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Dracula and Psychology

Sigmund Freud's psychoanalytic theory, first formulated as a distinct therapeutics in the 1890s, has proved an irresistible mode of interpretation for readers of *Dracula*. Freud's basic theory of psychological disorders was to regard them as the result of the conflict of unbounded unconscious wishes and desires that are repressed by the more socially oriented conscious ego. The most intensive conflicts, Freud controversially suggested to his conservative medical colleagues in fin-de-siècle Vienna, were around the sexual instincts. In the struggle of the pleasure principle to express its desires against the constraints of the reality principle, all manner of weird and disguised symptoms leak out, in disguised or distorted forms that marked the act of repression that they had undergone. Freud interpreted dreams, slips of the tongue and compulsive behaviours as enigmatic but meaningful markers of this conflict. He also unusually looked to classical myth, folklore and literature for further support of his highly unorthodox libidinal theory.

Freud speculated (in the manner of a nineteenth-century anthropologist) that the superstitions of 'savages' about the dead returning as ghosts or spirits that must be placated by ritual had never really been superseded but were beliefs that remained coiled in the primitive recesses of the modern, rational mind. These beliefs flooded back when triggered at moments of extreme emotion. He read vengeful ghosts or demons as projections of repressed ambivalent feelings of love and hate for the recently dead.[1] Freud also raided Gothic literature for evidence, using Wilhelm Jensen's ghost story *Gradiva* to explore sexual neurosis or E. T. A. Hoffmann's 'The Sandman' for his formulation of the uncanny, that spooky feeling of the dead or inanimate returning to life.[2]

Although Freud was an avid reader of Rider Haggard's exotic romances, and particularly admired the undead, immortal *She*, there is no evidence that he read Stoker. Nevertheless his theory that psychic sexual development can be arrested around oral fixation, or that childhood fantasy mistakes sex as a violent act of animalistic biting or devouring, which he explored in his

'Three Essays on the Theory of Sexuality' (1905) and in his case history of the 'Wolf Man' (1918), lend themselves to a psychoanalytic reading of Stoker's blood-sucking vampire as a creature created by desire bent into allegorical shape by the force of psychic repression.

Freud's earliest and most ardent British follower, Ernest Jones, devoted a whole chapter to the vampire in his psychoanalytic study *On the Nightmare*, although this book relied on the anthropological collection of folklore and peasant superstition rather than cheap sensation fiction. Stoker was too lowly a source to even get into Jones's footnotes. Jones understood the vampire as an ambivalent figure of both guilt and angst of the living for the dead and a projection of limitless desire of the dead for the living, since 'a dead person who loves will love for ever and will never be weary of giving and receiving caresses'.[3] 'Love Never Dies' ran the strapline of Francis Ford Coppola's film version of *Dracula*, encapsulating this fantasy. From Stoker's novel, recall Jonathan Harker's paralysed ambivalence before the female vampires in the castle:

> I was afraid to raise my eyelids, but looked out and saw perfectly under the lashes. The fair girl went on her knees and bent over me, fairly gloating. There was a deliberate voluptuousness which was both thrilling and repulsive, and as she arched her neck she actually licked her lips like an animal. (*D*, 39)

'Thrilling and repulsive' captures the supernatural vampire as a symbol of a compromise formation forged by the conflict between desire and its repression. In Freudian terms, Harker is broken not just by objective terror at the monster that imprisons him but also by the subjective conflicts that motor his neurotic reactions to the sexual advances of the vampires. This same ambivalence attaches to Lucy Westenra, the young beauty who chafes against social restraint and who is corrupted by her libidinal weakness to become another voluptuous vamp, all repression lifted from her insatiable, asocial desire. Her brutal staking in her coffin by her fiancée, surrounded by his band of brothers, is a barely disguised conflictual expression both of sexual longing and the very extermination of that longing. The female vampire, intertwining allure and repulsion, sex and death, was a privileged symbol in the fin de siècle, not just in literature but frequently figured in painting, too.

Freud stumbled towards his distinct psychodynamic theory of mind in the first decades of his career as a Viennese doctor, and only coined the term 'psychoanalysis' in 1896, around the same time that Stoker was completing *Dracula*. Freudian theories have come to dominate readings of *Dracula*, and still inflect contemporary feminist and queer theory readings, but it is a mistake to see psychoanalysis anywhere in the composition of the text *itself*. When one critic suggests that the novel 'draws liberally on psychoanalytic

concepts' and that the medics in the book are 'psychoanalysts of a kind', this is not just inaccurate but obscures the recognition that *Dracula* is in fact generated from the very clash of distinct psychological paradigms at the end of the Victorian era, put into dramatic conflict by Stoker's Gothic plot.[4]

Dracula is a Gothic rendition of psychology on the cusp of shifting paradigms. It is full of hysteria, mental and physical collapse, trance, somnambulism and dream states, wasting illnesses that might be psychosomatic or the product of weak heredity, mania and madness and conditions that shade from the psychological into the supernatural. Stoker develops a driving narrative that stages drama from the debate between the paradigms of 1) psycho-physiological parallelism of body and mind, 2) degenerative theory, 3) emerging psychodynamic theories of mind, of which Freud's psychoanalysis was only one version and 4) the new science of psychical research that explored the border zone of the subliminal mind, seeing folkloric figures like the vampire as existing in a vanishing point between the natural and supernatural. Let's take these four different paradigms in order.

In *Dracula*, the asylum superintendent Dr Seward starts out as an orthodox representative of the dominant Victorian *psycho-physiological* paradigm, which regarded disorder of the mind as a result of a disease of the body. Seward is a mad-doctor, a dubious line of work considered little better than a gaoler until it was professionalised with the Lunacy Act of 1845 (a law reframed and extended again in 1890). A system of county asylums was built across England to house and treat the insane separately from prisoners or paupers, and the medical superintendents of asylums became *alienists*, supposedly authoritative experts in taxonomising and treating the 'alienated' mind.[5]

In the first half of the nineteenth century, alienists placed their hopes in the moral treatment of the mad, pioneered by Quaker reformists who refused to treat the insane as barely human but instead argued that moral persuasion could revive the lost will and redeem the soul of the patient and bring them back to reason and civility. The reader can see traces of this method in Seward's endless willingness to reason with his patient Renfield, his constant attempts to appeal to any remnants of rationality that survive beneath the manic behaviour. His confidence in objectively categorising this form of 'homicidal mania' is typical.

Therapeutic persuasion partly understood mental disorder as a loss of control of the will over bodily impulses, a disruption of psycho-physical balance. It was the role of the doctor to lend his own will to the patient for a time, effectively compelling them to return to health. This leant itself to sinister narratives of compulsion and control by mad-doctors, material for the Sensation Fiction boom of the 1860s, which often featured Gothicised

stories of wrongful committal by corrupt asylum doctors. Dr Seward is not the locus of horror in *Dracula*: he is presented as an earnest, actually rather repressed, professional man whose psychological approaches are destined to be of limited effect because he is not at first able to grasp the genuine occult forces at work around him.

By the 1850s, optimistic moral treatment was falling out of favour as the numbers of the insane seemed to continue growing, and the rise of 'incurable' patients requiring permanent incarceration appeared inexorable. Alienists who hoped to legitimise their psychology as a science increasingly propped their theories of mind on the authority of developmental biology and the emergent science of neurology. Materialists suspected the speculative and metaphysical methods of psychology and instead promised an empirical investigation rooted in physiology. In this modern approach, 'mind' was almost an accidental product of the physiology of the brain; consciousness was considered epiphenomenal. As the prominent advocate of this position, John Hughlings Jackson stated: 'psychical symptoms are to medical men only signs of what is wrong in a material system'.[6] This is classic Victorian reductionism of mind to body in the hope of finding objective ground for scientific assertion.

Stoker, using knowledge gleaned from his brother, Sir Thornley Stoker, an eminent brain physiologist, makes Seward an ambitious young materialist in this mould. He names as his medical heroes thoroughgoing materialists, such as the pioneering brain surgeons Sir John Burdon-Sanderson and Sir David Ferrier (*D*, 69). Early on, the solution to Renfield seems to require only the correct label (a monomania or zoophagous disorder), and Lucy's strange dissociated states are symptoms that result from weak heredity or an unusual kind of anaemia.

The psycho-physical parallel theory allowed some alienists to speak with the authority that had accrued to evolutionary psychology after Charles Darwin's epochal book *On the Origin of Species* in 1859. Darwin's framework allowed the chaos of insanity to be organised into a developmental series, which arranged all organisms along a spectrum from the most simple to the most complex biological forms. For the leading alienist in England, Henry Maudsley, madness was a sliding down the evolutionary scale. When mental illness struck, he argued in *Body and Will*, 'the moral feeling is the first to show it, and it is the last to be restored when the disorder passes away ... In undoing a mental organisation nature begins by unravelling the finest, most delicate, most intricately woven and last completed threads of her marvellously complex network'.[7] Disintegrations of the ego were horrifying descents into man's animal inheritance: this is why Dr Jekyll comes to be truly appalled by his bestial alter-ego Mr Hyde, and why the monstrous

Dracula is always associated with feral creatures, such as rats and wolves. Renfield again offers a lunatic's parody of developmentalism as he builds the chains of creatures he devours in his asylum cell, from flies to spiders to birds to cats.

The problem with this psycho-physical theory was that legitimacy came by the ceding of authority to the new biology. In the 1870s, there was a concerted effort by neurologists in Britain and America to dismiss the groundless speculations of the metaphysical claims of untrained alienists. The other, related effect was a turn from optimistic moral treatment to a far more pessimistic and deterministic understanding of madness. If madness inhered in the flaws of biology, there was little hope of cure and the chance of only marginal amelioration.

This shaded into a new paradigm, the theory of biological degeneration, a general account of cultural decline given the patina of scientific authority by a loose, metaphorical appropriation of Darwin's developmentalism. After years of being propounded by specialists in biology and psychology, degeneration became very influential in the 1890s when the German writer Max Nordau popularised it in his best-selling *Degeneration* (published in German in 1892 and in English in 1895). Nordau's book was a moral jeremiad against the cultural decadence and perceived onrushing collapse of civilisation rendered in pseudo-scientific terms. The evidence of the so-called Dusk of Nations was visible everywhere from modern art and literature to the epidemic of perversity and madness. Such a theory even allowed the Italian Cesare Lombroso to speak of born criminals and detect the predisposition to crime in physiognomy, which carried the stigmata of degenerate criminality. Lombroso promised a predictive science that could read crime in the shape of a skull or the size of the ears. This negative determinism crept into late-century alienism too. Maudsley ended *Body and Will* with the apocalyptic view that the increase in insanity was merely an early sign of something much more serious. 'Nations that have risen high in complexity of development', he said, 'will degenerate and be broken up, to have their places taken by less complex associations; they in turn will yield place to simpler and feebler unions of still more degraded beings'.[8]

Dracula picks up on the ambiguities of degenerationist theory. On the one hand, Stoker's novel is full of portents on the Dusk of Nations. It was published in the year of Queen Victoria's Diamond Jubilee in 1897, but installs the Count in a house on Piccadilly about as close to Buckingham Palace as it is possible to get, a canker at the heart of empire. The defenders of the British state seem weak or subject to bouts of debilitating hysteria. Harker's early collapse, from which he never really recovers, is followed by virtually all of the men suffering fits of hysteria at key moments of the plot.

Lucy Westenra is portrayed with a hereditary predisposition that dooms her from the start. With 'too supersensitive a nature' she 'feels the influences more acutely than other people do' (*D*, 87). Her mother dies of a weak heart, and Lucy's disorderly desire for three men and her spontaneous sleepwalking indicate a possibly hereditary psychic morbidity that makes her susceptible to vampirism. Her undead nymphomania (another medical coinage of the era that invented an abnormal sexual pathology in women), and her awful inversion of the maternal instinct in supping on the blood of children, are markers of an accelerating degeneracy. The doom of English womanhood was much feared by conservative thinkers in the 1890s.

On the other hand, it is Dracula's degenerate weaknesses that eventually allow the Christian band to rally their meagre resources and defeat the vampire. Dracula is praised early on for having a 'mighty brain' (*D*, 224), but in the last phase of the book he is pushed out of England and into headlong flight because, as Mina Harker defines him, 'the Count is a criminal and of the criminal type. Nordau and Lombroso would so classify him, and *qua* criminal he is of imperfectly formed mind' (*D*, 317). The close of the novel alters the capacities of the Count to ensure the conclusion is a rousing, restorative tonic against degenerative accounts of inevitable decline and fall.

Even so, *Dracula* exposes the fatal limits of Dr Seward's Victorian mad-doctoring paradigms. He never successfully diagnoses or treats Renfield, and indeed breaks the law to falsify his patient's death as an 'accident' on the death certificate. He cannot save his beloved Lucy either, because he is constrained by the exercise of 'normal science', unable to see beyond established psycho-physical, reductionist conventions.

In contrast, his mentor Professor Van Helsing moves quickly outside these limited frameworks, recognising that the data presented compel conclusions that break the bonds of 'normal science' and demands the recognition of 'extraordinary' propositions.[9] Van Helsing does not simply trump the natural with the supernatural, though. Instead, he points to emergent psychological theories that at the time were investigating how the boundary between the natural and the supernatural might be redefined. Arriving from the European mainland, Van Helsing brings with him new psychodynamic paradigms that astonished and troubled so many in the 1890s.

Professor Van Helsing is heterodox in both his medical and psychological practice. He is far beyond the cutting edge of experimental medicine, for his use of multiple blood transfusions on the ailing Lucy is extremely risky in an era before blood groups had been identified (only fatal blood clotting or renal failure would have been expected by his medical contemporaries). Yet at the same time, he also seems to give credence to ancient superstitious beliefs and marginal folk remedies, such as the use of garlic flowers. He reads

the wrong kind of books to be a proper materialist and is ominously called 'a philosopher and a metaphysician' by Seward (*D*, 106).

Van Helsing's interest in hypnotism is ancient and modern, outdated yet ahead of the materialist curve. After his medical treatment of Lucy, he offers more psychological solutions for Mina, once she has been contaminated by the Count. Van Helsing uses passes of his hands over Mina's face to put her into a trance state, using the discredited methods of the eighteenth-century Franz Anton Mesmer, repeatedly denounced as a fraudster, who in the 1780s claimed to be able to cure patients by sending them into a dissociated state of consciousness with these passes and then topping up their depleted reserves of energy with an invisible transfer of what he named animal magnetism. After Van Helsing hypnotises Mina, *Dracula* then enters a strange phase in which Mina's hypnotic *rapport*, her psychic connection to Dracula, means that she can be put into an artificial trance state at dawn and dusk to gain clues about the Count's location. They soon realise that this peculiar 'dial up' of Dracula is dangerous, since vampires have demonstrated their own powers of Mesmeric control: Harker in the Castle recalls wonderingly 'I was being hypnotized!' (*D*, 44), Lucy is compelled into sleepwalking states that makes her highly suggestible to Dracula and on fateful night of her death the whole household is found in artificial slumber. Renfield has also proved, too late for the literal-minded Seward to understand, to have been remotely controlled by Dracula. The novel might seem to enter the supernatural realm with this exploration of occult *rapport* and yet Stoker was only following the furious contemporary argument amongst psychologists over the status of hypnotic phenomena.

In France, from the mid-1870s, a new generation of psychologists returned to Mesmer's treatments, but dispensed with the theory of a physical transfer of some kind of magnetic fluid between doctor and patient. Instead, they revived James Braid's forgotten idea of 'nervous sleep' or 'hypnosis', first coined in 1841. Braid was a medic who verified the artificial inducement of trance as an objective physiological phenomenon, yet this area was so bound up with sensational claims and accusations of fraud that his work was ignored. However, a provincial French medic, Eugène Azam, published in 1875 a sober yet incredible account of his use of hypnosis on a hysterical patient known as Félida X. He found that Félida's personality was transformed if put into a trance, something he had demonstrated not once but over decades, prompting him to propose that she had a double or 'alternating' personality. Fascinatingly, patients like Félida and others who soon became celebrated case histories, seemed to have different memory chains attached to each state.

These explorations led to the emergence of new psychodynamic theories of mental disorder. In this model, hysteria was not necessarily the by-product

of organic disease or hereditary weakness but a disorder of autonomous psychic processes, a dissociation of memory. These sciences of memory were explored in France experimentally through the use of hypnosis, and the leading neurological authority of the day, Jean-Martin Charcot, declared that hypnosis had been proven an objective physiological fact in 1882.[10]

Controversy flared over the next ten years, for the idea that alternating or multiple states of consciousness could co-exist was nonsensical to the dominant psycho-physical paradigm. Treatment of the mad was about unifying and reinforcing the moral will, not fracturing it or wilfully suspending it. In the 1890s, the editor of the *British Medical Journal* Ernest Hart denounced the dangers of hypnotism, aiming to debunk 'a prevalent system of imposture'.[11] Yet when Joseph Breuer and his colleague Sigmund Freud published 'On the Psychical Mechanism of Hysterical Phenomena' in 1893, they argued that the symptoms of hysteria (the paralyses, altered behaviours and mental dissociations) were not the result of physical disorders but had largely psychical origins. Famously, they concluded: '*Hysterics suffer mainly from reminiscences*'.[12] This was a quintessentially psychodynamic statement.

If Freud claimed to abandon hypnosis shortly afterwards to create 'psychoanalysis', this was partly to distinguish his own work from rival theories, but also because hypnosis never quite escaped its associations with the weird or supernatural. From the very earliest demonstrations of Mesmerism, it was claimed that the *rapport* was uncanny, with doctors and patients able to read each other's minds, or establish mental connections that could operate over vast distances. A fear of one will dominating another (and particularly of male doctors controlling submissive female patients) was the alarm that caused the suppression of Mesmerism in pre-Revolutionary France in the 1780s.

In the return of Mesmeric states as hypnotic trance, these associations recurred. Just a few years before *Dracula* was published, the literary sensation was George du Maurier's novel *Trilby* (1893), which introduced the menacing foreign Jewish impresario Svengali, who exerts Mesmeric control over the young English rose, Trilby. Count Dracula's power over Lucy (and Renfield and others) is a direct echo of this fear. Stoker was not picking up casually on this trope: he later included a study of Franz Mesmer in his book *Famous Impostors* (1910).

Dracula shows Stoker well versed in the uncanny aspects of hypnosis that were amplified in the emergent science of psychical research. This fourth psychological paradigm was promoted by the Society of Psychical Research (SPR), founded in London in 1882 by a group of eminent gentlemen to explore supernatural phenomena such as haunted houses, Mesmeric treatments and the spirits allegedly called up by mediums at séances. Although

the SPR adopted the tone of disinterested science, they hoped to prove the objective existence of these phenomena, and thus naturalise the supernatural. They invented a whole new quasi-scientific terminology that often overlapped with psychodynamic psychology. Ghosts became crisis apparitions; mind-reading became telepathy. Hypnotic phenomena were also key sources of evidence for the society, and in fact the acceptance in England of this aspect of Continental psychodynamic theories of mind was largely down to the work of two key psychical researchers, Edmund Gurney and Frederick Myers, acknowledged pioneers in this field.

The shading of new psychodynamic theories into the supernatural is exactly where Van Helsing hopes to lead his dutiful but dull student Dr Seward. Seward latches on to a reference the professor makes to the neurologist Jean-Martin Charcot – a man of science in this swirl of superstition. Van Helsing then argues, in his execrable English: 'Then tell me – for I am a student of the brain – how you accept the hypnotism and reject the thought-reading' (*D*, 178–79). Here is exactly the vanishing point, hovering between the natural and the supernatural, in the hyphen of the psycho-physical, from which Stoker produces his shivery effects on his readers, as Dracula emerges from the shadowy margins of the driest psychology textbooks, a creature created in the transitions in the late Victorian paradigms of psychology.

Notes

1 See Sigmund Freud, *Totem and Taboo* (1913), particularly pp. 59–67 in the *Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 13 (London: Hogarth, 1955).
2 Sigmund Freud, 'Delusion and Dream in Jensen's Gradiva' (1907) and 'The Uncanny' (1919), both collected in the Penguin Freud Library, vol. 14, *Art and Literature* (Harmondsworth: Penguin, 1990).
3 Ernest Jones, *On the Nightmare* (New York: Liveright, 1950), 110.
4 Ken Gelder, *Reading the Vampire* (London: Routledge, 1994), 66.
5 Andrew Scull, *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine*. (Princeton: Princeton University Press, 2015).
6 John Hughlings Jackson cited in Michael J. Clark, 'The Rejection of Psychological Approaches to Mental Disorder in Late Nineteenth-Century British Psychiatry', in Andrew Scull, ed., *Madhouses, Mad-Doctors and Madmen: The Social History of Psychiatry in the Victorian Era* (London: Athlone, 1981), p. 283.
7 Henry Maudsley, *Body and Will, Being an Essay Concerning Will in Its Metaphysical, Physiological and Pathological Aspects* (London: Kegan Paul, 1883), 266.
8 Maudsley, *Body and Will*, 320.

9 The breach of paradigms of 'normal science' in phases of 'extraordinary science' is the proposed in Thomas Kuhn, *The Structure of Scientific Revolutions* (Chicago: Chicago University Press, 1970).
10 Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton: Princeton University Press, 1995).
11 Ernest Hart, *Hypnotism, Mesmerism and the New Witchcraft* (1896; New York: Da Capo Reprint, 1982), viii.
12 Sigmund Freud and Joseph Breuer, *Studies in Hysteria* (Harmondsworth: Penguin, 1986), 58.

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