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Letter to the Editor

IS SOCIAL ANXIETY DISORDER THE APPROPRIATE DEFINITION?

Dear editor in chief,

The word "Social" means "relation to society" in the dictionary of the Turkish language association. If we want to translate this word into word into English using the online Turkish English dictionary seslisözlük, we will see meanings such as sociable, clubby, and gregarious. The meaning does not change, but in order to better understand the definition, when we use synonyms for social, and replace it with "sociable anxiety disorder" or, "gregarious anxiety disorder" the meaning is strange, not fully understood, and even is contrary to the content. Therefore, I believe that social anxiety disorder is not an appropriate definition.

When we look at other types of anxiety disorders, such as generalized anxiety disorder or posttraumatic stress disorder, we can say that these are appropriate definitions. The latter emphasizes the disease seen following trauma; the former makes the definition of the disease more understandable by meanings such as common, constant, widespread, not related to any specific situation or event. Also, these two diseases have temporal or situational qualifications. There is a meaning of "after trauma" in the latter and "continuous" in the former. However, I believe that there is a lack of definition of social anxiety disorder. Essentially, we want to point out the relationship between one's social surroundings and activities. In this respect, social anxiety disorder may seem like an appropriate definition. I think the problem arises from the word "social".

When we look at the words grammatically we can see that "social" is an adjective describing the illness and answering how question as item. Hence the name of the mentioned disease is an adjective clause. Other examples of the use of the word "social" are social science, social security institution, etc. When replacing the word "social" with one of its synonyms, these don't appear strange in comparison with social anxiety disorder. These examples support an idea that "social" is an inappropriate word to use for this disease.

This proposed idea that the definition of social anxiety disorder is inappropriate can be evaluated by two aspects according to the Turkish language features of grammar and meaning. The following is an example to give a better understanding of the matter. In the example of "Sober- minded man", "man" is a noun, and "sober-minded" is an adjective clause that answers the question of how the man is. Social anxiety disorder includes a noun and noun modifier and therefore it is not grammatically correct. When synonyms are used, there is no integrity of the meaning.

The definition of "meaning" is an impression of the word alone or along with other components in a sentence, pointed out, giving rise to thought in a word. It is a proposition, a proposal, a notion or work that wants to be conveyed. Based on these definitions, I believe that "social anxiety disorder" does not convey an accurate impression. It leaves an incomplete message in my mind, and does not tell me what it wants.

I believe that the inappropriate definition of social anxiety disorder may be related to my perception. I perceive the word structure as a whole, not as individual words that were brought together. Here, in my opinion, there is no coherence among the words. The reason for my response may be the activation of my sensory processing against a new stimulus. İt is possible that my mind may be affected by schemas, which have trends of perception since the old information (social phobia) was replaced with the new one (social anxiety disorder).

Of course, you have the right to question whether I have a suggestion for another alternative. Unfortunately, we as a society cannot show criticism for the solution. As a member of this society, I cannot say that I have a suggestion about the problem. However, a discussion of the classification of anxiety disorders should take place regarding DSM 5 diagnostic classifications.

Now I suggest my idea:

Anxiety disorder (type related social activity-surrounding).

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INTERMETAMORPHOSIS SYNDROME IN A PATIENT WITH PARANOID SCHIZOPHRENIA

Dear Editor,

Intermetamorphosis syndrome is classified as a delusional misidentification syndrome (DMS). DMSs also include Capgras' syndrome, Fregoli syndrome, and the syndrome of subjective doubles (Christodoulou and Malliara-Loulakaki 1981). Intermetamorphosis syndrome is the least common DMS and was first described by Courbon and Tusques in 1932 (Courbon and Tusques 1932). It is characterized by the delusion that familiar persons can transform into other persons at will, assuming their physical apperence and identity. As the literature on intermetamorphosis syndrome almost entirely consists of case reports, its incidence and prevalence is not known.

A 48-year-old male was hospitalized upon the forensic authority's request for observation and investigation. He was single, unemployed, and living with his parents. Twenty years earlier he first had the notion that he was heir to the throne and would rescue the country. Consequently, he thought he was being followed and would be harmed. He also thought that his thoughts were read and stolen by others, and that his actions were under the influence of others. He sometimes heard the voices of people whom he suspected of following him. Numerous times he asked the public prosecutor for help because he was being followed.

One year ago, he met a woman by chance and thought that she was a male professor he knew. He thought that this woman sometimes transformed into a man whose purpose was to harm him, and sometimes into "Hızır" (a religious character who is believed to help people in trouble). He attempted to talk to the woman about things he thought the professor and Hızır knew, but he failed to do that. When he insisted on talking, the woman called upon the public prosecutor and he was referred to the hospital.

He was hospitalized and diagnosed as paranoid schizophrenia, as well as intermetamorphosis syndrome. It was learned that this hospitalization was his first contact with psychiatric services. Routine laboratory tests, magnetic resonance imaging, and electroencephalography were normal. He did not have any physical illness. Risperidone 6 mg d^{-1} was administered and he was discharged from the hospital at the time his legal observation period finished.

The frontal, temporal, and parietal lobes, and the limbic system altogether play role in the pathophysiology of DMSs. Unilateral right hemisphere lesions are more frequently associated with DMSs than left hemisphere lesions (Forebode 2008). Some neurological conditions, such as cerebrovascular diseases, traumatic brain injury, brain tumours, multiple myeloma, and multiple sclerosis, may be associated with DMSs. Nevertheless, 25%-40% of DMS cases occur in the context of an organic etiology (Edelstyn and Oyebode 1999).

Despite the well-known clear association with organic etiological factors, DMSs emerge more frequently in the context of psychiatric disorders (Christodoulou et al. 2009). The most common psychiatric disorder associated with DMSs is paranoid schizophrenia (Joseph 1994). It has been hypothesized that neuropsychological impairment of the belief evaluation system presumably a function of the right frontal lobe is common to both paranoid schizophrenia and DMSs (Papageorgiou et al. 2003). On the other hand, Lykouras et al. (2008) compared paranoid schizophrenia patients with and without a DMS, but did not observe any differences between the 2 groups based on neuropsychological tests that evaluate bilateral frontal and right hemisphere functions.

The patient described herein presented as a classical, but rare case of a DMS and paranoid schizophrenia, without any underlying organic etiology; however, non-specific organic etiological factors should always be considered in cases of intermetamorphosis syndrome and other DMSs (Christodoulou et al. 2009). Various theories, including psychodynamic formulations, face recognition and memory theories, brain dichotomy theories, and regression theories, have been proposed to explain the pathogenesis of DMSs (Christodoulou et al. 2009). Although each theory has advanced our understanding of the phenomena, clinical investigations are still needed to fully test these theories and clarify the etiopathogenesis of DMSs. Unfortunately, DMSs are rare, which is the most important obstacle to their thorough investigation.

REFERENCES

Christodoulou GN, Malliara-Loulakaki S (1981) Delusional misidentification syndromes and cerebral " dysrhythmia ". Psychiatria Clin, 14: 245–51.

Christodoulou GN, Margariti M, Kontaxakis VP et al. (2009) The Delusional Misidentification Syndromes: Strange, Fascinating, and Instructive. Current Psychiatry Reports, 11: 185-9.

Courbon P, Tusques J (1932) Illusions d'intermetamorfose et de la charme. Ann Med Psychol, 90: 401–6.

Edelstyn NM, Oyebode F (1999) A review of the phenomenology and cognitive neuropsychological origins of the Capgras syndrome. Int J Geriatr Psychiatry, 14: 48–59.

Joseph AB (1994) Observations on the epidemiology of the delusional misidentification syndromes in the Boston metropolitan area: April 1983–June 1984. Psychopathology, 27:150–3.

Lykouras L, Typaldou M, Mourtzouchou P et al. (2008) Neuropsychological relationships in paranoid schizophrenia with and without delusional misidentification syndromes. A comparative study. Prog Neuropsychopharmacol Biol Psychiatry, 32: 1445–8.

Oyebode F (2008) The neurology of psychosis. Med Princ Pract, 17: 263–9.

Papageorgiou C, Ventouras E, Lykouras L et al. (2003) Psychophysiological evidence for altered information in delusional misidentification syndromes. Prog Neuropsychopharmacol Biol Psychiatry, 27:365–72.

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AN EXAMPLE AS TO THE ROLE OF LITERARY WORKS IN PSYCHIATRY TRAINING: DETAIL FROM *MRS. DALLOWAY*— SEPTIMUS WARREN SMITH, SHRAPNEL, AND SCHIZOPHRENIA

Literary works can be a valuable tool for helping students of psychiatry to improve their understanding of mental health and mental disorders. Reading and analyzing literary works that fully describe the human condition can help psychiatry residents move beyond descriptive psychiatry and consider the philosophical, cultural, and social dimensions of human existence. Below is a study that I hope provides a valid example.

When I first read Virginia Woolf's novel *Mrs. Dalloway* I was in my final year of medical school. It was quite hard for me to get into the book, which was admirably translated into Turkish by Tomris Uyar and published by Birikim. Who knows how many times I reread the first sentence, which has stuck with me ever since, **"Mrs. Dalloway said she would buy the flowers herself"** (Woolf 1925, 1992). The second time I read the book was during my final year as a psychiatry resident. In the present study I made use of the notes I took at that time. The notes begin, "Septimus is a schizophrenia patient. Mrs. Dalloway, who identifies with him and his suicide, is neurotic and depressive. Septimus kills himself. Okay, but were the System and the established medical approach entirely blameless? As a healthcare professional you must never be like Dr. Holmes or the psychiatrist Sir Bradshaw!"

On Mrs. Dalloway

Postwar England; a parenthesis opened on a June morning in 1923 and closed the night of the same day—a slice of time that spans not even a day. A psychosocial "biopsy." A limpid requiem for the "stepchildren" of postwar England, just as described by **Karen Horney** in her explanation of her ideas on culture and neurosis: "**The person who is likely to become neurotic is one who has experienced the culturally determined difficulties in an accentuated form, (…) and who has consequently been unable to solve them, or has solved them only at great cost to his personality. We might call him a stepchild of our culture**" (Horney 1937, 1999).

The novel begins with Mrs. Clarissa Dalloway going downtown in the morning to shop for a party she is going to give that evening and ends the evening of the same day with the party. During this brief span of time, through the relationships Mrs. Dalloway establishes while shopping, at home, and in the street, and through encounters, associations, and memories we are privy to the inner worlds of both Mrs. Dalloway and the many people known and unknown to her. In the crowd of the city people jump at the same sound of a tire bursting and look up with the same amazement at the letters written in smoke by an airplane to advertise toffee. With the same awe they try to guess who is inside the large and luxurious car parked at the curb. They hear the same clock tower striking the half-hour. Who are all these protagonists whose inner worlds we brush by? And, above all else, who is Mrs. Clarissa Dalloway?

Mrs. Dalloway, the middle-aged, neurotic, high-toned lady who is not even Clarissa any more, just Mrs. Richard Dalloway. Mrs. Dalloway with the awful fear in the depths of her heart, the overwhelming feeling of incapacity and existential anxieties; the desire no matter what to be loved by others; her submissions and rebellions; all those others and their thoughts, by both of which she sets so much store; the

dichotomies of success, failure, power, weakness; the social activities in which she immerses herself to numb her anxiety. Her husband; Member of Parliament, the ordinary and good-hearted Mr. Richard Dalloway. Peter Walsh, her one-time lover, just back from India, where he moved to years ago, come straight to see her; the solitary and defeated man unable to conform. Mrs. Dalloway's lovely, smart, and handsome daughter Elizabeth. Elizabeth's private teacher, the angry, ugly, strict, and religious Doris Kilman. Sally Seton, a close friend of Mrs. Dalloway's in her youth, whom she hadn't seen for years and "hadn't looked like THAT!" Hugh Whithbread, a friend of the family and a true representative of the establishment who holds an ordinary post in the Royal household, but seizes every opportunity he can. Septimus Warren Smith, whom Mrs. Dalloway never meets, whose face she has never even seen; Septimus Warren Smith, who is shell shocked, who has seen his best friend die before his eyes and now suffers from severe mental illness (probably schizophrenia). Septimus' wife Lucrezia (Rezia), a young and warm-hearted unhappy Italian. Dr. Holmes, a general practitioner and Septimus' first doctor, who does not think he is ill or fails to see it. And Sir William Bradshaw, to whom Septimus is referred with great hope; the renowned psychiatrist and diagnostic genius—narcissistic, insensitive, and useless (at least in this case).

Detail from *Mrs. Dalloway:* Septimus Warren Smith

"… 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. The world has raised its whip; where will it descend?"

"… To look at, he might have been a clerk, but of the better sort; for he wore brown boots; his hands were educated; so, too, his profile – his angular, big-nosed, intelligent, sensitive profile; but not his lips altogether, for they were loose; and his eyes (as eyes tend to be), eyes merely; hazel, large; so that he was, on the whole, a border case, neither one thing nor the other, might end with a house at Purley and a motor car, or continue renting apartments in back streets all his life; one of those half-educated, self-educated men whose education is all learnt from books borrowed from public libraries, read in the evening after the day's work, on the advice of well-known authors consulted by letter."

"... there he was; still sitting alone on the seat, in his shabby overcoat, his legs crossed, staring, talking aloud."

"Rezia, sitting at the table twisting a hat in her hands, watched him; saw him smiling. He was happy then. But she could not bear to see him smiling. It was not marriage; it was not being one's husband to look strange like that, always to be starting, laughing, sitting hour after hour silent, or clutching her and telling her to write. The table drawer was full of those writings; about war; about Shakespeare; about great discoveries; how there is no death. Lately he had become excited suddenly for no reason, and waved his hands and cried out that he knew the truth! He knew everything! That man, his friend who was killed, Evans, had come, he said. He was singing behind the screen. She wrote it down just as he spoke it. Some things were very beautiful; others sheer nonsense. And he was always stopping in the middle, changing his mind; wanting to add something; hearing something new; listening with his hand up.

But she heard nothing" (Woolf 1925, 1992).

Septimus was but one of the many millions of young men called "Smith" "swallowed up" by London, but at the same time a young man who was "distinguished" from the very beginning by his parents who gave him the unusual name "Septimus." We are first introduced to him when he and his Italian wife Lucrezia are trying to cross a street in London. Septimus believes he is the one blocking the way. He believes he is looked at and pointed at, and that everything happened in relation to himself and for a specific purpose. He tells his wife that he can read people's minds, that he knows how they would kill themselves. He starts talking aloud suddenly and stops talking all of a sudden, laughs suddenly for no reason, cries, gets excited… At times he thinks of himself as the greatest of mankind: "**Look the unseen bade him, the voice which now communicated with him who was the greatest of mankind, Septimus, lately taken from life to death, the Lord who had come to renew society, who lay like a coverlet, a snow blanket smitten only by the sun, for ever unwasted, suffering for ever, the scapegoat, the eternal sufferer…"** (Woolf 1925, 1992). At other times he thinks he has committed appalling crimes, that he is condemned to death by human nature, and he thinks of killing himself: **"So he was deserted. The whole world was clamouring: Kill yourself, kill yourself…"** (Woolf 1925, 1992). The sky calls out to him, calls out in a language with unknown words, words he cannot quite make out: **"He waited. He listened. A sparrow perched on the railing opposite chirped Septimus, Septimus, four or five times over and went on, drawing its notes out, to sing freshly and piercingly in Greek words how there is no crime and, joined by another sparrow, they sang in voices prolonged and piercing in Greek words, from trees in the meadow of life beyond a river where the dead walk, how there is no death"** (Woolf 1925, 1992). He imagines things, he has illusions and hallucinations: **"No crime; love; he repeated, fumbling for his card and pencil, when a Skye terrier snuffed his trousers and he started in an agony of fear. It was turning into a man! He could not watch it happen! It was horrible, terrible to see a dog become a man! At once the dog trotted away"** (Woolf 1925, 1992). His senses have grown numb, blunt, as if his ability to feel has disappeared: **"Beautiful!"**

she would murmur, nudging Septimus, that he might see. But beauty was behind a pane of glass. Even taste had no relish to him. He put down his cup on the little marble table. He looked at people outside; happy they seemed, collecting in the middle of the street, shouting, laughing, squabbling over nothing. But he could not taste, he could not feel. In the tea-shop among the tables and the chattering waiters the appalling fear came over him – he could not feel…" (Woolf 1925, 1992).

Let us attempt to make a psychiatric assessment of the situation from an entirely descriptive point of view. S. W. Smith is a 30-year-old male clerk who is not working at this point, and lives in London with his wife. He no longer looks after himself very well and seems to have lost interest in his surroundings. Sometimes he speaks to himself. His speech is incoherent. He has little desire to relate to people. He has a blunted affect. He does not show signs of impaired consciousness or disorientation. In terms of perception he has visual/auditory illusions and hallucinations. His reality testing is impaired. He has blockages in his stream of thoughts. His associations are accelerated, sometimes skipping from one thing to another. His thought content includes delusions of persecution, delusions of influence, delusions of grandeur, delusions of self-accusation, delusions that others can read his mind, and thoughts of guilt and suicide. He exhibits strange and bizarre behaviors. Diagnosis: paranoid schizophrenia.

But what was Septimus' life/personality like prior to illness? Coming from a poor family he works as a clerk in a small firm in London. He enjoys reading and writing. He likes poetry, reads Shakespeare, and writes poems. He is a romantic and idealist young man. With the outbreak of World War I he volunteers for military service. The war ravages him. He witnesses first hand the death of his best friend and officer, Evans. During a time of intermingled astonishment, pain, and indifference he marries Lucrezia, whom he met in Italy, and settles in London. Welcomed home as a decorated war hero, Septimus soon falls ill.

Let us go back to the novel. Septimus is ill; **"very, very ill."** His wife Lucrezia feels pain, confusion, and desperation. The novel also describes with perfect empathy the difficulties of being the relative of a mentally ill person: **"It's wicked; why should I suffer? (…) I can't stand it any longer, (…) Septimus, who wasn't Septimus any longer, to say hard, cruel, wicked things, to talk to himself, to talk to a dead man, on the seat over there…"** (Woolf 1925, 1992). Lucrezia on the one hand tries to conceal her husband's unusual behavior from society's cruel gaze, while on the other hand she tries to help him. First, she asks general practitioner Dr. Holmes for help. Dr. Holmes said, **"there was nothing whatever the matter with him",** he is just, **"a little out of sorts."** All he can suggest is that he, **"take an interest in things outside himself."** Later, Dr. Holmes refers him to London's renowned psychiatrist, Sir William Bradshaw. Desperate, Lucrezia sees him as a savior and makes a great deal of him. **"… she thought his name sounded nice; he would cure Septimus at once"**… , but is ultimately disappointed. Dr. Bradshaw makes his diagnosis the moment he sees him: **"He could see the first moment they came into the room (the Warren Smiths they were called); he was certain directly he saw the man; it was a case of extreme gravity. It was a case of complete breakdown—complete physical and nervous breakdown, with every symptom in an advanced stage, he ascertained in two or three minutes (writing answers to questions, murmured discreetly, on a pink card)"** (Woolf 1925, 1992).

Dr. Bradshaw tells them that Septimus is very seriously ill and suggests that they place him in a home where he can rest. He also adds that he will visit him once a week—and that is all. Willy-nilly they return home and Septimus kills himself by jumping out the window. The only witness to this scene is Dr. Holmes, who has come to take him to the clinic. Such is the doctor's ignorance and heedlessness about the illness that his reaction does not even take the form of "Oh dear!", "Oh no!", "I'm too late", or "what a shame", but instead he cries out, **"The coward!"**…

Virginia Woolf mercilessly criticizes the doctors of that time. Far from understanding Septimus, they are blunt, shallow individuals. The only function of these insensitive people, who are conformists and view the world from a very narrow perspective, is to attempt to adjust the 'maladjusted.' At one end there is Dr. Holmes, who with incredible ignorance overlooks mental illness—ignoring it completely—and remains a spectator in the presence of suffering, and even despises it; at the other end there is Dr. Bradshaw, who describes and diagnoses a severe mental illness, but fails to understand his patient. At first the author's approach sounds like a precursor of anti-psychiatric thought, but it is not anti-psychiatry. Indeed, Woolf criticizes Dr. Holmes for not understanding the illness and for ignoring it; therefore she does not maintain that 'there is no such thing as mental illness' as does anti-psychiatry. In addition, she also criticizes Dr. Bradshaw—who diagnosed the illness and suggested that the patient be institutionalized—for failing to take a holistic approach, for not being humanistic, and for not devoting enough of his time and effort. What better warning could there be toward ignorance and magical thinking on the one hand, and modern medicine and psychiatry on the other? Woolf questions to the limit the problem of "Proportion and Conversion", i.e. the process of assessment, evaluation, and diagnosis, which is one of the primary obstacles standing in the way of psychiatry today. To tell the truth, she leaves the question open: **"Proportion, divine proportion, Sir William's goddess, was acquired by Sir William walking hospitals, catching salmon, begetting**

one son in Harley Street by Lady Bradshaw, who caught salmon herself and took photographs scarcely to be distinguished from the work of professionals. Worshipping proportion, Sir William not only prospered himself but made England prosper, secluded her lunatics, forbade childbirth, penalised despair, made it impossible for the unfit to propagate their views until they, too, shared his sense of proportion—his, if they were men, Lady Bradshaw's if they were women (she embroidered, knitted, spent four nights out of seven at home with her son), so that not only did his colleagues respect him, his subordinates fear him, but the friends and relations of his patients felt for him the keenest gratitude for insisting that these prophetic Christs and Christesses, who prophesied the end of the world, or the advent of God, should drink milk in bed, as Sir William ordered; Sir William with his thirty years' experience of these kinds of cases, and his infallible instinct, this is madness, this sense; in fact, his sense of proportion" (Woolf 1925, 1992). In the debates on culture, psychiatry, diagnosis, and classification, what more can be said to make us aware of the cultural processes of which we are an inseparable part!

The trigger for the emergence of Septimus' illness and psychosocial trauma was war and losses. The war also symbolizes the dead end confronted by civilization (capitalism) . It underscores destruction and lack of communication. Technological change, advertisements, the governing class, and the unemployed are all treated within this context. The ambulance that carries Septimus' corpse and which Peter Walsh thinks of as, **"one of the triumphs of civilisation"** when he sees it—the ambulance that, **"picked up instantly, humanely, some poor devil"** (Woolf, 1925, 1992), seems to be squeezed into the text to mock the "civilization" that sacrifices Septimus. Mrs. Dalloway's neurosis too is a concession made to civilization! Under Septimus' suicide lies a criticism of the system and of civilization, and under the identification Mrs. Dalloway establishes with Septimus, whom she never meets, a neurotic masochism. If, as Karen Horney posits, the problem of neurotic masochism is not merely satisfaction through suffering, but that the satisfaction the neurotic individual tries to obtain is actually that of getting rid of the self (Horney 1937, 1999), then the aforementioned interpretation is quite understandable. Mrs. Dalloway's interior monologues also often include the theme of death: **"it was very, very dangerous to live even one day"**. When Mrs. Dalloway learns, during her party, that Septimus has killed himself, she is first overcome by guilt: **"Somehow it was her disaster—her disgrace. It was her punishment to see sink and disappear here a man, there a woman, in this profound darkness, and she forced to stand here in her evening dress. She had schemed; she had pilfered"** (Woolf 1925, 1992). This is followed by a feeling of admiration for Septimus, who had done what she couldn't: **"The young man had killed himself; but she did not pity him; with the clock striking the hour, one, two, three, she did not pity him, with all this going on. There! the old lady had put out her light! the whole house was dark now with this going on, she repeated, and the words came to her, Fear no more the heat of the sun. She must go back to them. But what an extraordinary night! She felt somehow very like him—the young man who had killed himself. She felt glad that he had done it; thrown it away"** (Woolf 1925, 1992). The death of Septimus, with whom she identified, rather than that of herself leads to a sort of catharsis: **"she had never been so happy."** Here she says what Septimus was thinking as he was killing himself. She expresses the failure to be understood and the discord between life and herself. The admiration Mrs. Dalloway shows for Septimus and his death is not necrophilia or praise of suicide; in order to preserve the things in her everyday life that drown in idle chatter, that are wasted by the lying order of things, effaced, degenerate with each passing day, she needs to concretize one way or another her rebellion and resistance.

The word Septimus has two related entries in dictionaries. The first is a fencing term (septime), meaning the seventh and last position from which a parry can be made by a fencer; in other words, the final scene of the duel fought against "civilisation"! The other is the Roman Emperor, Septimius Severus, who led quite a colorful life. History books write that he exclaimed, "I have been everything and everything is nothing", that he survived a pointless war, but was laid low by sickness, and that his wife Julia, with her moderate attitude corrected his "follies".

Now, at the turn of the twenty-first century "civilization" is on the job. Innocent people were killed in the twin towers and are still being killed in Afghanistan; people are ill-treated. "Civilization" drops food aid packages on Iraq, but also bombs—a situation that is just as tragicomic as the ambulance passing through the middle of the novel. And we just stand and watch. And the more we watch the more neurotic we get. "With all this going on" we should be able to do more in the name of life!

REFERENCES

Horney K, The Neurotic Personality of Our Time, London Routledge. 1999. (First edit. 1937)

Woolf V, Mrs.Dalloway (Çev. T.Uyar), Birikim Yayınları, İstanbul, 1982.

Woolf, V, Mrs.Dalloway. Oxford: Oxford University Press, 1992. (First Edit. 1925)

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