

Dracula for Doctors

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Fiona Subotsky
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Dracula for Doctors

Medical Facts and Gothic Fantasies

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Foreword

Mental illnesses and visual arts often go hand in hand. There is no doubt that of the visual arts, cinema has been probably the most successful, popular and easily accessible around the globe, although in the past few decades television has overtaken it in terms of reach. Television also thrives on showing films of all natures. The scene has further been altered by the advent of box sets, the increased use of social media and Netflix, Amazon etc., which are able to make and show films. Cinema remains a wonderful and original source for watching and exploring human behaviours and facilitating our understanding of different cultures including ethnic groups, minority groups and culturally and linguistically diverse groups. Films can be and have been used in teaching various medical disciplines, including psychiatry to medical students and psychiatry residents. Films as medium become very important in teaching not only psychopathology but also therapeutic interventions and therapeutic alliances in psychotherapy and other techniques. Films show psychiatry, psychiatrists and psychiatric patients in a number of ways, from being figures of fun to being demonised, further contributing to their stigmatisation. Producers and directors often argue that they make films for entertainment and as financial ventures rather than for education, which creates a dilemma for teachers and trainers. Furthermore, in today's multi-cultural world films give us a view of the mainstream culture and the struggles of the various marginalised groups within.

Arts of all kinds from literature, painting, music and other forms play a major role in the cultural life of any country. These remain an integral and important part of the way social mores are influenced and how societies function. Films function at a set of different levels in reflecting what goes on in society and influencing how society behaves in a number of ways, but in addition society affects the contents of films. Visualising a story differs from reading it and also what we pick up in imagery is strongly influenced by cultures we are born in, brought up in and live in. Visual imagery always tends to carry a stronger effect in the way we communicate through influencing our thinking and not only subsequent perceptions but also behaviours. Of course, films can be and often are generally seen and analysed at different levels by the viewer who tends to get immersed in the entire experience of watching a story unfold with associated emotional displays.

The history of cinema and the novel go hand in hand, although novels and stories are much older than the age of cinema. Horror leads to revulsion of an act or individual and perhaps pity for the individual who is the target of horror, whereas terror is about the fear of something that may happen or may have happened. Horror stories, from their inclusion in Grimm's Fairy Tales and across cultures, both terrify and educate children and adults alike. Human beings have been fascinated by horror for a number of reasons and often would seek such adventures in ghost trails or scary situations. Again, the genre of horror is not new. The fear and the general sense of shock can affect individuals and communities.

The story of Dracula has had a major fascination for people for centuries. As human beings started to understand human physiology, they also recognised the importance of blood and feared tales of how it can be drained by vampires. Dr Subotsky in this volume offers wonderful insights into the parallels between how doctors, and alienists in particular (which is how psychiatrists were known until about the middle of the nineteenth century),

were associated with sorcery, witchcraft and the demonic nature of interventions. In a very well thoughtout and lucid style, she sets the scene and helps us understand, using historical sources, how a fearful idea can often affect a whole population or groups of vulnerable people, with explanations of physiological and psychological responses. In an insightful and entertaining manner, Dr Subotsky succeeds in engaging our attention. She reminds us that the word gothic (which was developed in the Enlightenment period) was originally a derogatory term for medieval culture, but its acceptance in the eighteenth century reflected an appreciation of the rather whimsical 'gothic' follies and the building style developed in Britain. However, later in the nineteenth century, the architectural gothic style became mainstream whereas the literary genre maintained its more teasing difference. Dr Subotsky quite rightly suggests that the key elements of a gothic plot include a persecuted maiden, a sexually rapacious villain, inexplicable but possibly supernatural events, a setting in the superstitiously religious medieval past or a horrid and remote present location, as well as a preoccupation with death. The evil actions of the villain cause horror and fear. Sexual attacks, crime, death and disease not only dwell on the morbid but also create a sensation of alienation. Thus, in the gothic genre, the reader is encouraged to identify with the narrator/protagonist, who is frequently in a state of suspense, uncertainty and confusion as to the meaning or explanation of what he or she is experiencing. The terms 'horror' and 'terror' combine the stimulus event with the resulting emotional response which may lead to a sense of puzzlement. The reader and the viewer do not have a full picture of what is happening until towards the end of the story. The use of a gory environment, settings of darkness, mist and threatened or actual torture play to the emotions of the audience who are participating in it as an observer.

Dr Subotsky deserves our thanks and congratulations for an exciting read which offers wonderful insights into the gothic adventures of one particular character. Her historical account is well judged and observed. In a remarkable achievement, she has brought together psychiatry and its images, the gothic story and the history of a particular culture.

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Introduction

I am a doctor from a family of doctors, but why the interest in *Dracula*, the evil presence in Bram Stoker's novel of 1896? Mainly because the medical aspects of *Dracula* and other gothic fiction are fascinating and underexplored. But perhaps also because while holidaying in a French château at the age of thirteen I was bitten by a bat. It had come in at dusk through the window of the tower bedroom I was sharing with another girl, and I unwisely picked it up . . .

Later, I married Milton Subotsky, the Amicus horror film producer, who sometimes borrowed my medical and psychiatric textbooks for the sets of his movies such as 'The Psychopath' and 'The Asylum'. We were both always reading stories, in case they were suitable for scripts, as his films were often of the 'portmanteau' type. I kept rather quiet about this professionally at the time, but when I undertook an MA in medical history at Birkbeck College, London, I was fortunate that this turned out to involve literature too, so that often I only needed to look around me for material.

As for Irish and asylum connections, my medical ancestors include one from Ireland (a general practitioner), and his brother-in-law who ran two private asylums in the North of England. The latter's son, also a psychiatrist, advised me I must study at the famous Maudsley Hospital in South London. This seemed rather unadventurous as I was brought up on Denmark Hill only a few hundred yards from the Maudsley. However, I followed the advice, and eventually I became its Medical Director.

I have also had a long connection with the Royal College of Psychiatrists where I have been both Honorary Treasurer and the first Honorary Archivist. Its antiquarian book collection, once hidden, but now splendidly displayed, is a source of many delights. Other *Dracula* connections with the College will be revealed later, but meanwhile its crest displays many serpents, traditional symbols of medicine, which would be called 'Draco' in transliterated Ancient Greek, and butterflies, who were symbols of the soul or 'Psyche'. As Renfield remarks: 'The ancients did well when they typified the soul as a butterfly' (D, p. 249).

I should like to thank my friends, family and teachers for their encouragement and help, and I am grateful to the *British Journal of Psychiatry*, *Dental Historian*, and *Voices from the Vaults* (the Newsletter of the *Dracula Society*) for permissions to adapt some material previously published by them. The edition of 'Dracula' referred to is that of Oxford World's Classics edited by Roger Luckhurst (2011), using the shorthand D in the text.

And so, I hope now to introduce some information and ideas about the novel *Dracula*, its social, medical, and literary context, as if to colleagues. Others may like to overhear this, and learn a few new things on the way.

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