

orders, as Caramagno claims they do, but allude to “constitutional,” “endogenous,” or “hereditary” concomitants.

Recent investigations summarizing the “biogenic amine hypothesis”—the implications of catecholamines (epinephrine, norepinephrine, dopamine) and indole amines (serotonin and histamine) in the neurophysiological pathology of the manic-depressive disorder—indicate that early studies pointing to high or low levels of neurotransmitter at critical synapses have not been validated (S. Jackson, *Melancholia and Depression*, New Haven: Yale UP, 1985). New, accumulating data on the biochemistry of the condition present a confusing, incomplete picture and have not as yet been encompassed within a unitary theoretical framework.

A more meaningful approach to comprehending affective disorders is the psychosomatic, where psyche also affects soma. Concerning the psychological modality, the crucial components are issues concerning Woolf’s early narcissistic injury and vulnerability: sense of loss, envy, and damage; fragility of self; and masked rage.

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To the Editor:

Thomas C. Caramagno’s “Manic-Depressive Psychosis and Critical Approaches to Virginia Woolf’s Life and Work” uses an interesting discussion of the physical, as opposed to psychical, causes of Woolf’s particular psychosis in a misguided attempt to debunk Freud and psychoanalytic literary criticism. Although I share, to some extent, Caramagno’s criticism of psychobiographers who suggest that “Woolf became an artist *because* she was a neurotic, that she filled her books with references to death and strange desires for a depersonalized union with the cosmos because she was afraid to live fully outside fiction” (10), it seems to me that this article not only misrepresents psychoanalytic critics in general by excluding those who are more interested in analyzing texts than authors but also dangerously dismisses the Freudian method of the “talking cure” in the struggle to alleviate even somatic-induced symptoms. By Caramagno’s own admission, psychotic biochemical symptoms, although “not primarily an environmentally induced or learned disorder,” nevertheless are “certainly modified by the individual’s personality and personal history” (12). Caramagno attempts, by way of a “revelation” of the somatic causes of manic-depressive psychosis, to undermine psychoanalysis both as a method of relieving oppressive symptoms and as a literary method of producing meaning and significance in the text.

The question of the somatic and psychical causes of psychosis seems to be far from settled, despite Caramagno’s assertions to the contrary. Nevertheless, his ex-

planation of Woolf’s relation to her creative process in the light of her somatically induced mental illness seems to belie his implication that this particular form of psychosis may at best be alleviated by medication (12). If these were true, we need not investigate much further the relations between the creative process and mental illness. But after attacking psychoanalytic critics for suggesting that Woolf’s art was a means of representing unconscious material, Caramagno offers us his own version of the creative process as therapy, insofar as her writing “represent[s] a perplexing and biographically meaningless disorder in perception and mood” and insofar as Woolf was able to “adapt” to her illness by giving herself “the opportunity to explain her illness, to represent it, without simplification” (19, 22).

Caramagno finds reductionism and simplification in what Freudian critics do to a text, the bringing to consciousness of unconscious content. Psychoanalytic critics, according to Caramagno, “reduce” a complicated and ambiguous text to “an order [of meaning] that we fail to remember is fictitious itself” (17). Not only has Caramagno entirely misjudged the nature of psychoanalytic interpretation as Freud has presented it in his study of dreams, he himself seems to have forgotten the “fictitious” nature of meaning when he suggests that “analytical fiction[s]” shield the critic (an instance of the critic’s own projections) “against meaning” and interfere with the “ability to interpret correctly” (17). To insist that an interpretation is “fictitious” on the one hand and that it may be “correct” on the other seems, indeed, to be a lapse of memory, if not a contradiction. In his attempt to castigate psychoanalytic critics for their blindness to the problem of countertransference, the act of creating fictitious interpretations, Caramagno appears to suffer from his own form of blindness, to the extent that he offers us his reductive meaning of the text: that Woolf’s novels reflect (a reductionist term in itself) her manic-depressive psychosis in the form of ambiguity and polysemousness. This is hardly a profound diagnosis.

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*Reply:*

As the “dangerous” and “misguided” critic who wishes to “debunk” psychoanalysis, I feel somehow responsible for the challenges neuroscience has presented to Freud’s theory of the psyche. But biological emendations have been taking place for good reason. We must remember that, for much of this century, not only the psychoses, such as schizophrenia, autism, and Tourette syndrome, but even disorders like tuberculosis, tertiary syphilis, parkinsonism, neurodermatitis, ulcerative colitis, essential hypertension, epilepsy, and premenstrual syndrome were thought by some to be psychological in origin and there-