within the academic field of clinical psychology, in which students are often introduced to tightly and concisely packaged operational definitions that are intended to be useful in the practical situation of clinical diagnosis and treatment. In the textbook that I used to diagnose fictional Woolf, the authors explain to upper-level undergraduates that "the field of abnormal psychology is filled with countless fascinating stories of people who suffer from psychological disorders," assuring them that they will offer them "some sense of the reality that psychological disturbance is certain to touch everyone, to some extent, at some point in life" (Halgin 4). Note the emphasis on stories and then the contradictory claim of the "reality of psychological disturbance" that follows. Stories and reality are, perhaps accidentally, gathered together rather than pitted against each other.

Halgin and Whitbourne are careful, throughout the sixth edition of their textbook, *Abnormal Psychology: Clinical Perspectives on Psychological Disorders*, to treat abnormality with sensitivity, but there is no way around the status of abnormal as aberrant, especially within the framework of illness and diagnostic treatment. Its use of

case studies is contradictory: it validates the importance of narrative while at the same time emphasizing the subject as an object of the narrative, meant to be objectified by it. Otherness, in the objectified aberration, is at its core. Through the use of fictional characters, Halgin and Whitbourne weave narrative case studies that selectively reveal abnormal behaviors and patterns of thinking. Those behaviors and patterns are then placed under the diagnostic lens of clinical psychology, and, with the help of the *Diagnostic and Statistical Manual of Mental Disorders*, they reaffirm and reveal the existing diagnoses. One of the central problems with this approach is that the fictional clinician, "Sarah Tobin, PhD," serves as the textbook's narrator. Despite the role of narrative in the treatment model, the clinician uses the narrative while the client has no agency over her role, or viable voice, within it. In other words, the clinician's narrative perspective is privileged while the client's is non-existent.

Following the first case study, the authors begin by saying to their readers, "think about how you would feel if you were to see someone like Rebecca walking around your neighborhood. You might be shocked, upset, or afraid, or you might even laugh" (Halgin and Whitbourne 4). As the authors attempt to engage their readers in self-reflection, perhaps even challenging some of their biases, they also affirm Rebecca's role as Other and Object. They encourage their readers to question the line between abnormal and normal, but, ultimately, reaffirm the binary by re-establishing, albeit with sensitivity and cognizance of different treatment approaches, the diagnosee/diagnoser divide, as well as by giving the fictional clinician the final say in closure of "the case," which also, pertinently, ends the chapter. Fictional client, Rebecca, sends a letter to her clinician that says, "Thanks for everything. I've now come back to the world" (Halgin and Whitbourne

34). We are told this through fictional doctor, Sarah Tobin, who ties up her narrative of the client with her narrative of the experience of treating the client, saying with an air of vindication, "I was now able to have a sense of completion about our work, and, in contrast to many other cases with less-than-happy outcomes, I was able to feel a sense of comfort that my efforts with Rebecca were instrumental in bringing her "back" (34). Dr. Tobin is the fictional hero in this story, patting herself on the back for bringing Rebecca "back." We, as privileged readers, are assumed to understand and know that missing but implied location.

The case study narrative relayed by the fictional Sarah Tobin reveals what Rita Charon discovered when working with her students under the narrative medicine model: that "in the course of writing about patients, of course, students [future clinicians] write a great deal about themselves. The patient's biography is always braided with the student's autobiography" (157). Though there is an admittance of an interwoven narrative, this cannot be considered co-authorship or a collective narrative. It is still a narrative written by a clinician about a client. It is not a co-authored narrative, reflecting the nature of the clinician-client relationship— one having power to define the relationship and the other having power limited by the privileged interpretation of the labeler. Clinician point-of-view is primary and controls the narrative. It is no surprise that privileging the single authorial voice is a traditional mode of narration. Fortunately, it is one that Woolf 's work challenges and transcends. Woolf assumes and claims autonomous authorship in a traditional way, but her narratives construct a narration of consciousness that is embedded and blurred while still being exposed and having to contend with the power structures of narration, of labeling, of voice and of authority.

In addition to noting Woolf for her "originality as a lesbian theorist" (Cramer 130), feminist theorist, and --newly minted-- queer theorist, it is paramount that we also recognize her as a consciousness theorist, or madness theorist, and begin decoding her work on consciousness for advances in its study in both the humanities and the sciences. In "Woolf and Theorists of Sexuality," Patricia Morgne Cramer notes the way in which Woolf is claimed by various factions, noting that "the predominance of queer theory over sexuality studies of Woolf" (129) has made it possible for Woolf's contribution to sexuality, and specifically lesbian, studies to be dismissed. She writes that the ways in which queer critics' attempts to critique the term 'lesbian' as a restrictive label have stifled our knowledge and explorations of Woolf's Sapphistry, and emphasizes that lesbian readings are still needed. Woolf, as highlighted by Cramer's characterization of this kind of terminological tug-of-war between critical communities, is revealed to be categorically broad and category defiant; though her work speaks to a gamut of theories and philosophies, more than that, it causes them to consider their relationships to one another. In this way, it lives out what Jurgen Habermas says of modernity: that it possesses the honorable potential to "shake the normative…structures" (qtd. in Goldman 20). It also raises the important point that the foundation of Woolf's model does not take issue with the use of labels but, rather, with the use of labels to enact harmful hierarchical relations, to pathologize, and to disempower those who fall into queer and minority categories— a distinction that is integral to this project.

The crux of the project, though, lies in the discovery that Woolf continues to speak back to the co-conspirators: pathology and domination, in their various manifestations, and that by tapping into her work, there is a worthwhile intellectual and

political project that might lead us away from the imperial strictures and oppressive hegemonies of clinical diagnosis --as they appear and are uncovered in years to come-- and toward new translations of fluidity that stand in the way of stigma. Building an interdisciplinary alliance that involves disability studies, narrative medicine, queer studies, feminist studies, and literary studies is one way to initiate the process, and scholars who find new uses in literature and who dare to use it to address present-day issues can be the foundational builders of such an alliance.

Work is already being done, though perhaps less on the literature front, by the mad movement. Activists involved in the growing and international psychiatry disability "Mad Pride" group, dedicated to "resisting and critiquing clinician-centered psychiatric systems, finding alternative and peer-run approaches to mental health recovery, and helping those who wish to do so minimize their involvement with current psychiatric institutions" (Lewis 115), are beginning to articulate a needed shift in our paradigm of pathology through their resistance against inhumane and stigmatizing psychiatric practices.

A theoretical foundation is needed to support this movement, which, to its credit, relies heavily on personal testimony; literary theory that aims to support it is one way of forming such a foundation. Woolf's narratives, read as, decoded into, and developed to support theoretical treatments to the problems of psychiatry, domination, and stigma are a much-needed addition to the clinical conversation. Madness is a kind of freakery; according to Bradley Lewis, those involved assert that "mainstream psychiatry over exaggerates psychic pathology and over enforces psychic conformity in the guise of diagnostic labeling and treatment— which all too often comes in the form of forced or

manipulated hospitalizations, seclusions, and medications" (Lewis 116). He writes, in "A Mad Fight: Psychiatry and Disability Activism" that "rather than pathologizing mental difference, Mad Pride signifies a stance of respect, appreciation, and affirmation" (116).

Whereas scholars in disability studies "refer to social stigma and oppression against the physically different as 'ableism': those in Mad Pride refer to social stigma and oppression against mental difference as 'mentalism' or 'sanism'" (Lewis 117). Mentalism, or sanism, is what we witness in the physicians written off by Woolf in *Mrs. Dalloway*, as well as in the affects of stigma on her construction of Septimus; sanism's misogynistic foundation and reliance on domination is evident in the metaphor of domesticity. In addition, an inclusive alternative to mentalism is offered by Woolf's construction of consciousness as being ambiguous and collective. Her narrative treatment of mentalism deals with representations and the intellectual vision, both of which are as political as they are theoretical.

Many "fathers of psychology" have been denoted and revered (sometimes excommunicated) in scholarly and medical circles. Where those ghostly fathers still reign we lack mothers. In an "age of mothers," though we are not yet there, perhaps it will finally be possible for Woolf to be recognized as the founding "mother" of her creation: mad theory. Woolf, as the mother of mad theory --what might, alternatively, be mad psychology or narrative psychology--; Woolf, as the one who taught us that "Proportion has a sister, less smiling, more formidable, a Goddess even now engaged" (*Mrs. Dalloway* 254), can and should be credited as having narratively reframed cognitive disability as a "social restriction and oppression rather than simply a medical problem" (Lewis 116) through her imperfect but transformative representations of consciousness.

We might see in her work what the anti-psychiatry movement calls “coping in a mad world” (Lewis 120), and beyond that sight, we might find, witness and emulate theoretical transcendence.

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APPENDIX

THE FILM ASSIGNMENT AND TWO VERSIONS OF THE DIAGNOSTIC PAPER

I. The original assignment

II. The edited paper turned in to the professor, as per her request

III. The full anti-diagnostic original response to the assignment

I.

FILM REVIEW ASSIGNMENT

PSY 424G Abnormal Psychology, Spring 2010

Film Review

Throughout the semester, we will discuss how abnormal psychology is portrayed in our society and how this affects the lives of those with mental illnesses. The media has had a strong influence about how we understand mental illness. It can also provide us the opportunity to hone our skills in understanding the etiology of a disorder and appropriate diagnosis. I would like you to pick a character from a movie from the list below. You will write a 4-6 page paper presenting the case description of the character, including a multi-axial DSM-IV diagnosis. This paper is worth 50 points

Your paper should include the following:

1. Background information on the character, such as demographic information, family history, social history, medical history, academic and occupational history, etc.
2. Information about the presenting problem, current symptoms, and current social functioning
3. A multi-axial DSM-IV diagnosis for the character
4. A discussion of your differential diagnosis, including what other diagnoses you considered and why you ruled them out.
5. An evaluation of how accurately the movie's depiction of the given form of abnormal psychology was based on what you've learned about the disorder**.**

List of Possible Films

- A Beautiful Mind (2001)
- Adaptation (2002)
- American Beauty (1999)
- As Good As It Gets (1997)
- Aviator, The (2004)
- Born on the Fourth of July (1989)
- Boys Don't Cry (1999)
- Clean and Sober (1988)
- Deer Hunter, The (1978)
- Hours, The (2002)
- House of Sand and Fog (2003)
- Falling Down (1994)
- Fatal Attraction (1987)
- Fight Club (1999)
- Fisher King, The (1991)
- Forrest Gump (1994)
- Full Metal Jacket (1987)
- Girl, Interrupted (1999)
- Identity (2003)
- Leaving Las Vegas (1995)
- Long Day's Journey into Night (1962)
- Matchstick Men (2003)
- Memento (2001)
- Midnight Cowboy (1969)
- Monster's Ball (2002)
- Ordinary People (1980)
- Primal Fear (1996)
- Psycho (1960)
- Rain Man (1993)
- Royal Tenenbaums (2001)
- Shine (1996)
- Silence of the Lambs (1991)
- Sybil (1976)
- Talented Mr. Ripley (1999)
- Taxi Driver (1976)
- Three Faces of Eve, The (1957)
- Trainspotting (1996)
- When a Man Loves a Woman (1994)
- Vertigo (1958)

II.

DIAGNOSING *THE HOURS*: A CLINICAL PSYCHOLOGICAL EVALUATION

Stephen Daldry's 2002 cinematic masterpiece *The Hours,* based on Michael Cunningham's literary masterpiece of the same name, is a multi-consciousness work that weaves together the psychological struggles of four main characters and the psychological effects of secondary characters that are also caught up in the web of one central psychological state of consciousness. According to my interpretation of the film, all of the main characters – Richard, Virginia, Laura and Clarissa – are manifestations of Virginia Woolf. The characters collectively represent Woolf, or a multifaceted mythology of her. This could also be understood in terms of a widely held mythos of Woolf's disease, or as the conflation of Woolf, her work, and mental illness, and if considered through such a lens, each character in the film individually could be seen to embody similar and divergent aspects Virginia Woolf's psychological makeup.

Virginia Woolf was a twentieth century literary figure— a product of modernism but in whose work we witness some of its shortcomings, namely the exclusion of women from its sphere of influence. *The Hours* depicts Virginia living in the countryside toward the end of her almost-fifty year life. The timing of events is not always exact in the film, as in the film Virginia returns to her countryside home with the plans to return to London but is not shown to return before her suicide in the River Ouse. Virginia lives with her husband, Leonard, who is depicted as being fully occupied with running the household (working as an editor and printer, managing the printing press, managing the household kitchen staff and tending to the garden). She, Woolf, is socially isolated by virtue of living in the countryside, surrounded by its vast emptiness, or so this is the impression the

film gives us through Woolf's verbally expressed discontent with it. The film makes it clear that Virginia grew up and remained in a life of considerable intellectual and financial affluence. She and Leonard were members of the middle-upper class intelligentsia, though I only know this from memory and generic biographical sources.

Virginia's medical history is a focal point in the film, present in both dialogue and plot changes. The visits from the physician as well as the dialogue of debate surrounding the physician's orders create a multi-faceted picture of Virginia Woolf's medical, specifically her mental health, history. She is under the care of men – her physician and her husband serve as her caretakers and this is a central them of the film. While they act as though they feel they are doing what is best for her, Virginia feels oppressed by them. From what I know biographically as well as the manner in which it was depicted in the film, Virginia's medical history was rocky and involved shifts between surrender and resistance. The shifts in Virginia's response to medical treatment in the film mirror the sharply shifting moods said to be experienced by her.

The nature of Virginia's academic history is not made clear in the film; however her intellectual acuity and development are made evident throughout the film's depiction of her as a gifted writer. It is clear that almost all of Virginia's time is devoted to her thinking and writing processes; she is on the periphery of everything else. In the film, she spends most of her time in her room (i.e., in her head, inside the world of the novel she is writing, *Mrs. Dalloway*). She is unable to work outside of her room (or her writing), as she appears tremendously unstable and does not function according to traditional gender or societal roles. At all times in the film, Virginia seems hyper aware of her surroundings

– able to contextualize them, able to observe and process them, and able to judge them but unable to engage *with* them.

When interacting with others in the film, Virginia seems to feel a sense of dissatisfaction. When interacting with Leonard and members of the household staff, she is stubborn and impossible to please. Her unhappiness permeates every interaction, just as it permeates every one of her thoughts – it is as though she is trapped by her own perception of the world as a transient location in which she has no meaningful place or sense of belonging. We must consider, too, that Virginia loved women and felt intimacy with women but was not living a life in full accordance with that inclination. Being married to Leonard would have been somewhat of a barrier. Living in early twentieth century England would have been another. While the signs of mental illness are convincing, perhaps if Virginia had not been trapped by the conventions of her time and by her life circumstances (as a woman and as a married woman) she would have been able to find greater fulfillment in human relationships. The only evidence of Virginia's family history was presented in the visit made by her sister, Vanessa. Vanessa's visit provided major insights into Virginia's state of mind and social isolation as well as into Virginia's close bond with her sister.

Virginia's presenting problem is not evident in the film, since she is resistant against the process of consulting with a practitioner (a medical doctor, at that time). Virginia and the physician do not interact directly during the film; the physician is seen discussing Virginia's state of mind with Leonard. The only evidence of a patient-practitioner relationship is present in the scathing criticisms and appeals that Virginia makes to Leonard in regard to her feelings of coercion and powerlessness over her right

to make decisions on her own behalf. Even if we are to consider Leonard to be the in-film clinician, for the purposes of this assignment, Virginia's presenting problem still remains unclear because she does not concede to his evaluation or treatment of her nor does she admit to having a problem that she wants to change or wishes could change. I think it's fair to assume that if Virginia's physician were to define her presenting problem, he would characterize it as consisting of an insubordinate attitude, an inability to function daily according to the acceptable norms for wives (unwillingness to perform her wifely household duties and obey her husband), a foul mood, and an unacceptable demeanor of oddity and resistance.

The most recent symptoms of a psychological disorder in Virginia, depicted in *The Hours*, were her depressed mood, severely diminished interest and pleasure in all daily activities, insomnia, low energy, alternating moments of anger, and concentration on and recurrent thoughts of death and suicide. Throughout the film, she has trouble concentrating and is easily distracted by arresting emotions that are connected to romantic thoughts of death. Leonard refers to her mental health struggles throughout the film. Particularly in the train station scene in which he says to Virginia, "You have a history of confinement…we brought you to Richmond because you have a history of fits, moods, blackouts, hearing voices; we brought you here to save you from the irrevocable damage you intended upon yourself…You've tried to kill yourself twice."

Leonard is instrumental in the diagnosis of Virginia because, although he may have unintentionally contributed to her despair and isolation, he knew her more intimately than most. The film provided a very vivid account of Virginia's poor social functioning. The level of impairment in her social functioning is profound throughout the

moment in her life depicted in the film. Her social interactions are unusual in that she always seems to be in her own world, in her own mind, and unable to communicate on any other subject than death. Virginia's communication style comes across as distancing and hostile. She seems to come away from almost all of her social interactions feeling dehumanized. Her writing is her work of escape from the social world with which she does not identify.

Based on the film alone and its many indicators of mental illness, my conclusion is that Virginia is likely experiencing a mood disorder – specifically, major depressive disorder. Now, if I had more information about her history, then I would likely hone and alter my diagnosis. But with what information I have, major depressive disorder seems to fit more than anything else.

Axis I: Major Depressive Disorder

Axis II: No evidence of a personality disorder

Axis III: No physical conditions or disorders

Axis IV: Problem with primary support group

(disconnect, discord and tension in marital relationship)

(disconnect in relationship with sister)

Axis V: Current Global Assessment of Functioning: 10

(Cannot make an assessment of Highest Global Assessment of Function)

In the film, Virginia displays many signs that indicated she was suffering from what a clinical psychologist would likely label (for diagnostic purposes) major depressive disorder: depressed mood, diminished interest in ordinary activities (staying inside in her room for hours on end), appetite disturbance (not eating, not attending meals), sleep

disturbance (staying up to write), psychomotor retardation (sitting in her room, staring into the distance), poor concentration (inability to respond to anything in a way that does not somehow connect with death, inability to respond to questions that others ask), and suicidality (preoccupation with death, deciding she will die, then wanting to go to London, then carrying out her own plans for suicide and executing them successfully).

Virginia's mood is consistently low and I saw no evidence of a personality disorder. As is evident in her disposition, as well as in the physician's appraisal of her condition, Virginia is not experiencing any physical condition or disorder. She is, however, experiencing major impairment in her relationships with her husband, sister, physician and house staff (the only people in her midst). I feel that my global assessment of Virginia's functioning has to be 10 because she actually kills herself – not just making an attempt, but carrying out her suicidal intention. She has a clear expectation of death, and then takes action to make that expectation come to life. If the actualization of her clear suicidal intent were not a factor, I would label her global assessment of functioning as being 30 (somewhere between 25 and 35). Not considering her suicide, I was conflicted as to whether her functioning fell into the 31-40 category or the 21-30 category, but ultimately decided on the lower category of functioning (21-30) on the basis that her communication and judgment were severely impaired (or, largely incoherent to others). She showed clear signs of impairment in communication (her speech throughout the film was obscure though not entirely illogical or irrelevant, to my estimation). She also showed major impairment in several areas (family relations, judgment, thinking, mood – avoiding human beings altogether, for the most part).

I considered the possibility of bipolar disorder, but only because of I had read about Woolf. The film does not make enough of a case for that diagnosis, so I ruled it out. I also ruled out dysthymic disorder because Leonard, in his urgent appeal to Virginia, suggests that she is experiencing a bout of something strongly mood affecting rather than a general depressed mood that exists perpetually. He likens her current episode to an episode in the past, in which she experienced fits, moods, blackouts and voices. I won't address the voices and fits, because they are inconsistent with my diagnosis and they are not depicted in the film and because I don't know what Leonard meant by fits; however, the reference to the episodic nature of her mood is indicative of major depressive disorder.

I'm not sure how to evaluate how accurately the film's depiction of mood disorders, specifically depression, was based on what I have learned about in our text. I think in order to do so I would first have to assume that it was the film director's intention to depict mental illness. From a clinical perspective, not necessarily from my own, one might argue that the film romanticizes, intellectualizes and renders abstract the realities of mood disorders. If I interpret the film through the lens of the chapter, however, I think it somewhat accurately depicts major depressive disorder but portrays a specific form of the disorder – the kind that is present in a brilliantly creative intellectual mind of a woman ahead of her time. Ways of thinking can be understood and articulated through the language of disorder (through the DSM) or they can be understood and articulated through alternate languages.

II.

DIAGNOSING *THE HOURS*: AN AMBIVALENT AND DISJOINTED FICTIONAL ANTI-CLINICAL CASE STUDY AND FEMINIST ANALYSIS OF FICTIONAL WOOLF AND HER STRUGGLE WITHINT THE FRAGMENTING MACHINE OF HETERONORMATIVITY

Part A:

The Broken Assignment: A Meta-analytic Feminist Overture of Resistance

What began as a short case study assignment with film analysis underpinnings became a project in feminist critical meta-analysis. As a result of a preliminary paper, conceived during a course in abnormal psychology, I have begun the project of grappling with clinical diagnosis as a fictional genre, with a language of its own. The larger project I am working on is in-process and is an extension of the foundation formed by the original paper-response to the Film Review Assignment. I hope, with this project, to speak in coherent fragments about the hybrid genre of the assignment and about the medicalization, institutionalization and diagnosis of women as it functions historically and fictionally, as well as the ways in which those two (the historic and the fictional) blend and work together in such a way that demands that we look more closely at their intersections.

Fictional Virginia Woolf, in the film *The Hours*, struggles within an oppressive environment to take back her power from an authoritarian, masculine force. Through the character of Woolf and the depiction of her work and life, Stephen Daldry's film account of Michael Cunningham's novel articulates complex and layered manifestations of the feminist struggle against domination. By being asked to diagnose a film character, I had

to contend with issues of genre ambiguity and conflict as well as with my own feminist resistance against the depersonalizing and hierarchical structure of clinical diagnosis.

Through the process of writing the clinical assignment, and throughout my semester as a student in the abnormal psychology course, I came to view the clinical practice of diagnosis, as expressed through a condensed, student-friendly, version of the *Diagnostic and Statistical Manual of Mental Disorders*, as a source of oppression. The depersonalization inherent in clinical labeling has unique effects, and consequences, on members of marginalized communities— both in fiction and in real life diagnosis, and in treatment, but those effects have not yet been studied or discussed enough to produce a change. The process of diagnosis, whether grounded in compulsory fiction or "reality" is problematic – in it conformity and simplistic, one-dimensional identity constructions are carried out and perpetuated. The genres of fiction and diagnosis overlap and blend, particularly in textbooks meant to introduce the social science field of clinical psychology to students. An abbreviated exercise in academic treatment, called a "film review," might seem innocuous, initially. But with further attention, the exercise exposes, on a grander scale, problems that arise in the diagnosis of individuals, especially those who are member of minority groups.

Conflicts of interest, foundational instabilities and disconcerting imbalances in power occur when a member of a community of power identifies and labels someone within a disempowered community. Women in the United States, by nature of the existing powers that be and resultant status quo, and Woolf speaks to this in *A Room of One's Own,* have historically been outsiders to academic (especially scientific) communities. This is changing but slowly. Psychological and psychiatric diagnoses,

while practiced today by both female and male clinicians, are deeply rooted in masculinist oppression. On the whole historically, it is men who have charged themselves with and assumed ownership (under the guise of "care") over women's bodies. As such, the medical treatment of women began as an easy extension of this: an assertion of authority over the "care" for and "treatment" of women's bodies. Women's history in the U.S. mental health system is wrought with subjugation and coercion. To try to fight against the system while working from within that system is often so slowly productive it is difficult to detect, track, or sustain progress. It is also frequently self-defeating. Direct challenges to and assaults on a system of oppression, in whatever shapes they take, are necessary. Reenvisionments, disobedience and refusal are the necessary avenues of feminist action against domination, whether it comes in the form of the American Psychological Association, the academy or somewhere else.

To say that women are still stuck under the fine leather boot of patriarchy is cliché yet true. Patriarchy, the male dominated social system that Kate Millet saw as crossing "every avenue of power," from academia to government to industry (Hartmann 357), pervades women's lives in both private and public sectors. Woolf was highly aware of early twentieth-century feminist responses to heteronormative medical practices, as well as of the practices themselves. Patricia Morgne Cramer writes that Woolf was particularly familiar with "sexual ideologies and active in circles where their ideas were discussed" (181). Sexual ideologies and pathology were deeply connected in Woolf's inner circles: she dealt with both in her intellectual spheres and her private life. The unfolding of her departure from sexual norms and the evolving "'outsider'" and "'revolutionist' aims she applied to other social and literary conventions" (Cramer 181)

and their connection to pathology are reflected in Stephen Daldry's *The Hours*, in which fictional Woolf struggles with an inner war that is just as indicative of the restrictive and fragmenting outer world of male authority as it is of Woolf's own complicated, defiant inner world. I was cajoled, by the nature of the academic task and the pressure to "perform," to label this inner world using the language of clinical diagnosis, a language that was born in a misogynistic environment. Through this experience, I have begun to consider alternative ways of understanding women's relationships, in fictional and non-fictional contexts, in light of the many manifestations of oppression. Diagnosis has been, and can be, used as a weapon, as a means of controlling the least powerful, and we must not only be weary of this but also look for it actively. The medical system functions as a small manifestation of the larger system of patriarchal domination, and fiction reveals this to us just as --and often more-- clearly as what we encounter in non-fiction and scientific accounts.

My paper evolved from a short fictional clinical case study and diagnosis into a broader, less-definable, humanities paper. It is a personal-political work of feminist meta-analysis, belonging to the cause of feminism and to the creative labor of women. It is an academic assignment and an anti-academic assignment. It is genre-defiant, in this sense, and does not adhere strictly to any specific academic discipline or code of conduct. As such, it rejects, it contradicts, and it violates oppressive, categorical strictures.

During the Spring 2012 semester, when I was asked to diagnose a film character in a clinical psychology course: Abnormal Psychology, I became acclimated informally to the clinical practices of case studies, clinical evaluations and diagnoses using the *DSM*'s former five-axis system. The assignment placed us in the role of pseudo-clinician

for a fictional character. For my project, I wrote a deconstructive clinical analysis in which I explored a fictional Virginia Woolf as she was depicted in Stephen Daldry's 2002 film, *The Hours*. In this paper, I wrestled with my own fictional role as clinician, as well as with some of the sociolinguistic implications of clinical diagnosis. As for the clinical action involved in this endeavor: at the same time that I tried to construct and articulate a diagnosis of a fictional Woolf, I wrote against the system of diagnosis challenged in so many ways by the film and its depiction of Woolf. To try to fit a fictional depiction of Woolf into a dichotomous language of illness and wellness was extraordinarily counter-intuitive because the language of binaries, restriction, and pathology is similar to the language that Woolf, in her own work and even as a character in the film, challenged and reformed.

A large segment of my paper is devoted to an analysis of the few scenes in *The Hours* in which fictional Virginia encounters linguistic oppression, primarily with her fictional husband, Leonard, and the physician he has commissioned. The paper possesses a kind of fragmentation that I consider an inevitable result of diagnostic categorizations saturated in a linguistic framework that is hinged on the health/illness binary. After some consideration, I decided to refrain from mending, fixing or curing the paper itself of its diagnostic features. Fragmentation and confliction are its apparent features: symbols of an intricate inner conflict that reflect the complexity and contradiction of the sociopolitical environment, academic and non-academic, in which the paper was situated upon its conception. I felt a sense of kinship with fictional Woolf and *The Hours*, and experienced what, ultimately, I believe the fictional Woolf decided she had no choice but to escape: an inner battle against the external dominant forces of diagnostic categories.

Fictional Woolf's inner conflict in the film has much to do with her own internalization of heteronormativity and of a society structured by domination. The character's suicide can be interpreted as, in part, a response to a culture of control. Suicide is the ultimate means of escape. Of separation. Feminist separation, according to philosopher and theorist Marilyn Frye, is "separation of various sorts or modes from men and from institutions, relationships, roles and activities which are male-defined, male-dominated and operating for the benefit of males and the manifestations of male privilege" (333). Feminist separatism is not segregation; it is not the same as masculist separatism. It is, instead, a willful separation initiated or sustained by women (Frye 333). Fictional Woolf's choice to take her own life might, through a feminist analytic lens, be seen as an act of willful separatism— a separation from the male-defined and -controlled world in which she lived, was diagnosed, and was controlled. If interpreted as such, her suicide takes on a different tone and evokes new questions and concerns, those outside of clinical psychology's current scope. The social issues into which the individual is woven begin to come to the forefront rather than remaining on the periphery of diagnosis. How might a prisoner of war who commits suicide be remembered, or classified? How might an individual who commits suicide out of devotion to a religious ideology fit into a system of diagnosis? Do individuals, and do women, have the right to choose when to die? Many of these questions are raised and some might even be answered by *The Hours*. The right to choose issue, so close to the feminist cause, is the right to take into one's own hands one's own life but more than that is it the right to not have one's life be controlled by the patriarchal forces which so profoundly influence it.

Feminism and clinical diagnosis are in conflict in this regard: the feminist belief in autonomy, agency and the right to decide on one's own behalf, as well as its deep recognition of the social and historical dimensions, stands in contrast with the interventionism and patriarchally-determined individualism of clinical psychology, which sees care and control as social responsibilities, at times taking free will out of the hands of those classified as ill in order to "protect" such individuals from harm (of themselves and society). The assignment itself raises questions for me, as a scholar and someone considering going into the field of clinical psychology. For example: for what purposes does clinical psychology try to prevent suicide, urging its prescription of treatment instead? There will never be a simple and unequivocal answer to such a question. It is highly charged and controversial. While perhaps not on the surface of the answer, it's obvious that it is largely for the maintenance of social order and norms— in many respects, it maintains whatever system of domination is in place.

Historically, men dominated the field of psychology, but that domination is not somehow extinguished by time. It continues to affect, in incarnations of its origins, current practice. Sexologists and psychiatrists, like Havelock Ellis and Sigmund Freud, "cultivated scientific authority for long-standing prejudices regarding women's sexuality. Both promoted heterosexuality, marriage and motherhood as requirements for women's health, and claimed female passivity and masochism were innate" (Cramer 181). Recall that early in the history of clinical psychology, in 19th century England—not so long ago, women were prescribed a clitoridectomy as a cure for the disease of masturbation by Dr. Isaac Baker Brown. Dr. Brown was not alone nor was he likely to be the most extreme in his treatment methods; there were many like him, conducting similar corrective practices

aimed at "helping" women like Woolf care for themselves and return to socially acceptable behavior, or behavior determined by a rigid and highly policed gender binary.

Treatment was certainly on the mind of Woolf as she wrote her novels and her experiences with treatment likely became part of their construction. Treatment was the location in which transformation was expected. Dr. S. Weir Mitchell, the American doctor who treated Edith Wharton, Charlotte Perkins Gilman, and Jane Addams for neurasthenia, defined a range of mood disorder symptoms thought to be caused by culturally-induced nerve disruptions. The treatment for these so-called nerve disruptions usually involved forced bed rest, sensory deprivation, social isolation (from adults, in particular), and an extreme nutritional regimen of "constant heavy feeding" (Marecek and Hare-Mustin 522). Woolf underwent similar treatments in her lifetime, but the most compelling evidence of transformation are her own deliberate transformations of the system of heteronormative and label-dependent practices of clinical treatment that are inherent in her texts. The treatments which her novels and essays, and which *The Hours*, seek to transform may seem archaic to us. They are archaic, but the system of power that underlies them is operational in contemporary practices that may seem benign on the surface but continue to have lasting negative consequences on the general population and especially on minorities.

In "A Short History of the Future: Feminism and Clinical Psychology," in which the suicide of Gilman's heroine in "The Yellow Wallpaper" is referenced, Jeanne Marecek and Rachel Hare-Mustin's feminist treatment of the fictional treatment of madness and its culpable role in the self-destruction of the disempowered woman emphasizes unconscionable treatment methods in order to set the stage for a criticism of

modern clinical psychology and its long-established theories and practices, in relation to women. Marecek and Hare-Mustin turn the link between madness and suicidality on its head, taking the fictional account, in which a woman is "made mad and driven to suicide" (522), as a place where historically relevant knowledge can be found, made, and used to expose problems in current practice. The responsibility for such "madness," in their feminist reframing, shifts attention away from the woman and toward those who diagnose and treat her: the white, male practitioners who constitute the social elite. Marecek and Hare-Mustin distrust the system and use Gilman's story, a fictional account, as a way of bringing to life a narrative that straddles the borders between historical fact and fiction, and between then and now.

Contrary to the academic tradition of strict separation in genres and disciplines, Marecek and Hare-Mustin blur the lines between fact and fiction in order to challenge, and even mock, the genre of clinical psychology, with its history from which women's accounts have been rendered virtually inexistent. Feminists, like Marecek and Hare-Mustin, like Woolf, like Michael Cunningham and like Stephen Daldry, use fiction as a means of speaking to an invisible history without making claims on its history. Through the genre of fiction, with its sometimes-blurry edges that bleed into the genre of nonfiction, feminist artists, in particular, try to resist the diagnosis, labeling and patrolling of the marginalized by those in power. In the case of the works I examine in my paper, these artists challenge and often reject the use of heteronormative and pathologizing labels in clinical psychology. It is through these non-fiction fictions that the story becomes not simply the story of the survivor, but also the story of the unapologetically mad one who chooses death. The narratives, in turn, undermine the authority of the male-

dominated, science-centered field of clinical psychology (Marecek and Hare-Mustin 522). The characters labeled "mad" or "mentally ill" are validated, humanized and empowered in such feminist fictions while the role of the hero, or practitioner, is criticized. Suicidal women become literary geniuses and heroines while practitioners become anti-heroes. This happens in *The Hours*, as fictional Woolf responds intellectually to the state of lacking autonomy.

As a feminist fiction in film form, *The Hours* reconstructs the narrative of the patient-practitioner relationship, as well as deconstructs the idea of madness itself, enabling us to reconsider and question the role of power in clinical practice. How does the film function as political feminist activism? The act of showing that one "historical" account of madness can be reversed through the feminist fictional lens and reflected as its exact opposite is a powerful means through which systems in power can be called into question. Role reversal, even role-play, are powerful political practices that challenge traditional assumptions, expectations and beliefs. The act of creating an alternative to the mainstream story, the act of creating a possibility for an alternative interpretation, plants more than a seed of doubt and puts a dent in the structure of the heteronormative narrative. To take an extreme act, like suicide, that humans fear and seek to understand, and to suggest that there might not be one clear understanding or one single explanation for it, which *The Hours* does, complicates the simplistic view of suicide that a traditional psychological model perpetuates.

Fictional Woolf, as she appears as a singular character and as she is manifest in the characters with which she is woven, complicates viewers' understandings of psychology, of ailment, of power, of autonomy, and of pathology by embodying all of the

contradictions and complications inherent in each of those dimensions of society and the mind. Fictional Woolf, made to be a very human heroine, escapes patriarchy through suicide but not without revealing a great deal of confliction and disconnection to viewers. She validates patriarchal diagnosis when she writes in her final suicide note to Leonard, "I feel certain that I am going mad again…I begin to hear voices, and can't concentrate" (*The Hours*). Fictional Woolf's suicide, and the reading of her final note, take place at the beginning of the film, before any of the complication occurs. The note itself, relayed vocally by fictional Woolf but not shown to come from her own mouth, seems to come from a disjointed part of Woolf, almost a voice outside of herself. It is that complicated juxtaposition of patriarchal, external voices with feminist, internal voices all coming together within the fictional character of Woolf that makes it so difficult to decipher whether it is an internal, psychological, madness or an imposed, social, madness—a madness that comes from the genius mind of a woman who is prisoner to the confines of heteronormative circumstance. The disjointed voice reads the suicide note with a great deal of composure. This composure is indicative of the kind of peace and resolve that fictional Woolf experiences after she decides to die, the relief of escape, calming her.

It is within the system of rigid gender roles that Virginia and her manifestations struggle to function. Outside of it, there is clarity and calm. Within it, there is struggle and strife. The inner struggle is a struggle to break free of the confines of normative social expectation. It is a struggle of imposition, one caused and sustained, in part, by external circumstance. The imposition, in fictional Woolf's case, arises from what Marecek and Hare-Mustin characterize as "sexist treatments" that "cause (or at least exacerbate) psychological difficulties" (522). The methods used in these sexist treatments

have changed, and forced bed rest is a treatment option saved for only those who are determined, by professionals, to be hazards to themselves (Marecek and Hare-Mustin 522); but, still, the medical and psychological industries assume positions of power. Those granted this power by the government decide whether a client is capable of making decisions on her behalf and they decide on the forms of treatment that the client should receive. They prescribe, they treat, *they* make the calls. The client has rights, unless she is a threat to herself or someone else. The practitioner, like a prison guard, must decide, very quickly, whether a threat is serious enough to warrant restraint and forced treatment— behind this practice is the hierarchical and imperial power that is determined by social normativity, which is, circularly, determined by those in power.

At most any place in the hierarchy, there are those below and above you. The client-practitioner relationship, like the student-teacher relationship, is still defined by a power differential. When placed in that position of power over a fictional Woolf, I felt conflicted. I did not believe she was ill and I did not want to take away her right to choose to die. I diagnosed her, and it pained me. I comfort myself with the fact that it was a retrospective, pseudo diagnosis and I am glad that I chose full-throttle humanities over quarter-blood social science when pursuing my graduate degree. I never had any power over fictional Woolf. I cannot nor will I diagnose Woolf's state of mind. Rather, I will diagnose diagnosis for its assertion of control and authority. Particularly, for its minimal regard for the right of women and men over their own bodies and over the labeling of their own bodies. Woolf ended her inner battle by taking her own life, but the peaceful resistance against oppressive power differentials and dictates of heteronormavity steadily rages on.

Part B: A Back Alley Clinical Psychological Evaluation of Woolf and an Analysis on the Struggle for Autonomy

Stephen Daldry's 2002 cinematic masterpiece *The Hours*, based on Michael Cunningham's literary masterpiece of the same name, is a multi-consciousness work that weaves together the psychological struggles of four main characters and the psychological effects of secondary characters that are also caught up in the web of one central psychological belief. This belief, in my opinion, is the imprisoning concept that one's happiness is dependent upon the life-and-happiness of another, or that one is beholden to another. All of the characters in the web of this belief suffer in some way or another because they fall into one of two categories: they are either trapped by the pressure they feel to be beholden to someone else or are trapped by the pressure they place on others in trying to posses them. Characters that depend on another character to fulfill their own sense of stability are doomed to abandonment, in one sense, because the characters on whom they depend are not capable of fulfilling that role and seek escape from the role in some form or another. At the same time, the actions of the characters in the film affect deeply the actions, feelings and outcomes experienced by other characters.

The overriding theme is that the manner of thinking, itself, nearly as much as the life circumstances that inform and are informed by them, is directly related to the interpersonal relationships. Contentment, as indirectly defined by the film, is being in the moment and experiencing connection in the moment, yet most of the film depicts characters that feel in some way disjointed from contentment in the present moment and from their surroundings. The cognitive styles of many of the characters are similar in that the key to contentment and stability is seen as something unobtainable or something that

eludes them because of the situations of their lives. The four main characters feel very much outside of themselves (outside of their own lives), as if they possess some kind of alter consciousness. They see themselves as not being able to be free to be their true selves because of the external trappings of their lives. It is this thinking, that they have no control over their destinies and disconnection, that perpetuates and continues their inner isolation and causes them to escape through various means.

I consider all of the four main characters of the film to be manifestations of Virginia Woolf's consciousness and all of the secondary characters to be manifestations of the characters in her books and people in her life. Based on the set up of the film, as well as the Michael Cunningham's novel and background information about Virginia Woolf and the free indirect psychological discourse of her novel, *Mrs. Dalloway*, it is appropriate and necessary to assess all of the characters collectively – as one character. I also find it fitting to make a diagnosis of a main character a collective diagnosis. For the purpose of this assignment, I will narrow the concept; but first I want to emphasize and briefly explain this collective character, or collective psyche.

All of the main characters in *The Hours* – Richard, Virginia, Laura and Clarissa are manifestations of Virginia Woolf. Each of the characters represents the real life conditions and facets present in some way what literature, firsthand and secondhand accounts tell us about Woolf. From a clinical standpoint, this could also be understood in terms of disease, in which case each character in the film individually embodies the similar and divergent aspects Virginia Woolf's psychological disorder. Collectively, they represent the many possible manifestations of one disease. It is relevant and appropriate, therefore, to describe the symptoms and conditions present in all four of the characters in

order to understand the character and the actual woman. I don't think it is a fair or accurate assessment of the film to assume that it is simply about mental illness.

Labeling Virginia Woolf as suffering from a disorder, on the basis of this film, is too presumptuous and I am not comfortable doing so on that basis nor on the basis of the shortlist of symptoms that Leonard Woolf rattled off at the train station toward the end of the film. While the film presented a case for the use of diagnostic labels as well as a case against their use, I think it makes a greater case against the use of diagnostic labels. Because the film is so complex, I feel it is necessary to address some of these issues as part of the foundation of the clinical analysis. The case for clinical diagnosis and the language of disease is most evident in the argument between Leonard and Virginia at the train station. It is also made in the depictions of all of the secondary characters, characters on the periphery of "illness" that perform a role in the causation, criticism, maintenance and diagnosing of the main characters (i.e., the manifestations of the disease). According to the theory that the film is about a disease, then those secondary characters represent normal psychology and the main characters represent the manifestations of a form or forms of abnormal psychology. However, a person who relates to the four main characters, or who does not consider the main characters to be representations of a disorder, might consider the reverse to be true.

An alternate theory might be that the four main characters are victims of an abnormal society and that the secondary characters are all cogs in the system of a disease that *is* abnormal society. According to such an interpretation, the intense and despairing emotions and the suicidality of the main characters would be considered normal responses to a set of unbearable and abnormal living conditions. To clarify: I am using

abnormal and normal facetiously when what I, in fact, mean is that someone might interpret the normal dimension of the film to be corrupt and the abnormal dimension of the film to be a resistance to corruption. Being a married housewife in the 1950s who must bear the secret that she loves and relates to women emotionally and sexually, and that she is living a false life – a life that goes against who she is at her core, would certainly be reasonably unbearable, and the film does a good job at generating sympathy for this position. Under such circumstances, suicidality and drastic life decisions that would otherwise be considered mad and be widely misunderstood actually seem like plausible and rational, while perhaps not normal, responses.

Now that I have said a few words about my conflicted position and about the intellectual reservations I have about labeling and drawing conclusions about the mental health presented in the character of Virginia Woolf; I will simplify and narrow my focus and suspend my disbelief in order to complete the rest of the assignment in accordance with the assignment's guidelines. As the film reflects, Virginia Woolf is a twentieth century literary figure. The film depicts Virginia living in the countryside toward the end of her almost-fifty year life. The timing of events is not always exact in the film, as Virginia returns to her countryside home with the plans to return to London but is not shown to return before her suicide in the River Ouse. The suicide is shown in the beginning of the film, then is traced back to through the course of what seems like a day and a night – but the timing and context of "the hours" are not exactly linear or definitive, though they certainly flow together, across depictions of characters' lives, with great ease.

Virginia lives with Leonard, who is depicted as being fully occupied with running the household (working as an editor and printer, managing the printing press, managing the household kitchen staff and tending to the garden). She, Virginia, is socially isolated by virtue of living in the countryside, surrounded by its vast emptiness. The film made it clear that Virginia grew up and remained in a life of considerable intellectual and financial affluence. She and Leonard are members of the middle-upper class elite, but I only know this from my own knowledge of Woolf and from generic biographical sources (though the film depicts it, it does not do so definitively). Virginia's medical history is a focal point in the film, present in both dialogue and plot changes. The visits from the physician as well as the dialogue of debate surrounding the physician's orders create a multi-faceted picture of Virginia Woolf's medical, specifically her mental health, history. She is under the care of men – her physician and her husband serve as her caretakers. While they feel they are doing what is best for her, Virginia feels oppressed by them. From what I know biographically as well as the manner in which it was depicted in the film, Virginia's medical history was rocky and involved shifts between surrender and resistance. The shifts in Virginia's response to medical treatment in the film mirror the sharply shifting moods experienced by Virginia in real life.

The nature of Virginia's academic history is not made clear in the film; however her intellectual acuity and development are made evident in the brilliant dialogue throughout the film as well as in the plot's depiction of her as a gifted writer. It is clear that almost all of Virginia's time is devoted to her thinking and writing processes; she is on the periphery of everything else. Virginia experiences life through her literary works far more than she does through interpersonal relationships or through her relationship

with nature. In the film, she spends most of her time in her room (i.e., in her head, inside the world of the novel, *Mrs. Dalloway*). She is unable to work outside of her room (or her writing), as she is tremendously unstable and does not function according to traditional gender or societal roles. At all times in the film, Virginia seems hyperaware of her surroundings – able to contextualize them, able to observe and process them, and able to judge them but unable to engage *with* them.

When interacting with others in the film, with the exception of her more comprehensive response to her sister, Vanessa; Virginia seems to feel a sense of dissatisfaction. When interacting with her husband, Leonard, and with members of the household staff, Virginia is stubborn and impossible to please. Her unhappiness permeates every interaction, just as it permeates every one of her thoughts – it is as though she is trapped by her own perception of the world as a transient location in which she has no meaningful place or sense of belonging. I actually agree with many of her philosophical and romantic evaluations of life, but they affected her so deeply that, according to the film, she could not communicate with others. And so her outlook was self-defeating. If what she longed for was unity with her surroundings, she did not believe it was possible. It was her thinking --belief that it was not possible-- that sealed her fate and made it impossible for her to communicate in a unifying way. At least, that is how the film portrays it.

We must consider, too, that Virginia loved women and felt intimacy with women but was not living a life in full accordance with that inclination. Being married to Leonard would have been somewhat of a barrier, although we are given insight into this more so through Laura Brown than the character of Virginia Woolf. Living in early

twentieth century England would have been another barrier. While the signs of mental illness are convincing, perhaps if Virginia had not been trapped by the conventions of her time and by her life circumstances (as a woman and as a married woman) she would have been able to find greater fulfillment in human relationships. The film makes it clear that Virginia Woolf knew intellectually about the fulfilling nature and sustenance of intimacy. I believe it was her deep knowledge of that but inability to experience it in life to the extent that she desired that helped to create the immense despair and disconnect she suffers in the film. When people feel as though they are trapped and have no way out, no way to be themselves freely, they often fall into deep, debilitating despair and the way they see the world is impaired, or at least altered. They see through the lens of despair, through the lens of being a prisoner to a life without hope. The question then becomes whether that lens is socially acceptable or whether it requires intervention.

The only evidence of Virginia's family history in the film is presented in the visit made by her sister, Vanessa. Vanessa's visit provides major insights into Virginia's state of mind and social isolation as well as into Virginia's close bond with her sister. As soon as Vanessa walks in the door during the scene of the visit, Virginia's mood seems to shift and lift, as she becomes more exuberant physically as well as more intense emotionally. It seems that she is relieved and energized by Vanessa's presence, as though she feels, for a moment, that she can be herself and express her inner self fully without fear of rejection or admonishment. The comfort between them arouses a longing for intimacy within Virginia – and she looks to her sister as both an emotional outlet out of which she can draw acceptance and intimacy and an emotional inlet into which she can divulge, or communicate, the contents of her mind safely. While the film depicts an intense closeness

between them, it also depicts a distance between them— Vanessa's visit is short, she remains on the periphery of Virginia's suffering, she allows Virginia moments of acceptance but also disengages with Virginia when those moments push her too far out of her social comfort zone.

Before Virginia kisses Vanessa goodbye, for what she knows is the last time, she tells her that she envies her life. It is evident in that pre-kiss moment that while Virginia feels close to Vanessa, she also perceives a difference between them. The barrier between them that Virginia perceives is the same barrier that she perceives as existing between herself and every other human being in the film. She pulls Vanessa to her, desperately, and it seems Virginia is trying one last time to cross the barrier that separates her from the rest of the world: the barrier of her inner isolation. The intensity of the kiss is not sexual in nature; it is even deeper than that. While it may not be an act of compulsory homosexuality, it brings sexuality to the forefront and calls attention to itself by virtue of its taboo status. Adrienne Rich, in "Compulsory Heterosexuality and Lesbian Existence," describes lesbian existence as consisting of "both the breaking of a taboo and the rejection of a compulsory way of life" (349). This moment in the film, the intense and ambiguous kiss between sisters, rejects compulsory living and breaks a major social taboo.

Upon first viewing, I considered the kiss to be the consequence of Virginia's failed attempt to feel connected to something, to identify with something, to make herself one with something else in order to escape her inner battle with loneliness. It seemed, at first. as if Virginia were trying to draw the life out of her sister when she brings Vanessa to her, presses into and sucks Vanessa's mouth. It is as though she is trying to suck out

and bring into herself some vital ingredient that she believes Vanessa possesses: perhaps the life she does not have, the freedom that escapes her, the ability to live in the world – to accept it and be accepted by it, the person she cannot be, the fulfillment she desires, the intimacy and oneness with the world from which she feels so removed and separate. Upon further reflection, however, it seems that this kiss cannot be interpreted with any compulsory interpretation. It seems more likely that it is a complicated and political act, purposely resistant to the compulsory act of interpretation. It, the kiss, can be viewed as a moment of resistance, a "form of naysaying against patriarchy" (Rich 349). The element of trespassing that occurs is intense, so it is hard to know if it is the impulsive nature of the act of trespassing as a form of resistance against the patriarchal system that propels fictional Woolf, if it is her inner isolation and desperation which causes her to reach out, if it is Woolf's assertion over her self and her sexuality (a way of reclaiming herself and her right to act of her own accord), or if it is a combination of all three.

Irrespective of fictional Woolf's, the kiss would be considered diagnosable by modern Western clinical standards, as well as by the social standards that inform them. To a feminist who views lesbian existence as the antidote to a condition just as worthy of diagnosis: compulsory heterosexuality, however; the transgressive kiss is a form of feminist resistance. It is the diagnosability of the kiss to a heteronormative and binary-obsessed society that renders it taboo and that creates the opportunity for it to be an act of feminist resistance against the social norms of the patriarchy. Katherine Gough's characteristics of male power include the withholding, or denying, or women's sexuality and the exploitation of their labor as a means of controlling what they produce (Rich 348). Both fictional Woolf's labor and sexuality were in question throughout *The Hours*.

Not only were they in question, they were also in a mode of conflict. Leonard and the members of *his* household's attempts at policing Woolf's uncommon forms of sexuality and manner of labor were attacks on Woolf's freedom to her rights over both her labor and sexuality. Her practitioners and members of the household were, together, the primary sources of male power that restricted her ability to survive by exacerbating the state of her inner isolation.

Virginia's presenting problem is not evident in the film, since she is resistant to the process of consulting with a practitioner. Virginia and the physician do not interact directly during the film; the physician is seen discussing Virginia's state of mind with Leonard. The only evidence of a patient-practitioner relationship is present in the scathing criticisms and defense that Virginia makes to Leonard in regard to her feelings of coercion and powerlessness over not being allowed to make decisions on her own behalf. Virginia says of her medical experience, "I am attended by doctors who inform me of my own interests." It seems that to Virginia's mind, doctors are as much of the problem with living as anything else— they represent to her the systematic and insurmountable power that men have over women. She seems acutely aware that doctors are one manifestation of hierarchical power dynamics and that they are subjugating her. Whoever has the power determines what is and is not considered socially acceptable, shapes the way that gender, human sexuality and interpersonal relationships are understood, and affects the landscapes of freedom and captivity. Virginia's independence and medical autonomy does not exist because it has been thwarted by the systems in place and the powers that be. Her role as a married woman renders her powerless to the

advisements of male society, male medical practices, and male authority as it asserts itself through heterosexual marriage.

Jeanne Marecek and Rachel Hare-Mustin, in "A Short History of the Future: Feminism and Clinical Psychology," describe feminism as a "form of oppositional knowledge." If fictional Woolf can be seen through this feminist lens, then her mental state might be interpreted as a form of internalized resistance against "the dominant discourses in clinical psychology" that "have taken white males as the norm, and thus white women and people of color have been viewed as deviant and inferior" (524). In the case of *The Hours*, fictional Woolf's deviant status as a woman render her diagnosable because of the abnormality of her non-conforming version of womanhood in the context of the heteronormative world. Her inferior status as a woman renders her diagnosable because her inferior position places her in the "care" and under the watch of men.

Not surprisingly but early on in the practice of clinical psychology, scientific sources were not the main sources of knowledge drawn upon. Therapists, often-unquestioned authorities in personality and behavior, "held biases and stereotypes similar to the public at large" (Marecek and Hare-Mustin 245), allowing these biases and stereotypes to govern their practices. Given this, it is not surprising that Woolf's departure from her assigned gender role would be considered abnormal and diagnosable. Even now, however, there remains a question of whether or not this is still the case.

Regardless of the presence of scientific research and experimentation, therapists posses biases. The practice of diagnosis and the sanctioned right over the primary use of the language of diagnosis places clinicians in a position of power over everyone else. The sanctioning and credentialing of experts creates, purposefully, a socioeconomic and

interpersonal divide that further perpetuates stereotypes and biases. As Marecek and Hare-Mustin state, "since the beginning of the feminist movement, feminists have insisted that diagnosis is not a neutral tool" and "some have argued that diagnosis can be a means of discrediting and punishing women who do not conform to men's interests" (524). These points are certainly central to the larger feminist critique of diagnosis, but most pressing is what Marecek and Mustin refer to as "the political meaning of diagnosis." Not only does diagnosis have political results, but it is also a political act with political meaning. The moral and political implications of deciding and enforcing what is socially acceptable and unacceptable make the language of diagnosis something that goes beyond the realm of science.

The language of diagnosis is the language of the clinician; it is not a universal language with universal applicability, though it is often treated as such. It is a widely used community language, one that is mostly spoken by those who do the labeling in reference to those who are labeled. This renders the language of clinical psychology a language of acculturation. It has a purpose: to treat, or control, abnormality, and so the language of diagnosis is the language of normality-enforcement: it seeks to normalize those who fall outside its bounds. Yet we must remember that the individual is heart of diagnosis, as the one affected by its labels,; even "the conventional diagnostic system identifies the individual as the locus of pathology" (Marecek and Hare-Mustin 525).

Fictional Woolf is the focus of the household; her social disobedience is seen as disruptive and disturbing to those around her. She is vulnerable because she has no independence or medical autonomy. They have been thwarted by the systems in place and the powers that be: her caretakers. Fictional Woolf's role as a married woman

renders her powerless to the advisements of male society, male medical practices, and male authority as it asserts itself through heterosexual marriage. Yes, fictional Woolf has to contend with what Betty Freidan would later call the "problem with no name;" she has to struggle as a prolific writer within the confines of the "household role." Though emotionally and physically Virginia and Leonard are worlds apart, Leonard tries to maintain his connection with Virginia by keeping tabs on her whereabouts and on her daily habits. Her is her caretaker and overseer. It's infantilizing to Virginia. Since the film does not provide viewers with enough background information to know how this paternal power dynamic came to be within their relationship, it is impossible to say whether it was Virginia's dark mood and psychological isolation that warranted surveillance or Leonard's indoctrination into misogynistic surveillance that formed and maintained Virginia's behaviors. Leonard struggles to maintain control of Virginia. He serves as her caretaker in the name of keeping her alive, but she is an unwanted captor. Virginia resents his paternal watchman's role.

Even if we are to consider Leonard to be one of the resident clinicians in *The Hours*, for the purposes of this assignment, Virginia's presenting problem still remains unclear because she does not concede to his evaluation or treatment of her nor does she admit to having a problem that she wants to change or wishes could change. She is resigned to her state of being and she sees death as the natural and reasonable solution to the set of circumstances, and she neither entirely holds responsible herself nor any external factor for "the way things are." I don't believe the film suggests that Virginia, though she feels her separateness gravely, interprets the dark feelings as being attributable to a lack in herself. Instead, it seems she attributes her darkness to the nature

of the world. This makes it very difficult to identify a presenting problem. I think it's fair to assume that if Virginia's physician were to define her presenting problem, he would characterize it as consisting of an insubordinate attitude, an inability to function daily according to the acceptable norms for wives (unwillingness to perform her wifely household duties and obey her husband), a foul mood, and an unacceptable demeanor of oddity and resistance.

The most recent symptoms of a psychological disorder in Virginia, displayed in the film, were her depressed mood, severely diminished interest and pleasure in all daily activities, insomnia, low energy, alternating moments of anger, and concentration on and recurrent thoughts of death and suicide. Throughout the film, she has trouble concentrating and is easily distracted by arresting emotions that are connected to romantic thoughts of life and death. The film provides a small but powerful glimpse into Virginia Woolf's physical and psychological worlds, but Leonard is the one who speaks about her state, referring to her mental health struggles throughout the film. This is particularly evident in the train station scene in which he says to Virginia, "You have a history of confinement…we brought you to Richmond because you have a history of fits, moods, blackouts, hearing voices; we brought you here to save you from the irrevocable damage you intended upon yourself…You've tried to kill yourself twice." Also consider the rest of the conversation, in which Virginia and Leonard express their drastically differing perspectives, when Virginia says, "You call me ungrateful…my life has been stolen from me…I'm living in a town I have no wish to live in, I'm living a life I have no wish to live." Leonard responds, saying, "This is not you speaking...This is a voice of your illness. It is not your voice" and Virginia responds, profoundly, saying, "It is my

voice...I wrestle in the dark…only I can know my illness…this is my right. It is the right of every human being."

Since I am playing the role of clinician, I am trying to maintain a balance between my consideration of Leonard's secondary evaluation of Virginia and Virginia's own assessment of herself. As someone who studied Women's Studies and as a feminist activist, I know good deal about the heteronormative social factors that might have affected Virginia's state of mental health as well as the way in which society, Leonard included, interprets Virginia's state of mental health according to its norms and values. The film depicts a great divide between Virginia and Leonard, contradicting what other sources report as their closeness as a couple. I suppose, with its fictional artistic license, the film could have been intending to depict one single state, or period, of Virginia's varying mentality— the depressive state, in which the one who is depressed feels removed from others, from pleasure, and from life itself.

This, paired with the limitations of diagnosing a character in a film, makes the process of assessment and diagnosis difficult. I feel that any diagnosis that I make is likely to lack meaning and be arbitrary, which is disheartening to me because I hold *The Hours,* as well as Virginia Woolf, quite close to my heart. Leonard is instrumental in the diagnosis of Virginia because, although he may have unintentionally contributed to her despair and isolation, he knows her more intimately than most. You could argue that he did not know her intimately, or that readers of her works might know her more intimately than Leonard, or that her female companions (or her sister, Vanessa, for instance, or one of her lovers, such as Vita Sackville-West) might have known her more intimately than Leonard; but on the basis of the film alone, Leonard was Virginia's most intimate witness

and confidant. The problem that I have in making my diagnosis also has to do with the fact that I know a few things about the actual historical figure, Virginia Woolf, that complicate my diagnosis. I also find diagnosing Virginia (a.k.a., the psyche of *The Hours*) difficult because I relate in many ways to Virginia's conflicted experience of life. I do not "believe" in language, though it is one of the major essentials of my life. Likewise, I do not "believe" in the language of diagnosis and disorders. These factors make it challenging for me to slap a simple diagnosis on a character, and more so on the person she represents, someone I feel is one of the greatest minds in history and who possessed, in her life, a mind of great magnitude.

The film provides a very vivid account of Virginia's poor social functioning but as far as we know, the film might only be showing us a day or week in her life. The level of impairment in her social functioning is profound, however, throughout the moment in her life depicted in the film. Her social interactions are unusual in that she always seems to be in her own world, in her own mind, and unable to communicate on any other subject than death. Virginia's communication style comes across as distancing and hostile. She seems to be aware of the disapproval of others and have a heightened sense of being different than others, and there is a good deal of bitterness over her isolation that comes across in her social interactions with others. She seems, also, to come away from almost all of her social interactions feeling dehumanized or otherwise frustrated. Her writing is her work of escape from the social world with which she does not identify, and she lives more in the world of her books and mind than she does in the real world of traditional early-20th Century communication. On some level, it seems to be a conscious choice. On another level, it seems to carry her so far out to the sea of herself that she

cannot find her way back to a social land. It is as though she were living in two worlds and the world of her thoughts outweighed and then consumed the world of her external environment. To contradict this, the act of suicide itself, alternatively, might have been the bridge between those two worlds— the bridge between her thoughts of death and the realm of life. As she was submerged in the water, it was as though she found freedom in the unity of surrendering herself to nature. By giving herself to and joining the world outside of herself, she was acknowledging, or conceding to, the fact that she is, not separate but rather, part of this ecosystem of life. By giving herself to nature, she sets herself free of her mentality of being separate from it.

Based on the film alone and its many indications of mental illness, not on what I have read (about her Bipolar mood disorder symptoms), my conclusion is that Virginia is likely experiencing a mood disorder, specifically, major depressive disorder. Now, if I had more information about her history (which I do not, because the film does not provide it), then I would likely change my diagnosis. But with what information I have, major depressive disorder seems to fit.

Axis I: Major Depressive Disorder

Axis II: No evidence of a personality disorder

Axis III: No physical conditions or disorders

Axis IV: Problem with primary support group

(disconnect, discord and tension in marital relationship)

(disconnect in relationship with sister)

Axis V: Current Global Assessment of Functioning: 10

(Cannot make an assessment of Highest Global Assessment of Function)

In the film, Virginia displays many signs that indicate that she was suffering from what a clinical psychologist would likely label (for diagnostic purposes) major depressive disorder: depressed mood, diminished interest in ordinary activities (staying inside in her room for hours on end), appetite disturbance (not eating, not attending meals), sleep disturbance (staying up to write), psychomotor retardation (sitting in her room, staring into the distance), poor concentration (inability to respond to anything in a way that does not somehow connect with death, inability to respond to questions that others ask), and suicidality (preoccupation with death, deciding she will die, then wanting to go to London, then carrying out her own plans for suicide and executing them successfully). Virginia's mood in the film is consistently low and I saw no evidence of a personality disorder.

As is evident in her disposition, as well as in the physician's appraisal of her condition, Virginia is not experiencing any physical condition or disorder. She is, however, experiencing major impairment in her relationships with her husband, sister, physician and house staff (the only people in her midst). I feel that my global assessment of Virginia's functioning has to be 10 because she actually kills herself – not just making an attempt, but carrying out her suicidal intention. She has a clear expectation of death, and then takes action to make that expectation come to life. If the actualization of her clear suicidal intent were not a factor, I would label her global assessment of functioning as being 30 (somewhere between 25 and 35). Not considering her suicide, I was conflicted as to whether her functioning fell into the 31-40 category or the 21-30 category, but ultimately decided on the lower category of functioning (21-30) on the basis that her communication and judgment were severely impaired (largely incoherent to

others). She shows clear signs of impairment in communication (her speech throughout the film is obscure though not entirely illogical or irrelevant, to my estimation). She also shows major impairment in several areas (family relations, judgment, thinking, mood – avoiding human beings altogether, for the most part).

I ruled out dysthymic disorder because Leonard, in his urgent appeal to Virginia, suggests that she is experiencing a bout of something strongly mood affecting rather than a general depressed mood that exists perpetually. He likens her current episode to an episode in the past, in which she experienced fits, moods, blackouts and voices. I won't address the voices and fits, because they are inconsistent with my diagnosis and they are not depicted in the film --and because I don't know what Leonard meant by fits; however, the reference to the episodic nature of her mood is indicative of major depressive disorder.

I'm not sure how to evaluate how accurately the film's depiction of mood disorders, specifically depression, is based on what I have learned about in our text, *Abnormal Psychology: Clinical Perspectives on Psychological Disorders* (6th ed.). I think in order to do so I would first have to assume that it was the film's (or film director's) intention to depict mental illness. While I believe that Michael Cunningham and Stephen Daldry's works touch upon or depict in some way a psychological state, I do not feel comfortable asserting that either or both of them specifically intended to comment on mental illness (on mood disorders or on major depressive disorder). I think the beautiful but troubled mind of Virginia Woolf is, in large part, the heart of the film; yet I also feel the overriding purpose and theme of the film is to comment on the quandaries and emotional challenges that all people (particularly women who are under the control of

men and children who are under control of their parents) face when coming to terms with life decisions, some of which inevitably involve or result in death.

From a clinical perspective, not necessarily from my own, one might argue that the film romanticizes, intellectualizes and renders abstract the realities of mood disorders. I would argue that the film brings to life, in art form, the actual emotional and psychological experience of living in an intellectual, abstract way. I think the emotions and thoughts that all of the characters (or that the collective consciousness of the characters) experience in the film are emotions and thoughts that many highly intelligent, creative and emotional individuals experience during their lifetimes. Of course the film ties together the emotions in such a deeply connected and fast-moving way that it's overwhelming to the viewer to experience, even second-handedly. I cannot speak for all clinicians, and I, myself, would not be a clinician who would do this nor is this a view I endorse, but a clinician might interpret that aspect of the film (the collective consciousness) to be a depiction of depressive mental illness itself.

Along these lines and contrary to my opinion, one might argue that the film takes you into the dark and twisted consciousness of depression. I would argue for an alternative interpretation: that it takes you into the sad and beautiful mind of life itself and that it stunningly illustrates the inseparability of life and death, thought and reality, of the collective consciousness of humanity. If I interpret the film through the lens of the chapter in our abnormal psychology textbook, I would say that it somewhat accurately depicts major depressive disorder but portrays a specific form of the disorder— the kind that is present in a brilliantly creative intellectual mind. My opinion is that such an interpretation mistakes deep thinking and a wide perspective for mental illness. Is it deep

thinking and deep understanding or mental illness and disorder? Which is it? It's a depiction, I believe, of that very question, and it suggests that neither is a fully adequate response to the question. Is Virginia's assessment of herself and of life accurate or is Leonard's assessment of Virginia and of life accurate? We just don't know. I may be in agreement with Virginia's character, throughout the film, but I know that my similar way of seeing things is not proof of anything. It's just an opinion, a way of thinking. Ways of thinking can be understood and articulated through the language of diagnosis (through the DSM) or they can be understood and articulated through other languages.

Characters in *The Hours* are tied together by their thinking and kept from one another because of their thinking. The risk in this is that we can become prisoners to others' perceptions of us (or to what we believe others' perceptions of us are). Richard tells Clarissa, in the film, that she is Mrs. Dalloway, he insists that she is someone he believes her to be. Richard is a prisoner to his belief that Clarissa has a role to fulfill in order for his happiness to be possible. His beliefs about her reinforce his beliefs about himself and about life. Clarissa is just as much a prisoner to his perceptions; his beliefs about her and about life would not hold power over her if she did not fear or believe them to be true. Clarissa denies this but believes it in her hear; she lives a prisoner to her belief/perception of herself. She looks to Richard to free her with his unattainable wellness and he looks to her to free him from his inner sense of abandonment; but neither one can free the other because their core beliefs are rather fixed.

Each one faces individual despair yet they are connected to one another by virtue of their collective despair. Clarissa cannot turn her back on what she defines for herself to be the one moment of happiness that lies in the past and cannot be returned to; Richard

does the same in the pain he carries with him and relives over and over about his mother's abandonment. It's the meaning that each character gives to their experiences of suffering that keeps the suffering in the present. In their suffering, they live neither together nor apart. It is not death that frees them from their beliefs, but death that allows them to see their beliefs for what they are. With Richard is gone, Clarissa has a choice: to continue living a life according to her belief about herself or to live her life according to new beliefs. What she seems to begin to learn at the end of the film is that they are her beliefs. *That* is the power of our perception, the power to connect and divide us, and the power to project our feelings onto others.

Laura Brown is faced with a similarly difficult choice: to live a lie and remain a prisoner to her suffering (a form of certain death for her son and her husband and herself) or to leave her false life behind in order to live as herself (uncertain death for her husband and son but life for her). She chooses life for herself. She chooses to live and to leave her son to find his own way of surviving. Richard struggles to live amidst the conditions, self-imposed or otherwise, of his own life. Perhaps in the end he chooses death for himself in order to escape his despair, in order to free himself of his past and current life and in order to free Clarissa to live her own life. Or, perhaps Richard decides to fall out the window as a final way of gaining some sense of control, since he did not have the power to make his mother stay and since he has no power over the disease of AIDS that is taking over his body and pervading his daily life.

According to the first theory, his decision is a choice for life: by choosing to die, he chooses life. By choosing to leave, Laura Brown chooses life, as well, because the alternative (life as home married to a man when she is a woman, and perhaps a lesbian, of

intellect) is a kind of death. By choosing to sink down into the river, Virginia Woolf chooses life— she chooses to free herself from her predicament of misogynistic treatment and from her despair, and, in doing so, she frees Leonard of his predicament as caretaker and the cycle of despair that inextricably ties them to one another. All four of the characters must experience death in order to experience life. According to the second theory, one that I feel is a stronger and more accurate theory, control is at the center of the characters' decisions to leave or die. The second interpretation is more powerful, in the sense that it speaks to the larger issue of the power of our perception. According to this interpretation, Richard attempts to take control of his life and his *self* by taking *his* death into his own hands. Laura's decision to leave is a decision to gain a sense of power over herself and to obtain the freedom to be her own person – to be autonomous. Virginia commits the ultimate act of *being her own* by making a decision on her own behalf that cannot be influenced or controlled by others (not by society, not by doctors, not by Leonard). If she were not in limited by the times and by her social role, she might have been able to be her own without committing suicide.

Clarissa, in this way, is able to do what Virginia is not able to do in the film: to be her own through a life-promoting decision. At the end of the film, Clarissa changes her mind about life and decides that Sally is who she wants to be with, not whom she is with by default. It is that decision that is an act of independence. By no longer submitting to the authority of the past (or to the idea that happiness was in the past), Clarissa is able to let go of the past and make decisions for herself. Her perception of the past as happiness is the power that undermines her autonomy; its effect is the same effect that Virginia experiences under the male dictates of traditional gender roles and marriage. It is not the

act of leaving or entering life that makes it powerful; it is the purpose and meaning behind the act that does so. Virginia, Laura, Richard and Clarissa achieve an ultimate sense of self-determination and autonomy through the choices they make for themselves.

Even when Leonard, in one of the last scenes in the film, submits to Virginia's desire to move from the countryside to London, he has the final say. Leonard gives into her wishes, but lets her know that it's still his decision. He is the one who makes the final call; he is the one who says, "Very well, London then." Virginia's attempt to leave for London is a last ditch attempt to assert agency. But it does not work; Leonard shows up to stop her. Virginia is not able to say whether or not she will go, she must either rebel against or submit to *his* decisions. This explains why going to London was not the answer and why the answer was death. Even if Virginia ended up in London, it would not have been her decision to go and so she would have continued to feel like a prisoner. The marriage itself, not Leonard's personal failings, is the prison. Death is the only way to go somewhere, leave somewhere, do something for herself without the approval or disapproval of others being a deciding, or controlling, factor. In the river, it is Virginia and only Virginia who has *the power to decide*. All of the central characters make choices about life and death based on their thinking and based on their relationships with power. Virginia is no exception to this rule.

It takes an outsider, someone who knows what it is like to suffer patriarchy or another form of oppression, to know effects and challenges of that environment. For a powerful and socially-sanctioned insider, a clinician, to come into the picture and try to define (and label as illness, no less) the intellectual, emotional and psychological terrain of that environment is an invasion of privacy and of liberty. Diagnosis of the oppressed

by clinical practitioners who are embedded in the system of oppression, at its top tier mainly, is often an act of policing what Gayle Rubin's calls the sex/gender system (Hartmann 359).

Fictional Woolf is caught up in a sex/gender system that places her husband and her practitioner, their wants and the value of their ideas, above her own. Their appeals to her are similar in that both attempt to urge her into obedience to social norms. Whether knowingly or not, they become enforcers of the social norms that serve to keep fictional Woolf's in her normative role within the sex/gender system. It is this system that contributes to fictional Woolf's insufferable disconnect, the one that restricts either deliberately and overtly or inadvertently and indistinctly her ability to control her own labor power, sexuality, and gender expression. The marriage itself, not Leonard's personal failings, is fictional Woolf's prison. If the institution of marriage is the imprisonment of women into a life of patriarchy and its assertion of traditional gender roles, then the practitioners in support of that system are the prison guards.

But how does one leave patriarchy? How does one leave the world that oppresses and then diagnoses a person for her resistance against its oppression? There are several ways to go about it. In almost all of them, one risks (the) death (of something). Fictional Woolf seems to have some sense of this. It is ironic, given fictional Woolf's inextricable tie to her written labor, that she writes to Leonard before departing, "without me, you could work. And you will. I know. You see, I can't even write this properly." Fictional Woolf, in her last moments, focuses on the labor. Throughout the film, it was this labor from which she would not and could not extricate herself that drew a wedge between her and the other members of her household. There is a great deal of tension in the house

over Woolf's habits of labor. We see this with Vanessa and with Leonard, but we also see it strikingly in Woolf's irascible interactions with her own subordinates or, perhaps in the case of the Woolf home, subordinate equals: the household staff. Not only does the disconnection between Woolf and the cooks speak to class-established tensions within the patriarchal system, but it also emphasizes the difference in gender role adherence.

The cooks' distaste for and disapproval of fictional Woolf and her gender nonconformity in the film is reflective of the larger system of patriarchy. Fictional Woolf does not run the household in a suitable and proper manner. She does not do so according to the prescribed gender roles of the times. She does not tend for the country estate at all, but rather leaves all the looking after to Leonard and the hired help. Instead of maintaining the house, running the private type of labor acceptable for a woman of her class and status, fictional Woolf behaves in a way inconceivable to society: she rejects most every gender norm and adopts what at the time would be considered abnormal, extreme and perhaps self-centered, labor-centered habits. She does not take charge of the one acceptable and allowable thing she is permitted to direct: she abandons her kitchen and her household duties entirely. She does not make beds, she does not cook, she does not tend to her husband's needs, she does not organize meals, she does not oblige houseguests, she does not serve anyone. Instead, she locks herself in her room, refusing to eat and laboring over the labor of her choice: writing. She does not stop for anyone, she continues on, in the world of her labor. And to do this with relatively little interruption, she disengages from the world of the household. Her room is her safe space, away from the unfulfilling role that awaits her outside its door, but her decision to pursue the passion of her labor fully is not without social and internal consequence.

Inhabiting the room is intense and fulfilling, yet it's also intensely lonely and isolating. This, it seems, is what creates her desperation and despondency. The only public avenue that the countryside allows her is through her private room. But a room of her own does not, ultimately, solve the problem outside the room for Woolf, nor does it solve her desire to find a safe space outside of the room – a public place, in London, perhaps, in which she could be a woman and still remain herself as a literary and visionary feminist laborer. Fictional Woolf leads what Adrienne Rich coined the "double life." In order to function within the patriarchal system and to still remain fastidious in her own cause, Woolf, in the film, has to acquiesce to certain requests made by her husband. What Rich calls the "double life" is this acquiescence, in acts of compliance, in the name of an institution rooted in the privilege and interest of men (Rich 352).

There are two major male-privileging institutions prominently affecting fictional Woolf in *The Hours*: marriage and publishing, both male-serving and both derived for the promotion and benefit of men. Particularly present in the film is the theme of a continuum of lesbian existence, in which characters, particularly Woolf --who is the conceiver of the other characters, indirectly—moves with her fragmented counterparts in and out of the continuum (Rich 350). The obscuring fluidity of characters in *The Hours* stands in contrast to its interrupters and questioners— those practitioners of the patriarchal system. Fictional Woolf is non-compliant whereas the cooks represent what it means to comply: they sympathize with Leonard, they attempt to maintain the social and general order of the household, and they dissociate themselves from fictional Woolf, maligning and ostracizing her for her unwillingness to comply with the household system of which they are all a part. They, on the lowest rung on the ladder in the house of

hierarchy, roll their eyes at fictional Woolf and demonize her for her nonconformity.

Feminist economist, Heidi Hartmann, suggests, in "The Unhappy Marriage of Marxism and Feminism: Towards a More Progressive Union," that all of patriarchy is founded in men's control over women's labor agency. According to Hartmann's definition, patriarchy depends on the maintenance of this control. It is maintained through the barring of women from productive resources by obstructing their access and opportunity and by restricting their sexuality. Suicide, to fictional Woolf, is the freedom to pursue and produce, and to do so without interruption or obstruction. It is the only way to go somewhere, leave somewhere, do something for herself without the approval or disapproval of others being a controlling factor. In the river, it was Virginia and only Virginia who had *the power to decide*. All of the central characters make choices about life and death based on their thinking and based on their relationship with power.

Ultimately, it does not matter whether or not each character *has* a choice; what matters is each character's *perception*. It is that perception on the issue of choice or lens through which choice is practiced and experienced that affects each character's course of action. A clinician chooses to diagnose or not-diagnose a client based on her or his thinking. My film paper, my case study assessment of Virginia's character, is the way it is because *I* think this way. I can interpret the film through the lens of the chapter on mood disorders or I can interpret it through my own perspective. In my estimation, that is what the film is about: it is as much about the power and limitation of our individual and collective perceptions as it is about the importance of autonomy— a sense of independence from the oppressive forces outside of us as well as a margin of freedom from the oppressive forces within.

In reaction to and inspired by this assignment, I seek, in this ongoing project, to challenge existing structures and offer alternative, more inclusive, comprehensive and equality-oriented, interpretations of representations of Woolf – and, more broadly, in depictions of women in art and literature. My goal for this project, in its earliest stages, is to move characters and figures away from their place within the confines of authoritarian interpretation and traditional academic discourse, especially with regard to the clinical notion and associated stigma of mental illness, and toward a place of feminist interpretation, perhaps into an uninhibited artistic and political multi-consciousness of resistance.

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