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The Portrayal of Woolf's Mental Disorders in *Mrs. Dalloway*

Submitted and Defended by:

FERDJAOUI Ouissal

Board of Examiners

Mr.	SEDRATI Yasser	University of Biskra	Examiner
Mrs.	HADDAD Meymouna	University of Biskra	Supervisor
Mrs.	DJAALAL Meriem	University of Biskra	President
Dr.	HAMEL Lamjad	University of Biskra	Examingerge

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University of Mohamed Khider-Biskra-
Faculty of Letters and Languages
Department of the English Language and Literature

Supervisor: Mrs. HADDAD Meymouna
Candidate: Ouissal ferdjaoui
Specialty: Civilization and Literature
Date:10 / 06/2023

DECLARATION OF INTEGRITY

I, “**Ouissal Ferdjaoui**”, solemnly declare that the dissertation titled " The Portrayal of Woolf’s Mental Disorders in Mrs. Dalloway " submitted to the Department of the English language and Literature at Biskra University is entirely my own work, free from plagiarism, and has not been submitted to any other educational institution. I have appropriately acknowledged and cited all sources used, and I have conducted myself with academic integrity throughout the process. I understand the severe consequences of academic misconduct and affirm the authenticity of my dissertation.

Signature

Dedication

*This piece is dedicated to my dear grandparents, **Zerara Ahmed** and **Nana**. May Allah have mercy on them, as they were a source of inspiration and affection.*

*This study is also dedicated to my treasured parents, **Hamida Zerara** and **Djilani Ferdjaoui**; to my sweet sisters **Hanine and Hadil**; and to my younger brother **Dhia**, who made my work possible with their love and encouragement.*

*I dedicate this work to my beloved **Sakina** and **Fadila** for their unconditional love.*

*To my colleague **Mohamed Yacine Souidi**, who became my supporter through his assistance and constant encouragement, and my cherished friend **Hana Amrane**, who was always by my side.*

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Abstract

Woolf's mental disorders in *Mrs. Dalloway* tackled the numerous mental disorders of the main characters, Clarissa Dalloway and Septimus Warren Smith. *Mrs. Dalloway* was analyzed with an emphasis on its two primary characters and their mental states. This study aimed to investigate Woolf's reflected mental disorders in *Mrs. Dalloway*. Furthermore, the primary objectives were to identify the psychological terms used to describe the character's mental disorders and highlight their various symptoms. This study employs Freud's psychoanalytic literary theory to interpret and understand the selected novel in depth. In conclusion, based on the interpretation of Woolf's *Mrs. Dalloway*, the reader can be aware of the severity of mental disorders and their effect on mind and conduct. In addition, to educate them about the various symptoms so they can manage anxiety and depression and take their mental health seriously.

Keywords: Anxiety, Depression, Freud's psychoanalytic literary theory, Generalized Anxiety Disorder, *Mrs. Dalloway*, Manic-depressive, Mental disorders, Post-traumatic stress disorder, Suicide.

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General Introduction

Literature at the beginning of the nineteenth century witnessed a huge change concerning structure and themes. Modernist writers, at that time, became more involved with the individual's psyche. Virginia Woolf is indeed one of the pioneering writers who shed light on this specific matter in her masterpiece *Mrs. Dalloway*. In 2005, this novel was included on TIME Magazine's list of the 100 best English-language novels written since its first issue in 1923 (Grossman). Therefore, the theme of mental disorders in *Mrs. Dalloway* was discussed through more than one character. Throughout the novel, the reader notices the theme of depression in many characters; particularly through the protagonist Clarissa Dalloway. Clarissa is stuck in her past and sunken in her regrets. This affects the way she regards society and life in general. Her pessimistic views are evident in the way that she pre-judge's other characters. Clarissa's depression can also be seen in the way she is unable to find meaning in life. Post-traumatic stress disorder, or shell shock as it is referred to in the novel, is a highly emphasized issue within the novel. This mental disorders embodied by the character of Septimus Smith. Smith is a veteran of the First World War. The horrifying events he has witnessed during the war seems to hunt him infinitely. In this regard, Shirley Panken considers that this character in particular experiences "a sense of immense chaos, helplessness, and abandonment" (139).

In order to conduct this research three questions are worthy asked:

- What are the symptoms of different mental disorders associated with *Mrs. Dalloway's* main characters?
- what are the mental disorders depicted by woolf in her masterpiece *Mrs.Dalloway*?

- What are Woolf's mental disorders and their reflection on her characters ?

To set reasonable findings to the questions above, the researcher adopted the MLA 8th edition style format. The researcher has chosen this literary work, *Mrs. Dalloway*, as an eminent sample of the modernist style of writing, in which the theme of mental illness is presented through psychological dimension. This research is based on the theoretical and analytical investigation, employing Freud's psychoanalytical theory. In other words, this research relies primarily on psychoanalytic literary criticism theory which employs Freud's "reading" techniques to interpret texts in order to understand Mrs. Dalloway's characters in depth. It is argued that literary texts reveal the author's unconscious desires and anxieties, and the literary work is a manifestation of the author's neuroses. Thus, this study explores Woolf's inner thoughts, mental disorders that may be reflected in Mrs. Dalloway based on her biography and diaries. In this essence, this research aims at:

- Investigate the mental disorders that Woolf reveals in Mrs. Dalloway through her main -characters and their serious effect on the human mind and behavior. - Identifying the mental disorders used to describe the character's mental state.

- Highlighting the various symptoms that may contribute to the development of a mental disorder.

- Analyzing Woolf's Mrs. Dalloway to discover the likeness between her mental state and her characters based on mental disorders reflected in her characters: Clarissa Dalloway and Septimus Warren Smith.

This research is divided into three chapters. The first chapter, precisely, devotes itself to theoretical part. It deals with explaining Freud's psychoanalytic literary

theory and its key terms that help understand literature .In addition to defining mental disorders and highlighting their symptoms and possible causes. The second chapter, however, tries to present Woolf's life and her mental state in addition to an analysis of Mrs. Dalloway's characters. The purpose of the last chapter is to explore the reflection of mental disorders in the given novel and will put the characters under the lens of Freud's psychoanalytic literary theory study in order to determine their mental disorders and compare them to Woolf's mental state. Furthermore, it will tackle suicide as a result of mental disorder

Chapter one

Introduction

Mental disorders are often defined as a combination of odd thinking, abnormal conduct, perceptions, and unstable interpersonal interactions that have a serious influence on humans, causing them to suffer and be unstable. These mental disorders have become an important subject, particularly in literature, where many authors depict mental disorders in their writings; therefore, this chapter will be divided into two parts: the first part will examine psychoanalytic literary theory by Sigmund Freud and its concepts, which play an important role in comprehending literature. The second part will focus on defining the mental disorders such as anxiety and its major types and depression, as well as their causes and symptoms.

1. Psychoanalytic Literary Criticism:

1.1 Psychoanalysis Theory

The term "psychoanalysis" refers to a set of theories and therapeutic practices used to treat mental disorders. According to Hossain, this psychological theory of the human mind was founded by Austrian Neurologist Sigmund Freud and others in the late 19th and early 20th centuries as a treatment method for mental disorders such as anxiety or depression to help distressed people heal from their past experiences by focusing on their unconscious and behavior and digging deeply into ' why people behave the way they behave(42). According to Monte (1977), "Psychoanalytic theories assume the existence of unconscious internal states that motivate an individual's overt actions" (41/42). This quote indicates that Psychoanalytic concepts assume the existence of hidden, psychological conditions that drive overt behavior.

Freud began his career as a psychologist who treated psychiatric patients in his clinic, and as a result of his longtime dedication to this field, he became increasingly interested in psychology,

and specifically the psychology of the unconscious mind ; Based on his psychological studies, he suggested that the unconscious influences the human behavior more than conscious could do. According to Bressler, “Freud is one of the first to suggest that it is the unconscious not the conscious that governs a large part of our actions” (125).

1.1.1 Freud Psychoanalytic Theory

1.1.1.1 The Conscious and Unconscious

Throughout his career, Freud developed various models of the human mind such as the “the typographical model” in which he asserted that the human psyche is divided into three important parts including the "conscious" , "unconscious", and the “ pre-conscious”. According to Bressler ,“ In this typographical model version, Freud separated the human psyche into three parts: the conscious, unconscious, and pre-conscious”(ibid).

First, The conscious mind is the waking part of our psyche that contains rational reasoning thoughts where we can make any conscious activity such as when we make a decision in the actual world like putting on a coat when we are feeling cold, or selecting certain food on the menu. Freud views that, “ the conscious perceives and records external reality, and it is the reasoning part of the mind”(125).

Second , the pre-conscious is that part of the human psyche which stores information and memories that are accessible when recalled even if they were not thought about, and these memories actually a part of a “long term memory “such as remembering the name of your first grade college just after mentioning it, or remembering a piece of information that you were taught in class a five years ago. Freud adds that,“ pre-conscious is the storehouse of memories where the conscious part of the mind allows to be brought without hiding it”(126).

Finally, the “unconscious mind” contains ideas, feelings, and memories that we are unaware of, such as fear, desire, and all old childhood experiences and so on. Many modernist including Carl and Freud have seen the unconscious as a part that collects and stores our memories. As stated in *Literary Criticism*, “Carl Gustav Carus and many contemporaries viewed the unconscious as a statistic system that simply collects and maintains our memories”(Bressler 125).

This region of the mind maintains our life history, including unsolved or repressed feelings and issues. The unconscious according to Sigmund Freud is “ the part of our psyche that receives and stores our hidden desire, ambition, fear, and irrational thoughts”(125). Bressler states that the unconscious is the part of the mind where we keep our real truth and desires hidden until they are revealed in our conscious by our slips of the tongue “ Freudian slips “or by unconscious behaviors, and sometimes these unconscious thoughts can appear in our conscious throughout our writing and dreams (126). Bressler adds that,“ Freud believed we bring to our conscious mind our unconscious wishes and intentions, it is especially in our dreams , art , our literature and our play that these Parapraxes reveal our true intentions and desires” (ibid) . This quote states that Parapraxes are the unconscious hopes and intentions that we bring to the conscious mind, especially in our dreams, or writings.

Freud asserted that the unconscious doesn't merely contain our suppressed feelings and unresolved problems but also contains two important instincts. First, the Eros instinct, which refers to the urge of love, life, creativity, and sexual desire. Second, "thanatos," the aggressive instinct, is a form of the death urge that projects one's destructive energy. Freud believes, “that the unconscious houses two humanity basic instincts: Eros ,or the sexual instinct later referred by Freud as libido , and the destructive or aggressive instinct”(126). This quote shows that the

subconscious stores two of humanity's most fundamental drives: the urge for life and the urge for death.

Eros is the strong desire of life and the existence. According to Freud “ Eros operates from the beginning of life and appears as life instinct”(61).This quote highlights that Eros is active from birth and manifests as an innate drive to live just like the strong urge to enjoy life.

Although those two instincts can work together, but they may work against each other as stated by Freud “ these two instincts can work harmoniously, often they act like enemies”(62).This quotation emphasizes that These two drives play complementary roles in guiding our behavior, and they might be at conflict with one another.

The three divisions of the human mind that Freud proposed in his "structural model" represent one of the most important features of the human psyche. First, the “Id”, which refers to the primitive desires and needs for satisfaction that we don't control, These needs need immediate satisfaction, such as a hungry baby waiting for his mommy to feed him, and he won't stop crying till she feeds him, and this happens at the unconscious level.

Second, the “ego” , which refers to one's thinking mind at the conscious level, When we make a conscious decision, such as picking a robe or a pair of pants, we are using this region of our mind. This part of the mind is always seeking a medium and acts as a mediator between the superego and the id, working to satisfy the id's needs without causing any damage to reality. For instance, if you are in line in a supermarket and you feel thirsty and tired, the Id would want you to jump and get some water immediately, but the Ego will calm you till your turn arrives so you can buy a bottle of water.

Third, the term "superego" is used to describe deeply held beliefs about what is accepted and unaccepted, as well as right and wrong behavior learned from parents and society. It actually operates according to social norms basic principles. For example, if someone wants to steal jewelry, the superego would make that person feel guilt and shame about the mistake he made because his behavior is socially unacceptable, and his parents would be ashamed of such an attitude. According Hossain :

Freud proposed three structures of the psyche or personality. Id, Ego, and Super-Ego. Id refers a selfish, primitive, childish pleasure –oriented part of the personality with no ability to delay gratification. Super-Ego refers internalized societal and parental standards of ‘good’ and ‘bad’, ‘right’ and ‘wrong’ behaviour’. Ego refers the moderator between the Id and Super-Ego(43).

The Super-Ego suppress the human instinct desires that are socially forbidden pushing them into the unconscious in which people may feel guilt and ashamed such as repressing the desire of having sex because it is socially unacceptable, and religiously forbidden. According to Bressler, “ the Super-Ego serves as filtering agent, suppressing the desires and instinct forbidden by society and thrust them back into the unconscious”(127).

Complicated human behavior is the result of the combination of these factors. All these aspects work together to shape an individual's personality and have significant effects on who they are. For instance, if the Id wants to get an immediate satisfaction, such as food, sex, or any of our needs, the Ego ensures the Id is satisfied without any damage in reality, and the Super-Ego ensures that these satisfactions are reached in an acceptable way. Bressler adds that, when the societal pressures of the superego conflict with the desires of the id, it's up to the ego to act as a mediator(*ibid*).

1.2 Psychoanalytic in Literature

Many critics and thinkers, dating back to the Greek period, investigated the psychological aspects of literature, including the author's intentions and the impact of texts on the reader and the audience. However, applying these psychological principles to literary criticism is a modern phenomenon that started with Freud and has continued to develop through others. According to Habib “ Rhetoricians, and philosophers since Aristotle have examined the psychological dimensions of literature, however, the application of psychoanalytic principles to the study of literature is a relatively recent phenomenon, initiated primarily by Freud and, in other directions, by Alfred Adler and Carl Jung”(571)

After the birth of modern psychology in the early 20th century, the psychological study of literary works emerged to be one of the most important method of analyzing and interpreting literature in terms of psychological aspect and many other psychological theories such as Lacanian theory with the support of prominent sociologists including Sigmund Freud, Carl Jung, and others. As stated Hossain, “the early 20th century marking the beginning of modern psychology and with the pace of this psychology the psychological analysis of literary texts evolved” (41).

1.2.1 Freud's Psychoanalytic Literary Theory

Psychoanalytic literary criticism is a theory founded by Sigmund Freud, an Austrian neurologist, and become one of the most important modern theories of analyzing English literature. This theory is used to interpret a literary work in terms of its author's psychological life or mental issues that revealed in his literary work. As stated in Beginning Theory, “Psychoanalytic is a form of literary criticism which uses some of the techniques of psychoanalysis in the

interpretation of literature” (Barry 05). This quote highlights the importance of psychoanalytic in interpreting and understanding the author’s reasons behind his writing in a certain way by applying psychological principles on the given text such as applying Freudian theory of the dreams in order to understand the literary text based on the writer's psychological past life and childhood repressed thoughts in the unconscious.

1.2.1.1 Freud’s Theory of Dreams

Each adult's subconscious is filled with repressed sexual desire, fury, and guilt from their childhood and past life events. According to Freud “ Even if the passage into manhood or womanhood may be successful, every adult has stored many painful memories and repressed sexual desires, anger, rage and guilt in his unconscious”(129). This quote highlights that all human beings, regardless of whether or not the transition into adulthood was smooth, hard. There will be always a number of traumatic experiences and repressed sexual impulses, and many other feelings. These repressed needs and hidden emotions affect the conscious by feeling guilt , anxious and may appear as a dream or a nightmare. According to Freud, “ the unconscious with it’s hidden desires and repressed wishes continues to affect the conscious in a form of inferiority feeling guilt, irrational thoughts, and feelings and dreams and nightmares”(129). This quote suggests that such suppressed feelings, if brought to light in a dream, can affect the conscious such as an individual who may underestimate himself due to sticking to a terrible sensation about having suffered a shameful experience that happened in the past, or dreaming of something that may trigger depression such as relative's death

Although the conscious mind represses and throws the feelings and desires away into the unconscious part, the unconscious will express these suppressed feelings and needs through our

dreams or our writing. Freud adds that, “ the unconscious redirect these concealed wishes into acceptable social activities presenting them in a form of images or symbols in our dreams ,or and our writings (129). In this statement Freud claims that the conscious can’t handle all life issues and chaos without having feelings of guilt and shame, so it thrust them back into the unconscious part till it appears in a form of a dream or a written work. For instance, his statement of “ Fundamentally everything has lost its meaning for me in Freud’s letter , he expressed his own experiences of loss of his daughter, and his son after he went to the war , and even his diagnosis of cancer” (Qtd in Eissler 229).Freud after his interpretation of dreams 1900 he asserted that “ the unconscious will express the repressed wishes and desires” (ibid).

According to Freud's theory, a literary work is a reflection of the author's own mental troubles, desires, and repressed thoughts that drive an author to write what he writes, in the same way that a dream expresses the author's inner unconscious hopes and anxieties. Many writers have claimed that some of their creative ideas were inspired by their dreams, including Robert Louis Stevenson, who claimed that he had numerous ideas for his novel "Dr. Jekyll and Mr. Hyde" in his dreams (124). Dreams, in fact, are undeniable and can help us explore the hidden parts of our minds and ourselves. Freud points out that "the unconscious plays a large role in how we think, act, and feel. Dreams, according to Freud, are the best avenue for discovering the content and activity of the unconscious" (124). This quote highlights the reason for how we act and think, as well as the role of dreams in revealing our hidden thoughts and wishes, so if a writer focuses on fear and loss, he may be suffering or at least struggling from a deep fear caused by some terrible event in his past life because any unresolved conflict or issue in the unconscious may appear in the author’s writing. According to Freud, “a literary work is an external expression of the unconscious mind" (129). This quote shows that the interpretation of a literary work is based on

the author's unconscious because any written word is related to the writer's unconscious mind, so a literary work should be treated just like a dream.

2. Definition of Mental Disorders

Mental disorders are medical problems involving changes in emotions, thoughts, or behavior that may impact an individual's ability to function in daily life. A distressed person may find it difficult to cope with work, relationships, or daily stressful situations. According to Hyman "Mental disorders are diseases that affect cognition, emotion, and behavioral control and substantially interfere both with the ability of children to learn and with the ability of adults to function in their families, at work, and in the broader society. Mental disorders tend to begin early in life and often run a chronic recurrent course"(605). This context highlights the serious impact of mental illness on human mind and their behavior in many aspects, such as work or relationships.

A combination of genetic and environmental factors are to blame for the majority of mental disorders, including anxiety, depression, and numerous others. For instance, if a child grows up with a distressed mother, he may be more prone to developing the disorder because he may have inherited it from her. In addition to environmental factors like poverty or childhood abuse, there are also gender factors, such as the fact that women have greater possibility to develop depression than men. These factors may be contributing to the emergence of mental disorders that cause human suffering and unrest. Hyman adds that "Mental disorders have complex etiologies that involve inter-actions among multiple genetic and monogenetic risk factors. Gender is related to risk in many cases: males have higher rates of attention deficit hyperactivity disorder, autism, and substance use disorders; females have higher rates of major depressive"

(606). In the end, not only environmental variables or genetic ones play a role; in most cases, both can play a role when combined together and become difficult to manage and control.

3. Types of Mental Disorders

3.1 Anxiety Disorder

Anxiety is an awful emotion consisting of physical tension, anxious thoughts, and pessimistic anticipation. It is normal for people to feel anxious and scared when dealing with problems, stressful situations, changes in their lives, or difficult decisions from time to time until the situation passes, but if they are still feeling anxious and triggered to make necessary changes to protect what they care about, or if they avoid some activities and places because they expect danger and are afraid of situations that will never occur, it may be a sign that they have an anxiety disorder. Barlow points out that fear is a primitive warning that happens when there is a real threat. It makes humans feel very alert and ready to react. Anxiety, on the other hand, was described as a future-oriented emotion characterized by a sense of not being able to control or predict potentially dangerous events and an immediate change in attention to the focus of possibly harmful events or one's own emotional response to these events (05). There are many types of anxiety people may develop, in this context the researcher will highlight the most common ones.

3.2 Types of Anxiety Disorder

3.2.1 Generalized Anxiety Disorder

Generalized Anxiety Disorder is a long-lasting condition featuring excessive everyday stress, dread, and worry. It is normal for a lot of people to be concerned about issues like health and

family, but some people's worries are unjustified. In fact, people with GAD feel extremely worried and nervous even when there is no rational reason to worry. As mentioned in Cognitive Therapy of Anxiety Disorder, GAD is a long-term episode of anxiety consisting of excessive and persistent worry that interferes significantly with daily life (Clark, 390). Clark adds that, “the worry and anxiety must involve multiple life events or activities and they can not be limited to concerns that are characteristic of another disorder (ibid). This statement indicates that people with generalized anxiety disorder may worry excessively about minor issues and avoid certain people or places that provoke anxiety, such as avoiding social gatherings to avoid being judged by others.

According to Clark, Rebecca is an example of a person who suffers from generalized anxiety disorder because she was concerned about many things, including the health of her parents, her own well-being, the success of her children, and the stability of the family's finances. She questioned whether her superiors regarded her as less capable than the other managers (ibid). Rebecca is a distinct example of a distressed person who struggles with generalized anxiety disorder and experiences all issues that may threat anxious people because she worries about everyday situations that don't need to be worried about. Clark indicates that people like Rebecca may complain symptoms such as fatigue, difficulty sleeping, and irritability, and excessive worry about everyday activities(cognitive therapy of anxiety disorder 390). These symptoms have the potential to cause individuals discomfort and complicate their lives.

3.3 Panic Attack Anxiety

A panic attack is yet another type of anxiety. Panic anxiety is a sudden, intense sensation of fear, discomfort, or loss of control that occurs abruptly in the absence of a clear danger or trigger. As

stated in Cognitive Therapy Of Anxiety Disorder, panic attack is characterized by an overwhelming and abrupt fear of specific aroused bodily sensations that the sufferer incorrectly interprets as signaling a serious danger to their physical or mental health.(Clark, 280).

Those who suffer from panic attacks may complain symptoms like a sudden and intense fear of dying or losing control of their surroundings, and they may worry that these feelings are signs of insanity or the beginning of a mental breakdown. Clark points out that “these symptoms are an indication of losing control which could lead to a severe panic attack and eventual loss of function” (ibid) this context shows that these signs represent a dangerous slide into a full-blown panic attack and subsequent incapacitation.

3.4 Death Anxiety

The fear of death is a continuous and severe worry over one's own or a loved one's near death. According to Milosevic “Thanatophobia (from Thanatos, the Greek god or daemon of nonviolent death, and phobos meaning fear) is an excessive and persistent fear of one’s own death. It is more commonly referred to as death anxiety”(371). This statement defines death fear as a psychological terror of death, or the process of dying itself. This condition is also known as death anxiety, and it occurs when a person is terrified of their own, or loved ones death. This distress may occur due to past traumatic events such as witnessing the deaths of the parents, childhood conflicts, and total rejection of death, either their own or others deaths. According to Freud “fear of death represented unresolved child-hood conflicts, and he theorized that humans were not able to truly accept their mortality” (371). This comment emphasizes the potential for people to develop death phobias because they have memories of death and loss from their childhood or

adulthood experiences that they haven't dealt with yet. Also, people who reject their non-existence idea in the future may face death anxiety.

It is also believed that those with low self-esteem are less tolerant of death-related situations and hence feel more death fear because people with low self-esteem are always experiencing conflicts about their choices in life. Also, people who suffered from or are still suffering from physical or psychological problems may feel a great, intense fear of death due to their weakness. As stated in *The Psychology of Irrational Fear*, “Individuals who have mild levels of death anxiety may experience significant increases during periods of illness or when a loved one dies. Importantly, however, not all individuals faced with a serious illness will experience intense fear of death” (Milosevic and Randi 372). This quote highlights that mild death anxiety can worsen during illness or a loved one's death, but not everyone with a serious disease fears death. For instance, if a person is suffering from cancer, he will always think of death, and over time, he may develop anxiety that may develop into death anxiety.

Although death anxiety is not considered a distinct mental disorder, it can be associated with other disorders such as general anxiety disorder, panic disorder, and post-traumatic stress disorder. For instance, a woman suffering from generalized anxiety disorder is more likely to acquire death anxiety since she is constantly concerned about her life, relationships, and so on. In other circumstances, if someone is traumatized, he will always have unreasonable negative ideas, which may lead to death anxiety. Milosevic adds that, “Although death anxiety can be present in a range of mental disorders (e.g., obsessive-compulsive disorder, generalized anxiety disorder, panic disorder), it is most strongly associated with illness anxiety disorder in which the individual is principally fearful of the possibility of having a serious illness” (373). This quote highlights that death anxiety can be present in many mental disorders as a symptom, but it is

more connected with anxiety disorder, in which the person fears developing a serious illness and worries about dying. Furthermore, those who are afraid of mortality may begin to keep an eye on their health and eat healthily in order to avoid death.

3.5 Post-traumatic Stress Disorder Anxiety

Trauma is a very severe shock and harmful experience that may cause psychological damage. It is also defined as an emotional response to a traumatic event in which traumatized people react with extreme fear. According to Raja “trauma is to experience or witness a situation that involves threat of actual death or serious injury” (11). Fear is a normal human response to traumatic events, but most people eventually overcome it on their own. Those who continue to feel frightened, panicked, and stressed even if there is no danger may be diagnosed with PTSD (post-traumatic stress disorder). Anxiety disorder or post-traumatic stress disorder is a result of experiencing or witnessing stressful circumstances. As Clark points out, “Post-traumatic stress disorder is a chronic anxiety disorder that occurs in response to one or more traumatic stressors” (495). It is clear from this context that PTSD may develop as a response to a variety of traumatic events that can have a long-lasting effect on people's mental health, such as war, the death of an infant in a tragic accident, or a bomb explosion, as well as situations in which a person is exposed to a traumatic experience involving crimes, injury, or the threat of death.

3.5.1 Symptoms of Post-traumatic Stress Disorder

Traumatized people may develop signs of post-traumatic stress disorder instantly after experiencing a severe event or after months, depending on the person and the event, whereas in some cases, people survive trauma naturally. Clark adds that “Symptoms of post-traumatic stress disorder can appear immediately or shortly after the traumatic event or can be delayed, beginning

more than six months afterward”(15). These symptoms include reliving the traumatic events in the form of flashbacks, nightmares, and images that make it feel as though the trauma is reoccurring, as well as experiencing intense emotional or physical pain. When traumatized people are re-experiencing trauma, they may start screaming and weeping, or they may feel extremely anxious, such as in the case of the poet Graves, who describes how he reacts in civilian life as if he were back in the First World War“ I was still mentally and nervously organized for war. Shells used to come bursting on my bed at midnight”(24). This poet was re-experiencing his trauma in the form of nightmares. He found that any violent image or sound could readily remind him of the war and cause unpleasant flashbacks. Clark adds that “The traumatic event is persistently re-experienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions ,flashbacks episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event”(496).This quote highlights that the trauma may be re-experienced by a distressed individual in a variety of ways, such as through illusions or imagining things that do not exist.

Those who have been exposed to a traumatic event may also experience symptoms such as emotional numbness and find it difficult to interact with others due to the perception that they are misunderstood, unwelcomed or unfairly judged. Perhaps they feel unworthy of making companions and forming relationships. PTSD is characterized by the development of dissociative symptoms, such as feeling detached from reality and devoid of all emotions. As stated in *Overcoming Trauma and PTSD* “Avoidance is a key feature of PTSD (post-traumatic stress disorder). You may find yourself going to great lengths to avoid thoughts, feelings, people, and places that remind you of the traumatic event or events”(Raja 93). This statement suggests that traumatized individuals avoid interacting or feeling, as well as avoiding certain events and

people and repressing memories, in order to avoid being blamed for the traumatic event they have experienced.

People suffering from post-traumatic stress disorder may experience physical symptoms. According to Raja, these signs might include lack of concentration, difficulty sleeping, excessive sleep, or insomnia accompanied by headaches when reminded of the event. They also experience physical distress, such as increased pulse rate, muscle tension, and sweating, and may experience elevated blood pressure(18). As mentioned in *Overcoming Trauma and PTSD* “the increased arousal and re-experiencing symptoms have been associated with increased blood pressure, and eventually with heart problems and poor physical health”(Raja 29). These symptoms may be a significant factor in the deterioration of people's mental health, as evidenced by their inability to manage work, relationships, and other responsibilities.

3.6 Shell Shock

Shell shock was invented in 1914 during the world war I to describe the mental disorder that the soldiers experience during and after the war. According to Winter “the term was invented during the war, and has served as a prism through which much of the cultural history of the 1914-18 war has been viewed”(07). According to Leese, Shell shock is a mental illness that affects people who have directly experienced a bombing or explosion or who have witnessed the deaths of loved ones, friends, or comrades in war. Due to their mental illnesses, such as depression and death anxiety disorder, these people were unable to fulfill their duties because they had forgotten who they were and what they did, and they had become emotionally numb(52) .

3.6.1 Symptoms of Shell Shock

There are primarily three types of shell shock symptoms. According to Herman, the various symptoms of post-traumatic stress disorder fall into three major classifications. First, in the case of hyperarousal, traumatized individuals may experience a symptom resembling a constant alert for risk even when none exists. Those who have witnessed war, for instance, are easily frightened and startled when they hear a bomb explosion on television or the radio because they believe that the danger could reappear at any moment. As it is stated in *Trauma and Recovery*, “After a traumatic experience, the human system of self-preservation seems to go onto permanent alert, as if the danger might return at any moment. Physiological arousal continues unabated. In this state of hyperarousal, which is the first cardinal symptom of post-traumatic stress disorder, the traumatized person startles easily, reacts irritably to small provocation”(Herman 25).

Second, Hymen adds that traumatized individuals who experience intrusion believe the event is still occurring in the present, and even if the trauma has passed, they are unable to move on. Due to the fact that the traumatic event is saved in their memories, which keep interrupting them manifesting as nightmares, flashbacks, or intrusive thoughts such as violent thoughts. Herman views that “Long after the danger is past, traumatized people relive the event as though it were continually recurring in the present. They cannot resume the normal course of their lives, for the trauma repeatedly interrupts”(ibid). This statement indicates that people with intrusive thoughts may re-experience the traumatic event in their minds and during their sleep.

Third, when a person's defense mechanisms are compromised, they enter a condition of constriction and are unable to defend themselves or take any other action. Herman adds that, “when a person is completely powerless, and any form of resistance is futile, she may go into a state of surrender. The system of self-defense shuts down entirely. The helpless person escapes

from her situation not by action in the real world but rather by altering her state of consciousness”(31). This phrase indicates that those who are experiencing constriction symptoms are completely helpless in the face of any threat.

Don is a prime example of someone who suffered from shell shock. Raja states that he was a U.S. Army veteran who served for over two years and was sent three times to Iraq and Afghanistan, and when his friend was attacked and died, Don got shocked. This veteran became traumatized and haunted by the death of his friend, his heightened sensitivity to noise, and his memories of the attack. No matter how hard he tried to sleep or rest, he always saw nightmares, and his mind kept wandering back to the past. He also became sensitive to the sounds of traffic and people approaching from behind. Don is prone to flashbacks while watching TV, especially if a violent scene is depicted. Once, while watching the local news, he witnessed a car crash on camera. He was immediately taken back to the time he held his friend while he was injured (15).

Despite the fact that it is a terrible way to live, anxiety frequently plagues those who have experienced trauma. Anxiety might ruin their body and mind. Fortunately, there are techniques to manage worry, such as talking to a trusted friend, keeping a thought note to observe ideas, and practicing mindfulness. Each method emphasizes slowing down and taking deep breaths to calm the mind and body. As Raja points out “there are ways to break the cycle between your anxious thoughts, your body’s reactions, and your emotions. Some of these techniques involve calming your body, and others involve changing or just observing your thoughts. All of the techniques share a focus on relaxed, deep breathing” (92). This quote highlights people’s ability to take part in and enjoy life improves the more they practice these tactics, but this does not diminish the need for them to see a psychiatrist.

3.7 Depression

The term depression is derived from a Latin word that characterizes the feelings and moods linked with this condition, such as melancholy and emptiness. As mentioned in *Overcoming Depression*, “ Depression comes from the Latin *deprimere*, meaning to 'press down'. The term was first applied to a mood state in the seventeenth century” (Gilbert 03). Gilbert adds that depression is much more than feeling down and sad. In fact, it is a mood disorder that is characterized by an extreme feeling of deep sadness and the loss of the desire and capacity to enjoy or do anything; it is a loss of energy and motivation followed by an overwhelmed sense of grief, anxiety, and emptiness.(04).

3.7.1 Causes of Depression

Depression can occur for a variety of reasons. First, having a difficult prior life, particularly when molested or abused as a child, or losing one or both parents in a terrible way Second, experiencing stressful life events that might cause intense stress, such as work stress and financial difficulties, Aside from the death of a close relative, there are also physical health issues. However, it is not only stressful life events that can lead to depression; how we handle these challenges and cope with them can also influence how we respond to any mental illness. Gilbert adds that “the majority of depressions can arise from combinations of early life experiences, current life events, lifestyles and the way we cope with them”(13). In this context, multiple factors may contribute to depressive symptoms. For instance, those who deal with homelessness and unemployment by drinking alcohol are more likely to develop depression because they don't cope with the homelessness properly.

Another cause of depression is that if someone in the family, such as a parent or grandparents, has experienced depression in the past, their child is more likely to inherit the condition and acquire it as well. In this case, people who inherit depression are prone to sadness by nature due to genetic internal issues, which makes it hard to cope with new stressful situations. Gilbert adds that “some people are sadly 'by their nature' prone to certain types of depression because of internal factors such as genes” (13). This quote highlights the importance of genetic elements in the development of depression. For instance, if a child is depressed, he may inherit the condition from his mother.

3.7.2 Symptoms of Depression

If someone is depressed, they are more likely to have their brain affected as well. According to Gilbert, since the part of the brain that regulates happy emotions will be dampened, this person may feel empty and joyless and experience symptoms like chronic stress and anxiety as a result. A depressed individual may constantly feel irritated and sad and find it hard to enjoy life because of persistent negative emotions. The transmission of information from one nerve cell to another is responsible for these alterations.(13/14). Low spirits and a dismal imagination are two further symptoms that are associated with depression.

Other signs that people might experience include two different effects on how they think. First, it changes how they perceive themselves, their lives, and the world around them. If we were to ask a depressed individual about the future, he may say something like, "Gloomy future". Second, depressed people often report problems with concentration and memory, to the point that they are unable to perform even the most basic of tasks. Forgetting where you were in a book or

getting confused when playing a video game. As Gilbert states, “Depression interferes with the way we think in two ways. First, it affects concentration and memory. We find that we can't get our minds to settle on anything. Reading a book or watching television becomes impossible”(04)

In the event that a person is depressed, They are more likely to suffer from undesirable symptoms like insomnia, excessive daytime sleepiness, and early morning awakenings. Weight gain or loss might initiate the Anorexia or binge eating disorder. Gilbert adds that, “ you may find it difficult to get to sleep. There are some depressed states, however, in which sleep is increased. In addition, loss of appetite is quite common and food may start to taste like cardboard; as a result, sometimes there is weight loss. Other depressed people may eat more and put on weight”(06). Depression's symptoms can be tricky to pin down and can range considerably from person to person. Some people may gain weight and others may lose it.

3.7.3 Types of Depression

3.7.3.1 Manic Depression “Bipolar Disorder”

There are different forms of depression that can develop, but the researcher will mention only manic-depression disorder which is known as “bipolar disorder”. According to Gilbert “mania are often diagnosed as suffering from bipolar illness (meaning that they can swing to both poles of mood -high and low). The old term was manic depression. Those who only suffer depression are diagnosed as having unipolar depression”(07/08)

First Manic depression: in this case, a person during a mania episode may feel energized and have high self-esteem, with a great interest in engaging in life activities and relationships that may cause him harm. As stated Gilbert, "In the manic state, a person can feel enormously

energetic, full of their own self-importance and confidence, and may have great interest in sex" (07). This quote indicates the harmful effects of the mania stage. For example, a person experiencing mania may suddenly feel high, start to spend money, and engage randomly in different activities.

Second, major depression disorder is characterized by a strong sense of melancholy, emptiness, a marked loss of pleasure, and an overwhelming feeling of worry that leads to a loss of interest in activities. Gilbert points out that "Depressed people sometimes become agitated and find it extremely difficult to relax, or enjoy" (05). This remark highlights how a depressive episode can negatively affect a person by making them feel extremely sad, low spirits. Depressive episode is just the opposite of manic episode.

3.7.3.2 Symptoms of Bipolar Disorder

Individuals suffering from psychotic depression are more likely to have false beliefs known as "delusions" or "hallucinations. For instance, a person who has no health problems may begin attending a doctor because he believes he is ill and needs to see a doctor. In other cases, when people are hallucinating, they may see things or hear voices that don't exist. Second, manic depression is diagnosed when people experience a shift in mood between depression and mania. These people may experience melancholy and then it shifts to joy. As mentioned by Gilbert "People who have swings into both depression and (hypo) mania are often diagnosed as Bipolar illness (meaning that they can swing to both poles of mood - high and low"(07/08). This quote highlights that people who suffer from manic depressive disorder may experience high spirits known as "mania," and this manic is changeable at any moment into depressive episodes where the individual experiences low mood. This mental issue is known as "bipolar disorder.

Conclusion

Mental disorders can be defined by a numerous strange thinking, behavior, and perceptions that have a serious impact on human minds by causing them a loss of interest and suffering. These mental disorders have become an important topic, especially in literature, where many authors reveal mental disorders in their works; Consequently, this chapter was divided into two parts: the first part examined psychoanalytic literary theory by Sigmund Freud and its concept, which play a crucial role in literature comprehension; the second part focused on defining mental disorders such as anxiety and its major types and depression, as well as their causes and symptoms.

Chapter two

Introduction

Mrs. Dalloway by Virginia Woolf is a modernist literary masterpiece that tackles many important themes such as feminism, time, gender, social class, and psychology where Woolf uses stream of consciousness to reveal the complexities of the human mind in her novel, but this chapter will mainly focus on Woolf's life and mental state in addition to the analysis of Septimus Smith and Clarissa Dalloway, and other character's inner thoughts.

1. Virginia woolf, her life and mental disorders

1.1 Virginia's biography

Adeline is the name given to Virginia Woolf. Virginia Stephen was born in 1882 in London, the daughter of Sir Leslie Stephen and Julia Prinsep Stephen. She belonged to a wider family, and she was the youngest daughter in the Stephen family. Virginia's father, Leslie Stephen, was a well-educated man who worked as a critic, biographer, and philosopher, and he was also a major figure in late Victorian England's literary society. He is credited for creating the "Dictionary of National Biography." Furthermore, her father began his development and career as a clergyman, but he eventually became an atheist and took up journalism; he was also the father of the Bloomsbury Group. Her mother, on the other hand, was the daughter of the novelist William Makepeace Thackeray (Qtd in the use of stream of consciousness, 13).

Woolf had a large family, divided into three groups according to the parents of her siblings. The first group consisted of Julia and Herbert's children: Stella, George, and Gerard. Laura Makepeace Stephen was the name of Leslie and Minny Thackeray's daughter. Julia and Leslie's children made up the third set: Vanessa, Virginia, Toby,

and Admir. Each of Woolf's parents had been married before, but they all worked to make their second marriages work for them (Ibid).

Virginia grew up in an intellectual environment, so it was only natural that she pursue further education herself. The Tall End House was the family's summertime home, where they enjoyed many carefree days together when her literary work, *The Lighthouse*, was discussed. Moreover, as a member of the Bloomsbury Group, Virginia Woolf shared prominence with luminaries including Lytton Strachey, Clive Bell, Rupert Brooke, Saxon Sydney, Leonard Woolf, John Maynard Keynes, and others. In 1910, these bands achieved unprecedented fame. Virginia Stephen and the author Leonard Woolf were married on August 10, 1912. (Qtd in the use of stream of consciousness, 12/13).

1.2 Virginia woolf' mental state

Some signs of mental illness in a person are not necessarily indicative of a full-blown episode. It's easier for someone to hide or even cope with their disease when things in their life are going smoothly and easily, without any major stresses or problems. Sexual abuse, the loss of a close family member at a young age, and sexual ambivalence are all examples of life challenges that could exacerbate Woolf's mental illness.

First, Virginia Woolf had a rough traumatic childhood, beginning with her mother's death in 1895 where she had to deal with this bitter circumstance at the age of thirteen. Woolf experienced her first mental breakdown after the death of her dear mother where she said for the last time to her daughter "Hold yourself straight, my little goat" (Bond, 38). As stated in *The Flight Of The Mind*, " She had a minor breakdown in

her childhood; she had a major breakdown after her mother's previous hit death next hit in 1895, another in 1914, and a fourth in 1940"(Caramagno,06).

After two years from her mother's death ,her sister Vanessa died, and after her father's death in 1904, Virginia experienced another breakdown where she intended to suicide by jumping out of a window. These breakdowns were accompanied with loss of appetite and severe headaches“ mood swing always coincide with headaches, toothaches, influenza, and fatigue” (Caramagno,14). Means that Virginia never had one mood ,but always shifting from mood to another between low and high .

When Virginia was 12 years old, her stepbrothers Gerald and George subjected her to sexual abuse. It was stated that Virginia was sexually abused by her half brothers. According to Caramagno,“ the sexual abuse inflicted by her half brothers”(ibid). It is what caused her depression and nervous breakdowns all her life. As stated in *The Flight Of The Mind* “since Woolf was sexually abused as a child and since victims of childhood abuse often develop symptoms of depression we may therefore conclude that her "madness" was not really insanity but only expressed a logical reaction to victimization”(Caramagno,07). This quote highlights that since Woolf suffered from sex abuse as a child, as a survivor of such abuse, she experienced depressive symptoms.

The genetic predisposition for mental disease that Virginia inherited was substantial. However,if she hadn't been subjected to terrible experiences as a child, her illness would have been less severe. Virginia Woolf's mental illness can be traced back to her family beginning with her mother when she suffered from depression, and her grandpa on her father's side. According to Caramagno from Virginia's dairy “Genetically, Virginia Woolf's family history tallies with studies showing that relatives of manic-depressives are more likely than the general population to exhibit affective

illnesses (mania, depression, cyclothymic, schizophrenia affective disorders). Leslie's nephew, Virginia's cousin James Kenneth Stephen developed bipolar symptoms in his late twenties”(101). This quotes highlights that Virginia woolf developed her mental illness due to her historical genetic disorders developed by her family

Woolf was also diagnosed with bipolar disorder just like her cousin, which causes extreme shifts in mood and energy levels. In fact, Virginia's manic and depressive episodes were due to her mother's death. Caramagno adds that,“ Julia's sudden death apparently triggered Virginia's first manic-depressive breakdown, but, more important—for Woolf and for us—it became previous hit Woolf's metaphor for the birth of a bipolar next hit identity”(65). So as stated, Virginia's first manic episode may have been precipitated by Julia's untimely death as she was so close to her mother. This stressful event in addition to her genetics transmission to depression lead her to develop manic-depression easily.

When woolf was experiencing manic moments, she was extremely high, feeling excited and happy “ In the manic stage she was extremely excited; the mind raced; she talked volubly” but later when her mood was shifted into depressive episode, she acted the opposite of her actions during the manic stage, she was cruel to the nurses and was really sad and depressed “During the depressive stage all her thoughts and emotions were the exact opposite of what they had been in the manic stage” (34). Woolf couldn't have been worse, she was in a deep melancholia and never believed she was ill.

Woolf suffered from hallucinations as a result of her bipolar condition where she experienced an auditory delusion that happened during the depressive or manic episodes. “she had delusions and heard voices, for instance she told me that in her second attack she heard the birds in the garden outside her window talking Greek” (34).

It is mentioned that Virginia could hear birds singing in Greek. These voices were existing only in her head , but never outside the window.

Woolf's sleeplessness was another unpleasant condition that affected her everyday life. According to the psychiatric community, insomnia indicates the presence of a mental disorder that can be diagnosed. It could be associated with her history of depression and mania. Caramagno adds that,“ if she was subjected to any severe physical, mental, or emotional strain, symptoms at once appeared which in the ordinary person are negligible and transient, but with her were serious danger signals. The first symptoms were a peculiar "headache" low down at the back of the head, insomnia” (ibid). This quote highlights that any kind of extreme stress with Virginia woolf would cause immediate onset of insomnia.

Virginia woolf never believed that she was ill, she thought that her sadness was due to her feeling guilty, after a very severe period, in 1896 she jumped from the window committing to suicide unsuccessfully. As mentioned in *The Flight of The Mind* “ she tried to commit suicide, in the 1895 attack by jumping out of a window, in 1915 by taking an overdose of veronal; in 1941 she drowned herself in the river Ouse”(Caramagno, 34). This quote states that in 1941, Woolf, knew she had to end her own life if she wanted any chance of saving the people she cared about.

2. Mrs. Dalloway novel

Mrs. Dalloway is the most well-known and widely-read impressionist novel, having been written by Virginia Woolf and published for the first time in 1925. This great novel explores one day in the main character's life: Clarissa Dalloway, an upper-class woman married to an important man in the parliament. In fact, there is no plot in

Mrs. Dalloway, but it focuses more on what happens almost entirely in the mind of each character using the stream of consciousness. Also, it explores the concept of time in the context of individual experience through several overlapping narratives and stories connected to each other.

the story is told from Clarissa Dalloway's point of view, detailing her life with her husband, daughter, friends, neighbors, and most importantly, with herself and the essential and appealing old friend Peter Walsh. Septimus Warren Smith and his wife, Lucrezia Warren Smith, are the focus of the other line, which gives us insight into their innermost thoughts. But the story itself isn't all that crucial. The mood, one's own thoughts, and the inner conflict are what really matter. The novel covers one day in the characters' lives, beginning with Clarissa Dalloway preparing for a party and ending with Septimus's suicide, but there were many inner thoughts and flashbacks from all characters, especially Clarissa and her different choices in life, and Septimus's shell shock caused by the war and his non-stop flashbacks from the past when he first faced the death of his friend.

2.1 Mrs. Dalloway characters

2.1.1 Clarissa dalloway

The novel's namesake protagonist is a middle-aged woman of privilege who is hosting an evening party. Clarissa is married to the conservative politician Richard Dalloway, but her feelings for Sally Seton and her rejection of Peter Walsh have had a lasting impact on her life, and she frequently returns to them in her thoughts. Clarissa enjoys being around others and revels in the quotidian pleasures of life. Meanwhile, she is acutely conscious of mortality and regards each passing day as fraught with peril.

Clarissa believes that inner solitude is paramount, yet she also enjoys socializing and hosting parties.(Cosby Matt,LitCharts 2014)

2.1.2 Septimus warren smith

Septimus, a World War I soldier in his thirties, is plagued with shell shock, often known as post-traumatic stress disorder. Once a budding poet, Septimus lost his ability to feel after losing his best friend and officer Evans in combat and becoming emotionally detached from the world. While stationed in Milan, he married Lucrezia. Septimus believes he has been doomed to death by the world because he lacks emotion, and he is often suicidal as a result (ibid).

2.1.3 Peter Walsh

close friend of Clarissa's who used to have feelings for her. They share a lot of the same ideas but never stop criticizing each other. Peter has never been able to get over the fact that Clarissa turned down his marriage proposal. (ibid). He spent a long time in India, and his romantic life still hasn't settled down. Peter is often critiquing others, thinking deeply about abstract ideas, and fiddling with his pocketknife

2.1.4 Lucrezia

The Italian wife of Septimus, aged twenty-four, who eloped from Milan on their wedding day. She is a talented hatmaker and a typically fun, loving woman, but as Septimus's mental illness worsens, she becomes unhappy and lonely. Rezia feels extremely alone and isolated herself from everyone because she has given her time to Septimus who has given her nothing in return but sadness (Matt, LitCharts 2014).

Conclusion

Mrs. Dalloway tackles many themes such as feminism, psychology, this chapter focused primarily on Woolf's life and her mental condition, in addition to an analysis of Septimus Smith, Clarissa Dalloway, and other minor character's inner thoughts.

Chapter three

Introduction

Since *Mrs. Dalloway* is frequently interpreted as a psychological novel, this chapter will examine the mental disorders of Septimus Smith and Clarissa Dalloway, as well as Peter Walsh's and Lucrezia Warren Smith's emotions. In addition, this section will examine how Clarissa Dalloway and Septimus Warren Smith reflect Woolf's mental disorders and her experience with manic-depressive, delusion through her writings.

1. Mental Disorders and their Reflection in *Mrs. Dalloway's* Characters

1.1 Post Traumatic-stress Disorder "Shell Shock"

Throughout the narrative, Septimus is consistently gloomy and resentful; his psychological state started to get worse since his friend's death where he started showing many symptoms of mental disorders such as post-traumatic stress disorder, "shell shock" anxiety, and fear. From Woolf's psychological description of the character, Septimus is in a severe psychological condition.

Septimus is a prominent example of a shell-shocked traumatized person who, after the tragic death of his friend repressed his emotions, and manifested post-traumatic stress disorder symptoms, one of which is known as "numbness" in which he is emotionally numb and unable to feel "She cried for the first time since they were married. Far away he heard her sobbing; he heard it accurately, he noticed it distinctly; he compared it to a piston thumping. But he felt nothing"(43). Septimus is considered isolated and emotionally detached from his weeping wife. Even if he heard her words

and saw her tears, he could feel nothing, and he was not able to think about or react to any of her sour feelings. Due to his numbness Septimus is also considered detached from people which is another sign of post-traumatic stress disorder and is totally skeptical because he thinks that people are untrustworthy and mean, so it is hard for him to connect to them, or feel for them “He explained how wicked people were, how he could see them making up lies”(31). It's obvious from the context that Septimus is having negative thoughts, which have made him think that people are cruel, and doubts whether he can sense their positive side or their kindness.

Septimus is completely absorbed in his own mind where he removes himself from the physical world, which is considered another sign of post-traumatic stress disorder “Look, look, Septimus!" she cried. For Dr. Holmes had told her (who had nothing whatever seriously the matter with him but was a little out of sorts) take an interest in things outside himself”(Mrs. Dalloway, 09). Lucrezia seems to be trying to help Septimus connect to the physical world by making him see things outside himself, but he never responded to the real world.

Rezia believes it is sufficient to take Septimus out and show him the city's beauty, she was totally oblivious of his mental illness and its dangerous affect on him even he threatened to kill himself "I will kill myself"; an awful thing to say" (07). Septimus could never connect to the physical world, his anxiety and trauma manifests primarily in the form of restless feelings and delusions that he hears voices in his head that ask him to kill himself “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,”(ibid). The voices inside his head were asking him to kill himself even though he

was eating a pleasant meal in a sunny day, he couldn't connect to the cozy atmosphere , and all he thought about is to kill himself.

Septimus' mental state was extremely difficult to control because he was exhibiting hallucinations, another symptom of post-traumatic stress disorder. This symptom is typical for Septimus because he claims that he is hearing voices and seeing people that don't really exist. "He said people were talking behind the bedroom walls. Mrs. Filmer thought it odd. He saw things too—he had seen an old woman's head in the middle of a fern" (Ibid). This quote signifies that Septimus was really in a dangerous situation because he couldn't differentiate between a real voice from a delusional voice. As a result of the shocking death of his friend that he had witnessed, Septimus frequently believed that he was talking to Evan, and seeing him when he was actually hallucinating. "But the branches parted. A man in gray was actually walking towards them. It was Evans! But no mud was on him; there were no wounds; he was not changed. I must tell the whole world that Septimus cried" (Mrs. Dalloway, 33). Septimus was in a total denial of his friend's death, so he claims that he is also getting responses from Evans, whose "voice spoke from behind the screen. Evans was speaking. The dead were with him. "Evans, Evans!" he cried (ibid). "Evans answered from behind the tree" (ibid). Septimus never talked to his dead friend, neither he saw him, but he always acts as if he does because it was hard for him to realize reality and cope with it.

As Septimus' illness worsened, he was unable to distinguish between what is real and what is merely a "Flashback," which may occur in the form of dreams and is another symptom of post-traumatic stress disorder. When Septimus was alone with his wife, he felt like he was reliving the pain and the trauma he experienced during the war,

and he thought he was falling into the flames. "Septimus, who had fought, who was brave, was crying. And he would lie listening until suddenly he would cry that he was falling down, down into the flames! Actually, she would look for flames; it was so vivid. But there was nothing. They were alone in the room; it was a dream" (67). Septimus' flashbacks seem to be real for him ,in this context: he is re-experiencing the traumatic event again as a dream which is so vivid, but that is just a dream because of the horrific experiences he had during the war. He is really haunted by its memories .

Septimus mental disorder experience increases startle reactions, guilt and panic, "Fear no more, says the heart in the body; fear no more" (67). This statement indicates that Septimus was also experiencing moments of fear and panic attacks. He thinks that the external world is threatening to get him especially doctors "Coming down the staircase opposite an old man stopped and stared at him. Holmes was at the door. "I'll give it to you!" He cried, and flung himself vigorously, violently down onto Mrs. Filmer's area railings" (72). Due to his panic from doctors, Septimus flung himself from the window

1.2 Manic Depression

Clarissa is a dissatisfied socialite whose mood fluctuates between happiness and melancholy. Her behavior in general indicates that she is repressing "manic-depressive" symptoms which falls within a type of depression. Clarissa Dalloway's unusual shift in mood is evident in her behavior and inner thoughts. For instance, When Clarissa Dalloway was preparing for her party, she was so excited and hyper that she wanted to purchase the flowers herself instead of sending her servant .“Mrs. Dalloway said she would buy the flowers herself”(Mrs. Dalloway 01). Clarissa was thrilled and invited everyone to her party “don't forget my party tonight” (ibid). She is full of energy, and

all these feelings beside her actions might fall under the category of "mania". During her mania stage, Clarissa's behavior demonstrates manic signs in which she appears full of energy, extremely happy, enjoying talking to everyone, and appreciating life "she enjoyed life immensely. It was her nature to enjoy"(ibid) .Clarissa demonstrates that she is experiencing mania episode where she acts very happy, positive and high.

Although Clarissa seems to enjoy life and is generally joyful, there have been times when she has acted otherwise and found that life is fearful, dangerous and extremely risky to continue living. "Always had the feeling that it was very, very dangerous to live even one day" (ibid). Clarissa has another depression symptom known as a "depressive episode," in which the individual feels the polar opposite of a "mania episode" such like her feelings of fear, sadness.

Another symptom that falls under the category of depressive episode is that Clarissa is feeling inferior and low self-esteem "She knew nothing; no language, no history; she scarcely read a book now, except memoirs in bed" (Mrs. Dalloway, 03). This context shows that Clarissa is experiencing loss of self confidence and inferiority as she cannot feel that she is compatible to the society. She was also unsatisfied with her physical appearance , and comparing herself with other people' physical appearance and attitude. "She would have been, in the first place, dark like Lady Bexborough, with a skin of crumpled leather and beautiful eyes. She would have been, like Lady Bexborough, slow and stately; rather large; interested in politics like a man; with a country house; very dignified, very sincere. Instead of which she had a narrow pea-stick figure; a ridiculous little face, beaked like a bird's"(ibid). When Clarissa compared herself to lady Bexborough (that she thinks she's better than her) she turned to unsatisfied person and felt really inferior for her.

1.3 Generalized Anxiety Disorder

Mrs. Dalloway is revealing some of her generalized anxious side towards everything around her. First, she was extremely worried about her party, and thought Ellie Henderson would spoil her celebration “it was a very odd thing how much Clarissa minded about her parties”(Mrs. Dalloway, 57). Even though Clarissa was enjoying her preparation for the party, this joy didn't prevent her from worrying. She was expecting that anything could turn this party into a failure, such as when she heard about Lord Lexham wife's sickness, or Septimus's suicide “it was going to be a failure; a complete failure. Clarissa felt it in her bones as dear old Lord Lexham stood there apologizing for his wife who had caught cold at the Buckingham Palace garden party” (ibid). “Clarissa, in the middle of my party, here's death, she thought” (ibid). She considers every negative word in her party may cause a failure. She was also anxious about everyone else's opinions at the party especially Peter “Peter put her into these states just by coming and standing in a corner. He made her see herself; exaggerate. It was idiotic. But why did he come, then, merely to criticize” (Mrs. Dalloway,80). Evidently, Clarissa is worried about Peter's opinion, as she remembers him criticizing her when they were young, and even when he was silently standing in the corner, he made her anxious .

Clarissa seems anxious, unable to chill out, which is another anxiety symptom, because she is extremely concerned and worried that her party will fail because the guests will become bored if they do nothing but stand around “ It made her feel quite sick to know that it was all going wrong, all falling flat. Anything, any explosion, any horror was better than people wandering aimlessly, standing in a bunch at a corner like Ellie Henderson, not even caring to hold themselves upright” (ibid). Clarissa would do

anything to make the guests appreciate her and enjoy her party because she is afraid if they judge her for some reason, or reject her .

1.4 Death Anxiety and Fear

Clarissa's constant anxiety compels her to overthink about everything in her life because she had a deep fear in her heart “there was in the depths of her heart an awful fear”(ibid). Clarissa feels fear about society and people’s judges, life and most importantly is her worries about getting old and dying “She felt very young; at the same time unspeakably aged. She sliced like a knife through everything; at the same time was outside, looking on. She had a perpetual sense, as she watched the taxi cabs, of being out, out, far out to sea and alone; she always had the feeling that it was very, very dangerous to live even one day”(03). Clarissa is experiencing fear of aging and death “her horror of death”, and she was never able to face it, she even considered living one day as dangerous thing . Clarissa’s fear is very obvious since her youth, which is evident in her choices when she sacrificed passion with Peter Walsh for security with Richard Dalloway.

Clarissa also used to have very low expectations when she reflected on a time in her adulthood where she had a horrible feeling that something bad was going to happen which is another sign of anxiety “Something awful was about to happen” (01). Clarissa fears the worst will occur in her life, despite the fact that there is nothing to worry about, but her daily existence causes her anxiety thus death is always in her talk even in her readings of Shakespeare’s Cymbeline "Fear no more the heat of the sun / Nor the furious winter's rages." This lyric comes from a funeral song that welcomes death as a relief from a trying existence (89) .

Death is quite normal in Clarissa's mind; she has lost her sister to it “after Sylvia’s death — that horrible affair. To see your own sister killed by a falling tree” and she has witnessed the tragedy of war; as a result, she has come to feel that every day is fraught with peril, so she tries to escape from her thoughts, and inner conflicts by throwing parties and surrounding herself by people. Mrs. Dalloway's depression and anxiety stem from her interior conflicts regarding her life decisions and their consequences, as well as her repressed desires from her adulthood.

1.5 Signs of Anxiety and Depression

Although Rezia shows no signs of a mental illness, but she was revealing some symptoms of anxiety such as her feeling of worries about her husband and her life “Dr. Holmes came he hoped to find Smith out of bed and not making that charming little lady his wife anxious about him” (Mrs.Dalloway,43). Rezia felt extremely alone and isolated because she has given her time to Septimus who has given her nothing in return but melancholy “But I am so unhappy, Septimus,” said Rezia”(ibid) . Rezia doesn't show a strong sign of depression ,but she was in a grief all the time due to her life circumstances, and She was completely alone, with no one by her side to comfort her, or to talk to her to ease the burden on her. “I am alone; I am alone! she cried, by the fountain in Regent’s Park”(ibid). She suffered because she could not locate anyone, she was far from her home Italy, and her husband was also far from her.

Peter Wabash is not showing any symptom of any mental illness, but he is struggling with his sadness just like Lucrezia, a deep grief is in his heart since Clarissa left him “Clarissa!” he cried. “Clarissa!” But she never came back. It was over. He went away that night. He never saw her again. It was awful, he cried, awful, awful!” (Mrs.

Dalloway, 30).“thought Peter; it almost broke my heart too, he thought; and was overcome with his own grief” (ibid). Peter's affection for Clarissa renders him unable to continue living in peace with other options. He was not able to move on ,and kept fall in troubles with other women due to his childish pleasure “Peter said. His relations with Clarissa had not been simple. It had spoilt his life, he said”(ibid). Peter is a very sensitive, fragile character who is incapable of taking responsibility for his life and who continually blamed Clarissa for his failures.

Peter and Lucrezia are both victims of sadness and melancholy due to their choices in life; although they don't show strong signs of any mental illness, over time, in their case, people may develop mental disorders.

2. Virginia Woolf ‘s Reflection of her Mental Disorders on her Characters Clarissa

Dalloway and Septimus Warren Smith

Although one day is insufficient to access the character's mind and understand his psyche, in the case of Mrs. Dalloway's novel, the memories, events, and thoughts of each character may reveal some of Virginia Woolf's unconscious thoughts and mental disorders that she was struggling with during her life. Taking into account the connection between Woolf's madness and her writing reveals a close connection between the two. This chapter will mainly focus on the specific ways in which Clarissa Dalloway and Septimus Warren Smith represent the author's own struggles with manic-depressive delusion throughout Mrs. Dalloway.

2.1 Similarities between Woolf, Mrs. Dalloway and Septimus

Mrs. Dalloway is related to its author Virginia Woolf in many ways, where Woolf expresses her thoughts, emotions, and mental chaos through the characters Clarissa Dalloway and Septimus Warren Smith. Each of her novel's characters show a

hidden side of Virginia Woolf's unconscious mind, as three of them had experienced tragic events in their life. First, Clearly, Woolf had a mental disorder that could be classified as manic depression. Because of her illness, she saw two very different sides of life and experienced shifts in mood. Woolf reflects her manic depression through her character, Mrs. Dalloway, who suffers from a shift in mood between mania and depression. Clarissa was thrilled and happily invited everyone to her party. She also invited Peter Walsh. "Remember my party to-night!" sounded frail and thin and very far away as Peter Walsh shut the door"(Mrs. Dalloway, 23), but when Peter arrived at her party, she wondered why he came to her party. "But why did he come, then, merely to criticize" (ibid).

Bipolar disorder "manic depression" is characterized by extreme ups and downs in mood as well as thinking and judgment. Caramagno believes that "manic-depressive illness" is "a mood disorder that can profoundly modify cognition, personality, judgment, sleep patterns, and metabolism" (33). This context justifies why Clarissa changed her mind toward Peter's coming to her party. In fact, it's a reflection of Woolf's mood shifts when she was very excited during her mania, but during the depressive phase, she experienced the polar opposite of the euphoria she had felt earlier. She was completely overcome with sadness and hopelessness. (The flight of the mind, 34). Mrs. Dalloway also demonstrates changes in perspective, beginning with her enthusiasm for life and progressing to her realization that it is risky to continue living which is linked to Virginia's mood swings.

Septimus was also a reflection of Woolf's auditory hallucinations. From her window, Woolf used to hear birds singing in Greek. The fact that Mrs. Dalloway contains images of birds is even more extraordinary. This refers specifically to how her

illness manifests in the character Septimus, who claims to hear voices and see objects while hallucinating. Woolf suffered from periods of madness during her illness, during which she heard voices such as her dead mother's, and she assigns a symptom of her illness that she herself experiences to Septimus when he talked to his dead friend Evan (Manic-depressive illness in *Mrs. Dalloway*, 485).

mental disorder was seen as a conflict of wills. Patients with neurasthenia were forced to give up their independence in order to recover. Septimus in *Mrs. Dalloway* was given the same treatment that Woolf had. Dr. George Savage, one of Woolf's doctors, recommended a treatment plan that included rest, eating well, and gaining weight. They assumed that her breakdown could have any number of biological causes. He claimed that she was suffering from nerve weakness, which was not a serious condition. Woolf demonstrates how the medical professionals treating Septimus all recommend the same course of action(*ibid*). This mistreatment of mental disorders that Woolf faced is reflected in her writings, such as when Septimus was required to consult Dr. Holmes, but the doctor didn't take his case seriously, and said that "there was nothing whatever the matter with him" (*Mrs. Dalloway*,43).

2.2 Suicide as a Result of Mental Disorders

Individuals who intend to commit suicide sometimes provide their families or acquaintances with clear indications that something is wrong. According to Leenaars, statements such as "I am going to kill myself," "I am going to see my deceased wife," and "No one will ever love me" (28) can help uncover suicidal thoughts.(Qtd in *Mental disorders*, 44). Woolf reflected her suppressed thoughts about suicide and revealed them through her character Septimus Warren Smith who had always threatened to kill himself "I will kill myself" (10). Most suicides are associated with psychiatric disorder,

with depression and psychosis constituting the greatest risk factors. However, anxiety, personality, and trauma-related disorders, in addition to organic mental disorders, also contribute to suicidal behavior.

Virginia Woolf's depiction of her own suffering from manic depression and hallucinations through her characters is an attempt to bring attention to the seriousness of mental disorders and its dangerous impact on the human psyche. She also intends to criticize and draw attention to the inability of doctors to understand and diagnose symptoms of mental illness that she had experienced with doctors by revealing it through Septimus's mental illness, where doctors were neither serious about her case nor about Septimus's case. According to *Mental Illness and Manic-Depressive illness*, Dr. George Savage, one of Woolf's doctors, diagnosed her with nerve weakness, dismissing it as a serious illness. Woolf demonstrates that all of Septimus's doctors recommend the same method of treatment (486).

The doctors' lack of comprehension concerning the mental disorders and their severity has resulted in suicide, which was the only way for Septimus to escape pain and for Woolf to protect her beloved ones. As she stated in her letter "I know that I am spoiling your life, that without me you could work. And you will I know....I can't go on spoiling your life any longer" (Qtd in *A Study of Mrs. Dalloway from the Perspective of Freud's Theory of Thanatos*, 122). From Woolf's perspective, death is both her salvation and her husband's relief.

Conclusion

Mrs. Dalloway by Virginia Woolf is typically read as a psychological novel, therefore this section was delved into the mental health problems of Septimus Smith and Clarissa Dalloway, as well as the feelings of Peter Walsh and Lucrezia Warren

Smith. Also, in this part, the researcher looked at how the characters of Clarissa Dalloway and Septimus Warren Smith in *Mrs. Dalloway* reflect Woolf's personal experiences with manic-depressive hallucination and their result through her writings.

General conclusion

General conclusion

By examining the topic of mental disorders in Mrs. Dalloway, the character analysis reveals numerous symptoms indicating the presence of mental disorders, including bipolar, shell shock, anxiety, and depression. These mental disorders were mainly related to the main characters, Clarissa Dalloway, Septimus Warren Smith, and Woolf. First, Mrs. Dalloway was not just an expression of Woolf's unconscious mind but also a reflection of her experience with mental disorders and the struggle she went through. And based on several biographies and research articles on Virginia Woolf's mental disorders and her life. This research has reached the conclusion that Woolf herself suffered from bipolar disorder and depression, which were most likely reflected in her character Clarissa Dalloway; she also reflected her suffering with mental breakdown, hallucinations, and trauma through Septimu's case. Even if her goal was not always evident or intended, her thoughts, state of mind, and fears are undeniably mirrored in Mrs. Dalloway's characters. As Woolf stated, "Every secret of a writer's soul, every experience of his life, every quality of his mind, is written in his works" (Spater, Parsons 83). Woolf asserts in this context that a writer's writings reflect every aspect of his personality, from his inner thoughts and feelings to the distinguishing qualities of his personality. In conclusion, mental disorders are extremely dangerous, particularly when the individual is oblivious of the risks associated with the various symptoms and their impact on his mind and conduct. In the instance of Septimus Warren Smith, for example, he would not have committed suicide if the doctors had treated his symptoms as a severe sign that could contribute to the development of a mental disorder and provided him medication at an earlier stage, as in Woolf's case. As a result of the severe impact of the mental disorders they suffered from, as well as the doctors' lack of competence in dealing with mental

disorders, they committed suicide; however, if individuals are aware of the seriousness of the symptoms and their impact on humans, they may overcome any risky problems.

Works cited

- Ahou Ghalandarila, Seyedeh Sara. *Mental Illness and Manic-Depressive Illness in Virginia Woolf's Mrs. Dalloway*, 2014.
- Bressler , Charles E. *Literary Criticism* . 5th ed., Pearson , 2011.
- Barry, Peter. *Beginning Theory*. 2nd ed., Manchester University , 2002.
- Bouزيد, Soumia. "The Use of the Stream of Consciousness in Mrs Dalloway ." *Kasdi Merbah University*, Kasdi Merbah University, 2013, pp. 1–54.
- Caramagno, Thomas C. *The Flight of the Mind: Virginia Woolf's Art and Manic-Depressive Illness*. Berkeley: University of California Press, 1992. <http://ark.cdlib.org/ark:/13030/ft9c600998/>
- Clark, David; A. *Cognitive Therapy of Anxiety Disorders*. Guilford Press, 2010.
- Filáková, Magdaléna. "Mental Disorders in Mrs Dalloway Writings ." *MASARYK UNIVERSITY BRNO*, MASARYK UNIVERSITY BRNO, 2013, pp. 1–55.
- Gilbert, Paul. *Overcoming Depression*. Oxford University Press, 1997.
- Hymen , Steven E. "Mental Disorders ." *Disease Burden of Selected Major Psychiatric Disorders, by World Bank Region*, www.ncbi.nlm.nih.gov/books/NBK11766/. 2006
- Herman , Judith. *Trauma and Recovery* . Basic Books, 1992.
- Hossain , Mahroof. *Psychoanalytic Theory Used in English Literature*, 2017.
- Habib, M. A. R. *Modern Literary Criticism and Theory* . BLACKWELL PUBLISHING, 2005.

Kahn, Susan. "Eros and Thanatos: A Psychoanalytic Examination of Death in the Context of Working Life / Eros I Tanatos: Psychoanalityczna Perspektywa Śmierci W Kontekście Miejsca Pracy." *Management Forum*, no. 3, 2016, <https://doi.org/10.15611/mf.2016.3.05>.

Leese, Peter. *Shell Shock*. softcover reprint of the hardcover 1st edition 2002978-0-333-96926-7 ed., PALGRAVE MACMILLAN, 2002.

LitCharts, Matt. "Septimus Warren Smith Character Analysis." LitCharts, 2014, www.litcharts.com/lit/mrs-dalloway/characters/septimus-warren-smith.

[Lev Grossman](#) (8 January 2010). "[All-Time 100 Novels: Mrs. Dalloway](#)". *Time*. Retrieved 19 May 2022

Milosevic, Irena, and Randi E. McCabe. *Phobias: The Psychology of Irrational Fear*. Greenwood, an Imprint of ABC-CLIO, LLC, 2015.

Panken, Shirley. *Virginia Woolf and The "Lust Of Creation"*. State Univ. Of New York Press, 1987.

Raja, Sheela . *Overcoming Trauma and PTSD: A Workbook Intergrating Skills from Act, DBT and CBT*. New harbinger, 2012.

Spater, George; Parsons, Ian. *A marriage of true minds: An intimate portrait of Leonard and Virginia Woolf*. Houghton Mifflin Harcour, 1979. Print.

Woolf , Virginia. Ugloalgreyebooks.Com/Mrs-Dalloway-Ebook.htmlU32T . Global Grey , 2021.

Woolf, Virginia and Rania Kivan. *Mrs. Dalloway*. London: Penguin Books, 2009.

ملخص

تعالج الاضطرابات العقلية لفرجينيا وولف في رواية السيدة دالواي الأمراض العقلية التي يعاني منها البطلين الرئيسيين كلاريسا دالواي و سيبتي موس وارن سميث حيث تم تحليل الشخصيات على المستوى النفسي من خلال الغوص في أفكارهم و و عمق مشاعرهم و تفسير تصرفاتهم و سلوكياتهم . كان الهدف من هذه الدراسة الكشف عن أمراض وولف العقلية التي عكستها على شخصياتها ، هدفت هذه الدراسة أيضا إلى تعريف الأمراض العقلية و أنواعها و الإشارة إلى أهم الأعراض التي تسبق الإصابة بالأمراض العقلية حيث استخدمت نظرية التحليل النفسي الأدبية لفرويد لتفسير وفهم الرواية المختارة بعمق. في الختام، بناءً على تحليل وتفسير السيدة دالواي لولف ، يمكن للقراء أن يكونوا على دراية بخطورة الاضطرابات العقلية وتأثيرها على العقل والسلوك. بالإضافة إلى ذلك، تتقيهم حول الأعراض المختلفة حتى يتمكنوا من إدارة القلق والاكتئاب وأخذ صحتهم العقلية على محمل الجد لتفادي تفاقم الأعراض المرضية و تسببها في هلاك الإنسان

الكلمات الرئيسية: القلق، الاكتئاب، نظرية فرويد الأدبية للتحليل النفسي، اضطراب القلق المعمم، السيدة دالواي، الهوس الاكتئابي، الاضطرابات العقلية، اضطراب ما بعد الصدمة، الانتحار.