

2010

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Recommended Citation

Winter, Elizabeth (2010) "All in the Family: A Retrospective Diagnosis of R.M. Renfield in Bram Stoker's Dracula," *Journal of Dracula Studies*: Vol. 12 , Article 3.

Available at: <https://research.library.kutztown.edu/dracula-studies/vol12/iss1/3>

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All in the Family: A Retrospective Diagnosis of R.M. Renfield in Bram Stoker's Dracula

Cover Page Footnote

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**All in the Family: A Retrospective
Diagnosis of R.M. Renfield
in Bram Stoker's *Dracula***

Elizabeth Winter

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In late nineteenth century psychiatry, there was little consistency in definition or classification criteria of mental illness. Emil Kraepelin forever changed the discipline when he developed the diagnostic entity of dementia praecox (the kernel of the modern understanding of schizophrenia) and published it in the 1893 edition of his *Lehrbuch der Psychiatrie* (Adityanjee et. al). Four years later, in 1897, Abraham (Bram) Stoker, an Irish businessman at the Lyceum Theater in London, wrote his magnum opus *Dracula*. A character frequently overlooked by scholars in their examinations of this work is that of R.M. Renfield, a startlingly lifelike portrayal of psychiatric disease that reflects Bram Stoker's personal observation of mental illness in his brother Sir Thornley Stoker's wife, Emily. Contemporary descriptions of Emily's behaviors, if not the content of the delusions, are very similar to Renfield's, inviting close comparison between them. Careful assessment of Stoker's characterization of Renfield reveals an individual likely suffering from dementia praecox, Kraepelin's recently developed and much debated diagnostic classification. The uncanny similarity between Kraepelin's descriptive case studies and Renfield's depiction supports this retrospective diagnosis. The strong resemblance of Renfield and Emily's behaviors encourage the reader to presume that she too suffered from dementia praecox.

The state of psychiatry in the late 1800s was one of chaos. Despite the ambition of many physicians to develop a consistent nosology of psychic phenomena, the terminology of the time is largely idiosyncratic and lacking validity or inter-rater reliability. Daniel Hack Tuke, a British psychiatrist who wrote the *Dictionary of Psychological Medicine*, wrote in 1892, "The wit of man has rarely been more exercised than in the attempt to classify the morbid mental phenomena covered by the term insanity. The result has been disappointing." A retrospective study from 1988 of the casebooks from Ticehurst, a private asylum in Sussex, looked for evidence of what would now be classified as schizophrenia among the inmates and noted the diagnoses for each person (Turner, T). A large number of patients received no diagnosis at all, but those that did were diagnosed with, in descending order of frequency, delusions, chronic mania, dementia, monomania and melancholia. Against this backdrop, Emil Kraepelin spent over a decade following a patient cohort of hundreds in an effort to develop a classification scheme. Drawing on the work of Phillippe Pinel, John Haslam and Karl Ludwig Kahlbaum (Adityanjee et. al), Kraepelin expanded the current understanding of psychotic illness by identifying a pattern of illness he called dementia praecox. A greatly simplified précis is that Kraepelin conceived of dementia praecox as a severe mental disorder of primarily cognition rather than mood that was characterized by blunting of emotions or moral sense, eventual intellectual deterioration, social isolation, disorganized speech and behavior, delusions, and hallucinations. His exhaustive study allowed him to discuss epidemiology, etiology, and the course of illness over a patient's lifetime. Since the description of dementia praecox in 1893, Kraepelin's ideas have formed the basis upon

which research of psychotic illness has been conducted, most notably the psychotic illness schizophrenia. The initial publication of this work in 1893 sparked international debate as to the validity of the diagnosis, with criticism largely centered on the use of terminology. British psychiatrists objected to the use of the word dementia because they felt it should not be used to describe anything other than an unrecoverable illness, (Ion and Beer, Part 2) which was not uniformly the case in Kraepelin's classification. Similarly the use of the word praecox was taken to pertain to onset of illness in adolescence exclusively while Kraepelin described cases occurring after the age of 25. Eventually, the naysayers were silenced by the reality that Kraepelin's disorder most clearly represented the clinical reality of the disease and therefore the diagnosis was one of utility. The clarity of the classification system is demonstrated by the fact that while it is unknown whether Bram or Thornley Stoker were familiar with Kraepelin's work, Kraepelin's ability to organize symptoms combined with Bram Stoker's facility in portraying illness allows the reader to formulate a diagnosis for the ill-fated Renfield.

Bram Stoker's knowledge of mental illness came largely from his brother, William Thornley Stoker. Thornley was two years older than Bram. He obtained his MD from Queen's University in Galway in 1866 and became a celebrated surgeon, particularly in the arena of neurosurgery; he honed the technique of trephining after epidural hemorrhage, knowledge Bram used in Van Helsing's trephining of Renfield following Dracula's attack. He served as the President of the Royal College of Surgeons in Ireland from 1894-1896, and as the President of the Royal Academy of Medicine from 1903-1906. Notably, he briefly served on the Board of Governors of the Richmond Lunatic Asylum in Dublin and was involved in patient care there. In recognition of his surgical skill as well as his involvement in numerous philanthropic projects, Thornley was knighted in 1895 (Obituary). Despite the series of ever greater professional successes, Thornley's personal life was significantly less ordered. His wife Emily was mentally ill, and correspondence and descriptions of Emily's behavior from the time, including a passage in a memoir by a close personal friend and doctor, Oliver St. John Gogarty, indicate a behavioral pattern grossly synonymous with Renfield's (though she did not have the specific delusion that consuming life prolonged her own) (Belford). This likeness gives confidence to extrapolation from Renfield's condition to Emily's.

In *Dracula*, we first meet Renfield when Dr. John Seward buries himself in work to forget the recent rejection of his marriage proposal. Renfield is a 59 year old man (changed from 49 in the original manuscript, which is more consistent with the epidemiology of dementia praecox) "with great physical strength; morbidly excitable; periods of gloom ending in some fixed idea (Stoker 114)." Seward later adds to this list "selfishness, secrecy and purpose (Stoker 128)." Seward observes Renfield as he collects enormous numbers of flies, and then feeds them to spiders. At one point, Seward watches Renfield eat a particularly large fly, and Renfield "argued quietly that it was very good and very wholesome; that it was life, strong life, and gave life to him (Stoker 128)." In this admission lies the essential part of Renfield's delusion, namely, that via ingestion of live animals he may increase his life-force or his longevity. He proceeds to feed the spiders to sparrows, and when he is denied a kitten to eat the sparrows, he eats them himself. After drugging Renfield in order to read his notebook, Seward says, "How well the man reasoned; lunatics always do within their scope (Stoker 131)" when he finds that Renfield's delusion is carefully explained, with the numbers of animals accurately tallied. To this point, Renfield's delusions are his own. Stoker would have the reader believe that Renfield eventually comes under Dracula's influence once the vampire takes up residence in the neighboring abbey, but the accounting of lives involving the flies, spiders, and sparrows occurs before Dracula's

coffin lands upon the English shore. Already Renfield displays many of the qualities of Kraepelin's dementia praecox. Despite the delusion organizing his activities, the notebook demonstrates he has preserved perception (Kraepelin, page 6), orientation, and consciousness (Kraepelin 17). Similarly he has developed a loss of moral sentiment (Kraepelin 33); the progressive killing of animals is no obstacle to him, even up to the murder of a man, as Renfield later admits his attack on Seward is "for the purpose of strengthening [Renfield's] vital powers...through the medium of [Seward's] blood (Stoker 333)."

Renfield's condition begins to deteriorate rapidly; he develops olfactory hallucinations observed by the attendant when "he began to get excited and sniff about as a dog does when setting (Stoker 168)." From these hallucinations, he is convinced that "the Master is at hand (Stoker 168)," i.e. Dracula. Interestingly, at no point in the narrative does the reader find objective evidence that Dracula is communicating with Renfield, supporting the idea that Renfield's beliefs are part of his illness. During a madcap escape, Renfield is found talking to himself, apparently having developed auditory hallucinations as well, saying "I am here to do your bidding, Master...I await your commands, and you will not pass me by, will you, dear Master, in your distribution of good things (170-171)?" As in Kraepelin's subtype of dementia praecox called agitated dementia (Kraepelin 122-129), Renfield's prominent hallucinations predicate worsening clinical state. Renfield believes himself to be influenced by his Master, much as Kraepelin's patients "feel...magnetized, under a ban, as if electrified, influenced by God (Kraepelin 124)." The grandiosity of Renfield's delusion that he is the servant to his Master and will be rewarded in kind is also strikingly similar to the delusions experienced by Kraepelin's patient cohort. In agitated dementia, "exalted ideas are the most frequent. The patient feels himself destined to great things...(Kraepelin 125)" Even with the violence of Renfield's escape attempt, his behavior and mentation have not declined yet to the point of absurdity.

According to Kraepelin, however, on the heels of hallucinations and exalted ideas come moods "subject to extraordinarily sudden and severe fluctuation. Whimpering, bewilderment, wild laughing, frightful outbursts of abuse...may make place for each other without intermission (Kraepelin 125-126)." Inexorably, Renfield's course follows this path; "Three nights has the same thing happened—violent all day then quiet from moonrise to sunrise...It would almost seem as if there was some influence which came and went (Stoker 178)." Kraepelin discusses at length the weakening of volitional impulses in dementia praecox (Kraepelin 37). These patients lose any sense of inclination, of 'wanting' to do something. This in turn leaves them susceptible to influence, whether by outside force, auditory command hallucination, or chance impulses that in normal people would be suppressed by societal conventions and restraint. Even if we suspend disbelief and agree with the heroes' and heroine's deliberations that Renfield's actions are a consequence of influence by Dracula and not in response to auditory hallucinations, it can be argued that Renfield is susceptible to this influence precisely because of his mental illness.

Renfield speaks in a rational and convincing manner in two conversations, first to Mrs. Harker, and then two days before his death with Seward, Professor Van Helsing, Lord Godalming and Quincey Morris. In his speech we find further evidence that he is suffering from dementia praecox. Renfield's recollection of historic trivia, including the annexation of Texas into the Union in 1845 and the Monroe doctrine of 1823 is remarkably intact, as is expected in dementia praecox (Kraepelin 17-18). At some point, he was a member of the Windham House Club, a social club for privileged gentlemen (Stoker 345). In the prime of his youth, however, he developed "a strange belief. Indeed, it was no wonder that [his] friends were alarmed, and insisted on [his] being put under control (Stoker 333)." Kraepelin's discussion of the onset of

dementia praecox suggests that the majority of patients develop the illness in their teens or early twenties with 57% of cases occurring before the age of 25 (Kraepelin 224). Given the suggestion that Renfield's illness began early in life, the progression towards agitated dementia is foreseen; Kraepelin writes, "the forms which begin in the years of development are by preference states of excitement (Kraepelin 209)." Finally, the apparent lucidity and suspension of symptomatology in Renfield's speech is a predictable part of the illness course. In agitated dementia, Kraepelin observes that, "in 36% of the cases...after the first attack there is a remission of all morbid phenomena...(Kraepelin 128)." The reader does not discover how Renfield's illness will play out because he dies a violent death after attempting to warn the household of Dracula's attacks on Mina Harker.

Examination of the original *Dracula* manuscript demonstrates that it was clearly edited and commented upon by Bram Stoker's brother Thornley (personal correspondence with Leslie Klinger). Through intimate experience and medical knowledge gleaned from having contact with residents of the Richmond Lunatic Asylum in Dublin, Thornley likely provided Bram Stoker with an excellent characterization of mental illness that might have been culled directly from Emil Kraepelin's clinical investigations. Renfield, and via inference, the unfortunate Emily Stoker, clearly suffer from dementia praecox. Unlike Renfield, Emily did not live in an asylum, private or otherwise. She was cared for in Ely House, Thornley's Dublin residence, by Florence Dugdale, the woman who eventually became Thomas Hardy's typist and second wife (Belford). Emily died in November, 1910, but her illness had long since taken her from her husband. Van Helsing, who, like Thornley Stoker has a wife who is mentally ill, might be speaking for Thornley when he observes, "...me, with my poor wife dead to me, but alive by Church's law, though no wits, all gone (Stoker 259)."

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