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## *Fragmented Minds: Trauma, Mental Health, and Crip Theory in Virginia Woolf's Mrs Dalloway*

Relatrice  
Prof.ssa Maria Maddalena Parlati

Laureanda  
Anastasia Giorgetti  
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## **Introduction**

In recent decades, disability in terms of both physical health and mental wellbeing, has received increasing attention in cultural and academic discourse. Contrary to earlier beliefs that framed disability as primarily a medical issue or personal deficiency, it is now widely recognized as a complex social and political construct. This shift was not easily achieved, and there are still some forms of marginalization that need to be excluded. Nevertheless, it was a significant initial success that reflected a broader recognition that disability is shaped not only by individual impairments, but also by societal structures, norms, and expectations that define what is considered “normal.”

This thesis aims to raise awareness of disability and the ways in which individuals with “non-abled-bodies” and “non-abled-minds” tend to be marginalized. Drawing on the interdisciplinary field of Disability Studies, it focuses specifically on the development and application of Crip Theory, which challenges normative assumptions about ability, embodiment, and identity. Coined by Robert McRuer, Crip Theory focuses on eliminating the historical eugenics, which has its roots in ancient times. Through McRuer’s and other scholars’ sharp critique of “compulsory able-bodiedness,” it challenges the cultural expectation that everyone should strive towards physical, mental, and social health and ability norms. It is important to understand that Crip Theory does not aim to romanticize disability; rather, it offers a critical lens through which individuals can understand how certain types of systems, languages and representations contribute to the marginalization of non-normative bodies and minds. It also challenges the idea that people with disability should do something to become “healthy.” Crip Theory intersects with feminist and queer theories, both of which question rigid identity categories and advocate a more fluid and inclusive understanding of the humanity. Over the years, many movements have used Crip Theory to make the world more and more inclusive. Disabled people have started using the formerly pejorative term “cripple” as a mark of pride.

Crip Theory is connected to literature from the late nineteenth and early twentieth centuries, with a particular focus on the modernist period. Emerging during a time of profound political and social change, including the global conflict, modernist literature was characterized by the introduction of new themes, psychological complexity, fragmented narratives, and a deep scepticism of societal norms. Authors such as James Joyce, Joseph Conrad and Virginia Woolf began experimenting with literary techniques

and new forms of expression in order to capture the disorienting experience of modernity, particularly in the aftermath of the First World War. They often depicted fragmented minds, psychological distress and social marginalization through “non-normative” characters to reflect this general agony. These characters failed to conform to the dominant ideals of health, productivity and sanity, and were isolated from the society as a result.

I chose to focus my thesis on Virginia Woolf because I deeply admire her as an author. I also appreciate her boldness in tackling themes that were controversial and often overlooked in her time, such as mental illness, trauma, gender roles, and the alienation of everyday life. She was sensitive to psychological complexity and social pressure, having endured them herself. Of all her works, I found that her 1925 novel *Mrs Dalloway* narrated most of these concerns, making it the ideal text for a Crip Theory analysis.

The first chapter provides a foundation by examining the historical and ideological construction of disability. Starting with the eugenics movement, it traces the development of the medical and social models of disability, establishing a critical foundation for understanding how disability has been framed as a problem to be fixed, managed or hidden. The chapter also introduces the principles of Crip Theory exploring how it builds on and diverges from earlier disability frameworks. Drawing on feminist and queer critiques, the chapter highlights how Crip Theory provides a space in which to consider disability not as a lack or a failure, but as a site of resistance and redefinition.

The second chapter shifts the focus to the historical and cultural context of *Mrs Dalloway*. It explores how the First World War reshaped public attitudes towards mental health and disability, particularly through the widespread diagnosis of “shell shock” among soldiers. The chapter examines the early developments in psychoanalysis, particularly the work of Freud and his contemporaries, in order to gain a better understanding of the cultural language surrounding trauma and the mind. This historical backdrop is crucial for interpreting the psychological landscape of Woolf’s characters, especially because Woolf herself experiences both world wars and struggled with mental issues throughout her life. This incredible author and her determination to fight for her beliefs are celebrated in a dedicated section.

In the third and final chapter, a close reading of *Mrs Dalloway* is conducted through the lens of crip aesthetics, a mode of analysis that emphasizing how disability is

represented in terms of content, form, language, and structure. Through the characters of Septimus Warren Smith and Clarissa Dalloway, Woolf presents two very different yet interconnected expressions of non-normativity. Septimus, a war veteran suffering from post-traumatic stress disorder and misunderstood by everyone around him, openly embodies psychological rupture; meanwhile, Clarissa, though seemingly conforming to societal norms, she experiences profound existential alienation. Both characters resist the cultural imperative to “heal” or “normalize,” instead offering instead alternative ways of experiencing time, memory, and social space. Woolf’s modernist techniques, such as the stream of consciousness, narrative fragmentation and continuous shifts in perspective, mirror the instability of embodied experience. This positions disability not as a tragic deviation, but as a meaningful part of human existence.

This thesis therefore argues that *Mrs Dalloway* not only anticipates many of the insights of Crip Theory, providing a powerful literary reflection on the limits of normality and the possibilities of difference. It encourages readers to reconsider the boundaries between sanity and madness, ability and disability, self and society, and to embrace the potentiality of being “crip.”

## Chapter 1: Crip Theory and Normalcy

### 1. Disability, Difference, and Defiance: From Eugenic Thought to Crip Identity

Illness and disability have always been represented in literature. In early modern works, for instance, Shakespeare depicted psychological instability through Lady Macbeth in his play *Macbeth* (c.1606), and in the Victorian era, Charlotte Brontë introduced Bertha Mason in *Jane Eyre* (1847) as arguably the most iconic portrayal of female madness. These literary depictions anticipated the later emergence of Disability Studies as a formal academic discipline, significantly shaped by theorists such as Robert McRuer, Carrie Sandahl and Alison Kafer. In the early twenty-first century, these scholars started publishing articles investigating the world of neurodivergence and disability, positioning these identities at the heart of broader situation of marginalisation.

Although social protection and rehabilitative support are important, particularly in societies based on solidarity and equality, these measures alone do not address the full complexity of disability. Traditional frameworks often fail to recognise that impairment is an inherent part of the human experience and that all bodies differ in their abilities. So why are certain forms of difference classified under the label of “disability”, while others are seen as natural expressions of human diversity? How is disability constructed as a negative or undesirable identity? Furthermore, as Diane Price Herndl claims in her essay:

Most people in the disability community do not want to be considered ill, and most people who are ill don't want to be considered disabled. The basic point of labelling makes political and intellectual cohesion complex and can get in the way of important aspects of our work. [...] disability is not something that a person possesses but something one encounters when dealing with other people or with physical spaces that are inaccessible.<sup>1</sup>

This thesis aims to explore how “otherness” has been produced and reproduced historically, socially and culturally, with disability as a salient form of alterity. «At the same time, it is important to acknowledge that while most people are likely to be impaired at some point during their lifetime being disabled», as Tom Shakespeare puts it, «is a

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<sup>1</sup> Diane Price Herndl. *Disease versus Disability: The Medical Humanities and Disability Studies*. Modern Language Association, Vol. 120, No. 2, pp. 593-598, p. 593. <http://www.jstor.org/stable/25486190>. Accessed 10 June 2025.

specific social identity of a minority»<sup>2</sup> adds the sociologist Anne Waldschmidt. She is specifying that, in other words, although certain types of disability may affect anyone – accidents happen – disabled people are part of a group that often gets marginalised and, in the worst cases, despised.

Although it may appear otherwise, academic discourse, even within supposedly inclusive institutions, often treats disability within generalised frameworks. This is particularly true of mental health, a field that has only recently gained visibility after being overlooked for a long time. This will be further discussed in this thesis, since mental disorders were not regarded as disabilities, but rather as pure madness. Despite progress in visibility and rights, many assumptions persist, as they are rooted in historical notions of “non-normativity,” which treat physical, sensory and cognitive differences as part of a single model of deviance – meaning that one could not exist without the other. These views continue to shape contemporary understandings of disability.<sup>3</sup>

The roots of this ideology can be traced back to ancient Greece, where the ideal was bodily perfection. Artistic portrayals of unions between gods and earthly mortals often celebrated physical excellence and intellectual agility. These ideals helped to justify exclusionary practices such as the abandonment of disabled infants, who were considered imperfect.<sup>4</sup> A more structured cultural framework for understanding disability emerged in the late nineteenth and the early twentieth centuries: industrialisation in Britain, coupled with the traumas of the world wars, resulted in countless new forms of disability, most of which were acquired over a lifetime rather than being recognised or diagnosed at birth. Gradually, this area attracted academic attention, leading scholars to begin researching and analysing disability. At the same time, a new science was emerging and gaining prominence: eugenics. The Cambridge Dictionary defines it as «the belief that human species can be improved through controlled reproduction.»<sup>5</sup> Eugenics originated in the Victorian era through the work of polymath scholar Francis Galton; born in 1822, Galton envisioned a utopian society in which evolutionary progress could be prompted through

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<sup>2</sup> Anne Waldschmidt. *Disability Goes Cultural: The Cultural Model of Disability as an Analytical Tool. Culture – Theory – Disability: Encounters between Disability Studies and Cultural Studies*. Transcript Verlag, 2017, pp.19-28, p. 19. <http://www.jstor.org/stable/j.ctv1xxs3r.5>. Accessed 27 April 2025.

<sup>3</sup> Sharon L. Snyder and David T. Mitchell. *Cultural Locations of Disability*. Chicago, University of Chicago Press, 2019, p. 46.

<sup>4</sup> David Johnstone. *An Introduction to Disability Studies*. London, Routledge, 2012, p. 87.

<sup>5</sup> “Eugenics.” In: *Cambridge Dictionary*. Cambridge University Press & Assessment, 2025, <https://dictionary.cambridge.org/dictionary/english/eugenics>.

statistical and genetic manipulation, and was firmly convinced that intelligence was the most important human value. Eugenics was seen as a way to prevent human decline by deliberately shaping reproduction, aiming «providently, quickly, and kindly,» what eugenicists believed «nature does blindly, slowly, and ruthlessly.»<sup>6</sup> Inspired by Charles Darwin's *On the Origin of Species by Means of Natural Selection*, Galton applied the concept of natural selection to humans, aiming to improve mankind by promoting what he considered to be “superior” genetic traits.<sup>7</sup>

As an academic discipline, Disability Studies is a relatively recent field of study. It is inherently interdisciplinary, drawing on philosophy, sociology, psychology and, crucially, the lived experiences of disabled individuals. It critically examines how disabled people are perceived and how they navigate social spaces designed for “normal” bodies and minds. There are widespread assumptions about the conduct expected of disabled people, which assume that certain social behaviour is an inherent and inevitable manifestation of the disability.<sup>8</sup> In his *Introduction to Disability Studies*, David Johnson perfectly summarizes this concept:

It is not so much about identifying characteristics of sensory or physical loss; nor about learning fact [...]. It is not even, solely, concerned with the circumstances of disabled people. Disability Studies is more about the development of critical enquiry into those social and political forces that frame and inform our relationships with each other and the institutions of society that we have created. [...] Just as there is no single accepted consensus for what is ‘normal’ there are few uncontested statements of agreement that can be made in relation to the construction of disability within the humanities and social sciences. This applies to disability at the level of both an individual label and, more collectively, as an area of academic enquiry. [...] It would be impossible to ignore the private experiences of loss, pain, discomfort, chronic illness and frustration that are associated with being a disabled person and the sense of psychological marginalisation.<sup>9</sup>

Legally speaking, the United Kingdom's *Disability Discrimination Act* of 1995 defines disability as «a physical or mental impairment that has a substantial, long-term adverse

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<sup>6</sup> Maren Linett. *A Eugenic Vision of Her Own: Disability, Community, and Future in Woolf's Between the Acts*. Lecture at the University of Padua, 2025.

<sup>7</sup> David Redvaldsen. *A History of British Eugenics since 1865. From Francis Galton to Designer Babies*. Manchester, University of Manchester, 2024, pp. 14-15.

<sup>8</sup> David Johnstone. *An Introduction to Disability Studies*. cit., p. 1.

<sup>9</sup> *Ivi*, p. 2.

effect on an individual's ability to carry out normal daily activities.»<sup>10</sup> Although the language appears inclusive, this is still rooted in normative assumptions that position disability as a deviation from the ideal of being able-bodied. This view has historically been reinforced by pejorative terms such as “crippled”, “crazy”, “feeble-minded” or “deformed”, which have further marginalised disabled people.

Much of the criticism in disability studies has focused on the “medical model” of disability, a term that has multiple meanings but has often been used pejoratively. This model assumes that disability is caused by individual impairments or differences that must be “fixed” or “cured”, regardless of whether they cause actual pain or limit functionality. Scholars who support this view usually belong to scientific fields such as biomedicine or psychiatry. Between these, the neurologist Sir Ludwig Guttmann saw disability as something that needed to be cured through medical intervention. Indeed, in an article about the opening of a new section at the Ministry of Pensions Hospitals in Aylesbury (UK), he comments: «The chief object in this multidisciplinary subject of medicine was to establish a synthesis between all clinical procedures, whether medical or surgical, [...] to rescue most of them, in spite of their profound disability, to the community as useful and respected citizens.»<sup>11</sup> According to this framework, it is the individual's responsibility to conform again to the normative standards of ability, and consequently find a cure. As a matter of fact, those who subscribe to this model believe that impairments should be “fixed”, even when they do not prevent the patient from leading a “normal” life.<sup>12</sup>

In response, the 1970s saw the emergence of the “social model” of disability, theorised principally by disabled scholar Michael Oliver, who redefines disability as a socially constructed phenomenon. For Oliver, according to this model, «disability was a status imposed on people with various forms of impairment, and therefore that disability was a political, not a health, issue.»<sup>13</sup> Thus, it is societal, structural and attitudinal barriers

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<sup>10</sup> *Disability Discrimination Act 1995*. United Kingdom Parliament, 1995, [www.legislation.gov.uk/ukpga/1995/50/contents](http://www.legislation.gov.uk/ukpga/1995/50/contents). Accessed 27 April 2025.

<sup>11</sup> Ludwig Guttmann. *On health Deviation and Rehabilitation in Spinal Paraplegia and Tetraplegia*. *Community Health*, Vol. 8, No. 4, 1977, pp. 186-209, p. 190. <http://www.jstor.org/stable/45159898>. Accessed 5 June 2025.

<sup>12</sup> Andrew J. Hogan. *Social and Medical Models of Disability and Mental Health: Evolution and Renewal*. *Canada, CMAJ*, Vol. 191, No. 1, 2019, pp. E16-E18. <https://doi.org/10.1503/cmaj.181008>. Accessed 27 April 2025.

<sup>13</sup> *Ivi*, p. E16.

that disable individuals, rather than the impairments itself, and these barriers can be overcome to enable individuals to live in autonomy and dignity.<sup>14</sup> This model «is a fundamental contribution not only to the discussion about complexity of disability, but our understandings of disability as informed by disabled people’s reflection on their own experience,»<sup>15</sup> writes Professor Lorella Terzi. What Lorella Terzi and Michael Oliver say is easily verifiable just by looking around. Even today, despite increasing awareness and new technologies, many spaces are still inaccessible to people with disabilities; this includes buildings, public transport and even streets, which are often not walkable. And if a disabled person can easily encounter difficulties today, few decades ago the situation was far more challenging.

The medical and social models are often presented in opposition within disability discourse. However, an increased awareness of the limitations of both models has led to more nuanced approaches that aim to improve care and inclusion for non-normative individuals without reducing their identities to either medical pathology or social construction.<sup>16</sup>

Intersectionality is one significant concept that complicates the binary between able-bodied and disabled experiences, particularly in terms of treatment and equality. Coined by legal scholar Kimberlé Crenshaw, intersectionality emphasises the multidimensionality of marginalised individuals’ lived experiences. Emerging from Critical Race Theory in the late 1980s and early 1990s, intersectionality critiques the supposed neutrality and objectivity of the law by demonstrating how race, gender and other socially constructed categories perceived as “non-normative” produce compounded forms of oppression. For this reason, intersectionality is widely regarded as foundational to contemporary feminist theory.<sup>17</sup> Feminist scholarship has long demonstrated that society is structured both by and for men, while also exposing how it is shaped by and for the able-bodied. As feminist disability scholar Susan Wendell has articulated, «Not only the architecture, but the entire physical and social organization of life, assumes that we

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<sup>14</sup> Andrew J. Hogan. *Social and Medical Models of Disability and Mental Health: Evolution and Renewal*. cit., p. E17.

<sup>15</sup> Lorella Terzi. *The Social Model of Disability: A Philosophical Critique*. *Journal of Applied Philosophy*, Vol. 21, No. 2, 2004, pp. 141-157, p. 141. <http://www.jstor.org/stable/24355191>. Accessed 28 April 2025.

<sup>16</sup> Andrew J. Hogan. *Social and Medical Models of Disability and Mental Health: Evolution and Renewal*. cit., pp. E16-E18.

<sup>17</sup> Jennifer C. Nash. *Re-thinking Intersectionality*. *Feminist Review*. London, Sage Publications. No. 89, 2008, pp. 1-15, pp. 3-4. <http://www.jstor.org/stable/40663957>. Accessed 21 April 2025.

are either strong and healthy and able to do what average able-bodied person can do, or that we are completely disabled, unable to participate in life.»<sup>18</sup> This dualism erases the spectrum of embodied experiences. Many marginalized communities, including women, disabled people and queer individuals are united by the shared experience of being constructed as “abnormal” and stigmatised as “the other”. Furthermore, gender and race studies, queer theory and disability studies challenge the notion of what is considered normal, questioning the societal assumption that difference is pathological or problematic.<sup>19</sup> Scholars such as Michael Warner have introduced the concept of “stigmaphobia” to explain why so many people strive to be perceived as “normal”. This pervasive fear of stigma fosters conformity and an aspiration towards normality: while no individual can fully embody the normative ideal, as everyone deviates from it in some way, the anxiety surrounding potential stigmatisation produces a nearly universal desire to align with perceived norms.<sup>20</sup>

Building on the concept of intersectionality, it is crucial to introduce a theoretical approach that focuses on the lived experiences of marginalised people, particularly those affected by any form of disability, whether is physical or psychological: Crip Theory. Coined and developed by theorists such as Robert McRuer, Crip Theory emerged in the early twenty-first century as a response to medical and social models. It reclaims the historically pejorative term “cripple”, transforming it into a symbol of political resistance, identity and pride.<sup>21</sup> McRuer describes “crip” as a disruptive, fluid concept that critiques compulsory able-bodiedness norms, in a similar way to how queer theory critiques compulsory heterosexuality. Crip theory shares similarities with queer and feminist approaches: all three question the mechanisms through which bodies, desires, and abilities are pathologized and regulated.

Although rooted in Disability Studies, Crip Theory broadens its scope to include discussions around mental illness, neurodivergence, non-conforming embodiment and deviant subjectivity. It encourages scholars to treat disability as central to humanities

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<sup>18</sup> Mikael Mery Karlsson & Jens Rydström. *Crip Theory: A Useful Tool for Social Analysis*. NORE – Nordic Journal of Feminist and Gender Research, 2023 pp. 396-397, p. 396. <https://doi.org/10.1080/08038740.2023.2179108>. Accessed 15 April 2025.

<sup>19</sup> *Ivi*, p. 397.

<sup>20</sup> *Ivi*.

<sup>21</sup> Robert McRuer. *Crip Theory. Cultural Signs of Queerness and Disability*. New York, New York University Press, 2008.

discourse, rather than a marginal issue. By doing so, Crip Theory challenges systems that privilege able-bodiedness and normativity, creating space for new, inclusive modes of thinking, living and being.

With this theoretical foundation established, Crip Theory can be used to shape contemporary society and offer a new way of interpreting literary texts. When applied to literary works - particularly the nineteenth century texts - Crip Theory enables to explore how disability and illness were culturally constructed, represented, treated and challenged at their time.

## 2. Disability and Illness in Nineteenth-Century British Literature

It could be argued that no previous historical period has shown a greater degree of understanding, and institutional support for individuals with disabilities than the contemporary era. In particular, the civil rights movements of the 1960s and 1970s in Europe and North America, which brought about significant changes in the social acceptance of racial and gender identities, also paved the way for similar progress within disability communities.<sup>22</sup> Nevertheless, representations of disability have long been present in earlier literary traditions. In her article *Disability in Genre Fiction*, Ria Cheyne writes:

Genre fiction has always told stories about disability. Literary genres, like their counterparts in film, television, and other media, present and re-present characteristic disability tropes and narratives, such as the disabled horror monster, the romance hero who is cured by the love of a good woman, and the cognitively exceptional detective. These images reflect disability discourses and stereotypes circulating in wider culture, but they are also refracted by the demands of the genres in which they are located.<sup>23</sup>

Thus, literary genre influences not only how disability is portrayed and interpreted, but also which impairments are represented and how, and the narrative importance assigned

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<sup>22</sup> Stuart Murray. *The Ambiguities of Inclusion: Disability in Contemporary Literature*. In: Clare F. Barker, Stuart Murray (eds). *The Cambridge Companion to Literature and Disability*. Cambridge, Cambridge University Press, 2018, pp. 90-103, p. 90.

<sup>23</sup> Ria Cheyne. *Disability in Genre Fiction*. In: Clare F. Barker, Stuart Murray (eds). *The Cambridge Companion to Literature and Disability*. Cambridge, Cambridge University Press, 2018, pp. 185-198, p. 185.

to disabled characters, whether as protagonists, secondary figures, or marginal presences.<sup>24</sup> While contemporary literature increasingly portrays disability as a legitimate marker of diversity, earlier portrayals frequently positioned it outside the boundaries of social inclusion.

In her book *Bodies of Modernism*, Maren Tova Linett argues that literary disability studies address critical questions that have historically been overlooked. Therefore, she asks her readers:

What metaphoric meanings accrue to disabled characters in fiction? How does the presence of disability shape the trajectory of the narrative in which it appears? How do texts enlist disability to grapple with broader themes such as subjectivity, sexuality, and knowledge? How does disability affect the formal properties of texts? Literary criticism not informed by disability studies has treated and still treats disabled characters as simply flawed, naturally objects of pity or scorn, and thereby replicates rather than illuminates the roles disability plays in literary narrative.<sup>25</sup>

In his essay on deafness and marginalisation, Lennard J. Davis builds on these arguments by placing disability within the context of broader histories of social exclusion. He argues that disability, and deafness in particular, has historically been marginalised in a similar way to race, gender or class, and that in nineteenth-century literature, disabled characters often represent forms of otherness, moral deficiency or social failure.<sup>26</sup> Experiences shared by the majority are classified as “normal”, while those that deviate from the norm are labelled “abnormal”, as the individuals who embody such experiences. Davis argues that the concept of disability is not merely a biological condition, but a socially constructed category that emerged in the eighteenth and nineteenth centuries. To support this claim, he traces this development back to the emergence of the concept of “normalcy” and its alignment with the eugenics movement, which was based on the idea of the Social Body or Body Politic – the notion that national strength is linked to physical and mental health. Within this framework, having a “healthy” or “normal” body becomes a prerequisite for being a “true” citizen; as a result, individuals with “ill” or “disabled”

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<sup>24</sup> Ria Cheyne. *Disability in Genre Fiction*. cit., p. 185

<sup>25</sup> Maren Tova Linett. *Bodies of Modernism. Physical Disability in Transatlantic Modernism Literature*. Ann Arbor, University of Michigan Press, 2017, p. 1.

<sup>26</sup> Lennard J. Davis. *Deafness and Insight: The Deafened Moment as a Critical Modality*. *College English*. Vol. 57, No. 8, 1995, pp. 891-900, p. 882. <https://doi.org/10.2307/378619>. Accessed 29 Apr. 2025.

bodies are positioned as outsiders and excluded from the rights and recognition associated with “true” citizenship.<sup>27</sup>

To fully understand the social and literary construction of illness and disability in the nineteenth century, it is essential to explore the dominant medical and cultural ideas about the body, how it functions, and what is perceived as dysfunction. Much of the medical thinking of the time was rooted in Humoral Theory, which held that disease resulted from imbalances in the body’s four humors, representing its hot, cold, wet, and dry properties. It was believed that these elements were regulated by the nervous system, which was considered a vital link between the body and the mind. Consequently, physical health was perceived as closely interconnected with mental and emotional well-being.<sup>28</sup> This conceptual framework led to mental illness being treated as a bodily disorder, often resulting in confinement, forced rest, or institutionalisation – a reality frequently depicted in literature.

In his analysis of disability in literary narratives, Leonard Kriegel identifies four recurring tropes of the disabled figure: the Demonic Cripple, the Charity Cripple, the Survivor Cripple and the Realistic Cripple. Perhaps the most frequent of these is the Pathetic/Charity Cripple, which is closely associated with the work of Charles Dickens. The most iconic example is Tiny Tim in *A Christmas Carol* (1843), who is portrayed as a figure of pity inspiring benevolence and moral growth in able-bodied characters. By contrast, the Demonic Cripple embodies grotesque evil; Kriegel suggests that such characters are often shaped by a formative wound or trauma that fosters resentment and the eventual perception of them as a threat. The Survivor Cripple is neither demonic nor an object of charity; instead, they are cast as heroic, overcoming obstacles and inspiring admiration.<sup>29</sup> While the Charity Cripple provides a weak depiction of disabled characters, the latter gives them a somewhat heroic portrayal. Although the presence of these characters may raise readers’ awareness of impairment conditions, I think there is something problematic about the stereotypical depiction of disabled characters as vulnerable and helpless, as it seems that they are included in the plot only to elicit compassion.

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<sup>27</sup> Heidi L. Janz. *Crip Writers/Written Crips: Constructions of Illness and Disability in Selected Eighteenth- and Nineteenth-Century British Poetry and Fiction*. Canada, University of Alberta, 2003, pp.1-3.

<sup>28</sup> *Ivi*.

<sup>29</sup> *Ivi*, pp. 106-135.

These literary tropes reflect broader cultural attitudes towards disability at the time, evoking feelings of sentimentality, moral symbolism or fear. However, the late nineteenth and the early twentieth centuries marked a shift in the representation and societal and institutional treatment of disability. It could be argued that the widespread public awareness and institutional response to disability rights that are seen today were largely catalysed by the aftermath of the First and Second World War. These global conflicts produced mass impairment on an unprecedented scale, challenging previously held ideals about heroism, masculinity and national strength. The literary works of war participants, particularly British soldier-poets such as Siegfried Sassoon, powerfully describe the physical and psychological toll of combat; they wrote about the terrible situations in which they had to survive.<sup>30</sup> Furthermore, to generate public enthusiasm for the war, the government planned propaganda to promote a sense of patriotic duty. This approach was deemed necessary, as it was one of the few effective means of encouraging enlistment. Soldier's writings confront the ways in which war inflicted trauma and disability in pursuit of unsustainable national and ideological goals. Yet, the impact of the two world wars extended beyond literature. For example, the study of letters, diaries, poems and other documents left by soldiers contributed to the institutionalisation of psychoanalysis. This led to a more formal understanding of conditions such as shell shock, which is now known as post-traumatic stress disorder (PTSD). Furthermore, these conflicts paved the way for modern approaches to disability rehabilitation, welfare and compensation, influencing the policies and legal frameworks that continue to shape disability support systems today.<sup>31</sup>

The consequences of war did not simply disappear with the end of the conflict. Many of the problematic ideals that it fostered, particularly the glorification of masculine strength, physical endurance and national duty, continued to influence how disabled and psychologically traumatized veterans were treated in society. In the absence of medical advances, behaviour that are now recognised as symptoms of trauma or mental illness were often misinterpreted and, rather than being recognised as legitimate psychological responses, such behaviours were often pathologized as madness or hysteria. The latter was often stereotypically associated with women, who were perceived as emotionally

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<sup>30</sup> Ato Quayson. *Aesthetic Nervousness. Disability and the Crisis of Representation*. New York, Columbia University Press, 2007, pp. 9-10.

<sup>31</sup> *Ivi*.

fragile, further compounding this problematic framing. Contributing to this climate was the concept of the “true man”, which defined idealised masculinity through emotional restraint and well-proportioned, harmonious body symbolising self-control,<sup>32</sup> ultimately, reinforcing the stigmatisation and marginalisation of individuals who failed to conform to such normative ideals.

Against this cultural backdrop, Virginia Woolf’s literary works emerge as a strong critique. Through her significant and powerful writing, she addresses a wide range of themes including disability discourse. Indeed, she critiques politics, the patriarchal system, war and militarism, and queer identity. Referring to Woolf’s extensive archive, Madelyn Detloff writes, «Despite such messiness, Woolf’s crip archive also presents epistemological resources for challenging biopolitical norms, especially in the case of norms for physical and psychological health.»<sup>33</sup> In other words, in the broader discourse of these themes, she focuses her attention on physical and mental disabilities. Drawing on her personal experience of mental illness and her critical view of psychiatric institutions, Woolf offers a sharp critique of medical authority and societal expectations. In *Mrs Dalloway* (1925), the character Septimus Warren Smith, a war veteran plagued by hallucinations and emotional dislocation, embodies the long-lasting effects of trauma. His internal fragmentation serves as a profound commentary on the postwar British society’s failure to address psychological suffering with empathy. Rather than reproducing simple, stereotypical tropes about disabled characters, Woolf’s portrayal engages with them critically. Woolf herself was often labelled “mad”, probably reflecting cultural discomfort with creative, non-conforming women who transgressed normative roles, indeed her life and work serve as an example to show people what it can be like to live with a disorder and the challenges that different individuals have to overcome in a social system organised for typical/normative people.

By applying Crip Theory to historical and literary contexts, it can be seen that disability was not just depicted, but often actively constructed. Woolf’s innovative narrative reflects the characters’ internal struggles and offers a formal critique of the socially imposed boundaries of “normalcy” and “otherness”

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<sup>32</sup> George L. Mosse. *Shell-Shock as a Social Disease*. Journal of Contemporary History, vol.35, no.1, 2000, pp. 101-108, p. 101. <http://www.jstor.org/stable/261184>. Accessed 30 Apr. 2025.

<sup>33</sup> Madelyn Detloff. *Woolf and Crip Theory*. In: Sue, Roe and Susan Sellers, editors. *The Cambridge Companion to Virginia Woolf*. Cambridge University Press, 2000, pp. 277-289. p. 283.

## Chapter 2: From War to Woolf: The Psychological Legacy of World War I

### 1. The Trauma of Modern War

Having examined how disability and mental illness were perceived and treated in the late nineteenth and early twentieth centuries, it is clear that progress in both the medical field and broader social attitudes was neither linear nor easily achieved. The following chapter examines the unprecedented scale of physical and psychological injury resulting from the First World War.

#### 1.2 A Crisis of Understanding: Trauma at an Unprecedented Scale

Drawing on existing scholarships, this historical moment is examined as a turning point that revealed the severe limitations of the contemporary medical and social frameworks for addressing psychological distress. While mental breakdowns resulting from war were not a new phenomenon, this period was distinguished by the growing recognition that war could have a profound impact on cognitive coherence, memory, and psychological stability.<sup>34</sup>

While the idea that war constitutes one of the most violent and destructive acts of humanity is not a new one, the scale of the First World War was unlike anything that had been seen before. In World War First casualty and death tables registered by PBS (Public Broadcasting Service) in 2014 was:

Sixteen nations mobilized over 65 million soldiers. Of these, 8.5 million were killed, another 21.2 million were wounded, and 7.75 million captured or missing. [...] In Germany, over 600,000 servicemen were treated in military hospitals for “nervous” diseases during the four years of war. In the UK, 80,000 cases of war neurosis were diagnosed between 1914 and 1918, and around 200,000 veterans ended up receiving pensions for war-related nervous disorders following the war.<sup>35</sup>

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<sup>34</sup> Lyndsey Stonebridge. *Theories of Trauma*. In: Marina MacKay. *The Cambridge Companion to the Literature of World War II*. Cambridge, Cambridge University Press, 2009, pp. 194-206, p. 194.

<sup>35</sup> Greg Eghigian. *The First World War and the Legacy of Shellshock*. Psychology Today, 27 July 2014, [www.psychologytoday.com/us/blog/hidden-minds/201407/the-first-world-war-and-the-legacy-shellshock](http://www.psychologytoday.com/us/blog/hidden-minds/201407/the-first-world-war-and-the-legacy-shellshock). Accessed 20 May 2025.

This article dates back to 2014, which was marked by the 100<sup>th</sup> anniversary of what was then referred to as the Great War. It provides a glimpse into the horrors of the conflict. Thanks to more efficient technologies and research, the number of missing people whose bodies have been found is probably higher today than it was before.

### 1.3 The Medical Response: From Shell Shock to Psychoanalysis

Of all the consequences of the war, the various disorders identified during this period were among the most misunderstood. The most prominent of these was a condition commonly known as “shell shock”. First formalised by Charles Myers in an article in *The Lancet*<sup>36</sup> in 1915, the term encompassed a range of physical and psychological symptoms. However, “shell shock” was not entirely new at the time; psychological breakdowns among soldiers had already been observed in earlier conflicts, and it is believed that the term was already in informal circulation among troops, although its exact origins remain uncertain. Nevertheless, Myers’s contribution was a critical step in establishing it as a subject of medical inquiry, even if his account lacked diagnostic precision. He offered a description of the condition, drawing parallels with hysteria, but left unclear whether the symptoms stemmed from physical trauma or psychological distress.<sup>37</sup>

This ambiguity signalled a broader shift in understanding shell shock, moving away from viewing it as a mere neurological injury and towards viewing it as a condition rooted in psychological trauma – an interpretation that aligns with Sigmund Freud’s emerging theories. Freud, in *The Psychopathology of Everyday Life* (1914), famously argued in that: «Identity begins with a trauma, a wound in the psyche of which we cannot speak. [...] We give the name of *traumas* to those impressions, experienced early and later forgotten, to which we attach such importance in the aetiology of the neurosis.»<sup>38</sup> At the core of trauma theory lies the idea that a traumatic event can be experienced and

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<sup>36</sup> Charles Myers. *A Contribution to the Study of Shell Shock: Being an Account of Three Cases of Loss of Memory, Vision, Smell, and Taste, Admitted into the Duchess of Westminster’s War Hospital, La Touquet*,”. *The Lancet*, 1915.

<sup>37</sup> Tracey Loughran. *Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories*. *Journal of the History of Medicine and Allied Sciences*. Vol.67, No.1, 2012, pp. 94-119, p. 105. [https://www.jstor.org/stable/24631881?seq=1&cid=pdf-reference#references\\_tab\\_contents](https://www.jstor.org/stable/24631881?seq=1&cid=pdf-reference#references_tab_contents). Accessed 20 May 2025.

<sup>38</sup> Lyndsey Stonebridge. *Theories of Trauma*. cit., pp. 195-196.

repressed simultaneously, often in the very moment it occurs. Trauma fragments the psyche and disrupts the perception of time, creating a temporal dislocation that suspends the subject outside the boundaries of coherent narrative and memory.<sup>39</sup>

Today, shell shock is widely regarded as the defining psychological disorder of the First World War. Contemporary accounts describe a range of symptoms, including tremors, paralysis, hallucinations and acute mania. One documented case involved a soldier whose condition deteriorated after he experienced a prolonged bombardment, which culminated in a sudden shell explosion near his position. His health rapidly deteriorated, progressing from crying and an inability to walk or perform basic tasks to acute mania.<sup>40</sup> Although he temporarily recovered after being given chloroform and morphine, he died unexpectedly. Autopsies revealed neural damage similar to that observed in another soldier who died from extreme exhaustion. As Tracey Loughran notes in her article:

Finally, shell shock might also be blamed for the sweating, stammer, and tormented nightmare of the soldiers who had accidentally shot and killed a wounded comrade one night while on outpost duty. The experiences and symptoms of these men were bewilderingly diverse, and so were the explanations put forward for the disorder; in these case studies alone a range of physical, physiological, and psychological factors were invoked by the doctors charged with their treatment. Yet during the war, all these cases were perceived as manifestations of shell shock.<sup>41</sup>

Trench warfare, characterised by unsanitary conditions, relentless violence, and psychological strain, had a profound impact on minds and bodies of soldiers. The trauma they endured destabilized not only their own psyches, but also the broader framework through which society understood mental health.

#### **1.4 Social Silence: Suppression, Memory and Literature**

One of the most notable gaps in the historical record is the absence of first-hand accounts from soldiers suffering from shell shock. Most surviving accounts are filtered through the voices of doctors or later historians. This silence was no coincidence because many

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<sup>39</sup> Lyndsey Stonebridge. *Theories of Trauma*. cit., pp. 195-196.

<sup>40</sup> *Ivi*, p. 101.

<sup>41</sup> *Ivi*, p. 102.

veterans were either too traumatised to speak or chose to remain silent - possibly as a way to avoid reliving the horrors they had endured.<sup>42</sup>

Freud interpreted the recurring nightmares experienced by First World War veterans as the unconscious mind's attempt to process overwhelming experiences after the fact. Literary theorists have observed that, much like dreams, literature can help to organize trauma retroactively.<sup>43</sup> Indeed, literary historians of the First World War often emphasise the profound disjunction between the experiences of soldiers on the front-line and the triumphalist, patriotic narratives that circulated back home. In his book *The Storyteller* (1936) Walter Benjamin describing the decline of the art of storytelling in the aftermath of war, wrote:

Was it not noticeable at the end of the war that men returned from the battlefield grown silent – not richer, but experience been contradicted more thoroughly than strategic never has experience by tactical warfare, economic experience by inflation, bodily experience by mechanical warfare, moral experience under the open sky in a countryside in which nothing remained unchanged but the clods, and beneath these clouds, in a field... of destructive torrents and explosions, was the tiny, fragile human body.<sup>44</sup>

Contemporary trauma theorists often discuss the “incomprehensibility” at the heart of traumatic experiences, highlighting the limitations of traditional narratives and historical discourse. In this context, psychoanalysis is particularly relevant because it focuses on the unconscious, on its ruptures and its silences.<sup>45</sup>

### **1.5 Gender and the Crisis of Masculinity**

The historian George L. Mosse writes «Shell-shock was one of the most widespread battlefield injuries during First World War: it seemed unlike any of the other wounds contracted in the war, an injury without any bodily signs, a mass outbreak of mental

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<sup>42</sup> Tracey Loughran. *Shell Shock, Trauma, and the First World War*. cit., p. 95.

<sup>43</sup> *Ivi*, pp. 196-197.

<sup>44</sup> Christine Froula. *Virginia Woolf and the Bloomsbury Avant-Garde: War, Civilization, Modernity*. New York, Columbia University Press, 2005, pp. 67-68.

<sup>45</sup> Tracey Loughran. *Shell Shock, Trauma, and the First World War*. cit., p. 201.

disorder.»<sup>46</sup> However, the battlefield was not the only cause of triggers for young boys and men. Indeed, the war caused a truly cultural crisis around masculinity.

Since the beginning of the modern era, European society has defined its identity through idealised archetypes, while simultaneously defending itself from what was perceived a threat to those values.

Shell-shock, in reality, was not as vague a disease as it seemed at the time; rather, as we look upon the phenomenon from a historical perspective, it was an injury, which, while raising disturbing medical questions, was easily co-opted by traditional cultural prejudices which, so it was thought, could provide it with a readily understood context.<sup>47</sup>

In this context, for men, the most important value was the manifestation of manliness. This could be exhibited through emotional restraint, physical endurance and public achievement. There were several methods to turn boys into true men, and, for many, enlistment symbolised the ultimate rite of passage into mature manhood.<sup>48</sup>

Behaviours that deviated from this ideal, such as emotional collapse, nervousness, or reluctance to fight, were often considered shameful and a sign of moral weakness, or even treason. Social prejudices about mental illness spread quickly as doctors encountered cases of malingering, whereby individuals simulated illness to avoid combat. This casted suspicion on genuine sufferers too.

The reference to enfeebled manhood points forward to the diagnosis of shell-shock and was indebted to Jean-Marie Charcot's earlier discovery that men and not just women could be subject to hysteria. However, Charcot made sure to safeguard the male ideal: in the "hystérie virile" all the phenomena associated with hysteria in women were never complete; those stricken lacked all feminine traits and were to all appearances robust men.<sup>49</sup>

Hysteria and emotional instability were generally associated with femininity and, by extension, unmanliness. By contrast, individuals who were considered well-adjusted and firmly integrated into the societal norms were seen as ideal military candidates, while psychological distress was interpreted as a character flaw that threatened the social order. Such afflictions were often associated with effeminacy and believed to undermine the

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<sup>46</sup> George L. Mosse. *Shell-Shock a Social Disease*. Journal of Contemporary History. Vol.35, No. 1, 2000, pp. 101-108, p. 101.

<sup>47</sup> *Ivi*

<sup>48</sup> *Ivi*. pp. 102-103.

<sup>49</sup> *Ivi*. p. 103.

rigid distinction between genders - an opposition that was widely regarded as fundamental to societal cohesion. For men suffering from shell shock, this gendered anxiety represented an additional layer of social alienation and disintegration. In an attempt to preserve some form of masculine dignity, the French neurologist Charcot coined the term 'hystérie virile' (male hysteria) to describe shell-shocked soldiers. The ideal soldier was expected to remain composed, adapt to the horrors of trench warfare and confront death without emotional breakdowns. The belief that psychological disorders stemmed from an individual's failure to adapt to external stress only served to reinforce discriminatory attitudes towards those deemed emotionally or psychologically "frail".

Virginia Woolf engages deeply with these themes in *Mrs Dalloway*, particularly through the character of Septimus Warren Smith, a veteran whose psychological distress is misinterpreted as weakness rather than a legitimate illness.

## **2. Between War and Words: Virginia Woolf**

Although Virginia Woolf did not fight in the war, she was profoundly affected by its aftermath, both personally and professionally. Her husband, Leonard Woolf, was actively involved in the Labour Party and peace movements, and together, they were committed to internationalism and post-war reconstruction. Confronted with the limitations of conventional language in conveying the enormity of their experiences, many individuals turned to alternative forms of expression, such as poetry, literature and art, to articulate their fractured inner worlds of trauma.

One of the most significant literary figures to investigate the psychological consequences of war was Virginia Woolf. The following section will explore how Woolf's work, particularly her novel *Mrs Dalloway*, engages with trauma both thematically and formally, offering a deeply humanising portrayal of psychological suffering.

### **2.1 Trauma, Madness, and the Making of Virginia Woolf**

Virginia and Leonard Woolf were the English publishers of Sigmund Freud, which gave them early access to his pioneering psychoanalytic writings. In her final novel, *Between the Acts* (1941), Woolf writes of the return of a "primitive violence" that threatens to

unravel European civilisation.<sup>50</sup> However, it is in her unfinished memoir, *A Sketch of the Past* – written amid the turbulence of the Battle of Britain and the fall of France – that Woolf most explicitly articulates her understanding of trauma and its influence on her creative process.

Reflecting on the origins of her literary imagination, Woolf attributes her identity as a writer to what she calls her “shock-receiving capacity”. The memoir is not only a recollection of a childhood shaped by various traumatic episodes, but also an introspective exploration of how memory, particularly traumatic memory, can be used as a method of literary production. Drawing parallels with Marcel Proust’s reflections on involuntary memory, Woolf writes, «I feel that strong emotion must leave its trace; and it is only a question of discovering how we can get ourselves attached to it.»<sup>51</sup>

## 2.2 Life between Madness and Modernism

Virginia Woolf (1882-1941) was born in London and was primarily educated in her father’s extensive library. She came of age during a period of profound political and social transformation. As her husband Leonard Woolf observed, this era was characterised by cautious optimism among progressive thinkers who believed that Europe was «on the brink of becoming civilized.»<sup>52</sup> However, this hopeful vision was soon shattered by the outbreak of the First World War in 1914. For many intellectuals and artists, including Woolf herself, the war was not just a geopolitical conflict, but a kind of “civil war” – a violent rupture within the fabric of European civilisation. The war’s devastation not only dismantled hopes for international cooperation, economic equality, human rights, political self-determination, and global peace, but also undermined the very foundations of such ideals. During this period, artists and intellectuals played a significant role in reimagining the future of European civilisation.<sup>53</sup>

Virginia Woolf’s father, Leslie Stephen – philosopher, author, and editor of the *Dictionary of National Biography* – was an enthusiastic supporter of her education. He

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<sup>50</sup> Lyndsey Stonebridge. *Theories of Trauma*. cit., p. 199.

<sup>51</sup> Virginia Woolf. *Moments of Being*. Orlando, Florida, Harcourt Brace Jovanovich, 1985, p. 67.

<sup>52</sup> Christine Froula. *Virginia Woolf and the Bloomsbury Avant-Garde: War, Civilization, Modernity*. cit., pp. 1-2.

<sup>53</sup> *Ivi*.

personally oversaw her studies in history and Greek, confidently predicting her future as a writer. Despite her resentment of her father's patriarchal double standards, particularly his tendency to judge her by different criteria to those applied to her brothers, she also benefited from his scholarly influence. Although Leslie Stephen opposed higher education for women and did not allow his daughters to attend Cambridge University, he had a profound influence on Woolf's intellectual development. She often described herself as "uneducated", yet the home-based education she received was, in many ways, more formative than that provided by traditional, male-dominated institutions such as Cambridge, which even Stephen himself had come to view with scepticism<sup>54</sup>. This ambivalence regarding gender, education, and authority echoes in both her fiction and her essays.

The sudden loss of her mother at the age of thirteen marked the beginning of Woolf's mental health struggles and led to her first suicide attempt. This unexpected death had a more destabilising effect on her psyche than the impact of her authoritarian father. It intensified her internal conflict between dependence and independence. By losing her mother, Woolf was deprived of both a potentially emotional stability and, paradoxically, of the kind of autonomy that her father exclusively encouraged in his sons, which was shaped by Victorian ideals of "manliness" and self-reliance.<sup>55</sup>

She was deeply concerned about traditional gender roles and was a strong opponent of the Victorian stereotype of the "angel in the house", regarding it as both repressive and damaging. In her 1931 lectures to the Women's Service League, *Professions for Women*, she famously advocated for the symbolic «killing of the angel in the house» as a necessary act of liberation.<sup>56</sup> For Woolf, the domestic sphere was not a heaven, a place of comfort, but a prison and a form of entrapment. In broader cultural terms, her anger – particularly as a woman – was often pathologized; in the eyes of society, an angry woman was often labelled "mad". Virginia Woolf was one of the first feminist writers to use personal experience to critique the nuclear family, identifying it as a key mechanism in perpetuating women's oppression. During the Victorian era, the

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<sup>54</sup> Christine Froula. *Virginia Woolf and the Bloomsbury Avant-Garde: War, Civilization, Modernity*. cit., p. 16.

<sup>55</sup> Margaret Blanchard. *Socialization in Mrs. Dalloway*. National Council of Teachers of English, Vol. 34, No. 2, 1972, pp. 287-305, p. 288. *JSTOR*, <https://doi.org/10.2307/375287>. Accessed 18 May 2025.

<sup>56</sup> Alison B. *The Lives of Houses. Woolf and Biography*. In: Sue Roe, and Susan Sellers, editors. *The Cambridge Companion to Virginia Woolf*, 2000, pp. 13-26, p.15.

nuclear family was the main way individuals were socialised into rigid gender roles. This rigid structure, emblematic of the restrictive and hierarchical Victorian household, reinforced a binary understanding of masculinity and femininity – an inflexibility that Woolf would later challenge in her fiction and essays.<sup>57</sup>

Virginia Woolf resisted rigid binary roles, her works offer a wide range of characters that frequently challenge the social norms of her time. She was one of the first modernist writers to explore “non-normative” identities, whether in terms of gender expression, sexual orientation, or forms of physical and psychological differences.

Although she was not typically aligned with eugenicist ideologies, Woolf was keenly aware of the rise of “eugenic thinking” in early twentieth-century Britain. Her work frequently addressed contemporary ideological debates and often challenged dominant social and cultural norms. While her precise views on disability are difficult to categorise, her writings demonstrate a sustained engagement with narratives of illness, vulnerability, and embodied differences. Illness, in its various forms, recurs as a central theme in her work, partly because, as Woolf observed, it lacks conventional frameworks through which it can be represented.<sup>58</sup> Her writings explore not only trauma and violence, as well as the autobiographical dimensions of illness, thus anticipating the concept of autopathography - the literary portrayal of one’s own illness.

Scholars have for a long time been interested in Virginia Woolf’s mental health, offering many different explanations for its causes and nature. Becoming more familiar with fragments of her autobiography, as well as her diaries and letters, particular attention has been paid to her early traumatic experiences. These include sexual abuse at the hands of her half-brother, the deaths of her mother and half-sister, and the psychological burden imposed by her father’s authoritarian presence.<sup>59</sup> Interpretations of her mental illness remain divided. Some scholars, for example, adopts a medical model of disability, attributing Woolf’s breakdowns to a congenital or poorly treated condition such as bipolar disorder. This situates her within a specific, biologically defined minority. Others, take a trauma-informed approach, interpreting Woolf’s psychological distress – and ultimately her suicide – as a reaction to the systemic patriarchal oppression and family dysfunction.

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<sup>57</sup> Margaret Blanchard. *Socialization in Mrs. Dalloway*. cit., pp. 287-305.

<sup>58</sup> Virginia, Woolf. *On Being Ill*. London, Hogarth Press, 1930, p. 6.

<sup>59</sup> Alison Booth. *The Lives of Houses. Woolf and Biography*. cit., p. 15.

According to this view, her distress is not the result of an inherent pathology, but rather the consequence of environmental trauma and systemic abuse.<sup>60</sup>

It is widely believed that Woolf suffered from what is now clinically recognized as bipolar disorder, a mood disorder that alters cognitive functions, judgement, sleep patterns and emotional regulation. Even during periods of apparent emotional stability, individuals with this condition may experience subtle shifts in perception and mood.<sup>61</sup> In Woolf's case, this condition is often traced back to trauma experienced in early childhood. Given the well-established link between childhood abuse and adult mood disorders, her psychological suffering can be understood as a coherent contextually grounded response to prolonged victimization, rather than as "madness" in a clinical sense.

Such an interpretation is complicated by Woolf's own misdiagnosis, which was shaped by both her personal experience and the dominant cultural and medical narratives of her time. In her diaries and letters, she often described her symptoms in terms of the "neurotic artist", a common trope of the period. Like many individuals with bipolar disorder, she sometimes saw her emotional ups and downs as a sign of personal failure, attributing them to vanity, egotism, or hypersensitivity. As is typical in the early stages of the illness, sufferers may exhibit self-obsession, hypochondria or paranoia, believing themselves to be persecuted or misunderstood.<sup>62</sup> Between 1904 and her death, Woolf experienced intermittent episodes of psychological instability, which were typically preceded by physical symptoms such as headaches, insomnia, and persistent fatigue<sup>63</sup>. Over time, she learned to attribute her condition to hereditary factors, while simultaneously internalising guilt for what she perceived as an inability to control her own emotions – a tension that deeply shaped both her private suffering and public literary voice.

In his diaries, Leonard Woolf recorded his observations of his wife Virginia's mood shifts, in an attempt to understand what was happening to her:

"Normally" my wife was no more depressed or elated than the normal, sane person. That is to say that for 24 hours of, say, 350 days in the year she was not more depressed or elated than I was or the

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<sup>60</sup> Madelyn Detloff. *Woolf and Crip Theory*. cit., pp. 277-281.

<sup>61</sup> Thomas C. Caramagno. *The Flight of the Mind. Virginia Woolf's Art and Manic-Depressive Illness*. Los Angeles, University of California Press, 1992, p. 33.

<sup>62</sup> Thomas C. Caramagno. *The Flight of the Mind*. cit., pp. 9-11.

<sup>63</sup> Virginia Woolf. *The Diary of Virginia Woolf. Volume I: 1915-19*. England, The Hogarth Press, 1977, p. 36.

"ordinary person." [...] But when she was what I called well, she was extremely sensitive to certain things, e.g. noise of various kinds, and would be much more upset by them than the ordinary person. These upsets and depressions were temporary and lasted only at the most a few hours. Whenever she became overtired and the symptoms of headache, sleeplessness, and racing thoughts began, the symptoms of depression and elation began.<sup>64</sup>

Psychological breakdowns rarely result in permanent personality changes, although the episodes themselves can be profoundly distressing. Such states of "madness" are often transitory and bear little or no relation to the individual's usual personality. As Leonard Woolf further noted: «When Virginia was quite well, she would discuss her illness; she would recognize that she had been mad, that she had had delusions, heard voices which did not exist, lived for weeks or months in a nightmare world or frenzy, despair, violence.»<sup>65</sup> Virginia was acutely aware of her mental instability; as is often the case with individuals suffering from bipolar disorder, she found reassurance in the belief that, beneath the turbulence and the overwhelming symptoms, her authentic sense of self, her true identity remained intact.<sup>66</sup>

### 2.3 Writing Illness: On Being Ill and the Aesthetics of Suffering

Virginia Woolf's relationship with illness was both intimate and contradictory. In her essay *On Being Ill* (1930), she describes illness as an overwhelming experience that enables a deeper connection with the inner self. Although she often complained about the physical limitations imposed by her condition, her writing reflects on the unique cognitive and emotional possibilities that illness can offer.

Woolf criticises literature's traditional neglect of the body, observing that: «Literature does its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear.»<sup>67</sup> Challenging this mind-body dichotomy, she emphasises the aesthetic and perceptual shifts induced by illness. As she writes:

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<sup>64</sup> Leonard Woolf. *Letters* 548–49. In: Thomas C. Caramagno. *The Flight of the Mind*. cit., p. 36.

<sup>65</sup> *Ivi*.

<sup>66</sup> Thomas C. Caramagno. *The Flight of the Mind*. cit., pp. 37-38.

<sup>67</sup> Virginia Woolf. *On Being Ill*. cit., p. 4.

In illness words seem to possess a mystic quality. We grasp what is beyond their surface meaning, gather instinctively this, that, and the other – a sound, a colour, here a stress, there a pause – which the poet, knowing words to be meagre in comparison with ideas, has strewn about his page to evoke, when collected, a state of mind which neither words can express nor the reason explain. Incomprehensibility has an enormous power over us in illness, more legitimately perhaps than the upright will allow.<sup>68</sup>

Yet, despite this nuanced understanding, Woolf's perspective also encompasses more troubling aspects. At times, she reproduces deeply ableist views, despite having experienced marginalisation herself due to mental illness. In one striking journal entry, she recounts encountering a group of institutionalised individuals: «On the towpath we met & had to pass a long line of imbeciles. » This language is shocking, particularly given her own history. She continues, «Then one realised that everyone in that long line was a miserable ineffective shuffling idiotic creature, with no forehead, or no chin, & an imbecile grin, or a wild suspicious stare.» Most disturbingly, she concludes, «It was perfectly horrible. They should certainly be killed.»<sup>69</sup>

While these discriminatory remarks are shocking, they must be understood within the broader cultural and historical context of early twentieth-century Britain, where eugenic ideologies were widely accepted. Woolf's writing, like that of many of her contemporaries, was sometimes shaped by these prevailing attitudes. Her comments may also reflect a form of internalised fear or projection, stemming from her anxiety about being perceived as cognitively impaired during periods of psychological instability.

The tension between insight and inherited prejudice highlights the complexity of Woolf's relationship with mental health, identity and societal norms. It is important to remark that these contradictions do not diminish the value of Woolf's literary contributions. Instead, they reveal the complexity of her engagement with illness as both a lived experience and a philosophical concern. This ambivalent relationship with illness provides the basis for many of her most powerful works. It is important to understand that her concerns do not interfere with, nor invalidate, her writing skills.

This is most evident in *Mrs Dalloway* (1925), in which psychological suffering takes centre stage. Through the character of Septimus Warren Smith, a shell-shocked war veteran, Woolf explores the collective trauma of post-war society. Rather than portraying

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<sup>68</sup> Virginia Woolf. *On Being Ill*. cit., p. 21.

<sup>69</sup> Virginia Woolf. *The Diary of Virginia Woolf. Volume I: 1915-19*, p. 13.

his hallucinations, emotional detachment and eventual suicide as signs of individual madness, they are presented as symptoms of a broader cultural disintegration. Septimus serves as a reflection of a world fractured by violence, symbolically embodying the “collective madness” brought by war. At the same time, Clarissa Dalloway’s internal monologue reveals the more subtle psychological pressures faced by women in a patriarchal society. Her reflections on failure, mortality, and social expectations paint a quiet yet equally profound, portrait of existential anxiety. Woolf does not locate the suffering of her characters on the margins of human experience, but at the very core of ordinary consciousness.

As the next chapter will demonstrate, Woolf’s modernist narrative techniques - particularly her use of interior monologue, free indirect speech, and temporal fragmentation - represent a radical attempt to give aesthetic form to the disoriented psyche of a traumatised age. Rather than merely depicting illness, her writing embodies it, capturing its rhythms, silences, and intractable complexity.

### **3. Mrs. Dalloway: Modernism, Trauma, and Narrative Innovation**

#### **3.1 War, Society, and the Inner World**

Desiring to represent the fractured psyche of the society after the conflict, Virginia Woolf began writing *Mrs Dalloway* four years after the end of the First World War demobilisation. This context sheds light on her focus on the experiences of the returning soldiers. Published in 1925, when British society was still recovering from the war’s aftermath, the novel is set over the course of a single day in June 1923. It centres on the lives of Clarissa Dalloway, an upper-class woman preparing to host an evening party, and Septimus Warren Smith, a war veteran suffering from severe psychological trauma. Septimus, whose wartime service went unrecognised, finds himself marginalised in a post-war society that celebrates the dead but neglects the living.<sup>70</sup> Although Clarissa and Septimus never meet, their inner lives reflect and contrast with each other, creating a

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<sup>70</sup> Karen L. Levenback. *Virginia Woolf and Returning Soldiers: The Great War and the Reality of Survival in Mrs. Dalloway and The Years*. *Woolf Studies Annual*, Vol. 2, 1996, pp. 71-88, p. 77. <http://www.jstor.org/stable/24906392>. Accessed 21 May 2025.

powerful narrative duality that grapples with themes of time, memory and psychological fragmentation. These subtle parallels draw the reader in, suggesting a shared existential crisis beneath their very different circumstances.

The novel opens with the iconic line: «Mrs. Dalloway said she would buy the flowers herself.»<sup>71</sup> This seemingly trivial act carries symbolic weight: she is attempting to do something for herself. Despite her recent illness, she wants to face the outside world. From this point onwards, Woolf's narrative technique shifts fluidly, blending third-person narration with the inner voices of multiple characters in a method known as free indirect discourse. It is unclear whether Clarissa speaks these words to herself, silently or aloud, or if this is an instance of free indirect discourse. Focalisation shifts frequently: Clarissa's thoughts are soon filtered through the perspective of her neighbour and then others, forming a kaleidoscopic portrait of London life. This approach mirrors the city itself: dynamic, fragmented and full of anonymous intersections. The skywriting scene plays a vital narrative role in *Mrs Dalloway*. Rich and poor neighbourhoods, streets and parks feature, making it a novel about the city. Rich in fictional innovation, the novel is notable for its precise depiction of the city. Indeed, it is the only one of Woolf's novels for which drafts include sketch maps of the characters' movements and for which modern editions frequently provide a map of the city.<sup>72</sup> The green parts of the map, the parks, are often mentioned. Significant in the English imagination, parks were designed to appear as natural as possible, perhaps underscoring themes of artificial order and emotional containment, even though they were clearly artificially and strongly controlled.

Although it is named after a single character, *Mrs Dalloway* is Woolf's first novel to decentralise its protagonist, distributing narrative significance among multiple figures. With a large cast of characters, readers can explore a variety of perspectives. Virginia Woolf gives everyone a voice, each character has something to contribute, even if it seemingly irrelevant to the plot. In order to escape the conventional storytelling focused on external events and rigid structures, Woolf advocated a new kind of novel, one that explores spiritual and psychological depth, free from the traditional content and form. This experimental mode of writing abandoned the plot limitations, chapter divisions and

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<sup>71</sup> Virginia Woolf. *Mrs Dalloway*. New York, Harper Collins, 1925, p. 1.

<sup>72</sup> Paul K. Saint-Amour. *Mrs. Dalloway: Of Clocks and Clouds*. In: *A Companion to Virginia Woolf*. John Wiley & Sons Ltd. 2016, pp. 79-94, pp. 79-80.

narrative conventions to capture the fragmented, fleeting nature of mental life: the rapid, often inconsequential thoughts and sensations that define our lived experience.<sup>73</sup>

There are certain moments when the paths of all the characters converge, forming a kind of connection - the crash of a mysterious motorcar, which attracts people's attention in the streets, perhaps because of the anonymous figure behind the curtained window of the car, believed to be royalty, «For thirty seconds all heads were inclined the same way – to the window.»<sup>74</sup>; the appearance of a skywriting airplane, «The sound of an aeroplane bored ominously into the ears of the crowd. There it was coming over the trees, letting out white smoke from behind, which curled and twisted, actually writing something! Making letters in the sky! Everyone looked up;»<sup>75</sup> and finally, Septimus's suicide during Clarissa's party, «What business had the Bradshaws to talk of death at her party? A young man had killed himself. And they talked of it at her party.»<sup>76</sup> These are moments that briefly bring together the city's disparate inhabitants. Woolf warns readers not to confuse formal innovation with political radicalism. Even experimental literature can be appropriated by a system of control.

### 3.2 Narrative Form and Psychological Innovation

When examining Virginia Woolf's narrative technique, it is impossible to overlook the importance of the "stream of consciousness", a literary method that emerged in the late nineteenth century and provides a fascinating insight into characters' pre-reflective mental states. Although it is often confused with interior monologue, the stream of consciousness technique serves a distinct purpose: it conveys both subjective and objective realities by rendering a character's inner experiences – their thoughts, feelings and impressions - in a fluid and unstructured manner. While interior monologue typically organises mental activity into a coherent and polished form, the stream of consciousness technique attempts to represent the preconscious state of mind before sensations and perceptions are structured. Consequently, this technique often resists unity, explicit

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<sup>73</sup> Paul K. Saint-Amour. *Mrs. Dalloway: Of Clocks and Clouds*. cit., pp. 79-80.

<sup>74</sup> Virginia Woolf. *Mrs. Dalloway*. cit., p. 15.

<sup>75</sup> *Ivi.*

<sup>76</sup> *Ivi.*

cohesion, and logical selectivity in favour of a more fragmented and spontaneous representation of thought.<sup>77</sup>

Despite its prominence in literature from the late nineteenth and early twentieth centuries, the origins of the stream-of-consciousness technique remain the subject of scholarly debate. The term was most likely coined by the American philosopher and psychologist William James, who first used it in a psychological context in his book *Stream of Consciousness. The Principles of Psychology* (1892), rather than a literary one. Influenced by James's work, Woolf adapted this concept following what she calls "tunnelling process,"<sup>78</sup> as a means of exploring the psychological depths of her characters. Departing from conventional narrative frameworks that foregrounded external events, such as marriage, murder or betrayal, Woolf shifted the focus inward. In her novels, the pattern of consciousness becomes the central organising principle of narrative structure, rather than chronological or action-driven sequences.<sup>79</sup>

The persona generally creates the illusion of allowing the consciousness of the character to determine the quality of the moment, to remember what is relevant and sense what is significant. [...] The paraphrase method, by standing both inside and outside the character's mind at the same time, flows so subtly and naturally in and out of actual thought, indirect analysis, summary and symbolic description that the narrative method itself seems a kind of continuum.<sup>80</sup>

Later, in some well-known urban scenes, the narrator will convey the thoughts of various characters of different genders, social classes and generations, as if to demonstrate its capacity for intersubjectivity.<sup>81</sup> This free indirect style imagines discourse as emanating from a single point (a character or narrator), but from shifting points along the continuum between the two. Woolf's narrator frequently blends with her characters' inner speech; her technique reflects what she once described as the "incessant flux" of consciousness - a ceaseless flow of impressions that challenges the boundaries of conventional realism.<sup>82</sup> In the opening pages, when Woolf writes, «How fresh, how calm, stiller than this of course, the air was in the early morning; like the flap of a wave,» it is neither a first-person

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<sup>77</sup> William James. *The Stream of Consciousness. Psychology: Briefer Course*. New York, Henry Holt and Company, 1892, pp. 151-175.

<sup>78</sup> Margaret Blanchard. *Socialization in Mrs. Dalloway*. cit., pp. 299.

<sup>79</sup> *Ivi*, p. 300.

<sup>80</sup> *Ivi*,

<sup>81</sup> Paul K. Saint-Amour. *Mrs. Dalloway: Of Clocks and Clouds*. cit., pp. 81-82.

transcription of Clarissa's thoughts nor a report from a mediating narrator. Rather, it is a fusion of the narrator's perspective with Clarissa's thoughts. The narrator speaks as if in Clarissa's voice, undergoing a kind of possession by her mental idiom. Alternatively, it could be said that Clarissa throws her interior voice into the figure of the third-person narrator in an act of modal ventriloquism. Writing about this technique, the critic Dorrit Cohn describes its operations as follows:

By leaving the relationship between words and thoughts latent, the narrated monologue casts a peculiarly penumbral light on the figural consciousness, suspending it on the threshold of verbalization in a manner that cannot be achieved by direct quotation. [...] And this equivocation in turn creates the characteristic indeterminateness of the narrated monologue's relationship to the language of consciousness, suspending it between the immediacy of quotation and the mediacy of narration.<sup>83</sup>

This technique is employed most poignantly in the portrayal of Septimus; traumatised by war and haunted by hallucinations, he is depicted with radical empathy. Woolf's narrative technique dismantles hierarchical structures and dissolves rigid distinctions. By shifting fluidly between different consciousnesses, the novel relinquishes the epistemological authority of a fixed, omniscient narrator in favour of a more diffuse and inclusive perspective.<sup>84</sup>

### 3.3 Social Critique and Feminist Sensibility

*Mrs Dalloway* is the first of Virginia Woolf's novels to fully articulate her feminist sensibility through both form and content. By granting voice to the marginalized – women, the mentally ill, the socially insignificant – Woolf critiques the patriarchal, classist structures of British society. Within the novel, Woolf examines the inner tensions experienced by individuals as they live the conflict between imposed social roles and pursuit of authentic identity and meaningful connection. For example, for Woolf Richard and Clarissa Dalloway have just a symbolic value: they embody the average traits of people on the social, cultural, and economic level with which she was most familiar.<sup>85</sup>

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<sup>83</sup> Paul K. Saint-Amour. *Mrs. Dalloway: Of Clocks and Clouds*. cit., pp. 81-82.

<sup>84</sup> Ivi, p. 83.

<sup>85</sup> Margaret Blanchard. *Socialization in Mrs. Dalloway*. cit., pp. 287-305.

Therefore, one central target of Woolf's critique is the enduring ideal of the English gentleman – a concept deeply embedded in the British consciousness. Traditionally, the gentleman was seen as a man of means, education, and refinement, often admired for his composure and superiority over the less privileged. He was a figure who stood apart from the uneducated masses and was held up as a symbol of ideal masculinity. However, in *Mrs Dalloway*, Woolf problematizes this ideal through characters such as Hugh Whitbread. Through Hugh, she exposes the performative nature of social status and the superficial desire not only to possess importance but to be seen as important in the eyes of others. Woolf appears to suggest that the traditional notion of the gentleman has become hollow in a modern society where education is increasingly accessible and inherited privilege alone no longer justifies superiority. Hugh thus becomes a symbol of those who cling to outdated class pretensions, representing a social type that Woolf subtly but sharply critiques.<sup>86</sup> Woolf's critique extends to broader mechanisms of power. Conversion too, often disguised as care, law, or tradition, is a recurring theme. It is personified in characters like Bradshaw and Lady Bruton, whose actions reveal an impulse to assimilate difference into conformity. By resisting conventional structures, Woolf's counter-conventional literature challenges dominant ideologies, even as it risks becoming unintelligible. In doing so, it exposes how literary form can be subtly complicit in the very political systems it aims to critique.<sup>87</sup>

### 3.4 The Novel as Modernist Artifact

*Mrs Dalloway* is not only a novel about consciousness, but it also embodies consciousness itself – with a form that mirrors the experience it depicts. Structured around one day and divided into twelve sections, the novel functions as a timepiece – an instrument of measuring the rhythm of daily life. Woolf abandons traditional chapters and linear plotting to foreground the ephemeral nature of human experience. She evokes the cyclical nature of time by marking the hours with repeated motifs and verbatim echoes, reinforcing a temporal structure that governs both narrative and character.<sup>88</sup> Time, in this

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<sup>86</sup> Jessica Johnston. *Symbolism in Virginia Woolf's Mrs. Dalloway*. 2014, pp. 8-9.

<sup>87</sup> Paul K. Saint-Amour. *Mrs. Dalloway: Of Clocks and Clouds*. cit., pp. 83-84.

<sup>88</sup> *Ivi*.

sense, becomes a force that imposes external order on the fluid currents of memory, thought, and perception. Big Ben – emblematic of English authority and imperial order – relentlessly announces the passage of time, its sound echoes far away in the city. The bell sound is sad, kind of disturbing, it seems to bring a message, something terrible, along with making the presence of mortality even more acute. All the characters are bound by this temporal structure, and as they age, they are compelled to reflect on the meaning and direction of their lives.

*Mrs. Dalloway* is the first novel in which Virginia Woolf expresses her feminist insights through structure (rather than through plot and character [...]) Nonetheless, it offers an important first glimpse in the effects of socialization. In this novel she explores the contradictions within individuals between the ways they are socialized and the ways they try to find genuine identity and genuine communication with others.<sup>89</sup>

In this context, Margeret Blanchard highlights two fundamental questions: «Are there grounds for genuine union between persons? If so, can these bonds be realized without violence to the authentic self, “that diamond shape, that single person.”»<sup>90</sup> The novel appears to suggest a pessimistic response to both questions: a definitive “no”. Society is portrayed as fundamentally alienating and structured around rigid divisions of class, gender, and mental health, within an apparently orderly yet deeply repressive social framework.<sup>91</sup> This is evident in the protagonist’s need to adapt and conform to society, as well as in the experiences of the other characters followed by the reader throughout the novel. This pervasive alienation is mirrored formally in Woolf’s treatment of time and space.

*Mrs Dalloway* is rich in symbolism, with nearly every element deliberately foreshadowed. Floral imagery pervades the text: flowers serve as metaphors for inner life, emotional sensitivity, and the soul’s endurance beyond the constraints of physical existence. Trees, on the other hand, with their silent strength and rooted endurance, symbolize the potential resilience of the human spirit. The imagery of water, waves, and air speaks to the fluidity of consciousness and the permeability of identity.

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<sup>89</sup> Margaret Blanchard. *Socialization in Mrs. Dalloway*. cit., p. 296.

<sup>90</sup> *Ivi.*

<sup>91</sup> *Ivi.*

Paul K. Saint-Amour finds another symbol, as it was already mentioned time and clock are probably the solid basis of the novel, «Clock and cloud, the one determinate system that predictably ticks, the other an indeterminate system that stalls or cascades erratically.» However, he adds, «Clouds exhibit a less stable relation of part to whole, demanding treatment as a probabilistic system rather than as a scaled-up version of their elements.»<sup>92</sup> Giving my interpretation to what Saint-Amour wrote, although time and clock are something clear, how is often mentioned in the novel, even in the first pages: «An indescribable pause; a suspense [...] before Big Ben strikes. There! Out it boomed. First a warning, musical; than the hour, irrevocable.»<sup>93</sup>; «The sound of Big Ben striking the half-hour struck out between them with extraordinary vigour,»<sup>94</sup>; «But here the clock which always struck two minutes after the Big Ben, came shuffling in with its lap full of odds ends.»<sup>95</sup>. Clouds are not mechanical, they are unpredictable and difficult to understand, and I feel that this is what Virginia Woolf wants to communicate, this ambivalence that persist in everyone's life.

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<sup>92</sup> Paul K. Saint-Amour. *Mrs. Dalloway: Of Clocks and Clouds*. cit., p. 88.

<sup>93</sup> Virginia Woolf. *Mrs. Dalloway*. cit., p. 2.

<sup>94</sup> *Ivi*, p. 43.

<sup>95</sup> *Ivi*, p. 119.

## Chapter 3: Septimus and Clarissa: Trauma and Existential Struggles

### 3 The Narrative Architecture of Mrs Dalloway

Having provided a theoretical explanation of Crip Theory and its recent origins, the question arises as to how it links to a novel from 1925. As explained in the first chapter of Robert McRuer's Crip Theory, the theory aims to question the assumption that "able-bodiedness" is normal and desirable, and that society requires every individual to be "perfect." Virginia Woolf was ahead of her time, as her earlier works started to question themes concerning Crip Theory, even though the concept was not created until the early twenty-first century. In *Mrs Dalloway*, both Septimus Warren Smith and Clarissa Dalloway challenge conventional ideas of "normality." They both live outside of societal norms and resist to other characters' attempts to "cure" them and align them with the rest of society. Set against the backdrop of late nineteenth- and early twentieth-century society and the prevalent misinformation surrounding mental illness, particularly in the context of shell shock endured by veterans, *Mrs Dalloway* emerges as a nearly perfect novel, written in Woolf's signature stream-of-consciousness style, that can be linked to the Crip aesthetic. In this chapter, the focus will be on two main characters: Clarissa Dalloway, the seemingly "perfect" lady who was previously seen preparing to host her party; and the war veteran Septimus Warren Smith. These two characters never meet, and do not even know each other, but there is a subtle connection between them that Virginia Woolf tries to highlight.

The purpose of this final chapter is to explore the deeper level of communication and connection that Woolf creates in her story, as the professor Margeret Blanchard does in her essay *Socialization in Mrs Dalloway*: «Through the vision suggested by the deeper structure and by the point of view, Virginia Woolf makes us aware of a genuine unity between persons, moments of convergence which create oneness out of multiplicity without destroying the uniqueness and integrity of each separate being.»<sup>96</sup>

The novel does not progress in an ordinary way; it wanders, leaping from one character's thoughts to another's and often disorients the reader. Rather than employing the presence of a self-aware narrator, Woolf blurs the distinction between subjective and

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<sup>96</sup> Margeret Blanchard. *Socialization in Mrs. Dalloway*. cit., p. 297.

objective perspectives by creating a fluid impersonal voice that conveys the inner thoughts of multiple characters. This blending of indirect interior monologues creates a provocative effect, allowing “mad” and “insane” characters to express themselves.<sup>97</sup>

In relation to this, Blanchard refers to a “second level of communication,” that allows an isolated reflection or meditation to converge with that of another individual through a common experience.

This second level cuts through the chronology, geography, social distinctions, and symbolic links of conformity which characterize the surface level of narration. [...] It calls for a special method of narration, characterization, and structure, a more organic, unified approach. It calls for the use of a detached or “omniscient” point of view because these patterns of potential unity are perceivable only within the largest perspective and are not available totally to any one consciousness engaged within the actual socialized context. Only an “omniscient” narrator could register simultaneous events, juxtapose seemingly divergent actions in order to suggest their relation, probe the unconscious, and perceive how the here-and-now of one experience sums up the past.<sup>98</sup>

In other words, rather than existing as isolated individuals, in the view of this scholar people’s conscious experiences combine through shared, simultaneous moments. Instead of experiencing a sense of alienation between the self and the social world, there is an intentional reaching beyond the self into a wider world and broader context.<sup>99</sup>

### 3.1 Woolf’s Social Critique

Many scholars have agreed that Virginia Woolf was an “intellectual snob”; probably because of her attitude in her writing, in which she fearlessly expressed her ideas on controversial themes that were often the subject of debate among scholars. Born into a wealthy family, she soon became part of the Bloomsbury Group, a circle of artists and thinkers who were often criticized for being part of an elite. Margeret Blanchard remarked that her snobbery was rooted more in her intellect than in her social status, so she was

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<sup>97</sup> Thomas C. Caramagno. *The Flight of the Mind. Virginia Woolf’s Art and Manic-Depressive Illness*. cit., p. 210.

<sup>98</sup> Margeret Blanchard. *Socialization in Mrs. Dalloway*. cit., p. 299.

<sup>99</sup> *Ivi*.

supported by middle-class privilege but not directly tied to it. This attitude shaped both her writing and her feminism in multiple ways; it gave her the freedom to be sceptical about political activism, and it allowed her to write for a select, elite audience developing a somewhat difficult but at the same time simple style.<sup>100</sup> Through her experiences in the upper- and middle-class world, and her intellectual activity Woolf had the possibility to judge her own characters. For instance, Blanchard states that *Mrs Dalloway* offers an important glimpse of a high class and its control over English society. London is, for Woolf, the perfect space where different characters and social classes have the opportunity to briefly interact, and since it situates at the end of the World War One, she also acutely analyses nationalism, imperialism and the masculine power through the already mentioned war veteran Septimus Warren Smith.<sup>101</sup>

As Alex Zwerdling affirms, it is important to remember that Virginia Woolf used her own method of social critique: «Her social criticism is usually expressed in the language of observation rather than in direct commentary.»<sup>102</sup> In this view, by focusing on both society and individual consciousness, Woolf questioned how the individual is shaped, or deformed, by their social environment and historical period, and the roles of class, wealth, and gender play in determining the course of their life. She observes, describes and connects, providing the materials for a judgement about society and social issues. Then it is up to the reader to piece together the observations and understand the coherent point of view behind them.<sup>103</sup> This technique is particularly evident in *Mrs Dalloway*, in which Woolf presents a fragmented yet revealing portrait British society in the aftermath of the war. Despite their social class differences, all the characters in the novel are unable to accept the present transformation. They seem stuck in the past. Moreover, they find it difficult to engage with their emotions, viewing any emotion as threatening. This also influences the way people with mental health issues are treated. This is the basis of the society in *Mrs Dalloway*, and even the great event of the First World War did not shock its high-class figures. According to Zwerdling, Woolf suggested that their near-total disregard for the horrors of the war, was a kind of conspiracy to deny

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<sup>100</sup> Margeret Blanchard. *Socialization in Mrs. Dalloway*. cit., p. 289.

<sup>101</sup> Tamar Katz. *Woolf's Urban Rhythms*. In: Sue Roe and Susan Sellers, editors. *The Cambridge Companion to Virginia Woolf*. Cambridge University Press, 2000, pp. 397-409, p. 400.

<sup>102</sup> Alex Zwerdling, *Mrs. Dalloway and the Social System*. Modern Language Association, Vol. 92, No. 1, 1977, pp. 69-82, p. 69. <https://doi.org/10.2307/461415>. Accessed 16 June 2025.

<sup>103</sup> Ivi, p. 69.

its pain or its significance. «The ideal is stoicism, even if the price they pay is petrification.»<sup>104</sup> That is why characters who cannot regulate their intense emotions are cast as outsiders in a society dedicated to suppressing disruptions that threaten stability. When such individuals become too distressing, they are managed by the “authorities,” who take control. Figures like the psychiatrists Sir William Bradshaw who, «Not only prospered himself but made England prosper, secluded lunatics, forbade childbirth, penalised despair, made it impossible for the unfit to propagate their views until they, too, shared his sense of proportion.»<sup>105</sup>

### 3.2 Clarissa Dalloway: Identity and Insecurity

Woolf begins her novel by throwing the reader in the middle of a scene, without providing any formal introductions of characters or places. Woolf’s “incessant flux” begins with her portrayal of Clarissa Dalloway. Without explicitly marking the shift from the narrative present to Clarissa’s memories, Woolf catapults the reader into Clarissa’s thoughts and recollections of her time in Bourton.<sup>106</sup>

As already anticipated, Clarissa Dalloway is one of the main protagonists in Virginia Woolf’s novel. However, she does not appear in Woolf’s novels for the first time here. In fact, Woolf’s conception of Clarissa Dalloway can be traced through several stages: from her initial appearance in *The Voyage Out* (1915), to her re-emergence in the short story *Mrs Dalloway in Bond Street* (1923), and finally to her full development in the novel that evolved from that story – *Mrs Dalloway*.<sup>107</sup>

The reader is immediately introduced to her as “Mrs. Dalloway”, this is the starting point of many more of Clarissa’s dilemmas. In the first pages, when the narration shifts for the first time, the reader has the description of Clarissa through the eyes of her neighbour, «A charming woman, Scrope Purvis thought her [...]; a touch of the bird about her, of the jay, blue-green, light, vivacious, though she was over fifty, and grown very white since her illness.»<sup>108</sup> The reader will never know what illness affected Clarissa, but

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<sup>104</sup>Alex Zwerdling, *Mrs. Dalloway and the Social System*. cit., p. 71.

<sup>105</sup> Virginia Woolf. *Mrs Dalloway*. cit., p. 92.

<sup>106</sup> Paul K. Saint-Amour. *Mrs. Dalloway: of Clocks and Clouds*. cit., p. 81.

<sup>107</sup> Alex Zwerdling, *Mrs. Dalloway and the Social System*. cit., pp. 78-79.

<sup>108</sup> Virginia Woolf. *Mrs Dalloway*, cit., p. 2.

will sense her weakness as the irrevocable passage of time takes its toll. This is specifically signalled by the sound of the Big Ben and Saint Margaret's bells striking the hour. Although Clarissa thinks «She felt very young», she immediately corrects herself, «at the same time unspeakably aged.»<sup>109</sup> She does not have a high opinion of herself as in the next pages she adds:

She had a narrow peak-stick figure; a ridiculous little face, beaked like a bird's. That she held herself well was true; and had nice hands and feet; and dressed well, considering that she spent little. But often this body she wore [...], this body, with all its capacities, seemed nothing – nothing at all. She had the oddest sense of being herself invisible; unseen; unknown; there being no more marrying, no more having of children now, but only this astonishing and rather solemn progress with the rest of them, up Bond Street, this being Mrs. Dalloway, not even Clarissa any more; this being Mrs. Richard Dalloway.<sup>110</sup>

Being «invisible, unseen, unknown», this is one of her worst fears, she feels she lives under her husband shadow. Clarissa also knows she is the least educated and literate character in her social status, «She knows nothing; no language, no history; she scarcely read a book now, expect memoirs in bed.»<sup>111</sup> For author Frank Baldanza, this was a conscious choice from Virginia Woolf, that is because, he writes in essay *Clarissa Dalloway's "Party Consciousness"*, it leaves Mrs. Dalloway free from the complication of other people's theories and ideas about life.<sup>112</sup> As a matter of fact, she will never be involved in discourses about the sense of Proportion or Conversion. At the same time, she is the only character other than Septimus who shows an interest in literature. While most of the characters seem uninterested in this kind of activity, even those who should be well-read claim to have read nothing or to have never had the time. Alex Zwerdling comments:

This indifference or hostility to literature is symptomatic of the class's lack of curiosity about life outside its precincts. In the novel, an obsession with Shakespeare (as in the thoughts of Septimus and Clarissa) is kind of shorthand indication that the soul has survived, that some kind of sympathetic imagination is still functioning.<sup>113</sup>

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<sup>109</sup> Virginia Woolf. *Mrs Dalloway*, cit., p. 6.

<sup>110</sup> *Ivi*, p. 8.

<sup>111</sup> *Ivi*, p. 6.

<sup>112</sup> Frank Baldanza. *Clarissa Dalloway's "Party Consciousness"*. *Modern Fiction Studies*, Vol. 2, No. 1, 1956, pp. 24-30, p. 24. *JSTOR*, <http://www.jstor.org/stable/26276904>. Accessed 14 June 2025.

<sup>113</sup> Alex Zwerdling, *Mrs. Dalloway and the Social System*, cit., p. 74.

I agree with Zwerdling's argument, their way of perceiving life is what makes Clarissa and Septimus stand out from the others, and this may also explain why they are so strongly connected.

As Clarissa continues walking through the London's streets, the reader comes across another indirectly description of Clarissa's thoughts. This time through the eyes of Peter Walsh, a close friend of her, as well as past lover. Peter engages in what Virginia Woolf calls "character reading", and what contemporary theorists describe as theory of mind – interpreting others' behaviour based on their thoughts, emotions, beliefs, and desires. Peter constructs a version of Mrs. Dalloway's inner world within his own perspective.<sup>114</sup>

Although she is a member of the upper class and can appear snobbish at times, Clarissa is self-reflective. She asks herself questions and continuously judges herself and tries to discover the truth about her life. In fact, she cares a lot about what others think of her and how she appears to the upper class, and throwing parties is one of the ways in which she copes with her feelings of confusion and depression. In a sense, the novel *Mrs Dalloway* is the story of a party. Throughout the day, the phrase "remember my party" is insistently represented in various ways: «In the morning Clarissa invites Peter, somewhat ironically, and he muses on her parties at various times during the day; Richard reminds lady Bruton and Hugh Whitbread of the party at luncheon.»<sup>115</sup>

However, she is still misunderstood. In one of the passages where the reader follows her stream of consciousness, she suddenly becomes unhappy:

It was a feeling, some unpleasant feeling, earlier in the day perhaps; something that Peter had said, combined with some depression of her own, [...] and what Richard had said had added to it, but what had he said? [...] Her parties! That was it! Both of them criticised her very unfairly, laughed at the very unjustly, for her parties. That was it! That was it!<sup>116</sup>

Both her husband and Peter criticize her parties. Richard thinks they are bad for her health; Peter does not understand the point of such a shallow activity. Even so, he «admired her courage; her social instinct: he admired her power of carrying things

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<sup>114</sup> Annalee Edmondson. *Narrativizing Characters in Mrs. Dalloway*. *Journal of Modern Literature*, Vol. 36, No, 1, 2012, pp. 17-36, p. 21. <https://doi.org/10.2979/jmodelite.36.1.17>. Accessed 14 June 2025.

<sup>115</sup> Frank Baldanza. *Clarissa Dalloway's "Party Consciousness"*. cit., p. 27.

<sup>116</sup> Virginia Woolf. *Mrs Dalloway*, cit., p. 113.

through.»<sup>117</sup> He calls Clarissa “the perfect hostess”, he thinks it is childish and discounts the value of her parties. Both were wrong,

What she liked was simply life. “That’s what I do it for,” she said, speaking aloud, to life. [...] But go deeper, beneath what people said [...] in her own mind now, what did it mean to her, this thing she called life? Oh, it was very queer. Here was So-and-so in South Kensington; some one up in Bayswater; and somebody else, say, in Mayfair. And she felt quite continuously a sense of their existence; and she felt what a waste; and she felt what a pity; and she felt if only they could be brought together; so she did it. And it was an offering; to combine, to create; but to whom?

An offering for the sake of offering, perhaps. Anyhow, it was her gift.<sup>118</sup>

According to Thomas C. Caramagno, Clarissa associates self-worth with the value of life in different ways. Firstly, she throws parties to create moments that highlight the beauty of life. Secondly, she is preoccupied with the past.<sup>119</sup>

Another important thing to mention is the chemistry that Clarissa Dalloway has with her friend Sally Seton. The reader can sense the special bond between these two women, «Sally’s power was amazing, her gift, her personality.»<sup>120</sup> Sally’s while thinking of her, and how she recalls a sweet memory: «Then came the most exquisite moment of her whole life passing a stone urn with flowers in it. Sally stopped; picked up a flower; kissed her on the lips. The whole world might have turned upside down! The other disappeared; there she was alone with Sally.»<sup>121</sup> The love that Clarissa felt for Sally seems to be the most profound example of her ability to overcome the limitation and the rules society though her to follow.<sup>122</sup>

The night finally arrives and as the party begins, Clarissa has serious doubts about its success, «Every time she gave a party she had this feeling of being something not herself, and that every one was unreal in one way; much more real in another.»<sup>123</sup> However, the guests starts to arrive: Hugh Whitbread, Sir William, Lady Bruton, The Prime Minister. Notice how Clarissa’s party is strictly limited to people of the upper class.

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<sup>117</sup> Virginia Woolf. *Mrs Dalloway*. cit., pp. 56-57.

<sup>118</sup> *Ivi*, p. 114.

<sup>119</sup> Thomas C. Caramagno. *The Flight of the Mind. Virginia Woolf’s Art and Manic-Depressive Illness*. cit., pp. 232-233.

<sup>120</sup> Virginia Woolf. *Mrs Dalloway*. cit., p. 30.

<sup>121</sup> Annalee Edmondson. *Narrativizing Characters in Mrs. Dalloway*. cit., p. 31-32.

<sup>122</sup> Margeret Blanchard. *Socialization in Mrs. Dalloway*. cit., p. 303.

<sup>123</sup> Virginia Woolf. *Mrs Dalloway*, cit., p. 160.

A few moments later, Sir William brings news of Septimus's suicide. In this climatic scene in which death arrives she says:

...always her body went through it, when she was told, first, suddenly, of an accident; her dress flamed, her body burnt. He had thrown himself from a window. Up had flashed the ground; through him, blundering, bruising, went the rusty spikes. There he lay with a thud, thud, thud in his brain, and then a suffocation of blackness. So she saw it. But why had he done it?<sup>124</sup>

At first, Clarissa reacts on a physical level. Then she begins to reflect on what Septimus might have thought, and what he might have said just before he threw himself from the window. Unexpectedly, she then feels deeply empathetic towards this man she never met - remember that, even though the reader has followed Septimus's flow stream of consciousness throughout the novel, he and Clarissa have never met. Strangely moved, she starts asking herself questions about life and death, thinking «She felt somehow very like him – the young men who had killed himself. She felt glad that he had done it; thrown it away while they went on living.»<sup>125</sup>

### 3.2 Wounds of War: Septimus Warren Smith's Alienation

Initially, Virginia Woolf wanted to centre the novel solely on Clarissa, omitting the psychotic character, Septimus; Clarissa herself was originally meant to die, or take her own life, at her party.<sup>126</sup> However, upon reconsideration she chose to split the themes of sanity and insanity between the two characters. Still pointing out several times that these two individuals are strongly connected<sup>127</sup>. Furthermore, in her diaries she often commented how difficult was for her to write about an instable character such as Septimus. More specifically Woolf was afraid of portraying Septimus's madness too directly, «Not only because readers might misunderstand or judge it self-indulgently confessional, but also because dredging up vivid, disturbing, and stressful memories of

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<sup>124</sup> Virginia Woolf. *Mrs Dalloway*, cit., p. 172.

<sup>125</sup> *Ivi*, p. 174.

<sup>126</sup> Thomas C. Caramagno. *The Flight of the Mind. Virginia Woolf's Art and Manic-Depressive Illness*. cit., p.211

<sup>127</sup> *Ivi*.

her breakdowns showed just how transparent was the dividing line between madness and sanity.»<sup>128</sup>

Septimus Warren Smith is described as «aged about thirty, pale-faced, beak-nosed, wearing brown shoes and a shabby overcoat, with hazel eyes which had that look of apprehension in them which makes complete strangers apprehensive too.»<sup>129</sup> The reader is first introduced to him when the thoughts of everyone on Victoria Street converge following the explosion of a motor car. He is a visibly traumatized war veteran, terrified by this sudden noise, for him it sounded like a pistol shot, «as if some horror had come almost to the surface and was about to burst into flames, terrified him. The world wavered and quivered and threatened to burst into flames.»<sup>130</sup> Moments later, something similar happens when people on the street notice an aeroplane spinning above their heads. Looking up, Septimus thinks the aeroplane is signalling to him and starts crying. He served England as other million young men during the First World War. In the trenches Septimus «developed manliness; he was promoted; he drew the attention indeed the affection of his officer. Evans by name. [...] They had to be together, share with each other, fight with each other, quarrel with each other.»<sup>131</sup> When his dear friend Evans died, Septimus showed no reaction and congratulated himself on not feeling any emotion in response to the situation. At this point it is clear that Woolf uses Septimus to explore the notion of war and the representation of masculinity. «The War had taught him. It was sublime. He had gone through the whole show, friendship, European War, death, had won promotion, was still under thirty and was bound to survive»<sup>132</sup> he thinks. In her essay on *The Criterion*, Abigail Coburn argues that Woolf uses conflicting diction when describing the war as “sublime” to reveal society’s perception of it, and how Septimus is regarded as a “real man” for surviving. Woolf emphasises how society views war as a means of reinforcing traditional masculine roles rather than acknowledging its widespread and damaging impact on everyone affected by it.<sup>133</sup>

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<sup>128</sup> Thomas C. Caramagno. *The Flight of the Mind. Virginia Woolf's Art and Manic-Depressive Illness*. cit., p.211.

<sup>129</sup> Virginia Woolf. *Mrs Dalloway*. cit., p. 12.

<sup>130</sup> *Ivi*.

<sup>131</sup> *Ivi*, p. 80.

<sup>132</sup> *Ivi*.

<sup>133</sup> Abigail Coburn. *The Gendered Shackles of Clarissa Dalloway and Septimus Warren Smith*. *The Criterion*: Vol. 2023, Article 6, p. 2. <https://crossworks.holycross.edu/criterion/vol2023/iss1/6> Accessed 20 June 2025.

Over the years, Septimus began to experience panic attacks. He began to exhibit all the symptoms of shell shock. However, at the time, doctors and society in general assumed that men did not experience trauma. How could a “self-made” man who was brave enough to fight need cures? «He could not feel. [...] he was assured of safety; he had a refuge. But he could not sit there all night. There were moments of waking in the early morning. The bed was falling; he was falling.»<sup>134</sup> His wife, Rezia talked to many different doctors, but none of them seemed to believe he was mentally ill and tended to brush aside Septimus’s symptoms «Health is largely a matter of our own control»<sup>135</sup> continually insisted Dr. Holmes. Rezia sees Septimus jump from moments being “perfectly reasonable”, and moments of pure madness, he

made her hold his hand to prevent him from falling down, down, he cried into the flames! And saw faces laughing at him, calling him horrible disgusting names, from the walls, and hands pointing round the screen. Yet they were quite alone. But he began to talk aloud, answering people, arguing, laughing, crying, getting very excited [...]. Perfect nonsense it was.<sup>136</sup>

Septimus creates illusions without recognizing that he is shaping them; to him, these imagined realities are genuine. He does not interpret his overwhelming despair as a feeling, but rather as an external, threatening world, leaving no room for therapeutic understanding. Estranged from himself, Septimus is persistently troubled by fragmented aspects of his identity, which manifest in uncanny ways, such as in trees, animals, or airplanes. For instance, he believes birds are delivering a message meant only for him, yet the birds sing in Greek, a language he cannot comprehend. Neither emotional release nor insight can heal Septimus’s fractured mind. For him, achieving psychological integration would be equivalent to annihilation, as it would require him to accept parts of himself that he no longer recognizes.<sup>137</sup>

What is interesting in this psychotic character is the fact that although he was enrolled, he does not have internalized the role of stoic male requested by society. Because of this he becomes a threat, a box filled by intense, turbulent emotions that are always on the verge of overwhelm him and others; he is lacking the “sense of proportion”

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<sup>134</sup> Virginia Woolf. *Mrs Dalloway*. cit., pp. 80-81.

<sup>135</sup> *Ivi*, p. 78.

<sup>136</sup> *Ivi*, p. 61.

<sup>137</sup> Thomas C. Caramagno. *The Flight of the Mind. Virginia Woolf’s Art and Manic-Depressive Illness*. cit., p. 219.

previously mentioned by Dr. Bradshaw that will not prescribe a proper treatment to Septimus, he pushes him into solitary confinement at an institution. Septimus is the personification of pure alienation, as Alex Zwerdling writes:

That Septimus should have no contact with the Dalloway set is absolutely essential to Woolf's design, [...] And among the people in his own world, Rezia has no idea what goes on in his mind; Dr. Holmes recommends bromides, golf, and the music Hall; Sir William orders seclusion and bed rest. His only companion is the dead Evans, whom he must resurrect in fantasy. He is alone.<sup>138</sup>

Moreover, he is firmly convinced he has committed a crime, that he is guilty, as he stammers to Dr. Holmes: «He had committed an appalling crime and been condemned to death by human nature. "I have – I have," he began, "committed a crime-“ [...] But what was the crime? He could not remember it.»<sup>139</sup> His most profound revelation emerges through his imagined conversations with his deceased friend, Evans. He can do this because he has been condemned to death by “human nature”. «Through this communication with Evans, he achieves a cure from his guilt at having no feeling (although actually he is a “giant mourner,” with too much feeling, more grief than civilized, than can be contained within the arbitrary limits of “human nature,”) but this cure cuts him off from the communication with Evan.»<sup>140</sup> This moment arrives while he is talking to his wife, Rezia. They are sharing a loving moment for the first time in a long time, joking about Miss Filmer, one of Rezia's clients. He has been cured and is enjoying his last moments with Rezia. As Margeret Blanchard explains, by perceiving designs in ribbons, beads, tassels and artificial flowers, he is almost recollecting and recomposing the scattered elements of his identity.<sup>141</sup> Once he is cured, he thinks: « He did not want to die. Life was good. The sun hot.»<sup>142</sup> So why did he ultimately decide to take his own life? It is because he did not want to submit to the tyranny of the “sense of proportion.” In his mind, killing himself would achieve far more freedom than remaining alive and conscious. He did not fit in with society and did not want to. His alienation from the rest of society was so overwhelming that it pushed him to such a tragic end.

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<sup>138</sup> Alex Zwerdling, *Mrs. Dalloway and the Social System*. cit., p. 76.

<sup>139</sup> *Ivi*, pp. 89-91.

<sup>140</sup> Margeret Blanchard. *Socialization in Mrs. Dalloway*. cit., p. 302.

<sup>141</sup> *Ivi*.

<sup>142</sup> Virginia Woolf. *Mrs Dalloway*. cit., p. 140.

### 3 Clarissa and Septimus in Woolf's Critique of Modern Society

Reading *Mrs Dalloway*, it becomes clear that neither the plot nor the party connects Clarissa and Septimus. At first glance, they appear to be completely different characters, but a closer examination of their personalities and behaviour reveals that, as many critics have pointed out, that Septimus and Clarissa are actually very similar. This connection begins at the start of the novel, when it is instead revealed that they are almost opposites. While Clarissa lays out the party dress that she will wear for her guests, Septimus enters doctor Sir Bradshaw's office for his appointment, exposing himself to society. Clarissa, by preparing her dress, will be able to navigate the social environment smoothly; Septimus on the other hand, does not have, or want, Clarissa's charm, so he will never adapt to social expectations. But, as stated before, they are different only on the most superficial level.

At the climax of the party, when Clarissa hears the news of Septimus's suicide, she senses in this extreme act an attempt of communication. Thanks to her emotional sensitivity, Clarissa is able to intuitively understand Septimus's thoughts and feelings, at least in part because she can imagine the emotions that lead him to this act. Furthermore, thanks to her intuition, she recognizes that Bradshaw is capable of violating a person's inner being and committing a profound and indescribable assault on their soul.<sup>143</sup>

According to Margeret Blanchard, both are caught in a kind of social trap that limits their actions through superficial judgment. Clarissa is seen as Mrs. Dalloway the "perfect hostess," while Septimus is considered insane and dangerous. They both feel the pain of being unable to fulfil societal expectations, and they both experience loneliness in an intense way: Clarissa because of her experience of hatred and fear of death; Septimus because of the death of his friend Evans in the war. Yet each perceives a kind of wholeness or continuity in existence; each seems to realize the sources of unity in suffering and in celebration, and each in the end comes to a significant breakthrough from the isolated self.<sup>144</sup>

They have internalized society's judgments enough to carry within themselves a contradiction between socialized impulses and genuine impulses: Clarissa was "worldly; cared too much for rank

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<sup>143</sup> Annalee Edmondson. *Narrativizing Characters in Mrs. Dalloway*. cit., p. 30.

<sup>144</sup> Margeret Blanchard. *Socialization in Mrs. Dalloway*. cit., p. 301.

and society and getting on in the world," yet she retained "odd affinities with people," some women in the street, some behind a counter, which transcended her own snobbery. Septimus actually "developed manliness" (part of the social definition of "sanity" which served to drive him insane) which enabled him, after Evans' death, to congratulate himself on "feeling very little and very reasonably."<sup>145</sup>

I argue Virginia Woolf uses Clarissa and Septimus to illustrate how society imposes rigid and inescapable gender roles. These gendered expectations ultimately have harmful effects on both characters: Clarissa internalizes societal pressures placed on women, particularly the emphasis on maintaining social status. In a similar way, the expected masculinity and the constant invalidating of Septimus's feelings lead him to suicide. And it is interesting how sanity and insanity are shown on both characters, but the reader only focuses on Septimus's crisis and not on Clarissa's obsession with death; for example, in the very first pages it can be read, «She sliced like a knife through everything; at the same time was outside, looking on. She had a perpetual sense, [...] of being out, out, far out to sea all alone; she always had the feeling that it was very, very dangerous to live even one day.»<sup>146</sup> Although they react differently to everyday life experiences, they have a lot in common: they both lack self-esteem and they both have lost loved ones (Septimus lost Evans, and Clarissa her sister). Most importantly, they both have a unique relationship with death. While Septimus feels he has already lived a life - the terrible war one - and wants to escape his reality, Clarissa develops a fear of living and a fascination for death after the loss of her sister Sylvia, about whom nothing is revealed or explained throughout the novel.

In the novel, as Diego Carretero Román argues, from the perspective of the psychiatrist, and of the institution he represents, the act of suicide is an irrational, incomprehensible act. This stigma, which defines suicide only in terms of madness, is challenged by Clarissa's understanding and empathy with Septimus. She not only understands him but also feels that she is very similar to him. Although she may see suicide as an escape from her regimented life, it is precisely these obligations that prevent her from feeling empty. Contrarily, Septimus' institutionalization separates him from his

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<sup>145</sup>Margaret Blanchard. *Socialization in Mrs. Dalloway*. cit., p. 301.

<sup>146</sup> Virginia Woolf. *Mrs Dalloway*. cit., p. 6.

wife Rezia, completely against their wills.<sup>147</sup> Virginia Woolf herself ended her life by committing suicide in 1941: recent interpretations no longer view her suicide as an inevitable consequence of her mental illness, but as a deliberate act of resistance against the psychiatric system that isolated her and denied her autonomy.<sup>148</sup> Her extreme gesture was probably also driven by the “rest cure”, a treatment frequently administered to women with severe nervous and hysterical symptoms in the late nineteenth-century. Although the rest cure was arguably less brutal than other practices such as leeching, which involved export “bad blood” from the patient’s body using leeches, the rest cure was nevertheless perceived as invasive.<sup>149</sup> Not only was she prohibited from doing anything in her daily life, she was also forbidden from writing, which caused her even more suffering.

*Mrs Dalloway* is not just a novel about a woman organizing a party and a madman; it is a profound critique of the sociopolitical situation in which Virginia Woolf places her characters, using them to illustrate the issues of her time. War and shell shock, gender regulation, mental illness are all modern themes that Woolf embraces. Septimus and Clarissa embody her suffering. I would argue that her intention was to broaden her readers’ minds and to make them realize that everyone experiences life in different ways and has different thoughts. She also wanted to show how difficult it is for individuals labelled as “different” to take on society’s expectations and prejudices.

The topic of Virginia Woolf’s suicide has been widely discussed, both at the time and in the present day. While traditional interpretations attributed her condition to an ill-defined and partly inherited madness, more recent approaches have examined her full case history through both scientific and gendered lenses. These analyses highlight two major contributing factors to her psychological struggles: the sexual abuse she suffered at the hands of her half-brothers during childhood and adolescence, and her ongoing exposure to the death and trauma of war. While she was previously labelled simply

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<sup>147</sup> Diego Carratero Román. *Virginia Woolf’s Suicidal Character(s): Schizophrenia and the Rebellion Against the Body and the Self in Her Literary Works*. In: Josefa Ros Velasco ed. *The Contemporary Writer and Their Suicide*. Springer Nature, 2023, pp. 25-40, p. 30.

<sup>148</sup> Ivi, p. 25.

<sup>149</sup> Ellen L. Bassuk. *The Rest Cure: Repetition or Resolution of Victorian Women’s Conflicts?* *Poetics Today*, Vol. 6, No. ½, 1985, pp. 245-257, p. 245. <https://doi.org/10.2307/1772132>. Accessed 24 June 2025.

“mad”, contemporary analyses have led to a more specific classification, such as psychosis, schizophrenia, post-traumatic stress disorder (PTSD), and bipolar disorder.<sup>150</sup> As with Septimus, traditional approaches attributed this extreme act to madness. Like him she was also institutionalized and kept in isolation far away. Today, having studied her difficult life in depth and the new scientific pathologies discovered in relation to mental health, I believe that she is now better understood. It will never be sure but, like that of Septimus, her suicide can be read a last act of courage to escape the society in which can be difficult to live.

To conclude, not only does Virginia Woolf reveal the violence of a society that penalises emotional divergence but also highlights empathy and emotional depth as methods of resistance. Her work remains a powerful reminder to recognize the inner lives of those marginalized by normative structures and to question the boundaries between the sane and insane, between the self and the other, and between life and death.

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<sup>150</sup> Diego Carratero Román. *Virginia Woolf's Suicidal Character(s): Schizophrenia and the Rebellion Against the Body and the Self in Her Literary Works*. cit., p.35.

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