Retrospective Analysis of Renfield: The Reciprocal Relationship Between Mental Illness and Vampirism

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Abstract

R.M. Renfield is a character in Bram Stoker’s 1897 Dracula that has contributed to a growing body of literature that uses the term Renfield Syndrome to describe real-life clinical vampirism. Renfield, an inmate of Dr. John Steward’s lunatic asylum, has a growing obsession with immortality that leads him to consume living creatures for their life force and eventually results in him licking Dr. Steward’s blood from the ground. Renfield’s zoophagous behavior is encouraged by the vampire Count Dracula, with whom Renfield has a telepathic connection. The current work explores the character Renfield in Dracula and identifies him as an anti-vampirism archetype that has a reciprocal relationship between mental illness and vampirism because while his mental instability causes his vampirism, the exacerbation of his mental instability is also the punishment for his vampirism.

Keywords: Renfield Syndrome, Vampirism, Vampire, Dracula, Renfield

Main Text

Renfield Syndrome, about R.M. Renfield in Bram Stoker’s 1897 Dracula, was coined by psychologist Richard Noll in 1992 to describe real-life clinical vampirism. Although rare and not currently classified in the Diagnostic and Statistical Manual of Mental Disorders, Renfield has contributed to a growing body of literature by influencing researchers to study clinical vampirism. As an inmate of Dr. John Steward’s lunatic asylum, Renfield is first described as having “sanguine temperament” and “great physical strength” (Stoker, 1897/2001, p. 59) as well as appearing “selfish” and “purposeful” (Stoker, 1897/2001, p. 67). His growing obsession with immortality compels him to consume living creatures to obtain their life force. He starts with eating flies. He then feeds the flies to spiders to eat the spiders and subsequently feeds spiders to birds to eat the birds. He later requests a cat likely for further consumption. Dr. Steward diagnoses him as a “zoophagous maniac” due to his obsession with consuming more and more life (Stoker, 1897/2001, p. 69). Renfield’s cravings eventually escalate to true clinical vampirism when he attacks Dr.
Steward and is “licking up, like a dog, the blood that had fallen from [Dr. Steward’s] wounded wrist” (Stoker, 1897/2001, p. 137). Renfield corresponds telepathically with Count Dracula, who encourages Renfield’s zoophagous behaviour and sends him life forms in exchange for loyalty. Renfield’s zoophagous behaviour is a moral failing that likely results from mental instability and influence from Dracula. Since sanity is a virtue, the exacerbation of Renfield’s mental illness is punishment for his vampirism. Renfield’s character is, therefore, a cautionary anti-vampirism archetype with a reciprocal relationship between mental illness and vampirism wherein mental instability is both the cause of and the punishment for vampiric behaviour.

Renfield likely had a predisposition to life-consumption idealizations and mental instability, and his association with Dracula exacerbates his zoophagous behaviour to a clinical concern. A review of scientific literature regarding clinical vampirism was completed (Figure 1) and seven cases were isolated to exemplify the management of modern vampirism (Table 1). Oppawasky (2010) describes a patient with a history of poor mother-child relations and drinking animal blood since childhood (p. 61). Although this patient developed schizophrenia, he did not become a vampire until joining a vampire group. Similarly, Sakarya, Gunes, Ozturk, and Sar (2012) describe a patient with an association with multiple traumatic events who subsequently developed dissociative identity disorder and post-traumatic stress disorder leading to vampirism (p. 323). Hervey, Catalano, and Catalano (2016) describe a patient who had blood-drinking idealizations since childhood but only began acting on these idealizations following a traumatic brain injury (p. 141). According to the literature, a combination of mental illness and external factors can catalyze and intensify vampiric behaviour (Table 1). Although Renfield’s background is a mystery, he claims to “have worshipped [Dracula] long and afar off,” much before Dracula travelled to England, indicating that Dracula and Renfield had a relationship before the events in the novel. Johnathan Harker is found close to madness with “violent brain fever” after his captivity in Dracula’s castle (Stoker, 1897/2001, p. 97). If Renfield was once in a position similar to Harker’s, as seen in the 1992 film adaption Bram Stoker’s Dracula, then perhaps his later mental illness and vampirism are manifestations of traumatic events that occurred in Dracula’s custody. Alternatively, an early mental instability and affinity towards life-consumption could have made Renfield vulnerable to Dracula’s telepathic manipulation despite the distance. Regardless of Renfield’s backstory and connection with Dracula, mental instability appears to be a precursor to his zoophagous behaviour.

Reciprocity between mental illness and clinical vampirism is evident in Renfield’s progression, starting with initial the mental instability that results in zoophagous behaviour and continuing throughout the novel when zoophagous and manic episodes are paralleled. Scholars believe that Renfield’s psychiatric care in Dracula was influenced by Stoker’s two younger brothers (physicians), eldest brother (lunatic asylum surgeon), and brother’s wife who had a mental illness (Alliata, 2015, p. 180; Winter, 2012, p. 53). Few academics have considered Renfield’s mental instability retrospectively. However, Alliata argues for a diagnosis of manic depressive disorder, which accounts for his bouts of depression “periods of gloom” (Stoker, 1897/2001, p. 69) without association to zoophagous behaviour and mania “sudden passion” (Stoker, 1897/2001, p. 127) with association to his progression from zoophagous behaviours to clinical vampirism and the proximity of Dracula (Alliata, 2015, p. 182). The reciprocity of Renfield’s mental state and clinical vampirism continues as
Renfield’s mental illness is exacerbated to punishment for his vampirism.

As Renfield’s zoophagous behaviours develop into clinical vampirism, his mental instability also advances to mental illness as a punishment for the clinical vampirism. Instead of providing treatment for Renfield’s exacerbated mental state, Dr. Steward enables and promotes the zoophagous behaviour as “it would almost be worthwhile to complete the experiment” (Stoker, 1897/2001, p. 69) due to his ideals of personal gain from the discovery to “advance [his] own branch of science” (Stoker, 1897/2001, p. 69). Renfield and Dr. Steward’s similarities are paralleled through their times of mental instability. Renfield may have manic-depressive syndrome (Alliata, 2015, p. 182), and Dr. Steward may have depression over the loss of Lucy (Stoker, 1897/2001, p. 59). In addition, they have an obsession with zoophagous behaviour as Renfield needs to consume life, and Dr. Steward needs to understand Renfield’s need to consume life (Stoker, 1897/2001, p. 69). Both men also use scientific methodologies to obsessively document their test subjects as Renfield studies his various life forms, and Dr. Steward studies Renfield (Stoker, 1897/2001, p. 69). Renfield’s immorality due to his vampirism is, therefore, the separating factor between Dr. Steward and Renfield. Renfield is punished for his vampirism by a worsening mental state. Renfield, not permitted to leave or be treated, is a prisoner at the lunatic asylum. Dr. Steward might have been more eager to treat Renfield’s mental illness if Renfield’s vampirism was not as interesting and morally compromising.

Stoker counters Dracula’s façade of rationality with Renfield’s recognizable insanity to highlight Renfield as an archetype for the worst-case-scenario or cautionary tale of vampirism. Dracula’s depiction as a supernatural monster sanctions unconscious permission for the unethical acts of vampirism. In contrast, Renfield’s position as a living human emphasizes the taboo and illogical nature of vampirism because he does not require blood to sustain his life. To fulfill the cautionary tale, Renfield is challenged with the ultimate punishment that is unequivocal mental illness. Mental illness is a fate that haunts nearly every living character in Dracula, for example, Johnathan Harker begs “God preserve my sanity, for to this I am reduced” (Stoker, 1897/2001, p. 36) when in Dracula’s castle. Stripping sanity from an individual is a seemingly fatal punishment. Renfield’s concluding act of warning Mina and subsequently getting killed by his “master” Dracula finalizes the failure of Renfield’s goal to achieve immortality, the immorality of Renfield’s vampirism and the permanency of his punishment.

Renfield represents an anti-vampirism archetype with reciprocity between mental instability and zoophagous behaviour wherein mental illness is both the cause of and punishment for vampirism. Consistent with modern understandings of clinical vampirism, Renfield likely tended towards mental instability and life-consumption idealizations, and correspondence with Dracula intensified his zoophagous behaviour to clinical vampirism. Mental illness and vampirism, in association with Dracula’s presence, are paralleled throughout the novel and can be explained retrospectively by the manic-depressive syndrome. Renfield’s punishment for his vampirism is his exacerbated mental illness, which was studied but not treated by Dr. Steward. Dracula’s rationality is countered with Renfield’s insanity to highlight Renfield as an archetype for the worst-case-scenario of vampirism, making his eventual death finalization of the immorality of vampirism and the permanency of Renfield’s punishment. Renfield is an early depiction of the horrors that can be associated with real-life clinical vampirism, and he exemplifies why these patients are of great
clinical concern, which is why he continues to be the archetype for anti-vampirism today.

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References

Alliata, M. V. (2015). Number one, the lunatic asylum man. Annali di Ca’Foscari, 177.


Figure 1. Flow chart representation of the screening of the literature. A total of 391 results were produced using a Google Scholar (179) and PubMed (212) title word search including the terms “vampirism” or “Renfield” from January 1, 1999, to February 1, 2019. All works were screened for relevance and seven case studies were included.
Table 1. Summary of case studies that report vampirism. Data collection included patient demographics such as age and sex, vampire classification, primary reasons for vampirism, potentially triggering life events, associated mental illness, treatment, and condition status at the time of publication.

<table>
<thead>
<tr>
<th>Reference, Year</th>
<th>Patient (Age, Sex)</th>
<th>Vampire Classification</th>
<th>Reasons for vampirism</th>
<th>Potentially triggering life events</th>
<th>Mental Illness</th>
<th>Treatment</th>
<th>Condition Status at Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Jensen &amp; Poulsen, 2002)</td>
<td>35 F</td>
<td>Auto-vampirism</td>
<td>Purification; life-giving elixir</td>
<td>N/A</td>
<td>Schizophrenia</td>
<td>Flupenthixole and zuclopenthixol, non-compliant. Risperidone, good response.</td>
<td>In remission</td>
</tr>
<tr>
<td>(Gubb, Segal, Khota, &amp; Dicks, 2006)</td>
<td>25 M</td>
<td>Psychic vampirism</td>
<td>N/A</td>
<td>Father murdered at age 4; bullied; drug use; behavioural disturbances; difficult relationships</td>
<td>Schizophrenia with antisocial traits</td>
<td>Risperidone, then Flupenthixol decanoate.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>(Oppawasky, 2010)</td>
<td>36 M</td>
<td>Auto-vampirism, True Vampire</td>
<td>Sexual arousal; Empowerment; Obsessive need</td>
<td>Drank weekly shots of fresh animal blood, along with raw liver, since childhood; Cold and distant mother-child relationship; Joined vampire group</td>
<td>Schizophrenia</td>
<td>6 sessions of cognitive-behavioural therapy, good response.</td>
<td>In remission</td>
</tr>
<tr>
<td>(White &amp; Omar, 2010)</td>
<td>15 M</td>
<td>Auto-vampirism</td>
<td>Enjoys the taste; obsessive need</td>
<td>Drug abuse N/A</td>
<td>N/A</td>
<td>Lost to follow up</td>
<td>N/A</td>
</tr>
<tr>
<td>(Sakarya, Gunes, Ozturk, &amp; Sar, 2012)</td>
<td>23 M</td>
<td>Auto-vampirism, True Vampire</td>
<td>Obsessive need</td>
<td>Witnessed murder of uncle, violent death by a friend and death of 4-month daughter; Mother had a history of psychotic episodes</td>
<td>Dissociative Identity Disorder, Post-Traumatic Stress Disorder</td>
<td>Supportive interviews, olanzapine, paroxetine, naltrexone, then Sodium valproate was added.</td>
<td>Vampirism in remission; dissociative symptoms ongoing</td>
</tr>
<tr>
<td>(Phang, Kayatri, &amp; Ang, 2013)</td>
<td>24 F</td>
<td>Auto-vampirism</td>
<td>Enjoys the taste; obsessive need</td>
<td>Strained family relationships, neglectation</td>
<td>No history of mental disorder</td>
<td>Supportive counselling, good response.</td>
<td>In remission</td>
</tr>
<tr>
<td>(Hervey, Catalano, &amp; Catalano, 2016)</td>
<td>38 F</td>
<td>Auto-vampirism</td>
<td>Enjoys the taste; obsessive need</td>
<td>Idealizations since adolescence but not acted upon</td>
<td>Traumatic Brain Injury-induced disinhibition; Gender Identity Disorder</td>
<td>Cognitive behaviour therapy</td>
<td>Ongoing, reduced</td>
</tr>
</tbody>
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