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Postmortem Diagnoses of Virginia Woolf's "Madness": The Precarious Quest for Truth

Nancy Topping Bazin

The reputation of British writer Virginia Woolf (1882-1941) is now well established. Her brilliance as a writer is seldom contested, and her place in the literary canon is assured. Whether interested in literary traditions, textual studies, applied feminism, or postmodern theory, most scholars and critics admire what she had to say and how she said it. The variety, volume, and quality of her writings are impressive; her skill as a writer is seen not only in her eight novels but also in her essays, diaries, letters, short stories, biographies and nonfictional works *A Room of One's Own* and *Three Guineas*. A principal area of scholarly discussion and controversy in recent years has centered, however, on what she and her husband, Leonard Woolf, referred to as her periods of "madness." These scholarly discussions have been characterized by imprecise use of language, difficulties stemming from the lack of real knowledge (as opposed to guesswork) that prevails still in psychology, psychiatry, and psychoanalysis, and a desire to say the cause of her mental illness was predominantly this or that when it could have been any number of causes. Since no accurate diagnosis was made while she was alive due to the ignorance and/or biases of the doctors who attended her, the truth has probably slipped away. Therefore, it is important not to oversimplify and to admit that we can only speculate upon the various factors that caused her breakdowns, her suicide attempts, and finally her death. The causes overlapped and intertwined until it is probably impossible to isolate, to any meaningful extent, one from another. Furthermore, although the trauma of incest or bereavement may well have caused her mental illness, the bipolarity prominent in her aesthetic vision and philosophy could as easily have come from genetic factors. Certainly, bipolarity, characteristic of the manic-depressive experience and the larger category of bipolar disorders, does match with

her perceptions of her parents' personalities (described in her autobiographical novel *To the Lighthouse*) and with her own ways of conceptualizing both life and art.

Roger Poole stated that his purpose in writing *The Unknown Virginia Woolf* was "to show that the words 'mad,' 'insane,' 'lunacy' must be withdrawn, since Virginia's behaviour throughout her life is...explicable in terms of cause and effect" (3). He prefers the terms "nervous collapse" or "a temporary lack of control, or some kind of breakdown" (22). In *All That Summer She Was Mad*, Stephen Trombley insists "the image of Virginia as a bedridden lunatic is one that ought to be dispelled"; instead he says she had "breakdowns," all explicable in terms of the traumatic events and pressures that preceded them (9). The preference of both Poole and Trombley for the word "breakdown" seemingly has more to do with connotations than denotations, for Evelyn Stone's *American Psychiatric Glossary* defines "nervous breakdown" as "a nonmedical, nonspecific euphemism for a *mental disorder*." In a quote featured on the dust jacket of Louise DeSalvo's fascinating book *Virginia Woolf: The Impact of Childhood Sexual Abuse on Her Life and Work*, May Sarton claims that after reading DeSalvo's book "no one will ever again believe that [Virginia Woolf] was mad."

These rejections of "madness" as the proper word to describe Woolf's "breakdowns" are put forth without defining "madness" or acknowledging that "madness" is a general, lay word similar to the slightly more precise term "psychosis." A psychosis is "any mental disorder in which the personality is very seriously disorganized." There are two kinds of psychoses: "(a) functional (characterized by lack of apparent organic cause, and principally of a schizophrenic or manic-depressive type), and (b) organic (characterized by a pathological organic condition, such as general paresis, brain tumor, alcoholism, etc.)." "Madness" and "insanity" are frequently used interchangeably. The general definition of "insanity" includes "mental illness or derangement" (*Webster's*). In light of these definitions, was Virginia Woolf at times "mad," "psychotic" or "insane"? And if scholars can show specific causes for her breakdowns, does that mean, as Trombley concludes, that she was none of these? Or if the primary cause of her periods of mental illness was incest, as DeSalvo says, or her inability to grieve, as Spilka says in *Virginia Woolf's Quarrel with Grieving*, does that mean she was not periodically "mad"? And if Woolf was sometimes psychotic or, in that sense, "mad" (for at times she required full-time nursing care or confinement to a rest home), what kind of "madness" was it?

The general label of "neurasthenia" applied by Woolf's doctors has been universally dismissed. Was it then a manic-depressive illness as her husband, Leonard Woolf, initially claimed in his autobiography and then later denied in correspondence (Kenney 162fn)? Did she have a "narcissistic personality disorder" as claimed in 1979 by Ernest and Ina Wolf? Could it be labeled "post-traumatic stress disorder"? Or was it, whatever the cause or causes, an undetermined form of bipolarity, within which one possible diagnosis might be manic-depressive psychosis? Is psychoanalyst Alma Halbert Bond accurate in describing Woolf's illness as "an example of the most severe form" of "manic depression" (21-22)? Was there a single primary cause or, as I contend, multiple causes, probably including genetic factors?

A postmortem diagnosis is risky, and all of the cited scholars have been somewhat reductive in their efforts to find a label and a primary explanation for Virginia Woolf's breakdowns and suicide attempts. Nevertheless, each developed and clarified, more than their predecessors, one or more of several possible causes of Virginia Woolf's instability; furthermore, Trombley, in particular, documented the lack of knowledge and sensitivity of the doctors treating her. Yet, whatever new information has been uncovered, the bipolar nature of her experiences remains evident in her diaries, letters, essays, and fiction. Whatever the specific causes of her instability, her vision of life and her views on fiction show such a keen sensitivity to bipolarity that it is difficult to believe that it can be totally disassociated from what her husband in the final volumes of his autobiography described as her periods of "despair" and "excitement" (Kenney 162).

For example, bipolarity permeates *Mrs. Dalloway*, the novel in which Woolf deals most directly (through the character of Septimus Smith) with her periods of "madness." Clarissa Dalloway and Septimus Smith were originally one character; then Woolf split them, making Clarissa predominantly manic and Septimus predominantly depressed in nature. Although only Septimus goes "mad," both show symptoms of mania and depression. For Clarissa, as for Septimus who has killed himself, the moments of rapture are frequently not strong enough to ward off a sense of terror. At such times, Clarissa, too, felt suicidal. Therefore, she admires rather than pities Septimus: "She felt somehow very like him—the young man who had killed himself. She felt glad that he had done it; thrown it away" (283). Woolf emphasizes the bipolar experience in Clarissa at the very end of the novel. When she enters the room, Peter Walsh thinks: "What is this terror? what is this ecstasy?"

Based upon experiences during her periods of both real or threatened "madness," Virginia Woolf was familiar with both terror and ecstasy. She had at least four major breakdowns (1895, 1904, 1912-15, and 1941), made two suicide attempts (1904 and 1913), and committed suicide in 1941. Contributing causes for Virginia Woolf's psychological problems are numerous. Given the traumatic nature of each of these causes, it is surprising she functioned as well as she did for most of her life.

Sexual abuse is known to be a possible cause of long-lasting mental health problems and of sexual dysfunction (Bryer 1426, Burnam 843, Romans-Clarkson 41, Shearer 169, Walker 75). If Roger Poole is correct in his estimate that Virginia Woolf was abused from approximately age 6 to age 22 by her stepbrothers George and Gerald (29), that situation may have provoked her sexual dysfunction with Leonard and possibly the times when she felt she was approaching "madness and that end of a drainpipe with a gibbering old man" (*Letters* 4: 2336). A similar image of a damp "tunnel" with a "little deformed man who squatted on the floor gibbering" appears in her first novel *The Voyage Out* (86), and its protagonist, Rachel, conveniently dies before she has to face marriage. By dying, Rachel successfully escapes her fiancé's desire for intimacy and domination and protects both her virginity and her privacy. In both *The Voyage Out* (1915) and *The Years* (1937) Woolf refers to the story of Antigone who is imprisoned in a rock vault because she defied Creon whose son she was to have married; the "grave" was made her "bridal chamber." Not surprisingly, one of Virginia's periods of mental illness began after her honeymoon and recurred after a visit "a year and ten days" later to the site of her honeymoon (Trombley 58).

Obviously, Virginia Woolf was extremely disturbed by her decision to marry Leonard, having admitted quite bluntly that she did not feel sexually attracted to him (*Letters* 1: 615). But whether her history of sexual abuse was the source of her indifference is complicated by indications of lesbianism in her relationship with her sister Vanessa as well as with Madge Vaughan, Violet Dickinson, Vita Sackville-West, and Ethel Symth. Passionate physical contact with some of these women is suggested by a number of Virginia's letters (Cook 727-28). Given her history and her inclinations, Virginia was fortunate to find a husband who was willing to forego a sexual relationship as an expected aspect of their marriage and who was content not only to assume the role of her caretaker but also to tolerate her love for a number of women.

Even so, Virginia's serious breakdowns and suicide attempt during the 1912-15 period were clearly related to her attempt to adopt the heterosexual way of life expected of her. Her attempt to conform to society's norms set up conflicts for her that threatened her life.

But before the 1912-15 period of mental turmoil, Virginia Woolf had had two earlier breakdowns provoked by the deaths of her parents. Indeed, the impact on Virginia Woolf's life of sexual abuse and repressed lesbianism cannot be disentangled from the impact of her mother's death in 1895. Julia Stephen's death left her not only with a troubling phantom (to whom she spoke when "mad") but also with an insatiable need for maternal protection. Quentin Bell cites Virginia's observation that her lover Vita Sackville-West lavished upon her "the maternal protection which, for some reason, is what I had always most wished from everyone" (2: 118). Her husband and her sister Vanessa likewise had had to help make up for the enormous loss she experienced when her mother died and "everything had come to an end" (*Moments* 84).

Worse yet, within an 11-year period, Virginia was traumatized by the death not just of her mother but also of her stepsister, her father, and her older brother. Just two years after her mother died, in 1897, her newly married stepsister Stella died while pregnant. Virginia identified with the feelings of Stella's husband, even seemingly with his sexual feelings. Woolf wrote: "Subconsciously I knew that he meant that his sexual desires tore him asunder, together with his anguish at her loss. Both were torturing him. And the [leafless] tree, outside in the dark garden, was to me the emblem, the symbol, of the skeleton agony to which her death had reduced him; and us; everything" (*Moments* 121). From Stella's death in 1897 until Leslie Stephen's death in 1904 were what Woolf referred to as "the seven unhappy years" (*Moments* 117). Leslie Stephen's prolonged illness and death provoked her second major breakdown in 1904. Just two years after that in 1906, Virginia was traumatized once again by the sudden death from typhoid of her brother Thoby.

The manner in which both her mother and her father had responded to death themselves set poor examples for their children. Julia Stephen had grieved so for her first husband that when she died, Virginia had a vision of a man sitting on the bed with her mother's corpse. Mark Spilka suggests that the hallucinated man was Herbert Duckworth to whom Virginia imagined her mother returning "after eight years of widowhood and seventeen years of

marriage to Virginia's father" (6). Spilka speculates that this vision provoked Woolf's inappropriate response to the death scene (laughter rather than tears) for which she remained years later plagued with guilt. He claims that "her mother's seeming desertion of the family for this long-lost ghost—the source in life of her private sorrows and of her continuing widowhood even through her second marriage—was the secret cause of Virginia's scornful laughter" (6-7). Virginia's vision emphasizes the extent to which she had been affected by the ever present melancholy that lay just beneath the gaiety of her mother's social self. Julia's failure to resolve her grief or to protect her children from her lasting sorrow over Herbert Duckworth's death made her a poor model for the resolution of their own griefs.

Virginia's father was likewise a poor model for coping with death. As Louise DeSalvo points out, Leslie Stephen had neglected his first daughter, Laura, leaving her care to a German nursemaid for two years after her mother's death (28-29). Later he behaved in the same selfish way after Julia died, both towards her children and his own. He had never assumed a fatherly role with the Duckworth children (which may explain some of George and Gerald's problems) (Love 170-71); yet when Julia died, he expected everyone to wear black, mourn, and minister to him (*Moments* 56, 93-94). His failure to assume adult responsibility for the children and his demand that they should instead mother him was recklessly egotistical. Moreover, Leslie Stephen's self-pity, his rages over household expenses, his groans and silences made life unbearable. He even expected his stepdaughter Stella to console him with more physical contact than was proper (Love 172). The price paid by Virginia Woolf for Leslie Stephen's childish behavior was very great; for when her mother died, she lost, in a sense, not one parent but two. Since only mothers, not fathers, were to care for children, Leslie assumed no parental role to fill the gap (DeSalvo 29).

Virginia must have suffered, too, from the consequences of Leslie Stephen's neglect of Laura. By the time he remarried, Laura's behavior was rebellious and, as DeSalvo points out, there was probably no room in a Victorian family for a rebellious, emotionally damaged child whose will could not be broken (27-29). Despite rather precocious reading skills at an earlier age, she was, in addition, stumbling over her reading (26). Leslie and Julia Stephen found her impossible and eventually isolated her in a different section of the house (23). Laura having been banished, the

consequences of not reading well, misbehaving, or behaving insanely were evident to the younger Stephen children.

Hence, there existed a network of possible causes for Virginia Woolf's mental instability—sexual abuse, repressed lesbianism, a series of traumatic deaths in the family, Julia and Leslie's defects as parents due to their own inability to overcome grief, and the ever present threat of being treated like Laura. Underlying all of this is the possibility that Virginia's mental illness may have been genetic. Manic-depressive psychosis, for instance, usually is. Certainly, there was an amazing record of mental illness in the family. Louise DeSalvo points out that Leslie himself had breakdowns and was sometimes suicidal (35, 114). His brother (James Fitzpatrick Stephen) and his brother's son (J.K. Stephen) both had mental problems. Indeed, according to psychoanalyst Alma Bond, the nephew, "floridly psychotic manic-depressive," died in an asylum as did Virginia's stepsister Laura, whom she labels schizophrenic (24). Virginia's younger brother Adrian was subject to a "lifelong depression" (DeSalvo 257), and her older brother Thoby had made a suicide attempt (35-36). Her sister Vanessa also had a history of depression, was "virtually incapacitated" by depression for two years after her marriage, and suffered a severe breakdown after her son Julian was killed in Spain (DeSalvo 83). Therefore, Virginia Woolf's "madness" may not have been stress-related but genetic in origin. Or it may have been both stress-related and genetic.

Certain facets of the tragedies Virginia Woolf experienced served to enrich her art. For example, when Thoby died in 1906, Virginia's vision of life was clearly affected. She wrote: "I would see (after Thoby's death) two great grindstones...and myself between them. I would typify a contest between myself and 'them'—some invisible giant." It was these visions of the grindstones that made her aware of what she called "Reality" (*Moments* 118)—that underlying, eternal essence she sought to capture in her fiction. She reports a similar increase in the intensity of her perceptions after her mother died—"as if a burning glass had been laid over what was shaded and dormant." Virginia had her vision then of the glass dome at Paddington Station which parallels her description of what, in *To the Lighthouse*, Lily Briscoe tried to obtain in her painting: "It was glowing yellow and red and the iron girders made a pattern across it" (*Moments* 93). In Lily's vision of how she wanted her paintings to be (and Woolf her novels), "she saw the colour burning on a framework of steel; the light of a butterfly's wing lying upon the arches of a cathedral" (75).

Virginia Woolf felt that her writing was also enriched by her periods of "madness." In her diary on September 16, 1929, she wrote: "these curious intervals in life—I've had many—are the most fruitful artistically—one becomes fertilised—think of my madness at Hogarth—& all the little illnesses—that before I wrote *To The Lighthouse* for instance. Six weeks in bed now would make a masterpiece of *Moths* [*The Waves*]." Given this belief, it is not surprising that both she and Leonard Woolf rejected psychoanalysis as a possible treatment for her mental illness because it might threaten her talents as a novelist (Goldstein 446-51). However, psychoanalysis (preferably accompanied by a feminist analysis) might have offered her more help than the methods of the doctors Leonard selected. Although psychoanalysis was still a new field, Virginia and Leonard, of all people, as the publishers of the Standard Edition of Freud, should have been more open to exploring its possibilities for Virginia (Goldstein). Instead, as Stephen Trombley has made so clear, Leonard chose doctors who assumed her "madness" was pathological in its origin. They assumed she had weak nerves; to strengthen them, she had to gain weight, rest, and do no intellectual work (Goldstein 445-47; Trombley 139). At one point she was forced to almost double her weight (Spater and Parsons 69); this "deliberate overfeeding" was thought to "stabilize the irregular brain cells supposedly responsible for the illness" (Goldstein 445). The doctors ignored the possible psychiatric consequences of traumas like those Virginia experienced, such as the incest and the series of family deaths. Moreover, they seem to have discussed her condition more with Leonard than with her, and Leonard often went to see them without her.

Worst of all perhaps was the way in which Leonard Woolf consulted behind her back three doctors and Jean Thomas, "who kept a nursing home," about whether it was wise for Virginia to bear children (Bell 2: 8). When Virginia's regular doctor said children "would do her a world of good," Leonard disliked that prescription and quickly consulted with the others. Although Quentin Bell reports that the opinions of the others "differed," "Leonard decided and persuaded Virginia to agree that, although they both wanted children, it would be too dangerous for her to have them." This decision not to have children was "a permanent source of grief to her" (2: 8). Considering this and similar incidents, it is not surprising that she felt there was a conspiracy against her. Too often Leonard assumed a parental role, relegating hers to that of

the child, and the doctors listened to him rather than to her (L. Woolf, *Beginning* 156).

Virginia seemingly recorded in *Mrs. Dalloway* (1925) her own experiences in 1913 (Poole 138-47). As in the case of Septimus Smith, a visit with one of the doctors led her, in 1913, to attempt suicide. Like Septimus, she was tormented by guilt over her "lack of feeling" after a death; moreover, it was probably her preference for a homosexual relationship that made her, like Septimus, unresponsive to a spouse (Bazin, *VWAV* 109-10). Post-traumatic stress disorder, commonly experienced by soldiers, may have been an aspect of her problem too; for so Septimus' "shell-shock" would probably be labeled today. Through her fiction she skillfully analyzed the factors that provoked her own suicide attempt. She evidently thought she understood her case better than her doctors, for she scoffed at the doctor in the novel who offered only "a sense of proportion": "To his patients he gave three-quarters of an hour; and if in this exacting science which has to do with what, after all, we know nothing about—the nervous system, the human brain—a doctor loses his sense of proportion, as a doctor he fails" (149).

When Virginia Woolf succeeded in committing suicide in 1941, the oncoming war was undoubtedly an additional factor. In *Jacob's Room*, she associated how she felt about Thoby's death with how mothers must have felt about losing their sons in war. Is it any wonder that both World War I and World War II would be upsetting to someone who knew so well what those losses meant to the families (Bazin and Lauter 15). Added to her deeper psychological problems, the fear in 1941 that Hitler would invade England, her plans with her Jewish husband to commit suicide should that happen, and the presence of bombers overhead provoked in her a sense that she was "going mad" again and that this time she might not recover (Bell 2: 226); therefore, she ended her life in the Ouse River.

Virginia Woolf had every reason to be "mad"—a history of sexual abuse, lesbian yearnings frustrated by her marriage, the trauma of the deaths of four close family members within a period of 11 years, parents who displayed before the children their inability to overcome grief, the haunting presence of Laura banished from the family circle, a family history of mental disturbances, doctors who had no understanding of the causes of her psychological stress, and the strain of two world wars. Another piece of the puzzle is Leonard Woolf who, however well-meaning and devoted, may have overmanaged Virginia, encouraging her to behave as an adult child.

Surprisingly few questions have been asked about the psychology and sexuality of Leonard Woolf, a man who stayed married to a woman from whom he could not expect much sexually and who, before his marriage, was an ultra-efficient, ruthless ruler for the British empire in Ceylon. In "Old Bloomsbury" Virginia reported to their friends that one night Leonard "dreamt he was throttling a man and he dreamt with such violence that when he woke up he had pulled his own thumb out of joint" (*Moments* 166). Leonard claimed he spent three days hitting Arabs with a walking stick because they "treated [him] as a fellow human being." He explained: "It was this attitude of human equality which accounted for the fact, oddly enough, that I hit them" (*Growing* 94-95). In *The Journey Not the Arrival Matters* (20-21), he told how surprised he was to discover what would have been obvious to most people—that it was a terrible experience to drown a day-old puppy. Trombley has assembled other stories of Leonard Woolf's arrogance, insensitivity, and exactitude (269-70; 298-99). Bond notes that Leonard compulsively kept many detailed records, including one of how many words he wrote each day (71). As Poole has pointed out, Virginia was living with a man whose mind was very different from her own (39). Poole suggests that this fact and Leonard's controlling ways may even have contributed to her mental instability and ultimately her death. He sees Leonard's brutality and extreme rationalism in Virginia's portrait of Bart in her final novel *Between the Acts*. Yet, as Virginia once wrote, "nothing was simply one thing" (*Lighthouse* 286). Leonard Woolf's devotion still seems commendable. His management of Virginia Woolf's life kept her alive and well enough most of the time to continue her writing (Bond 97).

But causes aside, what was the nature of her mental illness? During her intermittent periods of "madness," she had many of the symptoms listed in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, III-R* under bipolar disorders, major depressive episode: depressed mood daily, "significant weight loss," persistent "feelings of worthlessness or excessive or inappropriate guilt (which may be delusional)," insomnia, "diminished ability to think or concentrate," possible delusions or hallucinations, "recurrent thoughts of death" and suicide and/or "a specific plan for committing suicide" (222-23). In manic episodes, there can be "decreased need for sleep," greater talkativeness, a feeling that "thoughts are racing," "mood disturbance sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships

with others, or to necessitate hospitalization to prevent harm to self or others" (217). Psychiatrist Sherman C. Feinstein was convinced by evidence in Woolf's letters and diaries that she had a "classical case of manic-depressive illness which fulfills every criterion" (339). Parallels between Virginia Woolf's periods of "madness" and the characteristics of manic-depressives are spelled out by Thomas C. Caramagno in "Manic-Depressive Psychosis and Critical Approaches to Virginia Woolf." Leonard Woolf describes one of her manic periods: "she talked almost without stopping for two or three days, paying no attention to anyone in the room or anything said to her. For about a day what she said was coherent; the sentences meant something, though it was nearly all wildly insane. Then gradually it became completely incoherent, a mere jumble of dissociated words" (*Beginning* 172-73). Virginia herself reports "hearing the voices of the dead" and being "exquisitely happy" (*Diary* 2: 283). On another occasion Virginia "became violently excited, thought her mother was in the room, and began talking to her" (L. Woolf, *Journey* 79-80). Manic-depressive disorders are usually genetic and frequently passed from father to daughter (Caramagno 13). Today it would be controlled by prescribing lithium (Jamison 110-12).

The duality or bipolarity inherent in Virginia Woolf's illness meshes with the bipolar personalities of her parents which, in turn, are reinforced by their gender roles. In Woolf's best-known novel, *To the Lighthouse* (1927), the portraits of Mr. and Mrs. Ramsay are based upon her parents. Mrs. Ramsay's personality embodies not only her female roles as nurturer and unifier but also elements of the manic experience, and Mr. Ramsay's personality embodies not only the male role of risk-taker and dauntless leader but also elements of the depressive mode. Their visions of life parallel those of the manic and depressive experiences (cf. Bazin, VWAV 17-19). This may be demonstrated by John Custance's descriptions of his experiences as a manic-depressive recorded in his book *Wisdom, Madness and Folly*.

Considering differences in personalities and the limited information we have about Virginia Woolf's experience while ill, we cannot say that her bipolar or manic-depressive experiences were exactly like John Custance's. Yet there are basic similarities in the ways their minds worked: he envisioned the world in terms of the masculine and the feminine; he associated the masculine with depression and the feminine with mania, and he felt that individuals and societies should be androgynous; they had gone wrong because

they were not feminine enough (cf. *Three Guineas*). His descriptions of depression and mania (31-81) offer parallels to her portraits of the personalities of Mr. and Mrs. Ramsay respectively.

In depression, Custance was in a universe of horror, feeling miserable and ill. In mania, he was in a universe of bliss. In depression, he, like Mr. Ramsay, did not notice visual detail; in mania he had, like Mrs. Ramsay, an artist's eye. Woolf shows the difference between Mr. and Mrs. Ramsay's ways of seeing in this passage: "And looking up, she saw above the thin trees the first pulse of the full-throbbing star, and wanted to make her husband look at it; for the sight gave her such keen pleasure. But she stopped herself. He never looked at things. If he did, all he would say would be, Poor little world, with one of his sighs" (112). In one state, Custance withdrew like Mr. Ramsay into his own ego and felt isolated from others and from God just as Ramsay, in the boat, looked "as if he were saying, 'There is no God'" (318). In the other state, Custance felt, as Mrs. Ramsay sometimes did, a "mystic sense of unity with the All" (*Wisdom* 37; cf. *Lighthouse* 100). In one mood, he felt repulsion for the outside world and for himself; in the opposite mood, he felt what Mrs. Ramsay often felt—a protective, indiscriminate love for all people and a sense of godlike power over their lives (19, 131). While depressed he felt guilty and, like Mr. Ramsay, inadequate and dissatisfied; whereas in mania he felt, as Mrs. Ramsay often did, proud and elated (163). Finally, when a victim of depression, he was, like Mr. Ramsay, cut off from the secret of the universe; metaphorically speaking, he could not reach "Z." But as a manic, he seemed to have "some clue, some Open-Sesame to creation" (52); so too the artist in *To the Lighthouse*, Lily Briscoe, depicted Mrs. Ramsay's heart and mind as containing "tablets bearing sacred inscriptions, which if one could spell them out would teach one everything" (82). These striking similarities help to suggest what Leonard Woolf meant when he wrote in *Beginning Again*: "the connection between her madness and her writing was close and complicated" (81).

Despite the ways in which Virginia's episodes of "madness" enriched her writing, she still dreaded, of course, the suffering she often endured in these states. Hence, with Leonard's help, she wanted to maintain her equilibrium, to avoid the swings towards one pole or the other. Custance envisioned the problem of equilibrium in these terms: "Normal life and consciousness of 'reality' appear to me rather like a motion along a narrow strip of table-land at the top of a Great Divide separating two distinct

universes from each other"; and he added, "In the condition of manic-depression, this table-land is so narrow that it is exceedingly difficult to keep on it" (29). Virginia Woolf knew that to slip off it, into mania or depression, meant that she could no longer write or take care of herself. Like her fictional self Lily Briscoe, she was in danger of stepping "off her strip of board into the waters of annihilation" (278). Furthermore, lurking behind the fear of attacks of her manic-depressive illness or, to use the more general term, her bipolar disorder, was the greater fear of prolonged insanity (Bazin, "VWQE" 318).

Virginia Woolf's mental illness fascinates her readers precisely because it is so closely intertwined with her approach to life and her aesthetics. The intertwined genetic and social factors that undoubtedly caused Virginia Woolf's "madness" (or "breakdowns" or "bipolar disorder") and her continuous struggle against instability intensified her metaphysical sensitivities and evoked the experimental forms she invented to express her vision. As she said in her essay "Phases of Fiction," to be "spherical," meaning "comprehensive," a writer's vision must be "double." The novelist must see the evanescent details, which exist in time, and intuit the invisible underlying whole, which is timeless. Virginia Woolf associated a sensitivity to the evanescence of life with depression and her father's vision of life, and she associated a sensitivity to the timeless or eternal with her mother and the "one-making" of mania. She conceived of each of her novels as a little "globe" of life which holds in equilibrium life's two opposite qualities, the "shifting" and the "solid" (*Diary* 3: 218). Attaining wholeness in her art was as important as maintaining a sense of wholeness in her life. Although the bipolarity of her vision could not be eliminated, it could be encircled.

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