

THE UNIVERSITY OF HULL

Remedial Discourses: Men, Madness and Mental Management in
Fin-de-siècle Literature

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by

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ABSTRACT

The period between 1880 and 1913, commonly known as the fin de siècle, was a time of great social, political and industrial change, an era in which the Victorian man saw his position within his society, his workplace and his family home undergo a radical transformation. It was also a period of evolution within the realm of mental medicine, which saw the development of radical new treatments across Europe and America. The methods, discourses and ideologies that underpinned these novel practices played a key role in the conception of mental illness, as well as the reconfiguration of the curative practices employed in its management. This thesis seeks to explore the depiction both of mental illness and of these new remedial discourses within the popular fiction of the period. Focusing specifically on the presentation of male madness, it seeks to extend the growing number of studies on masculinity and insanity in the nineteenth century, by considering its position at this late point of the period. It also breaks new ground by studying the depiction in fin de siècle literature not of illness, but of treatments for disorder, an area that has been considerably neglected critically. Divided into chapters based on genre, this thesis examines the portrayal of various types of madness in middle class male literary characters, arguing for a distinctive link between social anxieties and mental breakdown. It also explores how the fictional text engages with the scientific advancements of the period in treating mental illness, the key role played by narrative in both the creation of the story and the creation of the cure, and the clear interrelation and reciprocal influence between psychology and fiction at the end of the nineteenth century.

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INTRODUCTION

Each society or era could be studied according to historical judgments pertaining to (a) the predominant configuration of self, (b) the illnesses with which that self was characteristically afflicted, (c) the institutions or officials most responsible for healing those illnesses, and (d) the technologies that particular institutions or practitioners have used in order to heal the self's characteristic illnesses. (Cushman 1992:23)

Madness was the truth of the human laid bare while nevertheless placing it in a space, neutralised and pale, where it was cancelled. (Foucault 1995:290)

Throughout history, mankind has been fascinated by the workings of the human mind. Studies that have tried to define, debunk, explain and ultimately cure madness have evolved over centuries, from the philosophical writings of the Middle Ages and Renaissance to the modern practices of psychiatry developed in twenty-first century medicine. The figure of the madman was somewhat sensationalised throughout the seventeenth and eighteenth centuries and, by 1800, had taken the form of a sub-human entity who presented a clear threat to social order. The lunatic, Roy Porter asserts, 'possessed a particular sort of fascination and power' that captured the social imagination, a power that is reflected both in the plethora of literary and artistic works that depict him, and the manifold critical studies that have

sought to investigate and decode the causes of disorder (Porter 1992:281). For the Victorian writer, the madman was a subject of curiosity, of spectacle, and of fear, holding a paradoxical allure that is clearly evident in the literature written during the period, as Valerie Pedlar identifies.

Madness for nineteenth-century writers was both an alien state of mind and something that could afflict “our nature” at any time. Imaginatively, therefore, it offered opportunities to explore the extremities of human mental and emotional suffering (Pedlar 2006:1).

As well as captivating the imagination of writers, insanity was also a central interest for many doctors, philosophers and scientists in nineteenth-century Britain. Traditionally a state of aberrance and marginality, madness was considered by the Victorians as a state of otherness and, as such, was something that practitioners from a range of medical (and pseudo-scientific) disciplines sought to explore, to understand and ultimately – through a diverse range of methodologies – to cure. Alongside the fictional depictions of the madman in the late nineteenth century, therefore, were a myriad of discourses that sought to bring enlightenment to the dark question of the disturbed human mind.

Against the ever-shifting social and economic backdrop of the *fin de siècle*, that period of transition between 1880 and 1913, the traditional “place” of the Victorian man was becoming increasingly uncertain and fluid, both within the public spaces of society and industry, and the private sphere of the home. The man’s position became even more liminal, however, if he failed to comply with stringent, normative behavioural codes and ideals demanded by his society. The madman, Pedlar notes, sits fixedly ‘in the borderlands’ of society; he is excluded from it, and

unable to function as part of it (Pedlar 2006:7). The social turmoil of the fin de siècle was reflected in the growing prevalence of mental illness within Britain, leading physicians such as Henry Maudsley to write that, during this period, ‘insanity [was] increasing greatly in this country’ (Maudsley 1872:36). While levels of madness were rising, however, so was the development of numerous curative methods designed to identify and treat the symptoms and causes of lunacy, marking the emergence of new branches of mental medicine: a form of psychiatry that sought to identify the neurological causes of insanity, and psychotherapy, which offered a range of humanistic and cognitive treatments to help overcome mental instability. With a number of new theories emerging from the clinics of Europe in the late Victorian era, the foundations were laid for ideologies to develop that shifted the diagnosis and treatment of madness from the corporal symptoms of the body, to the fabric of the mind itself. The variety of scientifically and philosophically-influenced theories of the mind evolved into specifically *psychological* discourses that sought to explore the nature of human consciousness in a way that increasingly rejected typical physiological approaches to the treatment of mental illness. Within this context, there was increasing focus both in scientific and in literary texts on introspection, and an understanding of the “self” within its ever-changing environment. For Henry Maudsley, the objectives of mental medicine were to enhance ‘self-consciousness’ and ‘self-revelation’: to decode and debunk the workings of the human mind, and to find a psychical source for its pathological imbalances (Maudsley 1887:489). Alongside this objective of understanding the disturbed mind was also one of re-establishing order to it. As a result of this, the therapeutic methods developed in the late nineteenth century were fraught with

contradictions, dual agendas and problematic power dynamics from the outset, with the Victorian man finding himself positioned as an experimental subject at their centre. Interest in these new theories and practices, alongside the revelations and controversies they brought about, was not restricted to the realms of science but was widespread within popular culture.

Critics have not been slow to comment on Victorian madness over past decades, however the majority of these seek either to understand the representation of madness in contemporary culture through art or literature, or undertake a socio-historical study of the practices established to diagnose and remedy mental illness. What this thesis aims to address is a field that has been significantly neglected in critical and historical studies to date: the representation not of madness itself, but of the processes of cure that were becoming so popular during the fin-de-siècle period. Critics have presented many arguments about the depiction of insanity in literature, from its distinctly gender-biased nature to its correlation with wider concepts of social and economic power, and the imposition of labels to oppress those who deviate from strict behavioural norms. Male madness is something that has also been underrepresented in critical studies, although recent works (as I will later explore) have begun to redress the balance. However, while this thesis is interested in the depiction of male madness at the fin de siècle, it primarily seeks to explore the portrayal in fiction of these early psychiatric and therapeutic methods, particularly in the forms of psychoanalysis and psychotherapy. It will examine the relationships between fictional and factual discourses and consider how the treatment of madness is approached in the various different genres of literature written during the period 1880 – 1913. It will specifically investigate the creation of remedial discourses both

within science and fiction, and the production of narratives that speak not only of illness but also of cure. It will examine how fiction translates and interprets the figures of the psychotherapist and psychiatrist and what this means for the mentally disturbed male characters that feature so prominently in fin de siècle texts. It will argue that different types of narrative – those of fiction, medicine and pseudo-science (such as spiritualism and psychical research) – were mutually influential in enhancing contemporary understandings of mental disorder and how to cure it. Considering the key role that the creation of narrative plays in the study of a patient's insanity, this thesis notably focuses on the de-specialisation of certain forms of clinical practice in their engagement with the patients at the centre of their treatments, and examine how these novel methodologies are reflected in – and in some cases pre-empted by – the literature of the period, which seeks to find its own narratives for resolving the personal traumas of its characters.

Men and Madness: A Clinical and Critical Context

It is widely recognised by critics that, in the Victorian period, masculinity was a distinctly social construction that saw the man subject to definition by numerous social institutions that sought to command a regulatory power over his sense of self. Nineteenth century male identity is critically regarded as being founded on normative ideals that are imposed upon the subject from his infancy. For the Victorian man, selfhood was not an autonomous construction but one that was centred on his ability to successfully fulfil the various physical, mental and behavioural prerequisites prescribed by his culture. James Eli Adams recognises the

manifold social forces acting upon men during this period, and that the resulting ‘regimens of masculinity [...] are many-faced constructions of identity and social authority that inevitably situate the private self in relation to an imagined audience’ (Adams 1995:2). Within the fiction of the period there is an undoubted “heroisation” of men as adventurers, pioneers, explorers, providers, warriors and leaders. The man possessed a superior position of power to his female counterpart in the nineteenth century, a power derived from his status as domestic patriarch, fiscal leader and imperial conqueror. The saturation of male consciousness by advice and self-help manuals ensured that the power and authority of patriarchy remained anxiously contingent on the demonstration of masculinised qualities of logic, reason, rationality, strength, bravery and fiscal acumen, in both the industrial and familial spheres. Such texts as Samuel Smiles’ *Self Help: With Illustrations of Conduct and Perseverance*, published in 1859, demonstrates how these normative demands of masculinity were centred on the possession of full mental as well as physical faculties.

Male social power appeared to be predicated on the man’s ability to perform certain roles and to exhibit certain behaviours, possessing a comparably greater propensity for agency and movement than the Victorian woman within the restrictive culture of the era. Outside the public sphere was the domestic space, over which the man was assumed to command a power equal to his social authority. The home traditionally represented a sanctuary or repose for the Victorian man subjected to the rigorous demands of his occupation. It was a ‘place of peace’, described by John Ruskin as a ‘protective shelter’ within which the man could be calmed, centred and restored (Ruskin 1865(2000):8). In reality, however, the status of the man within

the domestic sphere was equally significant to their public standing in determining their social prowess, and was as such inherently linked to the cultural perception of masculine identity. The man's position as a husband and father, the familial pride of his estate and the patrilineal continuity embodied by his children, all functioned as important signifiers of both the man's reputation and his moral standing. The home was also the place within which the supposed supremacy of Victorian masculinity was most notably challenged by the increasing influence exerted by the figure of the wife. The wife's hands-on role within the home exceeded the man's distant, passive authority and enabled her to exercise a supervisory control over the household affairs. Moreover, by appearing as a source of comfort and stability to her husband, the wife gained a pervasive power as his moderator and analyst that, as is evident in contemporary sensation novels such as Charles Reade's *Hard Cash* and Margaret Oliphant's *Janet*, enabled her to manoeuvre and manipulate her spouse. Men were subjected not only to corporal and functional scrutiny but also a psychical regulation, and were thus obliged to exhibit certain specialised modes of thinking that embodied the attributes of reason, rationality and strict self-discipline. Victorian masculine power, therefore, was beset with contradictions, uncertainties and a distinct sense of fragility.

There have been numerous studies concerned with life of the Victorian man, and historians have sought to dissect 'with impressive scholarly precision, the structures of male power and authority, the appeal of the homosocial, the role of domesticity and the importance of work to the construction of modern masculinities' (Deslandes 2007:376). In recent studies, the man's supposed power has been subject to scrutiny, with copious weaknesses identified beneath the artificial veneer of

strength. 'By employing gender as a category of historical analysis and treating men as gendered, not universalised, subjects', Deslandes argues, 'historians have begun to question, in a number of intriguing ways, static, monolithic and often essentialist assumptions about the nature of manhood.' (Deslandes 2007:376). The fin de siècle, states Mort, 'was a period of crisis for masculinity', in which the changing face of the British Empire, the movement of women into the world of work, a shifting political landscape and the bleak realities of war called into question the hegemonic nature of society's structure (Mort 1994:124). Within the context of these pressing social demands and the shifting balance of power, was the challenge for the man of forging a personal identity against the backdrop of stringent social and behavioural norms, reinforced by institutions, of which medicine was central. To ensure that men remained compliant with its implicit code of norms, society configured a number of pervasive regulatory devices that sought to preserve uniformity and ensure productivity. These juridical authorities took an institutional form in the established disciplines of law and medicine, and operated through their localised instruments of administration in the shape of the lawyer or the physician. Michel Foucault recognised these institutions as 'regimes of truth' (Foucault 1975(1991):34), whose authority as such enabled them to command a deterministic power over the subject. Language is at the centre of the self; it is the structure within which identity is defined and communicated. Medicine, Andrew Smith argues, 'uses a language of ordering to emphasise difference' (Smith 2004:8). When the individual is afflicted with madness, that ability to communicate in a way that is socially coherent is removed or distorted. For the Victorian man, therefore, the medical diagnosis of madness impaired his ability to be regarded as a functioning member of society,

leading him to be classified as deviant. A scrutiniser of the interior, the psychologist's power surpassed that of the traditional doctor in his ability to identify and pathologise this "difference".

There are many theoretical frameworks which seek to define gender and identity. Some assert that gender is a product of social institutions, formed and framed by the social demands that make up its environment. Others argue that gender identity is discursive, that the self is continually reforming and changing. Typically, it is within the tensions between these two theories that resistance to definition can be found by creating new languages, labels and ideas. Judith Butler argues that gender identity is 'performatively constituted by the very "expressions" that are said to be its products. In other words, gender is a performance; it's what you *do* at particular times, rather than a universal sense of *who you are*' (Butler 1990:25). Victorian masculinity is most typically interpreted from this ideological perspective, given that the man was defined by the roles he played within society; his physique, his dress, his language and behaviour. Foucault notes that identities are forged in response to the requirements of their context, resulting in the creation of a 'cultural unconscious': both the mass psychology of those who have been regulated into compliance, and the individual minds that have internalised and accepted these norms as an essential part of themselves (Foucault in Butler 1997:83). Consequently, the male self is conceived in relative terms to the ideals of his society, and his identity is designed in response to the demands of his cultural context. The Victorian man could not be considered "masculine" without exhibiting these key signifiers of his masculinity which are, of course, socially and culturally bound. 'The terms that make up one's own gender are', Butler argues, 'outside oneself, beyond oneself in a

sociality that has no single author', but is instead a wider cultural framework of ideals constructing the self (Butler 2004:1). For Butler, gender is a political rather than a natural construction, which mirrors the economies of its society. The male body was a political and economic vessel for the Victorians, with society emphasising a need for productivity.

Central to the concept of socially-determined identity, Butler argues, is the concept of "recognition": being 'recognised within a set of norms' (Butler 2004:3). Being outside these norms can be empowering, 'the capacity to develop a critical relation to these norms presupposes a distance from them, an ability to suspend or defer the need for them' (Butler 2004:3). However, it can also be debilitating, and result in a chasm between the self and the society with which that selfhood is bound up. Madness disrupts the "performance" of masculine traits and becomes a form of 'cultural unintelligibility', with the "signifying gestures" the subject displays becoming those that are used to classify the patient as mentally ill (Butler 2004:8). Madness obviously worked in contradiction to the signifiers of conformity and productivity, restricting the man's ability to perform his required social roles and to communicate in a way that made him identifiable as masculine. 'In *Sinews of the Spirit*', Pedlar asserts, 'Norman Vance discusses manliness as the opposite of childishness, beastliness and effeminacy. This opposition reiterates [the] opposition of manliness and madness, since...mad men have been variously characterised as childish, beastly and feminised' (Pedlar 2006:16). Furthermore, 'the idea of what constituted manliness was deeply embedded within Victorian culture', with 'images of male deviance in the literature of the Period' reinforcing social norms (Muller and Parsons 2014:303). Medicine traditionally sought to legitimise and classify non-

conformance resulting from insanity as a form of social deviance, showing the ‘need to quantify and categorise the male body’ as well as to control it (Muller and Parsons 2014:304).

The birth of psychotherapy did not just occur at a time of turmoil, but during a period where new methods of regaining control over deviant individuals were needed. The discourses that evolved not only consider the social role of the patient, but crucially take account of the complex inner life and personal history of the individual and, in doing so, challenge the way that he was conceptualised by medicine. Importantly, however, as this thesis will seek to explore, one of the key functions of fin de siècle curative practice remained that of realigning the aberrant individual with his society, to restore behavioural norms that allow him to perform the masculine roles that madness prevents him from playing. One of the key questions that this thesis seeks to address is how the practices of psychotherapy developed at the fin de siècle transformed the classification of madness to a state of “cultural unintelligibility” and, while seeking to normalise the deviant patient, also equipped him with the linguistic tools required to independently vocalise the traumas at the heart of his disorder and command authorship over their own subjectivity. In this respect, while traditional forms of mental medicine were based upon a disciplinarian format, the novel methods of the fin de siècle actually enable the troubled patient to develop introspection and a sense of self outside of social boundaries, to create a distinctive self-narrative by rewriting his own identity.

To understand the impact that the developments of mental medicine had on the Victorian man, it is important to first understand the history of madness and the depiction of the male sufferer within it. In the earlier decades of the nineteenth

century, mental medicine focused on reading somatic symptoms through such methods as physiology and phrenology in the act of diagnosis, and of pseudo-scientific methods such as mesmerism in the treatment of disorder. Madness itself was a fluid and unstable term, subjectively defined and reworked by successive scholars in their quest to typify mental disorder. By the 1870s, the definition of “madness” had been substantially broadened; it was conceived as not just raving lunacy, sexual deviancy and maniacal episodes, but a more subtle condition comprised of obsessions, compulsions, delusions, paranoid fixations and addictions. As a result, therefore, the treatments designed to resolve madness, the remedial discourses of the century were equally varied, united only by their experimental nature, featuring the subject as the central catalyst. Because madness contravened the principles of morality and reason that underpinned Victorian England, mental medicine in its earliest forms sought to police rather than to cure insanity, treating the disorder more like a criminal offence and the patient as more of an inmate. This pervasive fear of lunacy derived primarily from its association with hereditary degeneracy, a fear typically linked to masculine non-compliance and social decline. Henry Maudsley noted of the madman that, ‘when the insane temperament has been developed in its most marked form, we must acknowledge that the hereditary predisposition has assumed the character of deterioration of race, and that the individual represents the beginning of a degeneracy’ (Maudsley 1874:46). Discussing the consequences of decline in terms of its influence on the ‘race’, Maudsley’s comments reflect the pervasive national fear that madness represented the decline of humanity.

While methods of diagnosing insanity did not deliberately aim to police conformity, they were nonetheless successful pathologising difference as a form of “deviance” while reflecting the compulsion to ensure that this was corrected. Asylum records from the period demonstrate an evident preoccupation with classifying the patients as much by sociological issues as by their symptoms. Statistics from the York Retreat, published in *The Times* in 1841, suggest that matters such as age, gender, familial status and occupation of the patients were core considerations for the mid-nineteenth century mind-doctor, and were recognised as factors contributing or relating to their illness. The report suggests that different causes of madness – both “predisposing” and “exciting” – existed for men and women and that there was some correlation between gender and the types of madness suffered.

PREDISPOSING CAUSES.			PHYSICAL EXCITING CAUSES.		
PHYSICAL.	Men.	Women.		Men.	Women.
Hereditary tendency.	32	36	Fevers and febrile diseases	9	8
Fright to the mother, followed or met by premature birth	2	2	Mechanical injuries of the head	8	3
Congenital weakness of mind in various degrees	26		Inflammation of brain	4	2
Decided congenital peculiarity of mind	19	4	Apoplexy and paralysis	4	2
Extreme degrees of melancholy or nervous temperament	5	5	Neuralgia and cephalalgia	2	2
Lactation by parent strongly predisposed	1	0	Hysteria	0	3
Period of sanity (average age of attack, 72 years)	2	4	Dyspeptic and liver disorders	3	10
Insufficient exercise, or the stooping posture	2	0	Unnatural propensities	6	0
Fever	2	0	Irregular or suppressed secretions	0	10
Rickets	0	1	Puerperal disorders	0	9
Apoplexy and paralysis	1	1	Protracted or suddenly subsiding lactation	0	2
Epilepsy	4	0	Checked perspiration	1	2
Blindness	1	1	Suppressed skin eruptions	0	3
Chorea	0	2	Suddenly subsiding diarrhoea	1	0
Hysteria	1	6	Long continued ill-health	0	2
Hypochondriacal tendency	2	1	Loss of sleep from fractured arm	0	1
Dyspepsia, &c.	7	13	Severe scald in infancy	1	0
Gout and Rheumatism	0	3	Injudicious use of mercury	2	0
Injudicious bloodletting	0	1	Intemperance	18	4
Spermatorrhoea	1	0	Use of opium and spirits	0	2
Irregular secretions	0	7	Generally dissipated and dissolute conduct	2	0
Intemperance and free living	12	1			

The following tabular statement presents a view of the

	Men.	Women.
Joy from elated anticipations	3	0
Fear or terror	6	2
Sorrow from the death of relatives	5	15
Unhappy marriages	1	9
Domestic distress	2	12
Anxiety respecting livelihood and pecuniary losses	19	14
Anxiety as to the success of business	10	1
Anxiety from perplexing trusteeships and other affairs	5	0
Disappointed plans and hopes	2	3
Disappointed affections	9	21
Disappointed matrimonial plans	4	3
Great changes in mode of life	3	2
Excessive mental exertion	2	0
Long and anxious nursing	0	4
Remorse	2	0
Excitement connected with religion, &c.	3	2
No exciting cause known	84	89

The following were the *moral* predisposing causes :—

	Men.	Women.
Neglected or perverted education, in three cases very indulgent, in one very rigid	4	1
Ill-regulated temper and disposition ...	5	9
Solitary mode of life	0	1
Mental disquietude	4	10
Political enthusiasm	2	0
Excitement connected with religious hopes, fears, and apprehensions ...	5	7
No predisposing causes known	83	81

Figure 1 ‘Statistics of Insanity’, *The Times*, 1841

While there is little difference for many causes of insanity between men and women, some conditions have considerably higher levels of occurrence in male patients, such as ‘anxiety as to the success of business’ (Anon 1841:3). Within even these earlier methods of treatment, there is therefore evidence that the man’s social function was a consideration of diagnostic practice, and that the methods of treating developed to correct disorders of the mind supported the structure of society. Of the state of the “mad doctor’s” work in the 1840s, the author of ‘Statistics of Insanity’ writes that ‘little [...] is known of the physiology or pathology of disordered intellect’ because ‘very few amongst those who have the care of asylums are fully competent to investigate [...] the nature of mental impairment’ (Anon 1841:3). Indeed, the methods available for the study of insanity were, at this point, somewhat limited. The first and most prolific attempts to theorise, diagnose and treat madness were the discourses of physiognomy and phrenology. One physician, Franz Joseph Gall, argued that cranial shape and measurements were indicative of the faculties and characteristics of the mind, asserting that the interior could be read via exterior study: ‘the inspection of the form of the head, or cranium, presents a means of ascertaining the existence or absence, and the degree of development, of certain

cerebral parts' (Gall 1825(1835):309). These practices, however, provided a stringent framework with a scientifically-sanctioned authority that enabled doctors to classify, analyse and subject the bodies, personalities and even sexualities of individuals to rigid definitions. Such studies blurred the distinction between the physical and the mental, presenting an anatomical conception of the brain that did nonetheless influence later models of psychological theory.

The most enduring symbol of Victorian mental management is the asylum, and its practices represented an equally reductive and restrictive system. Here, the scrutinising methods of the mind doctors were enacted within prison-like institutions designed for the incarceration and care of the insane. Asylums established boundaries for insanity that ensured the segregation of madmen from society, imposing lunacy as a stigma that divided the patient from his community. The psychiatric doctors treating the insane in the asylums – typically known as alienists – considered insanity as a localised disorder specific to the impairment of certain aspects of the mind. At the height of their popularity from the 1830s to the 1860s, the alienists' methods reflected the tendency to regard mental illness as a form of social anomaly and thus to treat the insane as criminally deviant rather than mentally ill. In his study of lunatic asylums in 1857, Andrew Wynter describes the degrading and inhumane conditions that existed in institutions, such as the infamous Bedlam (the Bethlem Royal Hospital in London). Wynter describes Bedlam in the decades prior to the 1850s, as a place where patients were exploited as spectacles for the scandal-hungry masses, 'shut up in dens littered with straw, exhibited for money, and made to growl and roar for the diversion of the spectators who had paid their fee' (Wynter 1857:358). While mid-century reforms attempted to improve the

conditions of public asylums, the private institution – often run as an economy for profit-motivated owners – remained a law unto itself. Charles Reade famously immortalised the private asylum in his 1863 novel *Hard Cash*, where the narrator describes the incarceration of the novel's male protagonist as a dehumanising and brutal experience.

They seized him, shook their fists in his face, cursed him, and pinned him. He was quite passive: they handcuffed him, and drove him before them [...] he made no resistance, spoke no word. They took him to the strong-room, and manacled his ankles together with an iron hobble, and then strapped them to the bed-posts [...] and so left him more helpless than a swaddled infant (Reade 1863(1898:140).

The therapy administered to the patient within the asylum's walls consisted of treatments designed to physically restrict and punish while mentally weakening the subject and degrading him, as Wynter noted, in a manner that deprives him of his humanity. Here, Reade's protagonist is stripped of all signifiers of his masculinity and rendered a helpless, child-like figure.

In his study of the mental care system, Michel Foucault observed that the asylum represented a 'limitation of liberty, submission to order, and engagement to responsibility, of which the only goal was the tethering of a spirit that roamed too freely in an excess of liberty which physical restraints only limited in appearance' (Foucault 1972 (2006):486). Foucault recognised that the asylum operated as a disciplinary regime analogous to that of the prison, with the aim of normalising the patient by enforcing his compliance through the threat of constant surveillance. However, for psychologist James Crichton-Browne, the asylum was also an

experimental centre for advancing neurological treatments of insanity. Crichton-Browne became medical director of the West Riding Lunatic Asylum in 1866, where he established a laboratory for studies of neuropathology. Trials and experiments were conducted on male and female patients relating to madness, ‘acute dementia’, organic diseases of the mind and studies of the ‘classification and nomenclature of nervous disorders’ (Crichton-Browne 1876,vol6:768). The male patient was not merely a prisoner, therefore, but an experimental subject used for the clinical advancement of mental medicine. While this liberated him from his state of incarceration it simultaneously subjected him to a further observation and invasive scrutiny. The 1845 Lunacy Acts and subsequent reforms aimed to civilise the asylum and to make it a more familiar aspect of human experience. They did so primarily by basing its infrastructure and methods on a more familial model. At the same time, the home itself was assuming a similar therapeutic structure that was evidently designed to constrict and control its inhabitants. Foucault argues that ‘the family, with its demands [...] becomes one of the essential requirements of reason’ and therefore a significant instrument for infusing contemporary masculine ideals into its members (Foucault 1972(2006:173). Joan Busfield observes that ‘sickness or pathology exists when functioning deviates from normal efficient levels’ and this fear of the disruptive potential of madness and the need to pathologise difference extends back beyond these studies of degeneration to the culture of asylums and incarceration popular between the 1830s and 1860 (Busfield 1986:36). As previously discussed, behavioural conditioning of the Victorian man commenced from the earliest stages of childhood and continued throughout his upbringing and education. In a popular mid-century self-help manual, Smiles argues that the man’s “will” is central to his

identity, claiming that ‘the energy of will may be defined to be the very central power of character in a man’ (Smiles 1859(1877):224). The ‘weak-minded’ man, therefore, presented ‘a unique social problem’, a threat to order and normality, so much so that ‘psychiatric professionals [...] campaigned for his complete segregation from society in specialised institutions’ (Saunders 1988:274). Indeed, as Pedlar observes, ‘madness is attributed [...] on the basis of qualities and aspects of behaviour that are simply not-male’ (Pedlar 2006:14). Elaine Showalter¹ famously wrote that madness – representing a loss of reason, self-control and self-agency – was considered specifically a “female malady” and was therefore a condition that separated men from their signifiers of masculinity. Indeed, the most prominent image of lunacy – that of the hysteric – embodies all the traits of unreason that are the antithesis of masculinity.

The 1850s and 60s brought transformations in asylum practice and other ideologies of the mind in developments during this period. In 1857, Andrew Wynter noted of the supposed increase in cases of lunacy, that ‘the nearer humanity strove to attain towards divine perfection, the more it was retrograding towards a state inferior to that of the brute creation’ (Wynter 1857:390). Wynter’s suggestion, therefore, is that the desire to attain social ideals had an adverse effect on the male mind. Moreover, many believed the demands of modern society to be the root cause of insanity. In 1876 Charles Routh argued that there was increasing ‘evidences of premature mental decay from overwork affecting the minds of many men’ (Routh 1876(1878):15). Overwork has the effect, he contends, of ‘exhausting nervous power’ and accelerating the mental decay that can result in insanity (Routh 1876:15).

¹ See *The Female Malady: Women, Madness and English Culture 1830-1980*

That Routh refers specifically to the minds of “*men*” suggests a tendency to gender certain forms of madness, just as nervous exhaustion is typified as an expressly masculine disorder. This classification was based, paradoxically, on the conventional characteristics typically associated with masculinity or femininity. The male capacity for extensive analytical thought was pathologised for its tendency to induce what Henry Holland called ‘morbid introspection’, where the consciousness artificially enlarged the man’s fears and anxieties (Holland 1839(1852):240). The result of this self-absorption, wrote James Cowles Pritchard, was the condition of monomania, a ‘mental dejection’ that ‘gives the mind up to fear and the anticipations of evil’ (Pritchard 1835(1837):33). Monomania was defined as a compulsive fixation on a singular thought, aim or object that takes possession of the subject, often to the exclusion of all else. Male monomaniacs were a common feature of 1860s sensation fiction, with Mary Elizabeth Braddon’s *Lady Audley’s Secret* and Anthony Trollope’s *He Knew He Was Right* featuring male protagonists whose identities are destabilised by jealousy and paranoid obsession. Madness could also be the result of the societal pressures the man faced. The psychological impact of the demands on masculinity was identified early on in the nineteenth century by Charles Turner Thackrah, who argued that ‘civilisation has changed our character of mind as well as of body’ (Thackrah 1831(1832):164). Thackrah asserts that the burden of performing within this newly-industrialised society resulted in an abnormal psychic deterioration, claiming that the ‘young men [...] rarely survive the age of manhood’ (Thackrah 1831(1832):164). Similarly, Richard von Krafft-Ebing later noted how ‘stock market crashes, wars, socialism, and other awful things’ were responsible for

an epidemic of “nerves” affecting men across Europe (Krafft-Ebing in Burke 2009:1753).

The tendency to gender certain types of disorder and the shifting dynamic in the doctor-patient relationship were evident in another psychological discourse that developed towards the end of the 1870s. The practice of sexology, defined as ‘the study and classification of sexual behaviours, identities and relations’, embodied a similar tendency to that of physiognomy for identifying symptoms of behavioural and bodily deviance as indicators of psychopathic tendencies (Bland and Doan 1998:1). The discourses of sexology were established in the 1860s yet were increasingly popularised towards the turn of the century by such figures as Havelock Ellis, Otto Weininger and Richard von Krafft-Ebing. Their studies of men’s sexual behaviours considered the expression of “abnormal” sexual impulses, such as masturbation, and disorders such as impotence and spermatorrhoea, as being either indicators or products of an underlying psychopathology. Von Krafft-Ebing surmises that ‘the symptoms or influences of disturbing physical and psychical evolution...exhibit themselves in many other manifestations of a defective or perverse character (signs of anatomical, functional, somatic and psychical degeneration)’ (von Krafft-Ebing 1886(1913):338). Sexology transformed the study of sexuality, shifting the man’s body from the moral jurisdiction of religion to the subject of valid clinical study.

There have been many studies of fin de siècle masculinity from the perspective of sexology, particularly of the degenerative connotations of aberrant male sexuality. Andrew Smith recognises in his study of fin de siècle masculinity and the gothic that sexology ‘provides an analysis of the instability in different

gender models' at the turn of the twentieth century (Smith 2004:28). This thesis does not intend to approach the depiction of male insanity from the perspective of sexuality and sexual dissonance. However, the practices of sexology and studies of degeneracy by figures such as Max Nordau and Cesare Lombroso, which criminalised and pathologised bodily and sexual deviance, must be acknowledged as important precursors for theories of distorted masculinity that developed within psychoanalysis. Despite its repressive reinforcement of bourgeois and patriarchal values, the curative methods of sexology revolutionised the conception and treatment of the patient himself. Within its framework of treatments, the relationship between the doctor and patient was one of intimacy and collaboration developed in an environment that purported to be a sense of refuge and security. The labels used to define and describe asocial sexual instincts were often a 'mutual creation' between the doctor and patient, and the treatments were based around a consensual exploration of the subject's deepest thoughts (Bland and Doan 1998:30). This model is one that was enhanced and developed by the birth of psychotherapy from the 1880s onwards.

Writing the Remedy: The Birth of Psychoanalysis

By the end of the nineteenth century, the debate amongst medical and philosophical theorists had advanced from monolithic notions of identity as an empirical entity towards a more complex, discursive conception of the fabric of the human mind. Modelled upon the stringent values of their society, psychological discourses prior to 1880 primarily classified madness as the exhibition of physical

and psychological symptoms and behaviours that contravened normative social standards. The works of these early practitioners evolved from within the disparate fields of medicine, philosophy and sociology, yet shared common ideologies about the nature of the mind. Between 1800 and 1880, curative practices typically centred on identifying and tending to physical symptoms of madness and regarded the maniac as a dangerous figure who had to be restrained, interred and corrected within an asylum. However, the discourses that emerged from the increasingly specialist approach to studying the mind resulted in a transformation in the perception of consciousness, identity, self-expression and sensory perception by the fin de siècle. Both the theories and methods established for diagnosing and treating insanity reflected a desire not only to incarcerate the lunatic but to investigate the causes of psychic abnormality. No longer merely a spectacle, the madman was increasingly an object of clinical scrutiny. What evolved during the period between 1880 and 1913 was a series of discourses concerned with mapping the mind and devising methods not only for reading symptoms of aberrance but for curing the problems at their source. By the 1880s the study and treatment of insanity had clearly developed into its own specialist field, with the key figures involved in the process within the asylum and beyond emerging as noted scientific professionals. Moreover, in the reformist activities of the moral practitioners there was the evident commitment to devising a *cure* for mental illness. The relationship between doctor and patient was transformed by this desire to understand insanity, the increasing recognition of the patient's autonomy and a desire to engage the patient himself within what became an active process of cure. This shift in the nature of psychiatric care was primarily based on the transforming impressions of the mind by the end of the 1880s.

However, Freud argues that psychotherapy was ‘in no way a modern method of treatment’, and traces it back to ‘methods of primitive and ancient medical science’ with notable links to philosophic discourses extending back as far as ancient Greece and Egypt (Freud 1905(1960):258).

By the late 1860s, multiple theories about consciousness had developed from amidst many scientific and non-specialist disciplines that sought to develop a formal language for its identification and study. Neurologists researching the brain in the 1870s regard consciousness as having a material foundation within the nervous system, considering it a substance with inherently organic connections. There was a sense, however that the dramatic inner life of the self was capable of transcending its material and biological origins. Many psychologists regarded the mind as a dualistic and divided entity within which the conscious and unconscious coexisted in an uncomfortable, delicate balance that determined the person’s mental state. In his landmark text *The Principles of Psychology*, published in 1885, Herbert Spencer asserts that ‘we have seen that the condition on which only consciousness can begin to exist, is the occurrence of a change of state; and that this change of state necessarily generates the terms of a relation of unlikeness’ (Spencer 1885:332). Henry Maudsley was a prominent figure in the field of psychology and a pioneer in studies of the consciousness. In 1887, Maudsley suggests that the mind was ultimately a divided entity. He claims that ‘consciousness is not a simple but a duplex event’, a dynamic and complex occurrence that governed the person’s identity, his self-perception and his ability to relate to the world around him (Maudsley 1887:490). Consciousness, Maudsley argues, is linked to physical sensation, thought, feeling and memory. Most significantly, he recognises that

consciousness is not singular but multifaceted and split between conscious (overt) and unconscious (covert) aspects.

There is the conscious *I*, and there is the unconscious *I*. Now the conscious *I*, when I reflect, certainly does not include the whole *I*; the *I* who reflects is not ever inclusive of the whole contents of my personality: it is the *I* of the moment—that is, of the then mode of my Ego; which may be very different from the Ego of twenty-four hours before or afterwards, and is certainly different, never exactly the same, on every occasion of my thinking [...] If the situation be congenial and grateful, the reflection on it is by one part of my mental being predominantly; if it be disagreeable and uncongenial, it is by another part of my mental being predominantly (Maudsley 1887:492).

Maudsley describes the psyche as a socialised formation that is constructed through the process of conditioning or “learning” that the individual undergoes during his maturation from infancy to adulthood. He argues that ‘in the accomplishment of this process we learn to *consense* the things, to feel them in their connexion or relation, to know them together (*con scio*), to be *conscious*; and after its accomplishment we come to know them so well that our knowledge is latent or unconscious, implicit, unless we reflect and make it explicit’ (Maudsley 1887:493). The unconscious, whilst representing these automatic skills and thoughts, operates in opposition to the conscious mind, containing the asocial and concealed thoughts, fears, desires, impulses and memories that are vital components of the consciousness yet which occur beneath its surface.

In *Principles of Psychology*, published in 1890, William James describes the unconscious mind in clinical terms and outlines a set of concepts and practices that, like Maudsley's theories, had a clear influence on the psychiatric methods that developed in the following years. James conceives consciousness as being detached from organic states of being and posited a philosophic, metaphysical approach to psychological thought. James considers that the 'empirical self' is divided into several constituent parts: 'the material Self [...] the social Self [...] the spiritual Self [and] the pure Ego' (James 1890:304). He locates this partitioning as the source of mental discord, arguing that the mind was divided between the demands of its society, its internal impulses and the means available for their expression. He identifies these unregulated processes of the unconscious as "stream of consciousness": 'consciousness', he argues, 'does not appear to itself chopped up in bits. Such words as "chain" or "train" do not describe it fitly as it presents itself in the first instance... a "river" or a "stream" are the metaphors by which it is most naturally described' (James 1890:451). James's theory was translated into fiction by a new literary style, also classified as 'stream of consciousness', a modernist technique that rose to popularity in the two decades following the publication of his work. Stream of consciousness is a narrative mode that portrays the character's internal thought processes, often through an interior monologue that is characterised by frequent lapses in formal structure and grammar, making the prose difficult to follow yet reflecting the unconditioned nature of the subconscious. It does not just characterise verbalised thought, but the sensory responses and impulses that were typically thought to be unconsciously registered, but which – when revealed in the narrative – present a rich tapestry of the individual's mind to the reader. This

tendency to use narrative to convey the inner workings of the mind, however, is apparent in literature several decades before the modernist movement of the early 1900s (albeit in a more linear style than the pure “stream of consciousness” works by writers such as Joyce and Woolf), as this thesis will argue.

As the definitions of consciousness changed, so did the disorders with which it became associated. In the 1880s and 1890s particularly, many studies of mental disorders were founded on this idea of a splitting or separation within the mind. One of the most prevalent of these was doubled consciousness or, as Frederick W.H. Myers termed it, “multiplex personality”. Both Frederick Myers and Henry Maudsley conducted substantial research into consciousness and identified that different aspects of mental activity are effectively split between separate hemispheres of the brain. These, he contends, operate exclusively of one another to effectively create two distinct identities within one individual. However, it was Henry Holland who, in 1852, was one of the first to recognise this “*doubleness*” as a pathological aberration.

The unity of consciousness in perception, volition, memory, thought, and passion, which characterises the mind in its healthy state [...], is singularly contrasted with the division into two equal portions, of the material organ which more immediately ministers to these higher functions (Holland 1852:170).

Richard Proctor also regarded this “splitting” as a pathological occurrence. Proctor described the case of a young male patient who lived ‘two mental lives’ that were ‘entirely distinct’ (Proctor 1877:86). In his normal condition the patient ‘remembered nothing which had happened in his abnormal condition; and *vice versa*’ (Proctor

1877:87). The man could thus function in two divergent separate states, being unaware of his actions in one state whilst operating in the other. Far from the balanced and united ideal upheld by contemporary Victorian society, the man's mind was thus theorised instead as fraught and fragmented. For Myers, the enactment of another side of the mind represents a '*retrogressive* change of personality', suggesting that the two segments of the brain govern different aspects of the self: one ruling the higher or socialised functions while the other is managed by primal impulses (Myers 1886(1998):136). Therefore, Myers argues, the individual can appear to be a 'lunatic or savage' in one state while the next moment he rises to 'decorous manhood' (Myers 1886(1998):136). There is a sense, therefore, that when one side of the brain operates prominently within the individual, he becomes separated from the skills and behaviours that determine his social status and instead regresses to a primitive state. Multiplex or doubled personality was a popular explanation, therefore, for people who were certified insane upon committing some form of criminal or antisocial activity.

In addition to being divided and discordant, the mind was also identified as having a powerful imaginative ability that enabled it to transcend the limitations of the social sphere within which identity is fashioned. Indeed, it is the interrelation between the mind and reality that reveals the dynamic power of the imagination and its centrality to selfhood. Josiah Royce observes how the mind is conditioned by and operates relationally to its external environment: 'human beings are able to form ideas that correspond in some way with a real world, outside of themselves. That is, the sequence of human ideas corresponds to sequences of external events' (Royce 1882:30). Therefore, Royce argues, 'external reality can be consistently conceived

only by assimilating it in nature to consciousness' (Royce 1882:31). The shape of society is thus contingent on the individual mind perceiving it and if the processes of perception and cognition become distorted by madness, then reality is consequently distorted for the sufferer. The mind thus possesses a transformative capability to shape, through subjective perception, an image of reality governed not solely by societal values but by the individual's own preoccupations and concerns. These potent and arguably destructive forces of perception and imagination were the concern of many studies and treatments of insanity at the turn of the century. The unconscious, therefore, while representing a divergence from the socialised self, also represented a powerful alternative state of mind through which the individual could experience an entirely separate state of being. Aware of the limitations still suffusing psychological study as the century turned, Myers called for the 'need of a more searching review of the capacities of man's incarnate personality than psychologists unfamiliar with this new evidence had thought it worth their while to undertake' (Myers 1903:9). His studies aimed to effect a state of unity and synthesis within the minds of the disturbed subjects, and it was the aim of uniting the consciousness that influenced the psychoanalysts and the practices of psychotherapy.

Psychotherapeutic practices developed within psychoanalysis during the 1890s and were based on the aim of remedying the disjunction between the self and society that mental illnesses created. Sigmund Freud is undoubtedly the best known psychoanalyst of his generation and his works will be discussed here as some of the most central theories in the development of psychotherapeutic techniques and treatments at the turn of the century. The methods established for accessing and studying the unconscious were based on the notion that unconsciousness was

manifest in secondary states from the mind's conscious daily operation. Freud created a unique language for objectifying the "symptoms" of sleep, dreams, memories, writings and speech as clinical evidence to enable a study of the primal and unregulated aspects of the psyche to be recognised in scientific and thus classifiable terms and to devise practices to treat signs of mental pathology at their core. Psychoanalysis conceives that the unconscious is comprised of repressed thoughts, feelings or memories that would otherwise challenge the stability of the self. The unconscious is derived from a defensive mechanism, a rejection of certain elements that is often based on the condemnation of a thought or impulse. Unconscious ideas, Freud observes, 'rarely and with difficulty, enter waking thoughts' and so remain at a tangent from the everyday self, manifesting themselves only in subliminal or secondary symptoms (Freud and Breuer 1895(1955):237). The appearance of psychoanalysis in the 1880s effectively marked the birth of a discipline that explored how the fabric of the identity was a complex framework comprising the individual's personal history as well as his experience and perception of his external environment. Moreover, psychoanalysis was a 'confessional science' that shifted the focus onto the active role of the patient in the treatment of disorder, with 'the obtaining of their confession and its effects recodified as therapeutic operations' (Foucault 1976(1990):67,64).

Psychotherapy provided a new framework for imposing diagnoses and devised methods for enacting a cure that attempted to normalise the aberrant symptoms conveyed through supposedly commonplace modes of self-expression. Freud's studies are mainly concerned with borderline cases of insanity in individuals whose marginality was determined by their illness and emphasised through diagnosis. The

space between lunacy and sanity is a highly liminal state that resists definition, yet one where the individual's status is contingent upon the judgement of the psychotherapist, paradoxically enhancing the individual's socialisation and the nonconformist nature of madness. Symptoms of neuroses were not just present in overt cases such as hysteria, Freud notes, but also in the isolated symptoms of subjects who would otherwise be considered of sound mental health. This recognition led Freud to consider the relationship between madness, sanity and the commonplace symptoms of aberrance that occurred in the pathologies of "everyday life". Psychotherapy functioned around the principles of psychoanalysis, which regarded the source of mental trauma to be the conflicting division between conscious and unconscious that results from the process of repression. 'One of the vicissitudes an instinctual impulse may undergo', Freud explains, 'is to meet with resistances which seek to make it inoperative [...] the impulse then passes into the state of "repression"' (Freud 1915(1962):146). The satisfaction of an asocial impulse violates the social programming of the consciousness. Freud regarded symptoms of madness as manifestations of these repressed, prohibited desires articulated through 'certain roundabout paths' which, 'taking the objection into account', results in the appearance of 'distortions and mitigations' (Freud 1929(1971):350). 'The essence of repression', Freud argues, 'lies simply in turning something away, and keeping it at a distance, from the conscious', resulting in a 'sharp cleavage' between conscious and unconscious and a sense of uneasy discord that permeates and destabilises the subject's selfhood (Freud 1915(1962):147). If a stimulation or impulse is unsatisfied, then it becomes imperative, a "fixation" and can only be satisfied by a repetition of that particular action. Thus for Freud, the process of psychotherapy focused on the

reconstruction of this trauma or the articulation of the repressed feeling or impulse in order to verbalise it, bring it into being so that the patient is able to process it consciously.

Therapeutic methods are based on reading the manifestations of aberrance in the patient's body and behaviour, and to trace these manifestations of trauma and anxiety back to the buried memories and sensations that they represent 'What is in question', Freud argues, 'is often some experience which the patient dislikes discussing; but principally because he is genuinely unable to recollect it and often has no suspicion of the causal connection between the precipitating event and the psychological phenomenon' ((Freud and Breuer 1895(1955):3). Freud regarded the process of therapy as the negotiation of painful feelings such as loss or desire buried within the mind, conducted against the backdrop of the complex network of social expectations and factors operating on the self. Psychoanalytic practice, therefore, considered that the process of cure was possible via an archaeological exploration of the mind, designed to uncover – as Freud revealed to one of his subjects – 'layer upon layer of the patient's psyche, before coming to the deepest, most valuable treasures' (Panjekeff in Gardiner 1972:139). The theory behind psychotherapy and the process of analysis is the need to consider psychical materials with the same scrutiny as corporal symptoms; 'perceptions and associations, reactions and expressions', Hugo Munsterberg argues, 'ought to be examined with the same carefulness with which the conscientious physician examines the blood and the urine' (Munsterberg 1909:184). Indeed, as one more modern practitioner of psychotherapy argues, while analysis and observation play a part in diagnosis, 'the most important evidence must come from the patient's life' (Kline 1972:394).

The basis of this need for an external other to play a role in the curative process is the belief that introspection alone is insufficient, and that the process of cure must be an interactive, discursive and social one. As Maudsley recognises, the patient 'can see himself reflected bodily in a glass, and so project his body mentally; he cannot by any ingenuity of introspective skill see his mind and project it into an object of external apprehension' (Maudsley 1887:151). Therefore, he requires the presence of an external other to perform this role. This reinforces the idea of identity as a social construction, however it also reveals selfhood to be determined not only by culture, but through personal relationships with others. Freud identifies psychotherapy as an interactive process between the therapist and analysand, within which 'the complete consent and complete attention of the patients are needed' (Freud and Breuer 1895(1955):265). The analyst forges a relationship with the patient that generates an atmosphere of confidence and relaxation resulting in a comparable state of openness to that created through hypnotherapy (another significant precursor to psychotherapy, popular within the 1870s and 80s). Psychotherapy reflected the moral and humanistic ethos being adopted within the asylum system by regarding the patient as the active centre of his own cure, rendering him a visible and active entity in contrast to the isolation imposed by many earlier psychological methods. Within this scenario, the doctor did not represent the distant stranger of past decades but became an integral pillar of trust, with patients encouraged to 'put themselves in his hands and place their confidence in him' (Freud and Breuer 1895(1955):266). There was a sense of optimism surrounding this new practice at the turn of the century, reflected in the drive to adopt the comfortable 'homelike atmosphere' of the clinic on the wards of the

asylum (Putnam 1906:32). Dr Street, a practitioner at the Haydock Lodge Asylum in St Helens, wrote in 1910 that the current method of treatment utilised at his institution ‘does not appear to have yielded many results’ and that ‘the recovery rate has not increased during the past thirty years’ (Street 1910). Street advocated instead ‘a higher form of moral treatment than the usual occupation, recreation and amusement; a more intimate knowledge of the mental condition of every patient, and particularly a more frank and open method of dealing with it’ (Street 1910). Street was, in fact, describing the principles and practices of psychotherapy.

Psychotherapy repositioned selfhood within its context, providing a new means for interrogating the rigidity of social structures. Philip Cushman describes how, ‘if the role of the psychotherapist is constructor and caretaker of the realm of the interior, then we can ask a host of questions regarding the nature and function of personal interiority, how it is constructed, and what political and economic role it plays in our society’ (Cushman 1992:23). To achieve this structured and guided introspection, the psychotherapist behaved like a ‘a detective engaged in tracing a murder’ reading the traces and clues of mental disturbance from the evidence exhibited by the patient (Freud (1929)1971:243). Zavel A. Liff describes the Freudian technique as ‘quiet listening in a state of “evenly suspended attention,” a stance of objectivity and abstinence, interpretation-based interventions, and the working through of resistance and transference’ (Liff 1992:571). This interchange results in a therapeutic transformation for which the therapist functions as a catalyst. While the patient is at the centre of the treatment, the analyst remains a vital facilitator who therefore commands an objective, omniscient and potentially manipulative power. Moreover, by placing the therapist at the heart of the curative

process that involves unearthing the roots of the patients' traumas, he comes to associate these emotions with the therapist and to project them on to him, a process known as "transference". The implication, therefore, was that the subject alone was not sufficiently strong or equipped to overcome his insanity without specialist exterior influence.

With verbal articulation identified as a key means for identifying the symptoms of insanity within a patient, the expression of speech was also commandeered as a curative tool within psychoanalysis. Freud and Breuer described this process as the "Talking Cure", claiming that 'the psychical process which originally took place must be repeated as vividly as possible; it must be brought to its *status nascendi* and then given verbal utterance' in order for it to be expelled from the mind (Freud and Breuer 1895(1955):6). These "cathartic" methods sought to provide the patient with the relief that comes from reliving the trauma in question, retrieving it from within the unconscious and stimulating it into being through language so that it could be perceived, understood and destroyed by its exposure to the more rationalised realm of the conscious mind. Verbal expression could be considered 'a substitute for action [...] an adequate reflex, when for instance, it is a lamentation or giving utterance to a tormenting secret' ((Freud and Breuer 1895(1955):8). The purgative properties of expression through language meant that the act of articulating became a ventilation of emotion, a means to expel poisonous thoughts or to 'blow off steam' ((Freud and Breuer 1895(1955):8). Language, the ability to verbally communicate the essence of one's thoughts and emotions, was an essential tool for exorcising these repressed energies and for exercising control over these self-destructive emotions. Using the talking cure, the analyst encouraged the

patient to engage in a process of free association within which his thoughts were encouraged to move fluidly and without inhibition. The technique involves a process of “tracing back” to recreate “scenes” of memories, experiences and feelings, a natural process that Freud argues evolves from the human compulsion to relive traumatic events. The process of animating these memories and feelings ‘brings to an end the operative force of the idea which was not abreacted in the first instance, by allowing its strangulated effect to find a way out through speech [...] or by removing it through the physician’s suggestion, as is done in somnambulism accompanied by amnesia’ (Freud and Breuer 1895(1955):17). The disorders pervading the unconscious were conceptualised as pent up mental energies that had to be confronted; it was only by confronting them, practitioners believed, that they could be banished and the tense mental energy released. The goal was to thus empower the subject and to restore his sense of agency and control through the power of language. This encouragement of expression contravened not only the contrastingly silencing methods of the asylum but the introverted tendencies of Victorian society as a whole, suggesting a new model for social interaction that was breaking the silence surrounding the self at the turn of the century. The therapist facilitated this growth by providing the catalyst through which this transformation could take place. The act of confession is, therefore, the creation of a narrative of the self, and the telling of one’s own story, with authorial assistance from the psychoanalyst. It is comparable, therefore, to the act of story-telling, and this is a key concept that will be explored within this thesis to assimilate the construction of literary works to the exploration and resolution of disordered minds presented within them. To understand the importance of confession, Foucault argues that we must

understand the power of language, ‘a rational discourse’ that is the first location for asserting and defining a sense of self (Foucault 1963(1976):xi). In creating a narrative of, or commentary on, the self the psychiatrist helps the patient to uncover ‘that deeper meaning of speech that enables it to achieve an identity with itself, supposedly nearer to its essential truth’ (Foucault 1963(1976):xviii). Confession is thus a form of liberation, verbalising a truth of oneself that is at the heart of identity: ‘confession frees, but power reduces one to silence; truth does not belong to the order of power, but shares an original affinity with freedom’ (Foucault 1976(1990):60). Judith Butler similarly regards the articulation of identity as a form of liberation, and indeed self-determination, asserting that the act of confession is a compulsion ‘to constitute a truth of oneself through the act of verbalisation’ (Butler 2004:163).

However, the exploration of the mind was an intrusive process and the conditioning of thoughts and memories manipulative. One of its biggest critics, Foucault, argues that ‘the therapeutic process itself, the transformation on the basis of which someone who is considered to be ill ceases to be so, can only be produced within this regulated distribution of power’ (Foucault 2006:3). The unsocialised sphere of the subconscious was a site of personal resistance that, when “excavated” by the analyst, was brought out into the public realm and socialised through the process of “cure”. Moreover, the therapist holds the power to label behaviours that exhibited difference as being deviant and was give the power to correct these as an extension of the social compulsion to enforce conformity. Roy Porter argues that ‘psychiatry is thus essentially a form of social control, a masked and medicalised mechanism of punishment’, a stealthy alternative to the corrective centre of the

asylum (Porter 1992:277). Psychotherapy has its own ideological framework that mirrored that of the society in which it operated, and is built around its values and customs. It was an instrument of power activated through the authority of professionalism and medico-scientific expertise. Foucault in particular regards Freudian methods as an intrusion into the private realm of the mind and an attempt to reintegrate the deviant individual back into society. He considers Freud's theories as based on a 'repressive hypothesis', asserting that psychoanalysis proved a new means for ensuring the restriction and control over the individual, his thoughts, his behaviours and even his sexuality, to ensure the preservation and continuity of civilisation (Foucault 1972(2006):766). For Foucault, this is a 'normalising agency', the act of transformation is akin to one of power over another, so that the therapist becomes not an equal but an authority whose sanctioned position enables him to impose a normalising regime on the subject (Foucault 2006:43). The analyst is revealed, therefore, not as the excavator but the caretaker of the mind, ensuring it remains in acceptable working order. Furthermore, the clinician held the power 'to suggest a different series of associations with a different outcome', as one contemporary practitioner observed (Putnam 1906:32). He could not only recall these memories to the patient's mind, but could condition and change their character and significance, effectively altering the nature of the subject's own consciousness. Putnam identifies how the therapist was able to exploit the susceptibility of his patient through the penetrative process of suggestion. The therapeutic space, therefore, far from being a place of security and growth became an unstable, threatening and liminal one within which identity was subjected to a process of normalisation by this medically-authorised force. More recently, Cushman made

similar observations of Freud, arguing that by ‘drawing on 19th-century physics, Freud conceived of the mind as a kind of hydraulic machine’ fuelled by energies that must be appropriately harnessed to be productively utilised (Cushman 1992:29). Men, considered the essential component of national productivity, could not function effectively unless their minds were devoid of abnormalities, their resistant impulses suppressed, and they were programmed to comply with societal ideals. In *History of Sexuality*, Foucault argues that Freudian discourse is – as Judith Butler neatly summarises – a ‘prohibitive or juridical structure’ that demands certain masculine traits and behaviours (Butler 1990:x). But what about when these treatments are de-professionalised, taken out of the sphere of the clinic and enacted on a non-specialist basis within a linear homosocial relationship? Does this hegemonic, oppressive juridical structure still exist? Alongside the depiction of such novel treatments within the contemporary literature of the fin de siècle, an examination of the tensions between the individual patient, social institution and the methods of psychiatry will be examined as a central focus of this thesis, alongside the important question of how these methods were commanded on a commonplace level to form new social and interpersonal dynamics between men.

Literature Review

There have been numerous critical writings concerned with exploring the development of psychoanalysis and the depiction of madness, covering all subjects from the history of psychiatry and literary studies of madmen and women, to illness narratives and the politics of mental medicine and its practitioners. Medical

humanities has evolved in recent decades to become a recognised subject of academic study, reflecting the realisation amongst scholars that the history of medicine should be examined not only via factual accounts, but through other less specialised and more commonplace mediums such as literature and art. This thesis seeks to explore two significant gaps within this field of research to date. The first is the significance of the commonplace, popular material of literature in the study of mental medicine, which has tended to be side-lined in favour of factual discourses and evidence. This does not mean the study of literature to interpret the depiction of madness alone, but the broader treatment of Victorian mental management within contemporary fiction. Importantly, this thesis focuses on the depiction of the male madman, rather than the mentally ill women that are so prevalent in fin de siècle fiction. This is because the male experience of insanity is one that has been critically neglected in literary studies, and also because of the focus of such novel treatments as psychotherapy on restoring the social status of the male patient. By studying masculinity in particular, this thesis will examine the significant power dynamics dominating fin de siècle psychotherapy, and the broader social as well as the individual impact of mental breakdown and attempted cure. The second gap that this thesis seeks to close is the representation of contemporary curative practices within Victorian literature, a subject that is typically overlooked in favour of analysing the portrayal of madness itself. This thesis contends that fictional depictions held the process of cure, as well as the depiction of the patient and his illness, at the centre.

An interest in madness is by no means a novel subject in literary criticism, and in wider fields of scholarship such as history, sociology, law and gender studies. Some areas of study seek to chart the history and development of psychiatry and the

changing treatment of madness across the ages. Roy Porter was particularly prolific in this field, and this thesis owes much to the wealth of information that Porter offers on the development of psychiatric practice in the late nineteenth century². In his edited collection *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (1985), Porter demonstrates an interest in the commonplace experiences of illness, drawing on real accounts of patients to forge an impression of the effectiveness of treatments and the impact of diagnoses at different periods. This so-called “lay” experience is essential, Porter asserts, because:

We have histories of diseases but not of health, biographies of doctors but not of the sick.... counter-attempts have been made to “demystify” medical history, and to promote research oriented towards new ways of seeing, in particular examining the socio-cultural construction of medical knowledge and medicine's role within wider networks of ideology and power. (Porter 1985:1)

Like Foucault, Porter’s study of the history of madness is concerned with the shifting power dynamic between the doctor and patient, recognising that focusing on the experience of the patient and communicating this in a way that could be shared without the translation of professionals, meant a rebalancing of power between the typically authoritative medicinal institution and the “oppressed” patient. This thesis aims to identify the key role that literary fiction, the most commonplace and

² See *A Social History of Madness: Stories of the Insane* (1996), *Anatomy of Madness* (1985) and *Madmen: A Social History of Madhouses, Mad-Doctors and Lunatics* (2006).

accessible medium of all, can play in the examination of how the Victorians regarded these novel forms of treatment at the fin de siècle.

Another key historical writer is sociologist Andrew Scull, whose works on the advancement of psychology over the ages have been invaluable in understanding how the institution has developed. Intrigued ‘by the puzzles that are posed by what we variously call madness, lunacy, insanity, psychosis, and mental illness, and by the elaborate social institutions we have created to manage and dispose of the mad’, Scull notes how the field has expanded over previous decades, with historians, philosophers and clinicians seeking to better understand madness by considering its history. (Scull 2006:2). Like Porter, Scull’s preoccupation is with the social organisation of insanity, which he regards as ‘a socially constructed category’ (Scull 2006:2). Scull’s methodology, like Porter’s, features sociological accounts and medical discourses in its exploration of the development and reception of contemporary psychological treatments in the Victorian period, the professionals at their centre, and the moral and legal framework they intersected. Both Porter and Scull critique the structure and administration of mental management, primarily in the form of the asylum but also other methods of treatment, identifying the oppression and often criminalisation of those who were considered mentally deviant, and the desire to pathologise traits that meant an individual did not confirm to social norms. This thesis will address the question of whether psychoanalytic practice was received by the late Victorians as a tool for oppression or a mode for liberation, by considering its portrayal by contemporary fictional writers.

Psychoanalysis itself tends to be treated as a wholly separate discourse within historical studies of mental medicine. Indeed, because its early forms have been so

widely discredited by twentieth century practitioners, Freudian psychoanalysis has tended to be written about as more of a literary theory than an actual treatment of the mind. While the early practices of psychoanalysis are fundamental to this study, the use of them as literary theory – a lens through which literature is read and interpreted – is not. However, there are some key ideas in recent works that are essential for drawing together the literary and medical perspectives on Victorian mental medicine. In *Gothic Radicalism*, Andrew Smith argues that psychoanalysis ‘has always played an important part in investigations into the Gothic. The reasons for this are quite clear. The Gothic seems to be a form of writing defined by its fascination with illicit, especially tabooed, desire and consequently it has been comparatively easy to make the Gothic conform to some kind of Freudian (or post Freudian) topography of the unconscious’ (Smith 2000:2). This Freudian interpretation of unconscious desire, sexuality and the uncanny tends to be the primary focus of psychoanalytic studies of literature, rather than a focus on the depiction of the treatments and curative practices developed by psychotherapists, and how these were represented in contemporary literature. In *Gothic Radicalism*, Smith argues of the Gothic, for example, that it prioritises the “inner eye”, and that ‘internalisation of outward modes of perception were replaced by a new emphasis on introspection, the roots of which are to be found in Burke, and its culmination in Freud’s account of the unconscious’ (Smith 2000:1). What Smith identifies here is how literature mirrors the practices of psychoanalysis in its introspective study of the inner mind itself, rather than the superficial symptoms of disorder. Smith’s study offers an intricate reading from the perspective of the Freudian view of the uncanny and the sublime, noting the problematic and multifaceted nature of the

psychoanalytic view of the unconscious, and how this is mirrored within the complex introspection of gothic fiction at the fin de siècle. Crucially, this notion that literature can reveal the inner processes of the mind, and that the practices of reading and writing are entwined with those of mental processes forms a key basis of this study, which seeks to interrogate and extend these notions of commonplace translations of psychoanalytic treatments and observe their presence across a broader range of genres, asserting that a fascination with the methodologies of psychoanalysis was not limited to the Gothic.

The intersection between gender and psychoanalysis is another popular field of study, and one that provides a significant critical backdrop for my thesis. Connell argues that of the structures determining a gendered identity, emotional expression is a key component - 'labour, power and cathexis' (Connell in Alsop et al 2002:138). Cathexis is 'concerned with structures of emotional relations', and as such is central to determining the creation and expression of selfhood (Alsop et al 2002:138). Cathexis is particularly important, while there is a hierarchy of organisations and power based on this position there is also an emotional hierarchy operating on the individual. Gender relations are based on more than just cultural impressions but on familial and personal experiences, and it is this emotional experience that is essential to the development of selfhood. The cathartic process at the heart of psychotherapeutic treatment – specifically the commonplace interactions through which this is portrayed in literature – is a key focus of my argument. The significance of the patient experience, the voice of the patient, is also reflected in another type of literature: that of illness narrative, which has sought to give a voice to the personal and individual experience of mental disturbance and the treatments

they receive. Like Connell's theory of emotional expression, the illness narrative is a communication of the experience of illness that helps to constitute the self. As studies of illness narratives by Kleinmann, Couser, Charon and others have argued, the fact that literature is a non-specialist medium with a wide public audience enables the subjectivity communicated through it to be understood by others. It depicts a journey, a process, as well as giving testimony to suffering and enabling a critique of the often oppressive institution of medicine³. Furthermore, it crucially mirrors the act of telling a story of the self, and the process of confronting and working through a trauma by vocalising it. While my research has revealed very few individual accounts of mental illness from the late nineteenth century, the fiction I am studying is essentially narratives of mental breakdown and restoration, told sometimes from the perspective of the sufferer, or the curative figure, or from a third party. They also reveal the value of the non-specialist discourse in influencing the development of medicine.

Literature has long been used as a source from which history can be studied, offering an alternative perspective from the mainstream clinical discourses, one that is accessible to all. *The Doctor in the Victorian Novel: Family Practices* (2009), by Tabitha Sparks, argues how the representation of the physician within the novel allowed an exploration of nineteenth century medicine from a layperson's perspective. Louise Penner's 2010 study *Victorian Medicine and Social Reform: Florence Nightingale among the Novelists* considers how an artistic response to

³ Key studies on illness narratives include Arthur Kleinmann's *Illness Narratives* (1985), *Recovering Bodies* by Thomas Couser (1997) and Rita Charon's *Narrative Medicine* (1996)

medical advancement gave insight into contemporary attitudes towards, and the cultural impact of, medical practices. The major focus of literary criticism on madness has been on the depiction of female insanity, with texts by critics such as Elaine Showalter, alongside Gilbert and Gubar's *The Madwoman in the Attic* (1979) taking a feminist perspective on the depiction of female insanity⁴. While the male lunatic has been typically neglected, there have been studies in recent decades that have sought to correct this. *The Maniac In the Cellar* (1981) by Winifred Hughes considers the sociological and literary implications of the depiction of the male lunatic in mid-nineteenth-century sensation fiction. More recently, Valerie Pedlar's *The 'Most Dreadful Visitation': Male Madness in Victorian Fiction* (2006) seeks to explore 'the way that madness functions in the texts and on what the representation of madness in men reveals about contemporary fears, insecurities and ambiguities concerning the state of manhood' (Pedlar 2006:1). While my thesis does identify important trends between the types of mental disturbance experienced by men, the nature of diagnoses of insanity in men, and the nature of fin de siècle society, I am more focused on how these fears are processed and worked through, arguing that the processes followed in creating the story are curative processes that reconstitute damaged male identities.

Other recent articles on the history of psychiatry also demonstrate a desire to trace the roots of the understanding of mental illness. Jansson's 2013 article 'From Statistics to Diagnostics' seeks to use medical case books to trace a link between the

⁴ See particularly *The female malady: women, madness, and English culture, 1830–1980* and *Hystories: Hysterical Epidemics and Modern Media*.

term suicide and the diagnostics of lunacy. In 'Possession or Insanity? Two Views from the Victorian Lunatic Asylum' (2013), Ossa-Richardson uses factual accounts to address the question of the terminology used to classify insanity, showing its continually liminal status and the commingling of disciplines in the quest to understand insanity in the nineteenth century. All of these texts demonstrate an interest in the factual accounts more than fictional commentaries, despite the assertion that a comprehensive study requires a perspective beyond the clinical. The relevance of my study within current academic fields can be further argued by the increasing contemporary interest in madness and mental medicine in current Victorian studies. There is an increasing number of conferences, seminars and interdisciplinary networks looking at depictions of illness and insanity, including events such as 'Making Sense of Madness' at Mansfield College Oxford 2012, and 'Insanity and the Lunatic Asylum in the Nineteenth Century' Birmingham University 2011. Papers on insanity feature more and more in general conferences also, with subjects such as 'Male mourning and melancholia: grief as pathology and paralysis in *Dombey and Son*' appearing at the National Hellenic Research Foundation conference in 2014, and 'Numbering the Mad: Counting and Categorization in the Nineteenth-Century Lunatic Asylum' being discussed at the BAVS 2013 conference on Nineteenth-Century Numbers. However, this thesis seeks to break new ground by shifting the focus away from the depiction of insanity itself in literature and refocusing attention on the portrayal of the cure, as well as identifying important correlations between masculinity, madness and treatments for insanity that have so far been overlooked in literary studies of lunacy in the late nineteenth century.

Approach and Chapter Overviews

This thesis is located within the popular critical field of medicine and madness in literature, alongside studies of Victorian masculinity. However, while other texts focus on interpreting the representation of mental breakdown and the impact on the Victorian man in fiction, my thesis considers how literature, as a commonplace discourse, engages with the specialised advancements in the treatments of insanity at the fin de siècle. It focuses on the curative process itself, how this is enacted by specialist and non-specialist figures, how this representation responds to the developments in psychoanalysis and, conversely, how the tools and techniques of narrative construction in turn influence and affect the scientific studies that were in development at the fin de siècle to remedy the mad mind. I examine how, in the context of the developments of psychoanalytic theory and psychotherapeutic treatments at the fin de siècle, contemporary culture responded to the changing social picture of the mad man and how it engaged with more developed methods of treatment. It will focus specifically on the depiction of men within literature, arguing that because of the prominence of men and male patients within the clinical setting, and the prominent examples of more subtle forms of mental disturbance in male fictional characters, plus the need to ensure functionality in men rather than pathologising deviance as with women, the remedial process is one that is clearer with male characters than with female ones. It will assess depictions of traumatised unstable male characters in literature, considering how indicators of non-compliance with masculine norms were pathologised by contemporary definitions of mental illness.

While my thesis is based on the study of various types of literary text covering different genres, alongside the study of medical discourses and clinical information, it also incorporates texts from other disciplines such as religion, psychical research and spiritualism, to develop a holistic picture of the discourses that influenced the creation of psychotherapeutic remedies. It will also consider current theories of medicine, psychoanalysis and gender studies to argue how the implementation of the cure impacted on the position of the Victorian man, and on Victorian masculinity. This study situates itself theoretically within the framework of Foucault's interrogation of psychiatric power and Butler's theories of gender and performance as the foundation for assessing the impact on the depiction of masculinity and male gender roles. The central questions that this study will address are: how was psychotherapy depicted in contemporary literature? Does this change depend on the genre and, if so, what are the commonalities in attitude and understanding? What is the impact of the remedial narrative on the characters at the novels' centres? What role does narrative play in the commonplace application of the curative method? And what, crucially, was the impact of these new methods on fin de siècle masculinity?

The aim of this thesis is to extend current understanding of madness in literature to incorporate the portrayal of the curative processes developed by psychotherapy at the end of the nineteenth century. To achieve this, my work utilises a combination of close literary reading of texts from a variety of different genres, written during the period between 1880 and 1913, alongside the study of factual accounts, illness narratives, scientific and psychological texts, and the critical frameworks offered by studies of gender and social theory. Essentially, it will argue

that the curative practices developed by mental medicine at the fin de siècle are depicted in contemporary literature, and that their presence challenges previous interpretations of the depiction of madness, and shifts the focus instead onto the dynamics of the cure. Each chapter identifies and explores the methods of cure developed at the end of the century, the “remedial discourses” contrived by Freud and his contemporaries, and how these curative processes are ruminated on, reflected within and sometimes pre-empted by literature. Moreover, I will argue that the structure of the fictional narrative and the process of narrative creation (particularly within layered or “framed” narratives) emulates the various curative processes developed within the field of science, examining how the processes of storytelling and narrative creation engage with the philosophies that underpin psychoanalytic practice, specifically in terms of its emulation of confessional discourses in the creation of expressive self-narratives. It will also examine the depiction of specialist and non-specialist relationships within the text, and the value of these dynamics in enacting cure, particularly in terms of power. In doing so, it will challenge the notions of Foucault and other theorists that psychiatric power was oppressive and normalising, and instead aim to identify the commonplace bonds that enabled the resolution of mental disturbance.

Each of the fictional works studied features at the centre of their stories men who sit somewhere uncomfortably between the fluid boundary of mental disturbance and sanity. Divided into chapters based on genre, I will identify the traits and techniques used to depict madness and cure which are specific to each type of text, yet which are also common themes and devices that reappear across literary genres. Chapter 1 considers the treatment of trauma in gothic fiction, the genre of text that

Andrew Smith noted was the most intertwined with psychoanalytic tropes. Centring on Bram Stoker's *Dracula* and *Lair of the White Worm*, alongside *The Strange Case of Dr. Jekyll and Mr. Hyde* by Robert Louis Stevenson, Chapter 1 examines the onset of trauma in men as a result of horrific encounters or experiences, and the enervating impact that these have on the male characters at their centres. It then considers how this trauma is treated within the narratives, and how the depictions of these treatments engage with the contemporary theories of psychotherapy. Chapter 2 broadens the examination of Chapter 1 by looking at the portrayal of traumatised masculinity in another genre, that of supernatural fiction, using texts from two distinctive mediums – the ghost story and poetry. Analysing Henry James's two short stories 'Sir Edmund Orme' and 'The Jolly Corner', I will argue that the mental instability symptomatic in each leading male protagonist is the result not of a supernatural encounter but of a domestic or economic trauma that undermines his masculine status. In these texts, and in Thomas Hardy's ethereal 'Poems of 1912-13', I will argue that the ghost provides a therapeutic presence, through which the psychoanalytic processes of confrontation and catharsis are enacted. Chapter 3 moves to a more realistic textual format; that of the detective novel. Focusing on Arthur Conan Doyle's 'Sherlock Holmes' stories, Chapter 3 examines the clear correlation between the figures of the psychiatrist and the detective, in terms of characteristics, social status, and the methodologies employed in analysing the causes of mental and social disturbance. Once again the chapter will identify the broad types of mental disturbance afflicting the range of clients and criminals that Holmes encounters, asserting the specifically masculine nature of these conditions in terms of their association with and origins within the social, fiscal and domestic

pressures faced by the Victorian man. This chapter aims to demonstrate how the detective narrative engages with and in many ways pre-empts the deductive methodologies of psychoanalysis to excavate mental evidence and bring about cure.

The final chapter features another popular type of text from the fin de siècle – the travel narrative. In Chapter 4, using factual accounts and a range of short stories and poems by Rudyard Kipling and Joseph Conrad, I explore the paradoxically disturbing yet also potentially curative nature of the foreign voyage, specifically studying its impact on the men who undertake them. As well as the mental breakdown that can result from the sense of displacement and alienation experienced in travel, I also explore how the travel narrative is an allegory for the mental journey towards the process of cure, and how in particular Conrad's almost modernist narrative style depicts a mental exploration in the central characters of *Lord Jim* and *Heart of Darkness*. Throughout each chapter and within each text studied, this thesis aims to identify tropes and patterns in the typification of male mental illness as an inherent opposition to typically masculine qualities, considering how this undermined the man at this tumultuous point in history, and also how the methods of psychotherapy are enacted often in a narrative or commonplace form to resolve the sources of trauma, treat mental disorder, and restore the man's mind and social position.

CHAPTER ONE

Horrorified Beings: The Treatment of Trauma in Gothic Fiction

I saw around us a ring of wolves, with white teeth and lolling red tongues [...] they were a hundred times more terrible than the grim silence which held them than ever when they howled. For myself, I felt a sort of paralysis of fear. It is only when a man feels himself face to face with such horrors that he can understand their true import (Stoker 1897(2003):19).

Horror is presented as a fundamental cause of mental disturbance in many fin de siècle gothic texts. Jonathan Harker's record of his harrowing voyage into Transylvania at the beginning of *Dracula* dramatises the traumatic and transformational impact of horrifying encounters on the male body and mind. Horror is the experience of something that has the power to shock and disturb the subject, distorting what is recognisable and upsetting the foundations of their sense of reality. It challenges the individual's perceptions of the world and, consequently, the selfhood that they have constructed within it. Horror is ultimately subjective: what horrifies one man may not necessarily disturb another, and what is regarded as abhorrent in some cultures may be customary within others. That which is "horrific" evokes a sense of fear or revulsion through its elemental difference from what is accepted and familiar. It is this sense of "difference" that presents the most powerful threat to the self through its ability to subvert accepted norms and to transgress social boundaries. For Julia Kristeva, the response to horror is one of abjection, the reaction caused by encounters which violate our sense of propriety. Such encounters

cause a breakdown in meaning and create a void between the subject and the object, a void that the mind is unable to comprehend and which therefore undermines the integrity of the self.

There looms, within abjection, one of those violent, dark revolts of being, directed against a threat that seems to emanate from an exorbitant outside or inside, ejected beyond the scope of the possible, the tolerable, the thinkable. [...] The abject is not an object facing me, which I name or imagine. Nor is it an object, an otherness ceaselessly fleeing in a systematic quest of desire ... The abject has only one quality of the object – that of being opposed to I. (Kristeva 1982:1)

The abject underpins the overwhelming experience of horror and as such is something that the subject desperately tries to reject. For the Victorian man, the concept that something can exist outside of the realm of what is knowable exposes the vulnerability of his society and destabilises his own position within it. The portrayal of horror's ability to disturb the individual, to distort his perceptions and to challenge the stability of his reality, provides an intriguing insight into the workings of the male mind in fin de siècle literature. Horrific encounters are most commonly presented in fictional works of the period in the form of unnatural creatures (immortal demons and monstrous beings) that transgress the boundaries of nature and present disfigured images of humanity. Such encounters were most frequently depicted in one particularly literary genre – the gothic.

The gothic text is typically suffused with a sense of tension and anxiety, and is a centre of mystery, intrigue and horror. For the protagonists of gothic fiction, the experience of horror is often a traumatic encounter that poses a physical as well as a

psychological threat to the subject. Such traumatic encounters are recognised as catalysts for the alteration of mental states. Bessel A. Van der Kolk and Alexander McFarlane observe in their study of psychological stress that ‘despite the human capacity to survive and adapt, traumatic experiences can alter people’s psychological, biological and social equilibrium’ (Van der Kolk and McFarlane 1996:4). The experience of horror, the sensation of fear and the resulting state of trauma became the subject of interest for many scientists and mind doctors at the end of the nineteenth century. Research by a number of noted psychologists between 1880 and 1913 established connections between trauma and mental breakdown that suggested the ability of horror to fundamentally alter the mind. Moreover, studies by scientists such as Henry Maudsley asserted that certain traumatic encounters, such as visions of the supernatural, can be attributed to mental pathology, to ‘hallucinations and illusions, mania and delusions’ (Maudsley 1886:3).

Gothic fiction enjoyed a well-documented revival during the later decades of the 1800s and is the genre in which the experience of horror is most frequently portrayed. Kelly Hurley argues that the gothic is ‘an instrumental genre, re-emerging cyclically, at periods of cultural stress, to negotiate the anxieties that accompany social and epistemological transformations and crises’ (Hurley 1996:5). Many gothic works articulate the sense of crisis that pervaded the male psyche, expressing the feelings of isolation, marginalisation and social change experienced by many men at the turn of the century. Judith Butler asserts that ‘the terms by which we are recognised as human’, by which men are identified as “masculine”, are ‘socially articulated’ and that the ‘viability of our individual personhood is fundamentally dependent on these social norms’ (Butler 2004:2). If the person cannot be recognised

by others as conforming to these “norms” then their position in that society and their personhood is undone. The recognition of the man’s status as “masculine” is dependent on his exhibition of qualities that are in line with ‘culturally dominant constructions of masculinity’ (Alsop et al 2002:140-141). For the Victorians, these qualities centred on the ability to function as a productive member of society: ‘economic autonomy, being able to provide for one’s family, being rational, being successful, keeping one’s emotions in check, and above all not doing anything considered feminine’ (Alsop et al 2002:141). For Butler, the man’s identity is undone by exhibiting behaviours that do not comply with these norms and in turn render the subject unrecognisable as masculine against the markers of his society. In his response to horror, the man displays behaviours that contradict those that are considered to be typically “masculine”; he may physically tremble or, like Harker, become paralysed by fear. He may appear irrational, enervated and weakened by the trauma of what he encounters. He is no longer able to function in the manner that his society requires. The fear and instability that horror evokes were regarded by the discourses of contemporary psychology not only as indicators of non-compliance but also of mental disorder or madness. Van der Kolk and McFarlane have recognised that ‘often trauma does not present a radically new experience [...] for many patients, what is most destructive about a traumatic event is that it confirms some long-feared belief’ (Van der Kolk and McFarlane 1996:5). For the Victorian man, this “long-feared belief” in the undercurrents of the mind is the fragility of conventional masculine ideals and the pressures to comply with them. The confrontation with horror not only causes mental instability, but reveals a crisis in gendered identity.

In gothic fiction, encounters that hold the power to horrify have a psychological impact on the individual that is typified by a sense of disempowerment and is reflected within the mental breakdown that ensues. That the horrific beings inscribed in so many gothic works take the form of supernatural or unnatural creatures enhances this sense of disturbance; their distinctive “foreignness” distorts the scientific as well as the social foundations of reality. This chapter will explore the depiction of mental disorder in men resulting from the experience of horror in a selection of gothic texts written between 1880 and 1912. It will consider the interaction between contemporary psychological perspectives on horror, traumatic experience and the diagnosis of mental illness. Furthermore, it will examine how encounters with horror destabilise conventional ideologies of masculinity and how the process of confronting and eliminating these threats is one that simultaneously tries to restore individual mental wellbeing and wider social order. The first half of this chapter will look at the depiction of male madness in *Dracula* (1897) and *Lair of the White Worm* (1911) by Bram Stoker and *The Strange Case of Dr Jekyll and Mr Hyde* (1886) by Robert Louis Stevenson, gothic texts which are all highly influenced by the experimental ideologies of contemporary science. Written at a threshold of social change, the novels’ protagonists are faced with horrifying, unnatural beings, encounters that induce a state of psychological breakdown through their destabilisation of reality. I will observe how the horrors portrayed in the texts reflect the fears and anxieties facing men at the century’s end and how these are framed by psychological definitions of mental illness that were continually evolving to transform the definition of madness. Within this context of uncertainty, I will examine how the texts engage with the evolving practices of mental management and

the methods developed at the fin de siècle to treat the victims of trauma. The second half of the chapter will consider how the central narrative figures of each text, Stoker's Van Helsing and Nathaniel de Salis and Stevenson's Mr Utterson, are depicted as prototypical mind doctors, pseudo-psychiatric figures whose actions emulate these early practices of psychotherapy. Furthermore, I will demonstrate how the gothic text was both a narrative of psychic breakdown and an exploration of the treatments utilised by mind doctors to re-establish mental and, consequently, social order.

Horror, Trauma and Mental Disorder in Gothic Fiction

The sense of social and personal instability that was endemic in fin de siècle culture demonstrably pervades Bram Stoker's *Dracula* and *Lair of the White Worm*. Clearly influenced by a range of scientific ideologies, from Darwinian theories of evolution to medicine and psychology, both stories are infused with the tensions of social change. This sense of transition is embodied in the sinister supernatural beings that the protagonists face. The immortal vampire and the flesh-eating white worm are monstrous creatures that consume human life to ensure their own survival and present an overt threat to the foundations of British Victorian patriarchy: to the male body, to Christian values, to the stability of the Empire and to its concentrated form, the familial estate. In *Lair*, the threat to the social order takes the shape of a regressive anthropological anomaly, a 'ghastly white worm' that subverts progressive notions of evolution and has been concealed for decades in the guise of the last descendant of one of Mercia's most powerful ancestral bloodlines: Lady

Arabella March (Stoker 1911(2008):127). In *Dracula*, the threat is a foreign body that invades England and symbolically pollutes its society through the blood of its people, a malignant symbol of the corruption and degeneration that many associated with immigration.

In *Lair of the White Worm*, however, the process of immigration is depicted as one of infusing new blood into a dying race and is thus critical to the preservation of the Empire. The indigenous population of Mercia are presented from the outset of *Lair* as a decaying people who are incapable of surviving without the involvement of an outsider. Fearful for the continuity of his familial home, the aging Richard Salton invites his great nephew Adam Salton from Australia to inherit the estate and assume its management. Salton writes with desperation to the young man that ‘you and I are all that remain of our race’ (Stoker 1911(2008):1). With no direct descendants, the Salton stronghold requires a new pseudo-patrimonial line to be forged to ensure its survival. The estate of Castra Regis comprises several houses, including the Saltons’, and is central to the community’s patriarchal framework, which is presented as having a great psychological significance for the men who reside there. The etymological significance of the estate’s Latin name is notable: for the Romans, the word “castra” described territory reserved for use a military defensive position, a stronghold cut off from the rest of the land to be used for its protection. Moreover, the suggestion is that the estate is also somehow “castrated”, as its populace is not only isolated from the outside world but is endangered by a failure to reproduce and ensure the continuation of the indigenous bloodline. Richard Salton explains to Adam that the community has been long destabilised by the broken lineage of the landowning Caswall family. The Caswall family seat presides

over the land yet the area has ‘no knowledge of its owner for six generations’, until the eccentric heir Edgar Caswall returns from abroad shortly after Adam’s arrival (Stoker 1911(2008):8). The protective shield of patrimony is thus weakened and Adam soon discovers that *Castra Regis* and its people are being threatened by a sinister force which, with the help of Salton’s old friend Sir Nathaniel de Salis, Adam must uncover, along with the region’s buried history, to restore social order.

Although young, vigorous and – as his name suggests – an embodiment of Christian male vitality (and of re-birth), Adam is naive and susceptible to the sensory distortions that Maudsley argues are typical of encounters with the supernatural. Visually deceptive, Lady Arabella March is a duplicitous embodiment of aristocratic femininity, described as ‘of the Caucasian type, beautiful, Saxon blonde, with a complexion of milk and roses, high-bred, clever, serene of nature’ (Stoker 1911(2008):26). In comparison to Caswall’s African servant, Oolanga, she appears to Adam, ironically, as the more advanced specimen of humanity. In Oolanga’s comparatively “animal” traits Adam immediately and mistakenly identifies an apparent danger, regarding him as an ‘unreformed, unsoftened savage’ in whom resides ‘all the hideous possibilities of a lost, devil-ridden child of the forest and the swamp—the lowest of all created things that could be regarded as in some form ostensibly human’ (Stoker 1911(2008):25). However, Adam’s perceptions are not completely ineffectual and he does manage to read traces of threat in Caswall’s physiognomy. On meeting Caswall, Adam observes how his face is ‘so hard, so ruthless, so selfish so dominant’, his countenance mirroring the inner disturbance that is later revealed as a second threat to the Mercian people and his own familial legacy (Stoker 1911(2008):24). However, it is Lady Arabella’s supposedly untainted

heredity that represents the true danger, for within her resides an immortal, un-evolved evil. Sir Nathaniel explains to Adam that Lady Arabella was attacked as a young girl and found in the woods, ‘unconscious and in a high fever’ with an unexplained ‘poisonous bite’ (Stoker 1911(2008):40). Not expected to survive the night, she made ‘a sudden and startling recovery’ but developed a disturbing thirst for death which she enacted on animals. Depicted as a distorted rite of passage, Lady Arabella is symbolically tainted by the pseudo-sexual attack, where the white worm ‘obtained control of her body’ and assumed the power of her family’s estate, Diana’s Grove (Stoker 1911(2008):40). Unlike *Dracula*, the threat is not foreign but is intrinsic to the history of the land, its very “whiteness” – a result of its ‘contact with the white clay’ from the earth itself – suggestive of the racial purity that is portrayed as so important to the Mercian people, yet which paradoxically perverts it (Stoker 1911(2008):138). Lady Arabella’s superficial allure disguises the evil within and subverts the masculine gaze which looks upon her, distorting Adam Salton’s perception of reality and exposing the men of Castra Regis as weak-minded and thus vulnerable to her threat.

In *Dracula*, the Count possesses a similar power to conceal himself by distorting the perceptions of others. His arrival in England is marked by ‘masses of sea-fog’: ‘white, wet clouds, which swept by in ghostly fashion, so dank and damp and cold that it needed but little effort of imagination to think that the spirits of those lost at sea were touching their living brethren with the clammy hands of death’ (Stoker 1897(2003):92). Described in ethereal terms, the fog signifies the immaterial, insidious threat that the vampire represents and also how the perceptions of those who encounter him, and of the reader, are unbalanced from the beginning.

The fragmented narratives of which the novel is comprised are those of the men and women driven to mental breakdown by the threat of the vampire, beginning with Jonathan Harker. An artless young solicitor on the threshold of achieving professional and domestic maturity through marriage and his fledgling career, Jonathan Harker travels to Dracula's castle in the Carpathian Mountains to help the Count complete the purchase of a property in London. This journey is essentially a voyage of displacement that transports Harker outside the cultural setting within which he is comfortable. This sense of the unfamiliar enervates Harker from the beginning. He records in his journal, in compulsive detail, how his surroundings become increasingly uncertain, how he finds himself 'at the centre of some sort of imaginative whirlpool', suffering signs of mental fragility that are typified by his fervently stimulated imagination and the sensory distortions he experiences (Stoker 1897(2003):14).

Travelling into the East, Jonathan leaves a world governed by rationality and enters one where people are ruled by an alternative structure of beliefs comprised of superstition, 'ghostly tradition' and myth (Stoker 1897(2003):9). In a narrative increasingly punctuated by disjointed reflections on his own position and safety, Harker recounts his 'queer dreams' and describes the environment in a language increasingly suggestive of madness, from the driver's 'feverish haste' to the 'strange figures' that are so alien to him (Stoker 1897(2003):8-9). This evidently traumatic experience culminates in the final stage of his journey to Dracula's castle where the horrific encounter with the wolves provokes an introspective reflection on his own mortality.

I saw around us a ring of wolves, with white teeth and lolling red tongues [...] they were a hundred times more terrible than the grim silence which held them than ever when they howled. For myself, I felt a sort of paralysis of fear. It is only when a man feels himself face to face with such horrors that he can understand their true import (Stoker 1897(2003):19).

This sense of linguistic and cognitive breakdown characterises the remainder of Harker's narrative. The "paralysis of fear" that Harker experiences emphasises the inhibiting effects of horror on his language, his perceptions, and on masculine agency. Indeed, Harker is disempowered throughout his traumatic stay at Dracula's castle, where he is exposed to a physical and mental assault of horrors and recounts how he is "molested" and "threatened", his body and mind symbolically violated.

There is a lack of distinction throughout Harker's account of his journey between the states of waking and sleeping, a sense of somnambulism suffusing his narrative so that 'it all seemed like a horrible nightmare to me, and I expected that I should suddenly awake' (Stoker 1897(2003):22). Evidently a weakened figure, Harker's language is laced with self-doubt which worsens during his captivity, his perceptions growing increasingly questionable as he recounts that 'I could not believe my eyes' and falls victim to 'all sorts of horrible imaginings' (Stoker 1897(2003):30). The hallucinatory quality of Harker's experience suggests not only how these horrors are breaking down the fabric of his reason, but how his pathological imagination enhances the sense of fear that disrupts his psyche. Jonathan Harker's experience is replicated in the sense of mass hysteria that permeates the group of men tasked with the vampire's destruction, all of whom are

described from the outset as strong masculine archetypes: the rational asylum doctor John Seward, 'brave' American Quincey Morris and Lucy Westenra's fiancé Arthur Holmwood. Through the impact of Dracula's destructive presence in their society, all of these seemingly "ideal" men experience a process of mental collapse that mirrors the social devastation that Dracula begets and which demonstrates the debilitating effects of horror on male identity.

The psychological effect of fear was the subject of numerous studies linking traumatic experience with the onset of mental disorder at the fin de siècle. In 1895, John Fearnley explored the psychology of horror itself, arguing that the traumatic potential of terror to unsettle the mind rests in its complete strangeness to the person who perceives it: 'almost every absolute suggests horror: absolute silence, absolute darkness, or the unimaginable concept of absolute, shadowless light. The effect of such ideas is like looking over the edge of a precipice into unknown depths' (Fearnley 1895:423). Like Kristeva's theory of the abject, Fearnley argues that this sense of the unknown results in a deep sense of "dissatisfaction", something that is familiar yet at the same time defies logic and reason and is therefore fundamentally disturbing. The stability of the human mind, Fearnley observes, is dependent on a sense of security or "satisfaction". However, 'there is an opposite feeling, produced by a sense of unfitness or un-naturalness in things around us, which, for want of a better term, we may call "dissatisfaction"' (Fearnley 1895:421). It is this "dissatisfaction", an inherent sense of discord, which is at the heart of horror and its ability to disturb the male mind. In 1906, Ernst Jentsch advanced this notion of "dissatisfaction" to suggest that the experience of horror is due to 'a lack of orientation ... bound up with the impression of the uncanniness of a thing or

incident' that challenges the perception of reality (Jentsch 1906:3). Jentsch argues that the uncanny is experienced not as a material threat but a "sensation", a disturbance of the emotions or the nerves, as something which the psyche "lacks" (Jentsch 1906:5). Horror renders the system of beliefs on which society is based, particularly the rational theories of science – unstable and therefore insubstantial.

The boundaries of the realm of chaos have been pushed back since the dawn of physical science, and we seem to be relieved of the visible presence and pressure of the unknown, but the slightest reflection will show that our explanations do not explain and that behind the laws we quote so glibly is couched a vaster mystery than humanity dare confront. (Fearnley 1895:423)

This sense of dissatisfaction was endemic within the growing tumult of fin de siècle society, its politics and industrialism presenting an increasingly distorted vision of reality for the men struggling to keep pace with its transformations. It is not only the physical, tangible threat of horror that affects the psyche but the pervasive fear of social change that they embody that is traumatic for the fin de siècle man.

This sense of intangible terror is evident in the impact that Dracula's spectral presence has on the crew of the *Demeter* as they unwittingly transport him back to British shores. Here, the vampire is depicted as a malignant, spectral entity that wields a disordering agency that disempowers an entire group of seamen. The fog again appears to fundamentally distort the men's perception of Dracula's threat as he stealthily attacks them, an event that the Captain records in his log: 'Could see nothing in fog. Rushed on deck, and ran against mate. Tells me he heard cry and ran, but no sign of man on watch' (Stoker 1897(2003):93). The Captain describes the

horrors of the gradual disappearance of his men in terms of its psychological impact on the remaining crew, where one by one, the ‘strong nature’ of each man begins to ‘work inwardly against himself’ (Stoker 1897(2003):94). The traditional discipline of the ship is undermined by the distortion of horror, the Captain writes of how its order descends into ‘a panic of superstitious fear, and I am afraid the panic may spread’ (Stoker 1897(2003):93). The madness that spreads amongst the crew is depicted as a disease, resulting in a mass hysteria that echoes the dissolution of communal order that Dracula’s presence brings to English society.

The mental breakdown suffered by Harker and the Demeter’s crew is symptomatic of the condition of hysteria, the definition and diagnosis of which underwent a dramatic transformation at the end of the nineteenth century. Morton Prince observes that the signs of hysteria in a person were predominantly emotional, evident ‘change of moods, which may be characterized by violence and quickness of temper [...] abnormal instability and suggestibility’, symptoms that denote a loss of self-control and a susceptibility to external influence (Prince 1906:171). The increasing violence amongst the ship’s crew-mates, and Harker’s wildly oscillating spirits, clearly enact Prince’s diagnostic model. Due to both its supposed biological origins and its association with a decreased capacity for reason, hysteria was typified as a distinctly feminine disorder by centuries of scientific study. Illness, like masculinity, is constructed through the imposition of meaning by authoritative institutions on certain traits or behaviours. Medical studies focused almost exclusively on the appearance of hysteria in women prior to the 1890s; however, as the focus of mental research shifted from the physical to the psychological roots of pathology, hysteria became an increasingly de-gendered disorder. In 1892, J.

Michell Clarke determined that while ‘menstrual irregularities’ remained the most frequent cause of hysteria, there were other stimulants that could cause the malady to appear in men. ‘Fear is the most potent’, Clarke argues, and ‘sometimes a single moral shock suffices to evoke hysteria [or] longer or shorter series of repeated emotions’ (Clarke 1892:532).

Elisabeth Bronfen identifies the “hysterical discourse” that shapes *Dracula* as distinctly feminine, ‘embodied by the two brides, Lucy Westenra and Mina Murray’ (Bronfen 1999:57). For Bronfen, the novel’s men are instead ‘obsessional’ figures trying ‘to repress the real void of death ... [using] language and knowledge in an effort to exclude radical Otherness’ (Bronfen 1999:56). However, Harker’s fragmented journal demonstrates how he loses the power of language when faced with the disorientating horrors of his voyage into Transylvania. Like Harker, Seward, Holmwood and Morris all exhibit equally hysterical traits in their initially panicked response to the vampire’s threat and, individually, they lack the knowledge to dispel its dangerous otherness. The power of reason is reserved only for Van Helsing, who commands the “language and knowledge” needed to challenge the monster, as will be examined in the second part of this chapter. Moreover, Bronfen argues that hysteria results from ‘an ambivalence towards mortality’ (Bronfen 1999:55). However, for the men of *Dracula* this phobia is not merely one of dying but of living a life that fails to match conventional expectations of masculinity. Indeed, many of the novel’s fragmented narratives are the accounts of men struggling to gain the professional and domestic status considered to be the emblems of masculine success. Harker is desperately striving to forge a living to support himself and his fiancée, while Seward is oppressed by the repressive confines of his

lunatic asylum and Holmwood and Morris are thwarted in their pursuit of marriage. The potent sense of agency embodied by the figure of the vampire exposes the fragility of these aspirations and works in opposition to the men trying to attain them, his horrific presence is a direct threat both to the men's personal safety, and to their identification as "masculine".

Horror is, therefore, a catalyst for inducing a form of mental illness in men whose behavioural traits are in complete contradiction to those of conventional Victorian masculinity. The transformational nature of horror is not only its ability to evoke mental breakdown but to explode the boundaries of psychology itself, effecting new interpretations of the mentally-unstable man. The figure of the horrified man demands new categories of diagnosis from the mind-doctor, defeminising the condition of hysteria while also challenging the identity of the mad male patient. Jonathan Harker's hysteria is characterised by his loss of emotional control, which renders him animal-like: 'when I found that I was a prisoner a sort of wild feeling came over me' (Stoker 1897(2003):28). Harker is driven by a violent impulse to destroy the orchestrator of his trauma, actions that are portrayed as those of insanity.

The very thought drove me mad. A terrible desire came upon me to rid the world of such a monster. There was no lethal weapon at hand, but I seized a shovel which the workmen had been using to fill the cases, and lifting it high, struck, with the edge downward, at the hateful face. But as I did so the head turned, and the eyes fell upon me, with all their blaze of basilisk horror. The sight seemed to paralyze me, and the shovel turned in my hand and glanced from

the face, merely making a deep gash above the forehead. (Stoker 1897(2003):82)

Harker's maddened attempt at action is stifled, however, by the emasculating sense of paralysis – suggestive of impotence – that characterises the young solicitor throughout his ordeal. Indeed, Harker is a distinctly feminised figure who is overwhelmed by the fear he experiences to the point that he faints from its effects: 'then the horror overcame me, and I sank down unconscious' (Stoker 1897(2003):47). In contrast to Harker, Dracula remains a forceful and compelling masculine figure – controlled, calculated and commanding an authority over others that hinges on his ability to horrify: 'Here I am noble; I am *boyar*; the common people know me, and I am master' (Stoker 1897(2003):27). Dracula has established a patriarchal hierarchy that usurps traditional power structures, an influence he attempts to expand by – in a dark parody of British imperialism – invading England. Harker's own sense of agency is undermined by Dracula; he vanishes from the narrative altogether until he is discovered recovering in a Budapest hospital by Mina. Mina travels to Hungary to reclaim her ailing fiancé and assumes temporary control over the narrative and Harker's own story. Dracula has feminised Harker to obtain possession over him. It is only through his marriage to Mina that Harker's mental restoration begins, a rite of passage that signifies the re-establishment of his masculinity.

The process of systematic disempowerment to which the Count subjects Harker is enacted on a magnified level against the people of England, with the Count selecting an innocent girl, Lucy Westenra, as his initial victim, much as the white worm begins his assault through a young Lady Arabella. Naive and childlike, Lucy's

susceptibility to the vampire's influence is comparable to Harker's vulnerability, as she suffers the same excessive emotionalism and the constant confusion of waking and somnambolic states in her 'old habit of walking in her sleep' (Stoker 1897(2003):81). By transforming an innocent woman into a voracious monster, Dracula's threat to society is portrayed as a force designed to taint the supposed purity of humanity and to create disorder by disrupting its moral foundations. Similarly, Lady Arabella's ingestion of human flesh represents a literal consumption of human culture and history, a disturbing parody of the increasing consumerism underpinning industrial growth that many believed to be undermining traditional values and changing the face of society.

The ingestion of flesh and blood are distorted Eucharistic symbols which emblemise the degeneration of the most venerated social institution, that of religion. Furthermore, both of these evolutionary anomalies, Dracula and the White Worm, threaten the spiritual purity of their societies as they pose a material threat to the theological understanding of death that underpins the rites and rituals of the Christian church. Instead, they represent a raw, regressive, animal-like image of humanity stripped of its moral codes and practices. This exposure to the dark otherness of the self, Fearnley argues, is one of the greatest horrors that any man could face.

At the horrors of a material hell we have learned to smile, and we laugh at the idea of an Arch-Enemy with horns and hoofs. Yet, although theologians have almost destroyed faith in a future life by the gross materialism of their descriptions, it is certainly not impossible to picture a state of existence the thought of which

would arouse the most careless. To see ourselves as we really are, when delusions and sophistries are done with forever, when we know what we are, and loathe what we are and yet are what we are, such contemplation would terminate in madness, were not madness a mercy belonging to the world of flesh alone. (Fearnley 1895:424-425)

The notion that a transgressive, monstrous identity is lurking below the surface of the carefully-constructed, socially acceptable self is the true horror that underpins the traumas suffered by the men of *Dracula* and *Lair*.

Edgar Caswall is a dualistic figure, a paradoxical fusion of Dracula's neurotic megalomania and Harker's crippling psychic fragility. Caswall is emblematic of innate patriarchal power, an authoritative figure who is expected to take command of the *Castra Regis* estate yet who is a dangerous and unstable figure within the community. Like Dracula, Caswall tries to assert a sense of authority by dominating others, beginning with the impressionable Lilla Watford, whose "dove-like" vulnerability is comparable to that of Lucy Westenra. Sir Nathaniel describes how Caswall launches an assault on Lilla through the mesmeric power of his gaze: "the more nervous she grew, the harder Mr Caswall stared. It was evident to me that he had come prepared for some sort of mesmeric or hypnotic battle" (Stoker 1911(2008):68). Caswall commands a visual authority over Lilla that physically and mentally strengthens him, as Sir Nathaniel observes: "his face had lost its appearance of passivity. No longer was it immobile. His eyes glowed with a red fiery light" so that he becomes a demonic figure (Stoker 1911(2008):69). While he is not a supernatural monster, like Lady Arabella, Caswall is a deeply unsettled

character whose mental disturbance poses an equal threat to the stability of his society as his thirst for power does. Troubled by the mass migration of birds to the area, Caswall 'had his men construct an immense kite, adhering as well as they could to the lines of a hawk' to deter them (Stoker 1911(2008):73). However, the kite wields an oppressive power over the region's animals and men, an 'evil influence' that cowers all natural life in the region and spreads silence throughout the birds and animals. The symbolic death of the natural world on which the men's lives and livelihoods are based results in a sense of mass melancholia and 'universal depression' that paralyses the people, 'carrying with it the negation of all hope' (Stoker 1911(2008):74). This destruction is mimetic of Caswall's own predatory desire to dominate and the destructive effect his madness has on the community that his presence is supposed to strengthen.

Caswall develops a fixation on the kite; it becomes an 'obsession to him' that fundamentally alters his personality and his standing within the community.

The visible change in Edgar was that he grew morbid, sad, silent; the neighbours thought he was going mad. He became absorbed in the kite, and watched it not only by day, but often all night long.

(Stoker 1911(2008):77)

Caswall becomes melancholic, weary and withdrawn, signs that are distinctly symptomatic of another mind-altering condition, that of neurasthenia. Popularised by American neurologist George Miller Beard in the 1870s, neurasthenia was identified by scientists by the late nineteenth century as the male version of

hysteria⁵. It had similar symptoms to those of hysteria, causing ‘fatigue’, inactivity and a ‘melancholic or hypochondriacal disposition’, behaviours that contravene the ideals of active masculinity yet which were typical of the sedentary lifestyle often common for members of the upper class (Clarke 1894:123). Psychiatrist Hugo Munsterberg considered the disorder’s prevalence at the fin de siècle to be a result of social circumstance, for ‘there was no time in the history of civilization in which the average man was overwhelmed by so many demands on his nerve energy’ (Munsterberg 1909:193). Indeed, Caswall is described as being as indolent as he is power-hungry, his quest for dominance rendering him fatigued and infantilised. His energy becomes entirely directed at the kite and at the juvenile game of sending scraps of paper up to it: ‘being idle-handed all day, he began to apply to what he considered the service of the kite some of his spare time, and found a new pleasure—a new object in life—in the old schoolboy game of sending up “runners” to the kite’ (Stoker 1911(2008):78). Caswall’s madness results from an inherent sense of weakness that is exacerbated by his attempts to assert his authority which, although it belongs to his social status, he can never quite achieve. For Caswall, the horror he faces is a failure to live up to the demands and expectations of his position, his compulsive need to assert his authority rendering him – like Dracula – a monstrous creature who can only attain power by imposing an oppressive and destructive order over others.

⁵ In ‘Neurasthenia, or Nervous Exhaustion’ (1869) Beard attributes the condition of neurasthenia to the demands of contemporary civilisation; the pressures of work and urbanisation, which resulted in frayed nerves and exhaustion that were manifest in symptoms likened by other psychologists, including J. Mitchell Clarke, to hysteria.

Stoker's men are dualistic masculine enigmas; oppressive patriarchs and ineffective hysterics, who – at the point of their traumatic encounters – are on the precipice of personal and social transition, reflecting the sense of conflict and turmoil that was endemic in late Victorian culture. The idea of doubleness and psychological transformation at the heart of horror is central to Robert Louis Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde*. Published in 1886, this gothic text is a key example of how contemporary scientific ideologies shaped the depiction of horror and of the disordered male mind in the literary text. In *Jekyll and Hyde*, it is the victim himself who is the spectacle of terror and the source of his own unnerving horror. As a trained (but non-practising) lawyer, Stevenson was undoubtedly aware of the numerous professional discourses that helped to structure contemporary society, including those of science and medicine. In his article 'Incongruous Compounds: Re-reading *Jekyll and Hyde* and Late-Victorian Psychology', Michael Davis provides a broad synopsis of the innovations in chemical, organic and psychological science that formed the backdrop to Stevenson's novella. However, many of the scientific theories that underpin *Jekyll and Hyde* reflect ideas that were only beginning to be developed by the 1880s, particularly those by early psychotherapist James Sully and psychical researcher Frederic Myers, who – along with other like-minded scientists – formed part of the Society for Psychical Research in 1882. The works of the Society and their studies of human consciousness and of parapsychology will be explored further in Chapter 2.

In his 1886 study of *Multiplex Personality*, Frederic Myers describes what he calls the 'multiplex and mutable character of that which we know as the Personality

of man', contending that the human mind is naturally multi-layered and discordant (Myers 1886:496). Indeed, Myers' notion that human consciousness is essentially disunified can certainly be applied to *Jekyll and Hyde*. Anne Stiles, along with other critics, has identified clear links between theories of the doubled brain and the psychical duality of Henry Jekyll. Moreover, Stiles describes the correspondence shared between Myers and Stevenson on the subject of the human mind, which proved mutually didactic for both men. However, because *Multiplex Personality* was published 'several months after *Jekyll and Hyde* [it] was more likely informed by Stevenson's novella rather than the other way around' (Stiles 2006:885). Myers' letters to Stevenson, sent a month after the novella's publication in January 1886, demonstrate the scientist's keen influence in the work, his suggested embellishments and corrections for the text showing that he had undertaken a close, psychologically-focused reading of the story and its characters⁶. The psychical researcher's evident interest in *Jekyll and Hyde* demonstrates the prominent role of non-specialist forms of knowledge, such as literature, in advancing scientific research.

For Myers, however, the dynamic nature of human consciousness extended beyond the idea of psychical duality, just as *Jekyll and Hyde* is more than just a tale of one man's multiple personalities. Over the years of their research, Myers and his associates in the Society for Psychical Research identified the dynamic potential of the human mind and its ability to surmount organic limitations. In his later text *The Human Personality and its Survival of Bodily Death*, Frederic Myers describes the

⁶ A selection of Myers' correspondence to Stevenson, detailing his suggested corrections to *Jekyll and Hyde*, can be found in *Robert Louis Stevenson: The Critical Heritage*, ed. Paul Maixner, pp. 212-222. Myers notes primarily focus on the depiction of certain scientific details in the text, such as the influence of narcotics on the body and the motivations and behaviours of the characters.

mind as having a ‘subliminal consciousness’, which operates ‘beneath the ordinary threshold [and] outside the ordinary margins of consciousness’ (Myers 1903(1915):14). This part of the personality has the ability, the Society assert, to project itself from the body and to exist outside of it, even beyond corporal death. Like the unconscious, the “subliminal conscious” is a latent part of the mind consisting of the hidden memories, thoughts and desires that form personhood, a ‘continuous subliminal chain of memory [...] and persistent revival of old impressions’, that have been marginalised and segregated by the mind to create a second self (Myers 1903(1915):15). Myers notes this concept of shared memory in one particular letter to Stevenson, in which he discusses the ‘community of memory’ shared by the figures of Jekyll and Hyde. ‘Gradually’, Myers contends, ‘[their] two memories would fuse into one’, marking the merging of the subliminised element of Jekyll’s mind, that of Hyde, into his waking consciousness (Myers in Maixner 1981:221). The phenomenon of this subliminal consciousness surfacing within the mind, he argues, occurs most commonly at the point of traumatic experience. For Myers, the experience of trauma is the primary cause of the onset of hysterical disorders and schizophrenic behaviour. Trauma possessed what the Society considered to be a pseudo-supernatural power to transform and amplify the abilities of the human mind. It is this “subliminal self” that Myers considers able to transcend the physical limitations of the body and it is at the heart of Jekyll’s experience of the transformative potential of horror.

Henry Jekyll shares the experimental appetite that characterised fin de siècle science. He also suffers from an inherent and traumatic sense of personal instability that disorders his selfhood. Tormented by a destructive sense of personal discord

and ‘the profound duplicity of life’ that overshadows his identity, Jekyll creates a cocktail of chemicals that enables him to split his personality into two separate selves, resulting in the creation of his monstrous alter-ego Mr Hyde (Stevenson 1886(1987):60). Jekyll describes ‘the direction of [his] scientific studies’ as leading ‘wholly towards the mystic and the transcendental’, a mixture of science with spiritualism and superstition that anticipates the psychical research conducted by Myers and his contemporaries into the extensions of human consciousness. Jekyll realises that the only way to “disassociate” these ‘polar twins’ of his selfhood is to liberate the side of himself that embodies the asocial and immoral desires that he has repressed and to literally free his mind from the ‘bonds of obligation’, the pressure to conform to the behavioural norms of his culture (Stevenson 1886(1987):62).

Like Myers, Jekyll conceives human identity as being more than just corporal. In a reflection that is evocative of Myers’ notion of the consciousness projecting itself beyond the body, Jekyll describes how he ‘began to perceive more deeply than it had ever yet been stated, the trembling immateriality, the mist-like transience, of this seemingly so solid body in which we walk attired’ (Stevenson 1886(1987):61). Hyde is a projection of Jekyll’s unconscious comprised of the very fabric of the Doctor’s mind, whose ‘two natures had memory in common, but all other faculties were most unequally shared between them’ (Stevenson 1886(1987):64). Hyde’s immateriality is evident to those who encounter him, who perceive him in spectral terms as having ‘a haunting sense of unexpressed deformity’ (Stevenson 1886(1987):29). Exploring the “strange case” at hand, Utterson experiences Hyde initially not as a physical being but as an apparition whom he describes as ‘haunting’ his dreams.

And still the figure had no face by which he might know it; even in his dreams, it had no face, or one that baffled him and melted before his eyes; and thus it was that there sprang up and grew apace in the lawyer's mind a singularly strong, almost an inordinate, curiosity to behold the features of the real Mr Hyde. (Stevenson 1886(1987):5)

That Utterson, Jekyll's lawyer friend who narrates the strange story, imagines the fiend before meeting him suggests how the very idea of a being such as Hyde – his absolute divergence from physical and moral norms – represented a tremendous psychological threat to even the most rational of minds. Utterson likens the mystery of Hyde to a "fog" which he hopes will 'lighten and roll altogether away', evoking a comparable sense of mass panic to that created by Dracula (Stevenson 1886(1987):15). Like the thick mist that shrouds the vampire's arrival at Whitby, the 'chocolate-coloured' fog that envelops Utterson during his first meeting with Hyde symbolises the sense of disorientation that the encounter with such an uncanny being presents. Hyde's presence evokes a sense of hysteria similar to that which is caused by Dracula, which disorders the community of male professionals that comprise Jekyll's acquaintance and wider London society. Hyde's corporal disfigurement masks the respectable figure of Jekyll suppressed beneath it and is emblematic of the scientist's latent mental disturbance. Moreover, this idea of disguise enhances the sense of visual distortion that blocks society's true recognition of Hyde, who is conversely concealed by Jekyll's veil of apparent sanity.

Jekyll's transformation into Hyde, who is symbolic of the repressed, 'lower elements' of himself taking physical form, is distinctly reminiscent of Myers' notion of a subliminal, second self lying dormant within the human consciousness. That

Hyde embodies the regressive, primal elements of Jekyll's selfhood repressed beneath the superficial veneer of his socialised identity evokes a sense of horror and abjection in a society governed by such exacting moral codes. Fearnley acknowledged this in his study of human responses to horror, asserting that 'the animal creation is full of suggestions of horror' because it represents a monstrous embodiment of the regressive, primal elements of selfhood repressed by the superficial veneer of his socialised identity (Fearnley 1895:422). A deformed vision of humanity, Hyde is more than merely Jekyll's double, however; he is also portrayed as the doctor's successor. In the act of creating Hyde there is a sense of artificial procreation and distorted patrilineality, with the doctor himself writing of the connection that 'Jekyll had more than a father's interest; Hyde had more than a son's indifference' (Stevenson 1886(1987):68). Without a biological lineage of his own, Hyde – whom Jekyll makes the recipient of his will and as such his direct inheritor – represents the doctor's need to ensure the continuation of his familial bloodline. This action echoes Richard Salton's desperate intentions at the beginning of *Lair* and reflects the sense of personal and social instability, particularly for men, surrounding the declining family dynasty at the fin de siècle. Jekyll's lineage is tainted, however, by the regressive, degenerative vision of humanity and social values that Hyde embodies. The horror that Hyde represents is therefore not only the desecration of his maker's body and mind, but also of his legacy.

Jekyll is portrayed, within his own narrative of the events and by the accounts of others, as an anxious and unbalanced figure. His compulsive obsession with his work is depicted in pathological terms. Jekyll's friend and colleague Dr Lanyon describes the doctor as becoming 'too fanciful' and 'wrong in the mind', a man

whose rational studies have descended into 'unscientific balderdash' (Stevenson 1886(1987):15). Lanyon is emblematic of the traditional medic and articulates the scepticism with which experimental scientific methods, such as those practised by Jekyll, were regarded by many contemporary physicians. Moreover, in questioning Jekyll's methods Lanyon is challenging his professional and, by extension, his social status and identity, demonstrating how Jekyll's mental decline is mirrored by his waning public image. The deterioration of Jekyll's mental, moral and physical standing is evident as the story progresses. During a visit from Utterson, Jekyll remarks "drearly" that "I am very low, Utterson", evidently fatigued by the activities of his unnatural double (Stevenson 1886(1987):39). In response, Utterson concludes to Jekyll that "you stay indoors too much", clearly concerned by the doctor's apparent isolation and inactivity. Jekyll's behaviour suggests that he is suffering, like Edgar Caswall, from the debilitating condition of neurasthenia, which was attributed to overwork and which saps the individual's nerve energies. Furthermore, in 1906 Morton Prince identifies a link between hysterical disorders and the doubled brain, asserting that 'hysteria now may make up one or more of the phases of the multiple individual', constituting 'a veritable alteration of the personality of the individual' (Prince 1906:171-172). Separating the vigorous and active elements of his identity into the alternative persona of Hyde, Jekyll himself is dominated by the depressive traits of the hysteric: nervousness, weakness and fatigue.

The catalyst of horror destabilises conventional patriarchal structures and evokes a sense of traumatic transition that is dramatised on a personal and societal level within gothic fiction. The psychological impact of horror on the male

protagonists is reflected by the turmoil inflicted upon their societies, where the institutions of religion, science and morality are assailed by unnatural, almost mythological beings. The concept of myth can itself be a source of horror through its ability to exist outside of, and to challenge, the foundations of reality. Myths are presented, particularly in *Lair* and *Dracula*, as spectres of the past that invade the present and are depicted as the source of the destabilising threat. However, such myths, legends and stories are also intrinsic to a culture and its history, particularly in the education of others in its customs and traditions. They are thus an essential component of social order with a profound psychological significance. Stoker acknowledged the importance of myth in *Dracula* in an interview published in the *British Weekly* in 1897. Vampirism is “undoubtedly,” he remarks, “a very fascinating theme, since it touches both on mystery and fact. In the Middle Ages the terror of the vampire depopulated whole villages” (Stoker in Stoddard 1897:185). The mythical foundations that underpin *Dracula* are also evident in *Lair of the White Worm*, which is widely thought to be at least partly based on the legend of the Lambton Worm. Noting the psychological power of legend on the human mind, Stoker suggests that myths themselves are a product of the disturbed imagination:

“It rested, I imagine, on some such case as this. A person may have fallen into a death-like trance and been buried before the time. Afterwards the body may have been dug up and found alive, and from this a horror seized upon the people, and in their ignorance they imagined that a vampire was about. The more hysterical, through excess of fear, might themselves fall into trances in the same way; and

so the story grew that one vampire might enslave many others and make them like himself” (Stoker in Stoddard 1897:185).

Folk-tales, like those of vampirism, create psychological unrest in the same way that the horrific beings of Hyde, Dracula and the worm threaten society through their fundamental deviance from what is physically and behaviourally acceptable.

The act of storytelling, however, is equally essential for managing mental and social disorder as it is a source of trauma. The narrative structures of all three novels are fragmented, uncertain and disrupted, emulating the mental states of their male protagonists. However, in each of the texts this sense of horror and chaos is accompanied by an equally powerful need for resolution. Just as contemporary psychological thought undoubtedly influences the presentation of mental breakdown in the novels, so do the practices of mental management feature in the process of removing the sources of horror and restoring sanity to both the individual men and their societies. The narratives of exploration and investigation that follow in each of the texts are commanded by prototypical, pseudo-psychiatric figures: Professor Abraham Van Helsing, aging geologist Sir Nathaniel de Salis and lawyer-turned-detective Mr. Utterson. These men command a process of mental management through their ability to dissect and reorder the fragmented narratives of the men driven mad by horror.

Prototypes of Psychiatry in Stoker and Stevenson

The process of managing aberrant mental states is where the truly transformational impact of psychological science on masculinity is revealed. Like

the horrifying mystery that must be resolved, the process of managing the mentally ill patient consists of two distinctive acts: diagnosing the problem and administering a cure. In early fin de siècle models of psychiatry this is a process of examination, introspection, articulation and transformation: a complex interchange between patient and clinician. It is an act of establishing order on the chaotic narrative of the madman. As examined in the introduction, the figure of the psychiatrist as a mental manager emerged at the advent of the twentieth century, influenced by the dynamic methods of psychotherapy proposed by Freud and his contemporaries. ‘It is the psychotherapist's business’, Freud asserted, to identify the ‘spatially-extended mass of psychogenic material [that] arrives in consciousness cut up, as it were, into pieces or strips’ and ‘to put these together once more into the organisation which he presumes to have existed (Breuer and Freud 1895(1955):291). As Myers identifies, it is the traumatic experience, such as that produced by horror, which is a main cause of this fragmentation of consciousness. The authority of the psychiatrist was rooted in his expert ability to forge a relationship with the subject that enabled him to understand and to influence his mind. In the process of managing the mind that is maddened by an external trauma or horrific threat, the psychotherapist takes command of the narrative process, synthesising strands of discordant self-narrative – of memories and experiences – stimulating the process of cure by forcing the subject to confront and dispel the objects of his fear.

While Utterson, Van Helsing and Sir Nathaniel are not psychiatric professionals, their expertise in disparate scientific fields gives them a professional authority that is analogous to that of the psychotherapist: Sir Nathaniel's anthropological knowledge and his ability to reconstruct both individual and

regional myths and memories; Utterson's investigative legal mind; Van Helsing's innovative methods for seeking out and destroying the vampire to restore sanity to the group of men he assists. Each figure is a personification of the rationalism considered typical of Victorian masculinity and administers the practices of modern mental management on an informal, communal level to re-establish mental, and subsequently social, order. Fin de siècle psychiatrist Hugo Munsterberg observes that, in the treatment of mentally disturbed patients, 'the first method to bring back the psychophysical equilibrium is of course the one which is also demanded by common-sense, namely, to remove the external sources of the disturbance', to exterminate the exterior threat (Munsterberg 1909:186). It is necessary to impose a regime of order against the traumatic chaos posed by horror, for 'assuming responsibility for the trauma allows feelings of helplessness and vulnerability to be replaced with an illusion of potential control' (van der Kolk and McFarlane 1996:14). It is in this respect that all three men enact pseudo-therapeutic practices in their identification and destruction of the horrific threat and in their treatment of trauma in the mentally-disturbed men that they encounter.

The textual structures of *Dracula* and *Jekyll and Hyde* emulate the formula of the medical narrative from the outset to emphasise a facade of authority and expertise to the reader. *Dracula* establishes factual credibility from its preface, where the reader is presented with a statement written in a distinctly clinical tone informing them how the narrative fragments of letters, diaries and medical case-notes have been 'placed in sequence' and compiled 'so that a history almost at variance with the possibility of later-day belief', one that challenges the foundations of biological reality, 'may stand forth as simple fact' (Stoker 1897(2003):6). The

story of *Dracula* unfolds through individual accounts of the horrors that systematically invade and disorder both society and the characters' minds. This act of self-recording, through letters and journal entries, is itself a curative process. As Arthur Kleinman argues in his studies of illness narratives, 'it is possible to talk with patients, even those who are most distressed, about the actual experience of illness, and that witnessing and helping to order that experience can be of therapeutic value' (Kleinman 1988:xii). The narrative therefore represents a transformational, therapeutic space for the Victorian man, where experiences that are otherwise considered to be unspeakable may be articulated and explored. Observing the growing formalisation of clinical practices at the end of the nineteenth century, Foucault argues however that the doctor increasingly held the ability to impose "virtual identities" onto the patient through the definitive medical gaze.

The clinician's gaze and the philosopher's reflection have similar powers, because they both presuppose a structure of identical objectivity, in which the totality of being is exhausted in manifestations that are its signifier-signified, in which the visible and the manifest come together in at least a virtual identity. (Foucault 1963(1976):96)

There is, therefore, an evident conflict inherent within the male patient as a subject, which exists between the clinical imposition of meaning upon him and his own assertion of independent selfhood enabled by the expression of his own narrative.

This tension is overtly dramatised in *Jekyll and Hyde*, whose narrative reflects a comparable need to compulsively document and record the traumatic experience. The text, like *Dracula*, emulates the structure of a contemporary medical case study.

It is presided over by Utterson's analytical gaze, which records the verbal and written narratives of Jekyll, Lanyon and others to build an authentic picture of the "Strange Case". For both Stevenson and Stoker, the fictional text is, in this sense, written as a pseudo-clinical narrative. Moreover, each novel highlights not only the increasing permeation of specialist medical language and practice into commonplace society but how it was reclaimed as a colloquial discourse for exploring identity and mental disturbance. This adoption of a clinical style by the narrative, however, conversely demonstrates the limitations of a purely medical analysis in decrypting the disordered mind. Instead, the imaginative, myth-making power of fiction is a vital component for telling the story of the self. Freud himself noted how fiction blended with fact in the therapeutic narrative, observing that 'the case histories I write ... read like short stories and that, as one might say, they lack the serious stamp of science' (Breuer and Freud 1895(1955):160). This tension between self expression and the authority of the physician is evident in the management of mental disorder within the stories.

Like Stevenson, Stoker was evidently familiar with contemporary psychological discourses. Glennis Byron recognises Stoker's interest in science, arguing that he 'engages with a wide variety of the sciences and social sciences of his day and the debates they engendered, including archaeology, anthropology, geology, physics, chemistry, criminal anthropology and mental physiology or early psychiatry' (Byron 2007:48). However, as Byron observes, Stoker's attitude towards the scientific innovations of the late nineteenth century is open to debate. Stoker's writings reflect his fascination with science yet they equally suggest his anxieties about its methods. There is a palpable tension between old and new practices of

mental management in both *Dracula* and *Lair*. Stoker expressed his derision for one particular method, that of mesmerism, in *Famous Impostors* (1910), a collection of essays on figures that the author considered to be fraudulent. Stoker accuses Mesmer's practices of a 'parting of the ways between earnest science and charlatanism', claiming that he 'used the picturesque side of his brain for the service of fashionable success' (Stoker 1910:96). Mesmer's methods, Stoker argues, are those of "magic" cloaked in the guise of 'medical therapeutics' (Stoker 1910:96). Stoker's profound distrust of mesmerism is evident both in *Dracula* and *Lair*. In the former, mesmerism is used by the vampire to ensnare and enslave his victims, a means of establishing control over the minds of others. In *Lair of the White Worm*, the mesmeric gaze is similarly used by Edgar Caswall to secure power over Lilla Watford. In his quest to further his knowledge of hypnotic methods, Caswall unearths an ancestral heirloom, Mesmer's chest. Sir Nathaniel explains to Adam that Caswall's father was 'a pupil and the fellow worker of Mesmer' and that the chest is rumoured to contain the 'philosophical and electrical instruments' needed to advance hypnotic power (Stoker 1911(2008):60). However, the chest also holds the key to Caswall's downfall, as it did his father before him. The family's servant – echoing Stoker's own concerns about mesmerism – recognises the chest's destructive power and warns Caswall: "oh, sir, I entreat you not to touch it. That trunk probably contains secrets which Dr. Mesmer told my master. Told them to his ruin! ... it was he who, men said, sold his soul to the Evil One" (Stoker 1911(2008):81). In opening the chest – like opening Pandora's Box – Caswall releases the knowledge that destroys his mind as it destroyed his father's before him. This act marks Caswall's descent into madness, the narrator observing that he is now 'on the high

road to mental disturbance' (Stoker 1911(2008):82). The heirloom is a symbol of the polluted inheritance that passes from father to son; the maniacal desire for power and knowledge that has corrupted the Caswall family. The horror for Caswall is not some supernatural monster, but the latent mental illness that resides within his lineage and his mind, which is awoken by the chest. The practice of mesmerism, a popular method of mental management in previous decades, is exposed in Stoker's fiction as fraudulent, insubstantial and – what's more – a further source of mental disorder.

Bram Stoker's novels appear to favour more modern scientific practices and the protagonists are frequently aided in their fight against the horrific beings by various technological innovations, from John Seward's phonograph diary to Adam Salton's dynamite. The figure of Dr Seward represents a bridge between the methods of traditional and contemporary medicine. One of Van Helsing's pupils, Seward retains the characteristics of the Alienist in his detached observation and warden-like control of the asylum inmates. The main subject of Seward's interest is a patient named Renfield. Seward undertakes a meticulous study of Renfield's behaviours in an attempt to understand his illness, diagnosing him as a 'zoophagous (life-eating) maniac' who ingests living creatures in the belief that it will prolong his own life (Stoker 1897(2003):80). Renfield's actions emulate Dracula's horrific consumption of the essence of life and render him, in the eyes of the medical establishment, insane, his subhuman traits stripping him of his freedom and his social status. Renfield is a duplicitous figure, however: one moment he is the archetypal raving madman, the next he is described by Seward as being 'so unlike the normal lunatic' (Stoker 1897(2003):68). Indeed, he often performs an intelligent,

genteel persona and can sometimes, Seward observes, be ‘quaint in his ideas’, ‘cunning’ and exude a “gentlemanly” air (Stoker 1897(2003):68). Renfield dramatises the continually shifting boundary between madness and sanity, which was itself a source of widespread fear for the Victorian man. Through Renfield, the novel engages with the mutable definition of madness at the fin de siècle, where concepts of partial and temporary insanity transformed the maniac into a liminal figure who resisted definition.

Seward himself is an equally divided figure, for while he is superficially the epitome of the rational scientist, he is visibly weakened by the emotion of his unrequited love for Lucy Westenra. Moreover, Seward’s abilities as a mind doctor are also portrayed as deficient, for he struggles without Van Helsing’s assistance to understand Renfield’s madness and his connection with Dracula. Displacing the authority of the traditional psychiatrist, it is evident that a greater presence is required to manage the widespread public hysteria and individual cases of insanity instigated by the vampire. Van Helsing remarks to Seward that his flaw is not his lack of intelligence but his failure to rely on his own intuition: ‘you are clever man, friend John; you reason well, and your wit is bold, but you are too prejudiced. You do not let your eyes see nor your ears hear’ (Stoker 1897(2003):204). It is this intuitive sensitivity and subjectivism that marks Van Helsing’s fundamental difference from the detached objectivity of the typical medic and is central to the innovative methods that enable him to restore mental order.

As discussed in my Introduction, the methods of psychotherapy introduced more humanised, patient-centric methods into the practices of mental medicine. In his study of one particular analysand, Freud describes how he utilised the technique

of empathy 'to enable her to reproduce the story of her illness': 'the interest shown in her by the physician, the understanding of her which he allows her to feel and the hopes of recovery he holds out to her all these will decide the patient to yield up her secret' (Breuer and Freud 1895(1955):138). In his 1909 study of psychotherapy, Hugo Munsterberg proposes a similarly humanistic approach to understanding the mind that relies upon the practitioner forging a relationship with his patient to develop a better impression of his identity and his disorder.

The more I am interested in his opinions, the more I feel in every utterance, in every gesture, the expression of his will and his purposes... yet I may take an entirely different relation to the same man. I may ask myself what processes are going on in his mind, what are the real contents of his consciousness, that is, what perceptions and memory pictures and imaginative ideas and feelings and emotions and judgments and volitions are really present in his consciousness.

(Munsterberg 1909:12-13)

For the psychotherapist, science alone is insufficient for understanding human identity. Van Helsing's philosophy of the mind regards madness not as a neurological anomaly but as a commonplace affliction to which all minds are, to differing degrees, susceptible. In his studies of the mind, Van Helsing rejects a purely scientific approach. Instead, the professor considers that knowledge is not the exclusive property of the academics or intellectuals but suggests to Seward that knowledge is innate, instinctive and essential to the fabric of human identity.

All men are mad in some way or the other, and inasmuch as you deal discreetly with your madmen, so deal with God's madmen too, the rest

of the world. You tell not your madmen what you do nor why you do it. You tell them not what you think. So you shall keep knowledge in its place, where it may rest, where it may gather its kind around it and breed. You and I shall keep as yet what we know here, and here." He touched me on the heart and on the forehead, and then touched himself the same way. (Stoker 1897(2003):129)

Van Helsing's relationship with Seward is both pedagogic and paternal, demonstrating how knowledge is shared not only through scholarship but as a natural understanding imparted through a didactic, pseudo-parental relationship. This sense of paternalism is at the heart of the curative process that Van Helsing commands, which is delivered through the creation of personal relationships with the traumatised men through whom he tries to restore the patriarchal structures damaged by the vampire's presence.

While Van Helsing notes the clinical manner with which Seward treats his patients, Seward describes the Professor's healing power as a metaphysical 'recuperative energy' that transcends the definition of science (Stoker 1897(2003):157). Seward introduces his mentor as 'a philosopher and metaphysician, and one of the most advanced scientists of his day', a man whose knowledge is a synthesis of various discourses that allows for a more comprehensive and enlightened perspective on the human mind than science alone can provide (Stoker 1897(2003):122). In his *Notes For Dracula*, collected by Robert Eighteen-Bisang and Elizabeth Miller, Stoker's list of influential sources demonstrates the author's own interest in a broad range of scientific and sociological discourses. Works cited include T J Pettigrew's *On Superstitions Connected with the History*

and Nature of Medicine and Surgery (1844), Herbert Mayo's *On the Truths contained in Popular Superstitions—with an Account of Mesmerism* (1851) and texts on anthropology and nature, intermingled with numerous volumes on folklore and myth. The disparate ideas about the human mind that these works represent are evidently reflected in the character of Van Helsing and the multifaceted knowledge that he possesses. Moreover, Stoker's notes suggest that Van Helsing himself was originally written as several different characters, each specialising in a different area of expertise, which were later combined into one. These characters all represent different qualities of the psychiatrist: 'Cotford, a detective inspector'; 'a philosophic historian' and 'German professor of history', Max Windshoeffel, who is concerned with the memories and histories of society; and a 'psychical research agent – Alfred Singleton' (Stoker in Eigheten-Bisang and Miller 2008:27). Van Helsing's persona is comprised of elements of each of these disparate sciences to create a specialist knowledge that is evocative of Arthur Conan Doyle's famous literary detective Sherlock Holmes and his "science of deduction", which will be examined in Chapter 3⁷. Moreover, the professor's character demonstrates how supposedly fixed professional roles are mutable and flexible, like masculinity itself. For both *Dracula* and *Lair*, there is a sense that scientific evolution is exemplified as the ultimate form of progress for restoring social order, that it is 'science that identifies the transgressive forces, and technology that helps contain them and effect their expulsion' (Byron 2007:49). Science alone is problematic, however, and Stoker

⁷ It is widely believed that Conan Doyle and Stoker were acquainted in the final decade of the nineteenth century, during the period in which the Sherlock Holmes collections and *Dracula* were written.

illustrates how other forms of knowledge are required to combat the unnatural threats that shake the foundations of science.

Eighteen-Bisang and Miller argue that Van Helsing's credentials 'bridge the gap between natural and supernatural reality' and that this ability to reconcile the paranormal with ordinary society is essential for the treatment of trauma (Eighteen-Bisang and Miller 2008:293). Van Helsing understands that science alone is insufficient for the task of destroying the vampire and that the imagination, particularly the acceptance of the supernatural, is vital for the advancement of knowledge: the need to have 'that faculty which enables us to believe things which we know to be untrue' (Stoker 1897(2003):193). Spiritualism is also important for restoring order, and religious icons such as the crucifix are adopted by the professor as essential tools for combating the vampire, who is a horrific perversion of the theological values that underpin society. The professor is an embodiment of ideal masculine values, who has an 'iron nerve' and the 'temper of an ice brook' (Stoker 1897(2003):122). However, it is his ability to harness the typically "non-masculine" qualities of empathy and compassion that enables him to forge reciprocal relationships with the disordered men around him rather than the typically unilateral intercourse between patient and doctor that sees the two figures divided by the boundaries of authority and professionalism.

Like Van Helsing, Sir Nathaniel de Salis possesses various different types of knowledge. This affords him the status of expert, allowing him to exercise a pedagogical authority that guides and shapes Adam Salton and which is vital to removing the threat of the white worm. Sir Nathaniel's true authority comes from his intrinsic knowledge of the Mercian county, its geography and genealogy. 'Devoted

to history', Sir Nathaniel 'knows more of our own part of the country, with its history and its people than anyone else' (Stoker 1911(2008):9). He is described as 'a clever old man' who 'had travelled much and within a certain area studied deeply' (Stoker 1911(2008):10). Sir Nathaniel's authority does not come from any professional status but from the power of his commonplace anthropological knowledge. Like Van Helsing, Sir Nathaniel's expertise is, by his own admission, equally influenced by the myth-making power of the imagination and his openness to the supernatural as it is by scholarly studies. Because Sir Nathaniel's knowledge is distinctly unspecialised, he is able to communicate it to Adam through a pseudo-paternal relationship that emulates that which Van Helsing forms with Seward, Harker and the rest of the men. To rid the region of its horrific threat and remove the destabilising sense of trauma presiding over it, foreigner Adam must become socialised to its customs and ways. Sir Nathaniel begins this process of integration by teaching Salton about the local history, a knowledge which must be preserved to ensure the region's conservation and to reveal the mysteries that are intrinsic to its culture. Reflecting Stoker's awareness of the significance of myth, the old man explains to his young companion that 'each legend, each superstition which we receive will help in the understanding and possible elucidation of others' (Stoker 1911(2008):16). Like Van Helsing, Sir Nathaniel's expertise is cultivated so that it may directly target the specific threat the men face, so that he is able to rationalise it and facilitate its destruction by realigning it with reality.

Like the Professor, Sir Nathaniel creates a dialogue with his pupil that is didactic yet reciprocal, invoking a sense of empathy to forge a sense of trust through which he can influence Adam. Adam remarks that 'Sir Nathaniel's voice was soft

and soothing [...] a tone eminently suited to win confidence' (Stoker 1911(2008):34). This intimacy is necessary to build a relationship that resists the competitive framework of patriarchy and enables Adam's mind to be altered. However, as it enables a therapeutic space within the turmoil of the horror-torn world to be formed, it equally renders Adam vulnerable to suggestion. It was this impressionable state on which the power of the mind doctor was dependent. Freud notes how young men are particularly susceptible to suggestion due to their 'elasticity of mental process' (Freud 1905(1960):263). In *Dracula*, the Count undertakes a sinister inversion of this therapeutic procedure to draw Harker into his thrall: 'I felt myself struggling to awake to some call of my instincts. Nay, my very soul was struggling, and my half-remembered sensibilities were striving to answer the call. I was becoming hypnotised!' (Stoker 1897(2003):54) This scenario demonstrates how the intimate relationship between doctor and patient, growing in popularity at the fin de siècle, was a source of fear as well as comfort. It reveals the man's susceptibility to influence, a fundamental sense of weakness that conflicted with normative conceptions of the rational male mind.

In *Lair*, the dialogue between the pupil and his mentor is essential for the restoration of mental and social order. As the mystery surrounding Lady Arabella intensifies and Adam's investigations deepen, Sir Nathaniel frequently encourages him to "tell" of his experiences, to "talk" and detail to him all that he encounters.

His companion set his mind at rest by saying in a low voice: "It is all right; you may speak, but speak low. There is no danger here—at present!". Adam leaned forward, taking care, however, not to press his face against the glass. What he saw would not under ordinary

circumstances have caused concern to anybody. With his special knowledge, it was appalling—though the night was now so dark that in reality there was little to be seen. On the western side of the tower stood a grove of old trees, of forest dimensions. They were not grouped closely, but stood a little apart from each other, producing the effect of a row widely planted. Over the tops of them was seen a green light, something like the danger signal at a railway-crossing. It seemed at first quite still; but presently, when Adam's eye became accustomed to it, he could see that it moved as if trembling. This at once recalled to Adam's mind the light quivering above the well-hole in the darkness of that inner room at Diana's Grove, Oolanga's awful shriek, and the hideous black face, now grown grey with terror, disappearing into the impenetrable gloom of the mysterious orifice. Instinctively he laid his hand on his revolver, and stood up ready to protect his wife. Then, seeing that nothing happened, and that the light and all outside the tower remained the same, he softly pulled the curtain over the window. Sir Nathaniel switched on the light again, and in its comforting glow they began to talk freely.

(Stoker 1911(2008):155)

Adam's hallucinations are symptomatic of the hysteria that the worm's attack generates for the young man, typified by a deep sense of unease and visual distortion. Sir Nathaniel creates a secure space where Adam can recall and relive the experiences that have instigated this mental breakdown, and within which his fears can be confronted and exorcised. This process of self-expression is a fundamental

element of the psychotherapeutic process and is essential for the restoration of traumatised identities, for enabling the man to articulate the thoughts and emotions – often repressed and forgotten – that must be confronted and removed. Clarke considers this repression of trauma as a primary cause of mental illness resulting from the experience of horror.

If an injury has to be borne in silence and any show of resentment suppressed, the psychical and physical consequences are more intense. Full discharge of an emotion may be accomplished by deeds or by their substitutes—words; for instance, relief from the burden of a painful secret is obtained by confession or confidential communication. (Clarke 1894:127)

Through this act of “confession”, it is not only the repressions at the heart of traumatic experience that are released but essential elements of the self that have been suppressed as a result.

The cathartic relief of confession is central to Freud’s idea of the “talking cure”, a process that revolutionised the treatment of mentally ill patients, as detailed in the Introduction. Foucault recognises that the act of confession is one of self-empowerment and a means of regaining the sense of control lost through horrifying encounters. To understand the importance of confession, Foucault argues that we must understand the power of language, ‘a rational discourse’ that is the first location for asserting and defining a sense of self (Foucault 1963(1976):xi). In creating a narrative of or commentary on the self, the psychiatrist helps the patient to uncover ‘that deeper meaning of speech that enables it to achieve an identity with itself, supposedly nearer to its essential truth’ (Foucault 1963(1976):xviii).

Confession is thus a form of liberation, verbalising “a truth” of oneself that is at the heart of identity: ‘confession frees, but power reduces one to silence; truth does not belong to the order of power, but shares an original affinity with freedom’ (Foucault 1976(1990):60). Judith Butler similarly regards articulation as a form of liberation and self-identification, asserting that the act of confession is a compulsion ‘to constitute a truth of oneself through the act of verbalisation’ (Butler 2004:163). Language provides the means for expressing an identity that the body is unable to perform, possessing an agency equal to the physical form for constituting an impression of selfhood. Although the authoritative figure, such as Sir Nathaniel, imposes the framework within which Adam’s identity can be, in this way, self-constructed, the young man is able to articulate his own subjectivity that can be decoded by the language used to form his confession. However, as van der Kolk and McFarlane identify in their study of trauma, ‘traumatic memories are often not coherent stories; they tend to consist of intense emotions or somatosensory impressions, which occur when the victims are aroused or exposed to reminders of trauma’ (van der Kolk and McFarlane 1996:10). The secrets confessed or revealed by the victim of horror are therefore not expressions of reason but of an inherent, instinctive fear that resists the rational framework of language and, like the ramblings of the madman, may not truly reflect the selfhood subjugated within the mind. Van Helsing and Sir Nathaniel command the novels’ narratives, enabling the men they assist to tell their own stories, which in turn reveal the secrets of the horrific beings they face. Moreover, they also manage the process through which the fragmented, hysterical narratives of the individuals traumatised by these threats are

reformulated, and their identities restored, through the act of retelling their own stories.

It is through building a picture of Adam's experience that Sir Nathaniel is able to solve the mystery of the white worm and re-establish order within the Mercian society. Van Helsing is equally reliant on Harker's memories to understand the vampiric enemy they face. However, Harker experiences the 'total amnesia' that Freud describes as another primary symptom of hysteria where memories of trauma are repressed (Breuer and Freud 1895(1955):12). Mina writes to Lucy of her husband that 'he is only a wreck of himself, and he does not remember anything that has happened to him for a long time past' (Stoker 1897(2003):114). In his writings on the treatment of hysteria, Clarke argues that 'the exciting causes of the events immediately prodromal to the onset of hysterical symptoms, when recalled to the memory after long intervals, can act powerfully and directly in relieving those symptoms' (Clarke 1894:127). Morton Prince likewise argues that the hysteric can be cured 'either through artificial interference, such as the hypnotizing process or as a result of an emotional shock' (Prince 1906:175). Van Helsing forces this "emotional shock" in Seward, Harker, Holmwood and Morris by making them face the horror of the vampire. Van Helsing shocks the group into action, the threat of Dracula becomes a catalyst for reactivating masculinity in the form of a cohesive social group of men with a united purpose: 'we men are determined, nay, are we not pledged, to destroy this monster?' (Stoker 1897(2003):336). Van Helsing binds the group, counsels and equips them with tools and knowledge just as Sir Nathaniel imparts information to Adam, symbolically imprinting on him the elements of patriarchy and establishing a new social order based on industry, action and

productivity. In responding directly to the threat of the vampire, the men are performing the active, heroic roles that typified social ideals of masculinity, for which horror is the catalyst. Moreover, they are restoring their own agency by removing the threat of the vampire, the cause of mental disturbance, taking command over the process of their own cure and simultaneously restoring social order.

The narrative structure of *Jekyll and Hyde* is presided over by Mr Utterson, whose very name is suggestive of the act of verbal expression, of “utterance”. Utterson, like Van Helsing, is a central narrative figure to whom people speak their minds. Utterson investigates the mystery of Hyde by collecting and collating fragments of narrative from those who witness the monster’s destructiveness and the doctor’s mental breakdown. Despite being written nine years before Freud’s theories on psychotherapy were popularised, there is an evident comparison in *Jekyll and Hyde* between the process of criminal investigation and the diagnosis of psychic disorder, between the act of solving a crime and that of mental management. Indeed, the text utilises numerous techniques that engage with contemporary psychological developments in the conception and treatment of mental pathology.

As ‘a lawyer’, Utterson possesses a comparable professional authority to the doctor. Furthermore, he has an intuitive sensitivity in reading human expressions and ‘an approved tolerance for others; sometimes wondering, almost with envy, at the high pressure of spirits involved in their misdeeds; and in any extremity inclined to help rather than to reprove’ (Stevenson 1886(1987):7). From the beginning, on hearing Enfield’s tale of the strange fiend he encountered, Utterson is established as a central narrative figure through whom the mystery of Hyde is mediated, who

collects and synthesises individual fragments of memory to compile a cogent picture of the case. Utterson questions Enfield on what he sees, listening carefully ‘in silence and obviously under a weight of consideration’, like Sir Nathaniel with Adam, to allow him to tell his own story (Stevenson 1886(1987):12). Later, Lanyon tells Utterson how his colleague Jekyll ‘began to go wrong, wrong in mind’, evoking the lawyer’s suspicion of the doctor’s involvement (Stevenson 1886(1987):15). Utterson confronts Jekyll about the strange situation, adopting the same penetrative approach of close listening with probing questions designed to lead Jekyll to the point of confession. Jekyll rejects his attempts, however, for he is afraid to uncover the concealed facet of his identity that he has so determinedly disassociated from himself.

“Well, I tell you so again,” continued the lawyer. “I have been learning something of young Hyde.” The large handsome face of Dr. Jekyll grew pale to the very lips, and there came a blackness about his eyes. “I do not care to hear more,” said he. “”This is a matter I thought we had agreed to drop.” “What I heard was abominable,” said Utterson. “It can make no change. You do not understand my position,” returned the doctor, with a certain incoherency of manner. “I am painfully situated, Utterson; my position is a very strange—a very strange one. It is one of those affairs that cannot be mended by talking.” “Jekyll,” said Utterson, “you know me: I am a man to be trusted. Make a clean breast of this in confidence; and I make no doubt I can get you out of it.” (Stevenson 1886(1987):23)

Despite Utterson's attempts to win Jekyll's confidence, the doctor has repressed his traumatic transformation so deeply that he rejects his friend's assistance and instead asserts his ability to manage his own mind: "I will tell you one thing: the moment I choose, I can be rid of Mr. Hyde. I give you my hand upon that; and I thank you again and again; and I will just add one little word, Utterson, that I'm sure you'll take in good part: this is a private matter, and I beg of you to let it sleep" (Stevenson 1886(1987):23). Importantly, Utterson does not manage to restore sanity to his friend as Van Helsing and Sir Nathaniel are able, perhaps lacking the skills of the psychotherapist in its most prototypical form at this early stage in the development of psychiatry.

That Utterson initially perceives the figure of Hyde within his dreams suggests the deficiency of his investigative methods for resolving the case. Significantly, it also portrays the value of the dream as a therapeutic device. The dream narrative is of central importance to the depiction of horror and of mental pathology in *Jekyll and Hyde*. As well as Frederic Myers, Stevenson also enjoyed a friendship with James Sully, a noted Victorian psychologist. Both men were members of the Savile Club in London and Sully describes in his 1918 memoir *My Life and Friends* a discussion he held with the author on the subject of dreams. James Sully was an early pioneer of psychotherapeutic methods, suggesting that Stevenson may have been familiar with dynamic notions of the mind and its management prior to their popularity in the 1890s. For Sully, the dream was symptomatic of the mind's pathologies and its unconscious functions: 'in the act of fixing attention on the internal imagery of our dreams we unconsciously modify it, selecting, adapting and fusing according to the pre-existent ideas or emotional tone' (Sully 1877:112).

Similarly, Utterson's dream-creation of Hyde, 'that human Juggernaut', is unconsciously influenced by his pervasive fear of the horrors that the being embodies (Stevenson 1886(1987):5). Stevenson himself wrote a *Chapter on Dreams* in 1892, in which he observes how the dream is a store for human memories where the mind subliminally reorders facts and reshapes reality. Dreams are the 'theatre of the brain', where the past is remembered, relived and often re-experienced by the dreamer in a new way (Stevenson 1892). In this respect, dreams are, Stevenson asserts, a significant myth-making tool where the imagination compensates for the perceptual deficiency of the waking eye.

The stories must now be trimmed and pared and set upon all fours, they must run from a beginning to an end and fit (after a manner) with the laws of life; the pleasure, in one word, had become a business; and that not only for the dreamer, but for the little people of his theatre. Dreams are the place where myths are made and stories are told.

(Stevenson, 1892)

In discovering the true nature of Hyde, Utterson must imagine what he cannot experience in the real world, and this imaginary element – as it is for Van Helsing and de Salis – is essential for the advancement of his investigations. As the case progresses, Utterson enlists the help of handwriting expert Mr Guest, whose practices are reminiscent of the technique developed by Freud of reading his patients' handwriting as clinical material through which to diagnose mental disorder and identify covert pathological symptoms. In the case of Jekyll and Hyde, the symptom Guest reads is that of the doctor's doubled identity, symbolised by the

mirroring of their signatures: 'there's a rather singular resemblance; the two hands are in many points identical: only differently sloped' (Stevenson 1886(1987):23)⁸.

It is not Utterson's investigation, however, but Jekyll's own confessional narrative, his 'Full Statement of the Case', that unveils the mystery surrounding Hyde. In his record, Jekyll explains how he is traumatised by the inherent sense of division between the normative demands of society and his own 'concealed pleasures', particularly the 'morbid sense of shame' they have brought to him (Stevenson 1886(1987):60). In his confession, Jekyll admits that the horrific being that is Hyde is in fact his own creation, a physical split resulting from his desperate attempts to cure his mental division and escape the burden of his 'hated personality' (Stevenson, 1886(1987):63). The result of Jekyll's experiment is a physical embodiment of the repressed, asocial desires that men were forced to deny in order to conform to the conventional demands of masculinity. Becoming Hyde is a state of liberation for Jekyll in which he feels himself released from the restrictive social codes against which his second self battled, so that – in contrast with Jekyll – Hyde feels 'younger, lighter, happier' and experiences a sense of empowering 'freedom' (Stevenson 1886(1987):61). Doubleness, then, is not only a symbol of social uncertainty but of attempted self-therapy that is facilitated by scientific evolution.

⁸ In a letter to Stevenson detailing several proposed corrections for the novella (27th February 1886), Myers suggests to Stevenson, with regard to Hyde's handwriting, that 'here I think you miss a point for want of familiarity with recent psycho-physical discussions. Handwriting in cases of double personality ... *is not and cannot be* the same in two personalities' (Myers in Maixner 1981:215). This indicates either that the scientific foundations of the novel were not as sound as perhaps they have otherwise been regarded, or that Hyde's manifestation is not a symptom of dual personality but of a different mental affliction.

However, this distorted process of self-help that Jekyll attempts is ultimately presented as dangerous and deficient. The horrors that Jekyll faces, the threats against his identity, are in fact self-induced results of his attempts to manage his own unbalanced personality. As such, it is Jekyll alone who is responsible for its ultimate destruction, which can only be achieved through the annihilation of his entire being through the act of suicide, which eradicates the true subject of the doctor's horror – his own body and mind. The practices of mental management, and the figure of the mental manager are, in their early forms, insufficient for the task of treating the schizophrenic madman, whose fractured self-narrative cannot be reconciled even by the cathartic act of confession.

Conclusion

Each of the Gothic texts examined in this chapter dramatises, in the various supernatural horrors that they depict, how masculinity was essentially a traumatic experience at the *fin de siècle*. The vampire, the worm and the monstrous man challenge the stability of society and its institutions, particularly those of the family, the estate and the church, fundamental emblems of patriarchal power. The traumatic disruption that these monsters instigate affects the men in the form of mental, as well as social, breakdown, the stability of the mind intrinsically bound to the stability of society. That the men who encounter these horrors are markedly portrayed as hysterical figures reveals not only how literature engages with the ever-shifting diagnoses of mental illness, but also how these scientific discourses create an image of masculinity that appears inhibited and weakened. While Jekyll's attempt to self-

manage his mental disorder is ultimately depicted as deficient, the external causes of horror at the heart of the enervated men in *Dracula* and *Lair* are threats not only against the men's lives, but also the social and personal signifiers of their masculinity, which are demonstrably managed by the influence of external figures who administer treatments to minimise mental disturbance.

In each narrative, the process of attempting to remove the sources of horror is negotiated by men who enact the ideologies of mental management by creating therapeutic spaces in which they educate, equip and empower the disturbed individuals. Within this space the healing power of language and self-expression is accessed and histories that are essential to the patriarchal structures of the threatened societies are restored. Most importantly, this space becomes one where the men can overcome the inhibiting symptoms of hysteria – amnesia, lack of speech and paralysis – to retake ownership of their own narratives and restore to themselves a sense of agency. Far from being limited to the oppressive institution of the asylum or the clinic, the process of treating mental illness takes place in a commonplace environment and as such is reflective of a broader philosophy of mental management. Van Helsing and Sir Nathaniel force Harker and Adam to relive the traumatic events, a central notion at the heart of fin de siècle psychotherapy, through which they can identify the horrors at its source. The process that occurs in narrative is one of therapeutic exchange and of influence, one which significantly imposes an institutional order onto the patient. Indeed, the process is one of sharing myths and social knowledge and, importantly, fixing the man's own place within these social narratives and determining the role he must perform. The discourse between the men, like that between the psychiatrist and his patient, is didactic. It is an exchange

where communal knowledge is shared, which is essential for the development of socially-acceptable identities. Through the work of a central figure the incoherent narratives become cohesive, mirroring in the restoration of mental order the restructuring of society that the removal of the horrific threat enables.

The therapeutic potential of the literary text is one which is recognised in modern psychiatric practices. *Dracula* is a text utilised by practitioners today: Toni Cascio and Janice Gasker demonstrate how, ‘because of the popularity of this story, it has tremendous potential for use as a metaphor in therapy for clients involved in relationships that are parasitic in nature’ (Cascio and Gasker 2001:20). The fictional narrative helps the patient to identify and confront potentially damaging situations, and to synthesise complex emotions that may otherwise remain un confronted by the conscious mind. Cascio and Gasker argue that the use of such a metaphor in the counsellor’s repertoire has a ‘therapeutic value’ by providing the means for expressing otherwise indescribable thoughts and situations, because ‘stories are the form by which we synthesize our experiences’ (Cascio and Gasker 2001:21). The literary text performs a role in modern therapy comparable to the role that storytelling plays for Van Helsing and Sir Nathaniel as part of the curative process. As discussed in the Introduction, for the modern therapist, ‘the life narrative serves a number of purposes. It is an explanation of how the past became the present; it is the personal data that serves to support the self-image’ (Cascio and Gasker 2001:22). These proto-typical psychiatric figures recreate this process of storytelling through their extraction of the mad-man’s narrative, to enable him to understand the source of his own mental disorder and to help manage the traumatic experience. ‘The ability to create one’s own life story is essential in maintaining a coherent sense of self in a

changing environment', and no other genre depicts the sense of fin de siècle disorder quite as potently as the Gothic (Cascio and Gasker 2001:22).

In the fin de siècle Gothic text, horror is a transformational force that unnerves and maddens but also facilitates the growth of men and their societies. Van Helsing's presence within the novel enables the formation of a cohesive group of men, a symbol of the wider patriarchal ideal of society, that reclaims the active, heroic image of compliant masculinity that horror threatens to destabilise. The transition from hysteric to hero occurs in Harker because of the process that Van Helsing commands: by returning to the castle with a network of men in support, Harker is able to destroy the vampire and, through this action, restore his sense of agency, regaining command over his own narrative and liberating his wife from Dracula's curse. The sense of social restoration is compounded by Harker's formation of a new patrimonial line that holds on to the legacy of the brave men that enabled it.

It is an added joy to Mina and to me that our boy's birthday is the same day as that on which Quincey Morris died. His mother holds, I know, the secret belief that some of our brave friend's spirit has passed into him. His bundle of names links all our little band of men together.

But we call him Quincey. (Stoker 1897(2003):398).

The restoration of mental order is thus synonymous with the restoration of social order in the quintessential form of the familial unit. However, there is a suggestion that the Harker family lineage is tainted, and that Mina's infected blood – polluted by Dracula – is present in their boy. For *Dracula*, as in *Jekyll and Hyde*, there is no

therapeutic closure. The remainders of mental disturbance live on, like a dormant disease, in the afflicted communities.

The process of re-socialisation is also evident in *Lair*, where Adam Salton's masculinity is equally asserted through his dual actions of destroying the white worm and through his transition into the role of husband, securing twofold the preservation of the Castra Regis estate. However, this union with Mimi Watford – a young woman who is 'born and bred in Siam' and of partly foreign blood – marks a complete subversion of the fear of foreignness that suffuses the novel at its start (Stoker 1911(2008):24). Just as a foreigner himself (Salton) is needed to maintain the fragile patriarchal equilibrium of Castra Regis, *Lair of the White Worm* depicts how social order must evolve organically through the patrilineal education of the symbolic male heir, whose positioning must be artificially secured both psychologically and physically, to ensure the continuity of the British estate. The supernatural threat faced in the form of the man-eating worm provides a catalyst for this transformation, and the mental management that ensues has the broader effect of psychologically re-establishing social order. In *Jekyll and Hyde*, however, this restoration is not possible through external mental management. The source of the horror is so intrinsic to Jekyll's own selfhood that its discovery and destruction must also mean Jekyll's own. The madness resulting from cognitive pathology is depicted, in contrast with that which is externally stimulated by trauma, as an unredeemable state for the Victorian man. Jekyll's family line is fundamentally polluted by mental division and, as such, is ended. It is possible that, with the novel written almost a decade before *Dracula* and before the popularisation of psychotherapy, the forms of mental management available to the narrative were at

too early a stage to be utilised effectively. However, the underlying suggestion is also that medical innovation was equally dangerous to insanity and perhaps itself a source of horror.

In the supernatural emblems of the vampire, the worm and the monstrous “human Juggernaut” are the signs of “absolute difference” that Fearnley describes as a source of horror, which distort the very fabric of being. The human form in both texts becomes unrecognisable at a point in time where the men were desperately seeking stability. Chapter 2 will consider another supernatural emblem, that of the ghost, and its presentation as both a source of disturbance and one that facilitates the management of disordered mental states. It will develop further the notion that mental trauma results not from horror, but from the impact of more commonplace sources of emotional distress such as grief, and how therapeutic spaces are created to manage the state of disorder that results.

CHAPTER TWO

'No Real Stranger': The Ghost as a Therapeutic Presence in "Supernatural"

Literature

That a ghost who is a stranger to the wakeful consciousness of the patient, who holds sway in him, is true, only he is *no real stranger*, but a part of himself (Breuer and Freud 1895(1955):188).

Chapter 1 examined how the psychological impact of horror on the Victorian man is depicted in some of the most notable works of gothic fiction penned at the fin de siècle. While the ghost is a prolific emblem of terror, the study of spectral encounters has been allocated a separate chapter; primarily, because ghost-seeing cannot always be classified as a horrifying or traumatic experience, and furthermore, because literary manifestations of the ghost are not isolated to the gothic genre. The spectre takes various shapes in many types of fin-de-siècle text, yet its transformative ability to disturb individuals' perceptions and subvert conventional social structures always remains palpable. Moreover, the ghost is not always a source of fear, but is a being that evokes a more complex psychological response than the traumatic mental collapse epitomised by Jonathan Harker's encounter with Dracula. The gothic narratives studied in Chapter 1 depict the process of cure equally as they portray the effects of horror on the male mind. They feature at their centre pseudo-psychiatric figures who command a process of mental exploration that enables the afflicted protagonists to confront and expel the objects of their fear. This

chapter focuses on the dual function of the ghost as both a source of disturbance and a remedial, curative presence in literature and psychology at the end of the nineteenth century. It will explore how encounters with spectral presences, in their varying forms, facilitate the process of healing for men who are disturbed by the personal traumas and challenges they face within their contemporary society, and locate the spirit as a curative device within the landscape of early psychiatric practice at the fin de siècle.

By the end of the nineteenth century, the question of spiritual matters had been rendered problematic by increasing scientific inquiry, with evolutionary theories undermining the traditional doctrines of Christianity, demystifying religion and shaking the foundations of belief for many Victorians. The increasing popularity of gothic fiction mirrored the unhinging sense of social uncertainty that was prevalent at the fin de siècle. In the same way, the augmented popularity of alternative belief systems, such as the occult, the supernatural, and the rituals and practices of spiritualism in these later decades reflected the sense of turmoil that haunted society. Experiencing a resurgence in the late 1800s, Spiritualist theories rejected the corporeal limitations placed on humanity by biological science and focused instead on the life of the human spirit outside the body and the presence of a world beyond the mortal. At the centre of this belief system is the emblem of the ghost, the disembodied human spirit, which was regarded as a powerful, influential and transformational being. Rather than conflict with the advances of mental science, spiritualist phenomena added a new dynamic to contemporary studies of the mind. ‘For physiologists and medical practitioners’, Richard Noakes argues, ““Spiritualistic” phenomena were well known as consequences of agencies within

the body', with scientists identifying a distinctive link between human consciousness and incidents of ghost-seeing (Noakes 2004:31).

In contemporary studies of the mind, ideas surrounding the psychology of the supernatural developed alongside new theories about the presentation and treatment of mental illness, the two strands theorising the independent and complex nature of the consciousness and transforming contemporary perceptions of the human mind. As Freud and Breuer's comments on ghost-seeing suggest, the correlation between a spectral apparition and the mind of the person who encounters it transforms the idea of haunting from one of the paranormal, to one of the psychological. Indeed, many practitioners included supernatural terminology and analogy in their studies of psychic disorder, with the ghost featuring in many remedial discourses at the fin de siècle. In 1890, psychologist William James described the impact of a traumatic or unnerving experience on the mind as something which "haunts" the individual, leaving residual impressions on it that continue to destabilise the mind long after the event: 'when we have been exposed to an unusual stimulus for many minutes or hours, a nervous process is set up which results in the haunting of consciousness by the impression for a long time afterwards' (James 1890:647).

While encounters with the supernatural could be a source of mind-altering trauma, as described in Chapter 1, the experience of haunting could also represent a source of comfort, and features as such in a number of scientific and literary works at the fin de siècle. As critics have often observed, for many writers at the end of the nineteenth century, the ghost functioned as a language for depicting the sense of fragmentation and instability that characterised contemporary masculinity, and for

characterising mental disturbance and social degeneration⁹. To the Victorian spiritualist, psychologist and layman, the ghost had manifold meanings and dimensions. To Freud and his contemporaries, the spectre is conceived as part of the mind itself, a manifestation of disembodied emotions that are detached from consciousness and projected into spectral objects that, in such a tangible form, can be identified and confronted. This process emulates the psychoanalytic practices of mental management, in which repressed emotions are liberated from the conscious mind to relieve the maddening burden they place upon the self. For spiritualists, the practices of the séance provided a space where individuals suffering personal tragedy sought to commune with the dead, to seek solace in the notion of their continued immortal existence. What is clearly common is that the ghost is a catalyst for experiencing alternative mental states that are not otherwise accessible by the constricted corporal body. Moreover, the fascination with the supernatural provides another means to synthesise and manage the challenges of social transition and personal grief for men in a society where emotional expression was problematic.

This chapter will examine the concept of haunting as presented in two stories by one of the era's most prolific authors of supernatural fiction, Henry James ('Sir Edmund Orme' and 'The Jolly Corner'); and in Thomas Hardy's ghostly 'Poems of 1912-13'. It will consider the impact of spectral encounters on the men who experience them; from James's anxious, nameless narrator and the volatile Spencer

⁹ See particularly Janet Oppenheim's *The Other World: Spiritualism and Psychical Research in England* (1985), Bret Carroll's article "'A Higher Power to Feel': Spiritualism, Grief, and Victorian Manhood' (*Men and Masculinities* 3:1, 2000) and *The Victorian Supernatural* (2004) edited by Nicola Bown, Carolyn Burdett and Pamela Thurschwell.

Brydon, to Hardy's haunted poetic narrator. In 'Sir Edmund Orme', the ghost is both a threatening masculine other and an embodiment of unresolved emotion, the spectre of a woman's jilted lover who haunts the nameless narrator as he pursues a courtship with her daughter. For Thomas Hardy, particularly in his 'Poems of 1912-13', the spectre is both an embodiment of memory and vessel through which the process of mourning is navigated, a figure of both disturbance and of comfort that negotiates the transition between past and present. For both writers, I will argue that the ghost provides a therapeutic presence that manages mental disturbance and, as such, plays a role within the narrative that is comparable to that of the pseudo-psychiatric figures at the centre of Stoker and Stevenson's tales.

Psychology and the Supernatural at the Fin de Siècle

In a society that was haunted by war, industrialism and the spectre of social change, it is unsurprising that an interest in spiritualism was endemic in late-Victorian culture, particularly among the middle and upper classes. As Nicola Bown observes, 'the supernatural was both fearful and terrible and ardently desired; it was a spooky sense that there was more to the world than the everyday, and an intimation that reality might be transfigured by something above and beyond' (Bown et al 2004:1). The development of spiritualism marked an increasing trend in alternative systems of belief, through which people sought answers to the question of mortality and tried to re-locate the self within the tumultuous environment of progression and change. Furthermore, a belief in the supernatural filled a void at a period when traditional systems of faith were under constant challenge by science and social

evolution. As early as the 1850s, writers such as John Netten Radcliffe observed the significant impact of supernatural belief on the human mind: ‘a belief in the supernatural has existed in all ages and among all nations [...] we find pervading every part of it the effects of those passions and affections which are most powerful and permanent in our nature’ (Radcliffe 1854:1). As Radcliffe’s comments suggest, the experience of the supernatural is highly subjective; it is bound up with the mind of the person who encounters it and is, therefore, comprised of their emotions, fears and desires. Scientific approaches to the study of supernatural experience blended the ideologies of spiritualism with the increasing psychological interest in perception and consciousness, developing a new language for defining aberrant mental states and reflecting how questions of human identity had expanded beyond traditional biological and philosophical fields.

Despite conflicting with the more traditional attitudes of religion, Spiritualist beliefs are analogous to those of Christianity. As Nicola Bown observes, Victorian spiritualism is traditionally seen as a response to ‘the “challenge of Darwinism”’ and involves practices which are ‘quasi-religious’ in nature (Bown et al 2004:2). Speaking of Herbert Spencer’s theories in *Phantasms of the Living*, a polemic textbook of psychical research that sought scientific justification for paranormal phenomena, Gurney, Myers and Podmore recognise the connection between psychical science and Christianity, noting that ‘Mr. Spencer has gone so far as to trace all early religion to a fear of the ghosts of the dead’ (Gurney et al 1886:xli). Essentially, Spiritualists believed that the souls of the dead resided in a spirit world from which they could communicate with the living, with mediums providing the channels to do so through the ritualistic practices of séance.

The growing popularity of spiritualism reflected a changing trend in how men perceived themselves and their place within the world. A belief in life beyond death, that the spirits of those past remained present within the mortal world, epitomised a desire to conceptualise the self outside of the restrictions of both the corporal body and the confines of the society to which it is bound. Numerous studies emerged between the 1870s and 1900s that examined the relationship between paranormal phenomena and the human consciousness. In 1882, the Society for Psychical Research was established to debate and ultimately determine the nature and origins of the supernatural, and its connections with the human mind. In their 1886 text *Phantasms of the Living*, founding society members Edmund Gurney, Frank Podmore and Frederic W. H. Myers outlined how their research aimed to give scientific validity to supernatural studies, to elevate them beyond the status of mere superstition.

We observe that, since they oblige us to conceive the psychical element in man as having relations which cannot be expressed in terms of matter, a possibility is suggested of obtaining scientific evidence of a supersensory relation between man's mind and a mind or minds above his own. (Gurney et al 1886:xlvi)

In *Phantasms of the Living*, Gurney, Myers and Podmore assert the mind's ability to transcend the material limitations of the body through thought transference or mental projection; an ability to influence and to transfer thoughts, images and sensations to another person, both before and after death. Here, they outline their theory regarding the fluidity of human consciousness and its ability to surmount corporal and sensory boundaries:

Under our heading of " Phantasms of the Living," we propose, in fact, to deal with all classes of cases where there is reason to suppose that the mind of one human being has affected the mind of another, without speech uttered, or word written, or sign made, has affected it, that is to say, by other means than through the recognised channels of sense. (Gurney et al 1886:i)

The late nineteenth century was a period of significant turmoil from which an increasingly ardent interest in the spiritual realm was born. Frederic Myers experienced this disturbance personally and was driven toward psychical research, Samuel Hynes asserts, by ““a desire to restore the consolations of religion that Victorian science had denied him”” (Hynes in Bäckman 2001:32). Through experiments conducted in the mind’s capabilities, the Society for Psychical Research concluded that the consciousness was able to project itself outside of the body, to create and experience living “apparitions” and to transfer thoughts to the minds of others (Gurney et al 1886, vol.1:26). However, while proposing antipodal theories to those of “mainstream” science, the Society state in the preface to *Phantasms of the Living* that ‘we wish distinctly to say that so far from aiming at any paradoxical reversion of established scientific conclusions, we conceive ourselves to be working (however imperfectly) in the main track of discovery’, aligning themselves with their more traditional contemporaries (Gurney et al 1886, vol.1:xxxvi). Indeed, the Society’s theories developed in parallel with the novel methods of psychoanalysis, enriching the complex image of the unconscious and reconfiguring the human mind as a dynamic and multifaceted entity.

The Society's research purported that there was a distinctive connection between the human mind and supernatural experience, arguing that the consciousness has a "supersensory" ability that enables it to project itself from the body, intertwining the concept of ghostly visions with the untapped potentials of human psychology. These externalisations are described as "agents" of the consciousness, suggesting that the ghostly figure has a power that surmounts the physical. *Phantasms* describes how apparitions occur most frequently at a significant point of trauma or transition in the life of the ghost-seer, such as the illness or death of a loved one, indicating the ability of traumatic experience to affect the consciousness, as Edmund Gurney had previously identified: 'Such visions are commonly explained-and often no doubt with justice-as due to nervousness or expectancy [which] work on the imagination, and their physical seat is not in the eye, but in the brain' (Gurney 1885:187-188). Gurney's ideas imply, therefore, that traumatic experiences expand the boundaries of consciousness to allow almost superhuman capabilities. It is not only horror, however, but the power of emotions that possesses this transformative capability, emotions such as passion or grief that men in particular lacked the opportunity to express within the restrictive behavioural codes assigned by Victorian society.

For men in particular, spiritualism provided an enhanced means for emotional expression that was otherwise difficult to access within a world that demanded them to exhibit values of self-control and rationalism. Bret Carroll contends that 'spiritualist ideology and ritual provided ideal theoretical and physical settings for the rethinking of masculinity', displacing the man from the material boundaries of the industrial sphere into the typically more feminine realm of the family and home

(Carroll 2000:6). Indeed, the séance involved the creation of quiet spaces within the house, spaces for self-reflection that equipped men, Carroll argues, with the ‘intellectual, psychological and emotional tools’ to manage social change (Carroll 2000:4). For the Victorian man, masculine identity was not only behaviourally and environmentally encoded, but was also inscribed in the body, which was expected to be a symbol of activity, strength and capability. As discussed in the introduction, the link between the body and selfhood was compounded in previous decades by the physiological definitions of mental illness, which sought to scrutinise and treat the body where symptoms of insanity were detected. However, just as mental medicine had begun to shift its focus onto the mind by the advent of the twentieth century, so did the practices of spiritualism and the theories of parapsychology separate the human spirit from the body, suggesting that the essence of humanity, the spirit, is not bound to the corporeal form. Furthermore, the ghost is, by its nature, a non-corporeal entity, its presence therefore disturbing the notion of an identity assigned by the body, rendering masculinity a more unstable and flexible concept.

The figure of the ghost is clearly a source of unrest: it disturbs scientific principles, conventional systems of belief, and the minds of individuals who witness these phantasmal presences. For the ghost-seer, the encounter renders their perceptions and senses questionable. When the ghost-seer is male, the experience disturbs the rationality which is at the heart of conventional Victorian masculinity and thus renders the haunted man an unstable and feminised figure. Just as there is a palpable tension between the spectre’s ability to frighten and to comfort, so is there a similar tension in Victorian sciences between paranormal and pathological interpretations of ghost-seeing. Despite the two contrasting strands of research

concurring on the proximity of the phantasmal presence to human consciousness, the natural and supernatural explanations for ghost-seeing differ considerably on whether the phenomenon is the product of supersensory ability or of a disturbed mind. For those who believe in the supernatural, 'spirit beings are sometimes conceived of as unseen presences of the dead among the living, and sometimes as the ethereal aspect of the living person which partially escapes the body in sleep or wholly at death' (Bown et al 2004:7). For Spiritualists, the ghost is distinctly supernatural and is typically the spectre of a loved-one that manifests itself in the form of sounds, smells, atmospheric changes, the movement of objects and even the image of the person itself. The tangible agency of the spirit is equally asserted by the psychical researchers, who reiterate that the ghost is an active entity derived from projections of the ghost-seer's own consciousness.

Other strands of scientific enquiry focused more on the psychological conditions for which ghost-seeing was not the product, but a symptom of, underlying disorder. In an 1894 article entitled 'Ghosts Up to Date', A. Lang argues that despite the diminishing scepticism surrounding supernatural encounters, people generally 'do not believe that the apparition is the separable or surviving soul of a living or a dead man':

We believe that it is a hallucination, projected by the brain of the percipient, which, again, in some instances, is influenced so as to project that hallucination, by some agency not at present understood.

(Lang 1894:52)

By classifying these phenomena as mere 'hallucination', Lang links ghost-seeing to mental pathology, suggesting that those who claim to have encountered spirits are

suffering from a form of insanity. Henry Maudsley equally identified the pathological origins of supernatural encounters, asserting that the ghostly vision results from the ‘defects of reasoning’, the ‘prolific activity of the imagination’ and ‘causes which lie in the operation of the unsound mind’ (Maudsley 1886:3). Maudsley recognises however that it is not only mental instability that generates apparitional visions, but commonplace events that have substantial emotional impact, claiming that ‘the forms of imagination's creation naturally correspond with the levels of thought at the time and place, and follow the fashions of its conceptions’ (Maudsley 1886:117). Maudsley suggests, therefore, that experiences or emotions that are not directly dealt with by the mind are instead repressed and underpin the “phantom creations” produced by the imagination, which are projections of personal agendas that are symptomatic of a troubled mind and take a form that is related to that which initially disturbed it. Maudsley’s theories thus identify the supernatural experience as an indicator of a liminal space in the human mind between madness and sanity, ‘the intermediate region or border-land of thought and feeling between soundness and unsoundness of mind’, which Maudsley argues ‘is a penumbral region which has been very fruitful of supernatural products’ (Maudsley 1886:160). The conflicting perspectives on the nature of supernatural encounters, alongside the spectrum of studies on their relationship to the human mind, are evident themes in many literary texts of the fin de siècle period. In the short stories of Henry James and the poetry of Thomas Hardy, the (usually male) protagonists are rendered unstable, fragmented and fraught by their ghostly encounters, yet it is these encounters which provide the means of re-establishing a cogent sense of selfhood for otherwise troubled men.

Spectral Selves: Henry James' Haunted Men

Like the works of Myers and his colleagues, Maudsley's studies suggest a connection between the apparitional vision and physical or emotional stress or trauma. The ghost is clearly figured in contemporary studies of the paranormal as a psychological entity, which appears as a result of a traumatic or unsettling experience and reflects the nature of that experience in the form that it takes. In Henry James' 'Sir Edmund Orme' and 'The Jolly Corner', the connection between the man's mind and his haunting is evident. In these short stories, ghosts appear to the two male protagonists – the former's nameless narrator and the latter's Spencer Brydon – at periods of personal transition and uncertainty. While the spectral presence is a source of disturbance for these unstable men, it also provides a means of navigating them through periods of social and personal change. The two ghosts are mirrors of the men's fragmented and uncertain self-images, embodying the crippling fears that they harbour about their personal, social and even sexual status. Furthermore, with the ghost possessing the attributes that these men clearly lack, the process of confronting these ghosts becomes one of confronting their own fears, which enables a therapeutic personal growth that would otherwise be unattainable.

Henry James is one of the most noted craftsmen of the literary ghost story. These two texts exemplify the agency and transformative power possessed by the ghost in fiction, and explore the intricate connection between the supernatural and human – particularly masculine – psychology. Many of Henry James' writings reflect his fascination with the possibility of an existence outside our reality, and

supernatural imagery blends with the ideologies of science in the creation of his psychologically intricate characters embedded within strange, fantastical plots. James's complex, almost dualistic references to science and the supernatural may link back to his exposure to these conflicting doctrines from childhood. James' father, Henry James Sr., was a devoutly religious man who rejected the traditional theological milieu in which he was raised in favour of the more progressive ideas of Swedenborgianism, a mystical system of beliefs that featured the spiritual rather than doctrinal aspects of religion at its centre and was, in many ways, a precursor of latter-day Spiritualism¹⁰. On the other side was his elder brother William James, a noted scientist whose theories on the nature of the human mind played a central role in advancing psychological studies at the fin de siècle. One of the most prominent American psychologists at the fin de siècle, William James was evidently interested in the dynamics of human consciousness; he explored notions of mental projection in his polemic text *Principles of Psychology* in 1890, and is listed in Volume One of *Phantasms of the Living* as a corresponding member of the Society for Psychical Research. William James was fascinated by the psychology of belief, exploring in an article of the same title the concept of what he called the 'spiritual self', 'a man's inner or subjective being, his psychic faculties or dispositions' (James 1890:296). This "spiritual self" is not related to the perceptions or the senses, but is 'abstract', a

¹⁰ Swedenborgianism was a religious movement established in the late 18th century by Emanuel Swedenborg, which aimed to provide followers with a direct connection to the afterlife and believed in mankind's ability to communicate with spirits of the dead. The movement suggested a structure for the spirit world that rejected singular notions of heaven and hell in favour of a more fluid conception of the spirit's life after death, which Swedenborg argued would continue within the world of the living. In this respect, Swedenborgianism was very much a precursor of Victorian Spiritualism in its exploration of the spiritual world and its link between religion and communion with the dead.

‘reflective’ and therefore an introspective process, something which is ‘felt’ and therefore bound to the person’s emotional identity. While Henry James’ stories examine the psychology of ghost-seeing, William was interested in the mental processes that underpin belief:

Everyone knows the difference between imagining a thing and believing in its existence, between supposing a proposition and acquiescing in its truth. In the case of acquiescence or belief, the object is not only apprehended by the mind, but is held to have reality. Belief is thus the mental state or function of cognising reality.

(James 1889:321)

William James recognises that imagination is at the heart of belief, which enables the mind to create its own perception of reality. Both memory and the concept of belief are essential to the construction of a stable self-image, which centres on the individual’s awareness of his position within the reality he perceives. For the men in Henry James’s ghost stories, this sense of self-assurance is problematic due to their inability to reconcile themselves with the demands of contemporary society. The ghost becomes a new means of cognising reality, a faculty of the mind, as Myers notes, which becomes detached to enable the individual to explore alternative sides of his consciousness. Here, through the figure of the ghost, the influence of science on literature is markedly evident for it facilitates a way of exploring and depicting the psychological intricacy of belief systems and human identity in the text.

Influenced on either side by a spiritual father and scientist brother, it is unsurprising, as Hazel Hutchinson observes, that Henry James was a divided figure who ‘lived through the nineteenth-century crisis in belief’ in a concentrated form

within his own family (Hutchinson 2006:xiii). Henry James was not only familiar with the divisions between science and faith, but he was also exposed to the damaging impact of mental illness from an early age, with his father suffering a depressive breakdown when Henry was just one and William two years old¹¹. William James also suffered from neurasthenia and depression in his youth, which prevented him from enlisting in the army to fight in the American Civil War. There is a sense, then, that Henry James was surrounded not only by two conflicting systems of belief but was aware of the impact of mental disorder and how this affected the man's ability to perform such masculine roles as "father" or "soldier", as demanded by his society. 'The Jolly Corner' and 'Sir Edmund Orme' feature male protagonists, Spencer Brydon and the nameless narrator, who are emblems of non-compliant masculinity. Their mental and physical weakness and their inability to perform their roles within the commercial and familial spheres respectively are accentuated by the hauntings they experience. The spirits that James' men encounter paradoxically serve to emphasise their mental weaknesses yet also provide the catalyst for resolving the mental turmoil that render these figures effectively emasculated.

The image of unstable masculinity is at the heart of Henry James's 1891 short story 'Sir Edmund Orme'. Here, an anonymous narrator recalls the story of his courtship of a young woman, Charlotte Marden, and the unusual friendship he develops with her mother. Nursing an idealised affection for the young woman, who

¹¹ In his text *A Psychological Perspective on the relationship of William and Henry James*, Anderson records Henry James Sr.'s later reflection on "a conviction of inner defilement so sheer [which] took possession of me ... that death seemed better than life" (James in Anderson 2003: 182).

is initially dismissive of his advances, the narrator discovers that the object of his affection is haunted by the spectre of Sir Edmund Orme, a man whom Mrs Marden describes as ““a man I wronged””. The ghost is of a man whom Mrs Marden jilted in her youth in favour of another suitor, and who – following his suicide – has haunted the lady and her daughter, supposedly appearing to any man who is in love with Charlotte (James 1891(2005):70). The nameless man’s narrative is a brief fragment that is discovered amongst his possessions after his death, described as a ‘strange story’ and retold by the framing narrator, the person who supposedly discovers it (James 1891(2005):57). This ‘statement’ is pronounced as a ‘fragment’ of the unnamed young lover’s memory. While the framing narrator attempts to give the story a sense of authenticity by detailing the circumstances behind its discovery, its disconnection from the present and its supernatural theme distance it from reality and present it instead as the subjective account of a paranormal experience that lacks any factual foundation to validate it. The story, as the anonymous framed narrator explains, was ‘written for himself’, suggesting a therapeutic need to produce a confessional narrative to confirm and recount events that have distinctly impacted on his life and identity (James 1891(2005):57).

The framed narrator’s anonymity marks him as an unstable and insubstantial figure. He is portrayed as a nervous man who, like Jonathan Harker and Adam Salton in *Dracula* and *Lair of the White Worm*, begins the story on the precipice of personal change, attempting to embark on a rite of passage by assuming the role of husband. His initial approaches toward Charlotte convey a sense of weakness, however, as she rejects his “pleading” advances. His rival for Charlotte’s affections, his friend Teddy Bostwick, is described by the framed narrator using distinctly

spectral terminology, mirroring the shadow that the actual spectre, Edmund Orme, casts over his desire for Charlotte: 'It was another *manifestation* of Teddy's humour that he got immediate *possession* of Charlotte, leaving me to walk with her mother' (James 1891(2005):59, my emphasis). Thwarted in his initial attempts to get close to Charlotte, the narrator instead forms a bond with the girl's mother, to whom he feels drawn by her dual qualities of maternalism and sexuality. Mrs Marden's similarity to her daughter suggests that the narrator's impulses and desires are problematised from the outset.

That the framed narrator encounters Edmund Orme, his ultimate rival, for the first time within a church signifies the union of the spiritual with the supernatural in the story's depiction of the spectral. Orme appears to the speaker at a pivotal point in his initially fruitless pursuit of Charlotte, and his apparition is thus bound up with his emotions, materialising just as the speaker experiences 'a strong impulse to say something intensely personal, something violent and important' to Charlotte (James 1891(2005):64). The man's vision of the ghost is symbolic of his frustration and of a sexual status that he cannot attain, as Orme commands an atmospheric presence and achieves a proximity to Charlotte in her pew that surmounts the framed narrator's own sense of agency. Indeed, as the story's title – named after the ghost, rather than the framed narrator – suggests, the ghost is a more effective presence within the tale than the story-teller himself, able to get far closer to Charlotte than his anonymous counterpart. Like *Dracula's* Jonathan Harker, the young man is distinctly unnerved by his encounter with Orme, his later response to Mrs Marden's explanation of the spectre provoking an irrational and anxious response despite his attempts to maintain a facade of control: "I feel very queer!" I laughed; and I was conscious that my

laugh betrayed it' (James 1891(2005):70). While the framed narrator is depicted as hysterical and is consequently a feminised figure, the ghost – in stark contrast – commands power over the symbolic space of the courtship scene and by his ability to possess both of the Marden women. Orme also exercises an oppressive control over the framed narrator himself, who appears in a state of mesmerised thrall as he describes his first engagement with the ghost: 'he looked again strangely hard at me, harder than anyone in the world had ever looked before [...] no silence had ever seemed to me so soundless' (James 1891(2005):69).

Despite his immateriality, the ghost wields a visual authority that disjoints the framed narrator's perceptions and leaves him feeling scrutinised, imagining that he is being critically measured against a comparably greater example of masculinity. As a spectre, Sir Edmund Orme represents a distinctive "otherness" from the corporal man. However, he also embodies a further type of otherness; described as a 'perfect presence', Orme exemplifies the idealised masculine qualities that the insecure framed narrator does not recognise in himself (James 1891(2005):71). The young man describes Orme as 'a pale young man in black, with the air of a gentleman' who 'held himself with a kind of habitual majesty' and is 'handsome' and 'decorous' (James 1891(2005):64, 69). Furthermore, Orme is a barrier that separates the framed narrator from the object of his repressed desires, appearing as his unspoken emotions threaten to climax in verbal expression, to create a defensive barrier between the young man and the object of his love, a form of self-protection that reiterates a deep sense of self-uncertainty that fuels his later desire to recount the narrative of his experience. However, given his evident admiration for Orme, the ghost's 'perfect presence' may also allude to the narrator's latent homosexual desires (already

suggested by his “queer” feelings) that are repressed to ensure his compliance with imperious social norms. Either way, Orme is evidently connected to the narrator’s psychic reality, specifically with the raw, unsocialised desires and with the fundamental instability that they induce in his selfhood.

A similar sense of insecurity and inward division blights the narrative of another of James’ troubled male protagonists. One of his most acclaimed ghost stories, ‘The Jolly Corner’ was first published in *The English Review* in December 1908. It tells the story of Spencer Brydon, who returns to his childhood home in New York after a prolonged absence abroad, where he fled to escape the fiscal duties of adulthood. The tale records the haunting he encounters on revisiting his childhood home, ‘The Jolly Corner’. The son of a well-respected family, Brydon abandoned a high-ranking social position aged 23 and, a decade later, is haunted by a sense of regret at his failure to live up to the status dictated by his rank:

If he had but stayed at home he would have anticipated the inventor of the sky-scraper. If he had but stayed at home he would have discovered his genius in time really to start some new variety of awful architectural hare and run it till it burrowed in a gold mine. He was to remember these words, while the weeks elapsed, for the small silver ring they had sounded over the queerest and deepest of his own lately most disguised and most muffled vibrations. (James 1908(1957):299)

Just as the nameless framed narrator of ‘Sir Edmund Orme’ fails to assume the prowess of a potential lover, so Brydon’s masculine status as an economic success is fundamentally flawed, evidencing a sense of “lack” that impacts upon his mental

state. As a result, Brydon perceives himself as a fragmented figure, “disguised”, with no social status and no sense of self, who has fallen short of his intellectual and commercial potential.

On the advice of his childhood friend Alice, Brydon revisits his childhood home. “The Jolly Corner” is due to be demolished to make way for a lucrative development, an act that conveys the diffident commercialism that increasingly dominated early twentieth century culture. On revisiting the house, which to him represents ‘the opposite extreme to the modern’ and whose name is an emblem of joyful childhood memories, Brydon enacts a reversed version of this transition to social progress, and instead regresses to his youth (James 1908(1957):322). As he explores the house, Brydon’s ‘wanton wonderings’ become intermingled with the sensation of a ghostly presence within its rooms, ‘some strange figure, some unexpected occupant’ that he might meet ‘at a turn of one of the passages of an empty house’ (James 1908(1957):299). The close assimilation of Brydon’s emotions and the spectres he imagines evokes an intrinsic connection between his mind and the apparitions he encounters, suggesting that the memories and feelings bound up with them are coming to life within the abandoned house, so that his depiction of the two becomes indistinguishable:

The quaint analogy quite hauntingly remained with him, when he didn’t indeed rather improve it by a still intenser form: that of his opening a door behind which he would have made sure of finding nothing, a door into a room shuttered and void, and yet so coming, with a great suppressed start, on some quite erect confronting

presence, something planted in the middle of the place and facing him through the dusk. (James 1908(1957):301)

Brydon's description depicts a journey not through an old house, but through the labyrinth of his own memories; twisting and turning down dark passages, finding rooms "shuttered and void" – thoughts he has long repressed – with the "erect confronting presence" shaping the imposing masculine ideals that he has failed to achieve. Here, the figure of the ghost appears as the product of Brydon's inability to process his own emotions and, in turn, as a projection of what he has detached from himself, the embodiment of his deficiencies as a man.

The house embodies Brydon's ideals, emotional impulses and memories forged as a child. In social terms, it is a mere commodity, about to be demolished to make way for industrial expansion. For Brydon, however, it is a living entity which "hums" and "talks" as if powered by an organic energy, with which he forms a symbiotic, interactive relationship:

He circulated, talked, renewed, loosely and pleasantly, old relations—met indeed, so far as he could, new expectations and seemed to make out on the whole that in spite of the career, of such different contacts [...] he was a dim secondary social success—and all with people who had truly not an idea of him. (James 1908(1957):312)

The concept of a house possessing the attributes of a living entity is explored by Catherine Crowe in her mid-century study of paranormal, *The Night Side of Nature*. Crowe examines the phenomena of haunted houses, describing a "*mala fama*" that attaches itself to buildings, giving many accounts of households that had experienced hauntings in the form of sounds, moving objects and apparitions, which

are linked to the history of the home living on beyond the bodily death of its residents (Crowe 1848:64). Brydon goes back to visit the house prior to demolition, a process that is analogous to a descent deep into the mind; a journey to the ‘the bottom of the sea’, an intensive mental exploration, where he encounters sights and sounds that are the remnants of his youth, ‘the marble squares of his childhood’ (James 1908(1957):329). The space he enters is constricted and claustrophobic, yet for Brydon it appears ‘immense, the scale of space again inordinate’, a depiction that echoes contemporary impressions of the human mind: physically small, and yet a cavernous, unknown entity to explore (James 1908(1957):328). Brydon becomes mesmerised by his journey through the house and ultimately gives himself over to it, a physical and mental surrender that is comparable to that of the patient submitting to the control of the therapist: ‘he knew himself in safe possession and, as he tacitly expressed it, let himself go [...] then he could, as seemed to him, most intimately wander and wait, linger and listen’ (James 1908(1957):311). Significantly, this submission occurs right before the actual ghost first appears to Brydon. The man’s response to the ghost is overtly sensory when it appears to him; he “tastes” the presence, and feels a “sensation” within his mind from its proximity, again emphasising the connection between the apparition and his own consciousness. Brydon’s perceptions become fragmented, littered with “hallucinations”. Yet, paradoxically, he regards the scene ‘telescopically’, with a ‘focused and studied’ eye, suggesting that the presence actually facilitates a process of introspection and self-reflection (James 1908(1957):322). Brydon’s journey through the house and eventual confrontation with the ghost, therefore, is emblematic of the enhanced self-

insight that the process equips him with, and marks the beginning of his confrontation with, and reconciliation of, his previously repressed regrets.

As Frank Podmore argues, ghosts often appear in situations where the subject is troubled by the ‘indistinctness of memory or a lessened sense of personal responsibility’ and exist for ‘giving definition and colour to experiences in themselves dim and elusive’, providing a means of synthesising alien events (Podmore 1897:270). The figure of the ghost is thus linked with Brydon’s mental battle to recapture and extinguish his past, the spectre giving his memories a semi-tangible form that can be directly confronted. Moreover, while it is clearly a source of disturbance, the ghostly presence is also a catalyst for mental growth, because – for Spencer Brydon as for the framed narrator of ‘Sir Edmund Orme’ – it provides a means of negotiating the transitional periods that mark their individual rites of passage as a new stage of emotional and economic maturity. Brydon rejects the capitalism that defines contemporary American society and the portrayal of materialism as a ‘monstrous’ entity reflects the horror that many people felt towards industrialisation at the fin de siècle (James 1908(1957):309). Brydon left New York in his youth, rejecting the commercial world for a sedentary life of leisure that was typical of the upper, rather than the middle classes. His regret is evident on his return however, as he re-enters a world that, once home, is now visually alien to him, leaving him displaced: ‘everything was somehow a surprise; and that might be natural when one had so long and so consistently neglected everything’ (James 1908(1957):295). Brydon himself is consequently rendered as a ghostly figure, his unachieved potential marking him as an insubstantial image of masculinity, who has

no personal agency, no impact on the world around him, and who has returned to haunt the society to which he fails to contribute.

As discussed in Chapter 1, Bram Stoker's *Dracula* utilises complex narrative framing devices to depict a fragmented story from the unique perspectives of each person who is mentally disturbed by the traumatic events that unfold. A similar device is employed in James' ghost stories; however, unlike the pseudo-clinical style created in the "case notes" of *Dracula*, the story of 'Sir Edmund Orme' is a scrap of confessional narrative that has been secretly preserved and is read only after the writer's death. This act of narrative layering raises questions about the construction of masculinity in James' story. Judith Butler argues that 'one might try to reconceive the gendered body as the legacy of sedimented acts rather than a predetermined or foreclosed structure' (Butler 1988:522). The framed narrative is itself sedimented; multiple layers of masculine voices comprising the single story of one individual male. As a result, the protagonist's identity is the product not of a singular voice, but of multiple voices, all of which hold different agendas and product different facets of male identity. Including the ghost as another layer of this sedimented structure produces the image of a masculinity that is fluid and suggestible; one that is subject to the imposition of external agendas, where the individual's subjectivity is in constant competition with the constraints of his society and his own repressed fears and desires.

The additional layer of narration framing the man's tale is significant to the configuration of the "confessional" shape of James' narrative: the again unnamed, unidentifiable figure who channels the narrative of another through his role as the framing narrator, is a common feature of James's ghost stories. The framing narrator

becomes an anonymous, distanced figure who hears the confession and in turn mediates it to the reader, enabling the story to be told. In this respect, the framing narrator also takes the form of a ghost himself; “he” is an abstract, liminal, disembodied voice whose only role is to communicate the stories of another. In this respect, language is revealed to be an insufficient means on its own for the confessional narrative, and the second narrator creates a sense of spectral absence and signifies the framed narrator’s story as something that is unspeakable. Instead, a further vessel is required – this ghostly additional narrator – to mediate the story and provide a medium through which it can be understood by others.

Henry James’ 1898 novel *The Turn of the Screw* is perhaps the most famous of his supernatural writings. It tells the story of an unnamed governess who experiences strange, ghostly phenomena when she takes a position at the troubled house of Bly, events that culminate in the unexplained death of one of the children in her care. Her story, written – like the framed narrator’s of ‘Sir Edmund Orme’ – in the form of a personal memoir that is concealed (deeply repressed) with a locked drawer, is framed by two further narrators (James 1898(1994):8). The second layer of narrative is provided by Douglas, who retrieves her memoir and reads it to a group of his friends. The final (framing) narrator is a member of that party of friends, who then records the event and recounts it to the reader. Like ‘Sir Edmund Orme’, *The Turn of the Screw* shows itself to be fixated on the cyclical acts of recording, concealing, revealing and reliving the past through narrative. As an anonymous fragment of personal memory whose validity becomes more questionable with each additional layer of narration that divides it from its original author, the story is detached from reality in a way that enhances the impact of its supernatural subject matter and the

significance of the narrative space. Shoshana Felman describes how the process of narrative framing operates in *The Turn of the Screw*, explaining that ‘the narrative story is thus presented as the *centre* of the *frame* – the focal point of a narrative space which designates and circumscribes it from the outside as *its inside*’ (Felman 1980(2006):316). This act of framing alters the perceptual balance of the reader, reflecting the fundamental sense of psychological instability that pervades the text. Furthermore, by positioning the memoir at the centre of two external frames, the act of framing – of uncovering, interpreting and retelling the story – becomes analogous to the role played by the psychoanalyst in translating the highly subjective personal scripts of his patients into a discernible narrative that can be communicated to and be understood by others. The validity of the story’s content, however, is actually threatened by these two layers of exterior influence, because the memories are potentially corrupted – just as the recollections of the confessional subject are compromised – by being filtered through the influence of an external other. Like the disruptive and revealing impact of the spectral encounter, the device of narrative framing paradoxically both impairs and enhances the communication of the disordered self-narrative.

The collected fragments of narrative that comprise the stories of ‘Sir Edmund Orme’ and *The Turn of the Screw* are, essentially, the autobiographical accounts of the two nameless protagonists at their centres. Autobiography is a distinctly confessional form of narrative, a means of rendering a sort of “truth” about oneself through the act of telling one’s own story. While this act is a fundamental element of the therapeutic process, however, the notion of “truth” in the confession of a story is problematic. This is, in part, because the stories are mediated through exterior

framing narratives, and can be the result of a desire to present a certain picture of the “truth” that may pollute the accuracy of the account. Writing of *The Turn of the Screw*, Nikolopoulou asserts that ‘the demand to write about oneself alienates the writing subject from itself; it opens up a gap between the subject who has undergone a life experience and the subject who translates this experience into written words, thus splitting it in two, creating its Doppelgänger’ (Nikolopoulou 2004:10). Like Myers, William James observes how the memory is multifaceted, consisting of both “primary” or “elementary” memory and “secondary” memory. The latter is described as the historical consciousness, ‘the knowledge of a former state of mind after it has already dropped once from consciousness’ (James 1890:648). For William James, the consciousness is effectively doubled between the present and historical self, with this “historical consciousness” threatening to destabilise his present selfhood by appearing in the form of an apparition to the mind. There is a distinct sense of duality and division for the framed narrator in ‘Sir Edmund Orme’, who is doubled between the man he wishes to be, and the person he is. He projects these seemingly unobtainable ideals onto Orme himself, remarking on the ghost’s “perfect propriety” and how ‘he always looked *right*’ (James 1891(2005):65). Furthermore, the framed narrator projects his ideals of romance and passion onto the spirit, and ‘very soon came to attach an idea of beauty to his unmentionable presence, the beauty of an old story of love and pain’ (James 1891(2005):65). The narrator is then able to experience feelings via the spirit, feelings he is otherwise unable to attain, so that Orme’s presence functions as a catalyst for the narrator’s emotional development and expression.

There is an equal sense of doubling for Spencer Brydon in the chasm between his actual life and the life which he feels he ought to have lived. The ghost can easily be seen as his doppelganger, an embodiment of this “other” self, lying dormant within his mind. Indeed, the spectral presence within the Jolly Corner is reminiscent of Dr Jekyll’s double Mr Hyde, who initially appears to Mr Utterson as a ghostly apparition in his dreams, who has a ‘a haunting sense of unexpressed deformity’ that perhaps embodies Utterson’s and indeed the widespread fear of social degeneration in fin de siècle society (Stevenson 1886(1987):29). For Jekyll, Hyde is a tangible embodiment of his repressed, amoral nature. Yet for Brydon, the “double” he encounters in spectral form is a manifestation of his own memories, a side of himself more deeply repressed and therefore less discernible and only present in a spiritual form. While Hyde is a vessel for Jekyll’s liberation from society’s moral codes, Brydon’s ghost draws him back into this past and is a catalyst for accessing and exploring the facet of his own identity that he would otherwise have been unable to experience.

‘The Jolly Corner’ is pervaded by a sense that the Brydon family’s heritage is on the precipice of decline, which is comparable to the Salton estate in Stoker’s *Lair of the White Worm*. Brydon is failing in his duty to produce biological heirs and protect his family’s wealth and reputation, living off the rental revenue of his ancestral home so that he is a parasitic rather than a productive figure. His dormant fiscal instinct is awakened on his return to New York at the story’s beginning, however, when he decides to demolish and convert the old house into apartments. By engaging with the commercial world he has so long rejected, Brydon experiences a sense of mental growth, noting how he now has activated a ‘capacity for business’

in ‘a compartment of his mind never yet penetrated’ (James 1908(1957):300). This conception of the mind as somehow separated into different “compartments” enhances the status of the ghost as an embodiment of these distinctive and inaccessible parts of Brydon’s selfhood, on which the young man becomes fixated. Brydon focuses particularly on the disfigured nature of the spectre’s form: ‘one of these hands had lost two fingers, which were reduced to stumps, as if accidentally shot away, the face was effectually guarded and saved’ (James 1908(1957)). The suggestion that the ghost has sacrificed the tools of labour, his hands, to preserve his appearance reflects Brydon’s guilt at living a life of artifice and rejecting the requirements to perform a commercial, productive social role. As Myers suggests, the ghost is therefore figured as a “telepathic projection” of Brydon’s repressed fears and anxieties; not a conscious manifestation of any supersensory ability, but a subliminal projection of his own fragmented selfhood.

Among telepathic experiments, to begin with, none is more remarkable than the occasional power of some agent to project himself phantasmally; to make himself manifest, as though in actual presence, to some percipient at a distance. The mechanism of such projection is entirely unknown to the agent himself; nor is the act always preceded by any effort of the supraliminal will. (Myers 1915:25)

Brydon recognises the spectral presence of this second self, claiming that ‘it comes over me that I had then a strange *alter ego* deep down somewhere within me’ (James 1908(1957):309). His journey through the labyrinth of the house – a physical manifestation of his own confused mind – brings him to an identification of this

other side of himself, the man he could have been, and the regrets that haunt him. To liberate himself from these memories and to escape the house, Brydon must confront and destroy this phantasmal embodiment of his shortcoming, mirroring the process by which the analyst encourages the patient to draw out, confront and expel repressed thoughts that are responsible for psychological misalignment.

Brydon's mental instability is comprised of more than just regrets, however. His fragility is evident from the beginning of the story and, as Henry Maudsley argues, a susceptibility to ghost-seeing is itself a symptom of insanity: 'it is not an uncommon thing for the sufferer to see and hear persons who are the mere phantom-creations of his disordered brain' (Maudsley 1886:165). Brydon's encounter with the mysterious spirit exacerbates his frail nerves and provokes a hysterical response, 'a sensation more complex than had ever before found itself consistent with sanity' (James 1908(1957):319). While it is more complex than a phobia of failure alone, however, Brydon's fear of measuring up to social ideals and his shame at his 'scandalous', 'lazy' and 'frivolous' life, is certainly a central part of the madness he experiences (James 1908(1957):309). This idleness and apathy are symptomatic of neurasthenia, a disorder characterised by 'fatigue' and inactivity, as explored in detail in Chapter 1 (Clarke 1894:123). Early on in his studies of hysteria, Freud identified a link between sexuality and neurasthenic disorders, asserting that 'no neurasthenia or analogous neurosis exists without a disturbance of the sexual function', identifying a connection between 'innate neurasthenia and innate sexual weakness' (Freud 1892(1950):178). Indeed, there is a distinctive sense of sexual deficit implicit in Brydon's failure to marry or produce heirs.

Equally, for the framed narrator of 'Sir Edmund Orme', his visions of the supernatural are bound up with a sense of sexual failure in his pursuit of Charlotte Marden. He experiences a sense of visual distortion in which he believes he sees an apparition, at a central point in the story when Charlotte shows her reluctance for intimacy with him.

She gave me leave to attend her to her door, and as we stood before it I inquired if I might go in. "No, not to-day – I don't want you," she said, candidly, though not roughly; while the words caused me to direct a wistful, disconcerted gaze at one of the windows of the house. It fell upon the white face of Mrs Marden, who was looking out at us from the drawing-room. She stood there long enough for me to see that it *was* she and not an apparition, as I had thought for a second, and then she vanished before her daughter had observed her. (James 1891(2005):62)

The maddening impact of ghostly visions is portrayed here not in the form of hysteria, but in the form of distorted perceptions. The ability to clearly reason is inhibited, and the narrator's own sense of self is rendered uncertain as he cannot determine what is real. That this perceptual distortion centres on the object of his affection further suggests a link between the narrator's uncertain sexuality and the presence of a ghost in providing a link to that part of his identity which has so far remained dormant.

For the anonymous narrator, feeling the impulses of attraction towards Charlotte is the catalyst that evokes his vision of Orme. It happens at a point of heightened emotional transition, similar to the transformational moments that Myers

identifies as a trigger for enhanced mental activity or “supersensory conscious”. Despite the foreboding presence of the spectre, Orme’s ghost in fact provides as much a catalyst for the framed narrator’s courtship as a threat to it. Initially, the narrator senses Charlotte’s reluctance towards him, perceiving that she was ‘looking at me as if she didn’t like me’ (James 1891(2005):68). The narrator’s experience of seeing Orme is, Charlotte’s mother suggests, because of the intensity of his love for her daughter. However, it is also because he is uncertain of whether these feelings are reciprocated, that he sees the phantom.

“Then you consider that you’re not in love with her?”

“That’s another affair!” I laughed.

“You are – you *are*! You wouldn’t have seen him if you hadn’t been.”

“Who the deuce *is* he, then, madam?” I inquired with some irritation.

She would still only answer me with another question. “Didn’t you at least *want* to say something to her – didn’t you come very near it?”

The question was much to the point; it justified the famous intuitions.

“Very near it – it was the turn of a hair. I don’t know what kept me quiet.”

“That was quite enough,” said Mrs Marden. “It isn’t what you say that determines it; it’s what you feel. *That’s* what he goes by”.

(James 1891(2005):67)

Orme represents what the framed narrator himself was unable to express directly to Charlotte, an embodiment of these repressed feelings of passion, which is why he appears as a vision at this pivotal point of the narrative. Orme is a means of

accessing the feelings that the framed narrator is otherwise unable to articulate, a catalyst that helps to awaken the side of his selfhood that remains dormant. Despite showing the young man's inadequacies, it instigates a sexual awakening within him that is akin to the sense of realisation and movement to self-maturation that occurs in Brydon.

This depiction of both mental weakness and introspective self-recognition and development, evoked by encounters with a demonstrably masculine yet spectral "other", is evident in another significant ghost story from the end of the century. In 1886, five years prior to the first publication of 'Sir Edmund Orme' in the November 1891 edition of *Black and White*, Vernon Lee wrote a short story entitled 'The Phantom Lover', which bears striking similarities to James's later tale. Vernon Lee was strongly influenced by James in her literary career, and both writers were interested in the human mind, a fact that is evident in the way Lee's ghostly creation is used to symbolise latent mental pathology¹². In 'The Phantom Lover', a narrator recalls to a friend the story of Mr and Mrs Oke, whose haunting he experiences first-hand when visiting their house, Okehurst, to paint a family portrait. Like 'Sir Edmund Orme', the narrative is framed to distance the reader and to emphasise Mr Oke's unstable perceptions. The story is witnessed by the narrator, who assumes the role of third-party observer and retains a sense of clinical objectivity in his observation and retelling of the events. Oke and his wife are childless, and this

¹² Vernon Lee held a firm interest in the human mind and, towards the end of the century, developed a number of theories about the psychology of aesthetics, as Burdett Gardner describes in her 1987 study of Lee. Lee claims that the interaction between viewer and art was one of unconscious empathy, that visual images stimulated the unconscious and called to mind associated emotions and memories. Lee was thus highly aware of the link between the imagination, perception and human consciousness, and the importance of visual engagement with an exterior other in shaping and influencing the self.

inability to continue his family line haunts Oke like a spectre. The ghost itself, however, is first witnessed by Oke's wife, Alice. The spirit is that of Christopher Lovelock, the lover of a long-dead woman who is also named Alice Oke, who, when spurned by her, 'made a prophecy that when the head of his house and master of Okehurst should marry another Alice Oke, descended from himself and his wife, there would be an end of the Okes of Okehurst' (Lee 1886(2009):324).

Like Sir Edmund Orme, Lovelock's ghost is a symbol of the hereditary taint that blemishes the Marden women. Lovelock is a handsome, powerful figure whose presence holds an irresistible influence over Oke's wife, while Oke himself – like the nameless narrator – is described as 'horribly shy', 'slow and timid', a comparably ineffectual and feeble figure (Lee 1886(2009):10). Oke is feminised by both his delicate physical appearance, his 'beautiful fair complexion', and by the mental breakdown he experiences as the story progresses (Lee 1886(2009):3). Mrs Oke is seduced by the phantom of Lovelock and, unable to compete with the spectre, Oke progressively loses his mind, 'growing perfectly unstrung, like a hysterical woman' (Lee 1886(2009):30). Lovelock assumes control of the house through the force of his presence, displacing Oke and claiming emotional possession of his wife. As with the Salton family in *Lair of the White Worm*, discussed in Chapter 1, the traumatic undoing of the man's mind begins first with the destruction of the symbols of his status – his home, wife and family – that are essential signifiers of Victorian masculinity. As for Brydon and James' anonymous narrator, Oke's ghost serves to emblemise the mental fragility resulting from a failure to attain social ideals. However, the spectres experienced by James' men have a further and more significant role, in that they do not symbolise the men's destruction, but conversely

in fact provide the means by which they are able to confront and resolve their personal failings and to restore a sense of selfhood.

The maddening yet remedial effects of the ghost on the male mind in James' stories reflect the therapeutic process that Freud and many of his contemporaries developed at the fin de siècle. Indeed, Freud and Breuer draw upon the image of the ghost in their early studies of psychotherapy, where they argue that supernatural encounters are not abnormal but are indeed acceptable psychological phenomena, in that they are products of the subconscious: 'a ghost who is a stranger to the wakeful consciousness of the patient, who holds sway in him, is true, only he is *no real stranger*, but a part of himself' (Breuer and Freud 1895(1955):188). In a later review of the connection between Freud's work and the parapsychological studies that developed alongside psychotherapy at the fin de siècle, Stephen Connor observes that 'Freud desublimates possession, the uncanny and other kinds of supernatural terror by revealing their basis in the mechanisms of repression and delusion' (Connor 2004:258). Describing the methods of psychoanalysis, Freud asserts that the process of therapy 'does not seek to add or to introduce anything new, but to take away something, to bring out something; and to this end concerns itself with the genesis of the morbid symptoms and the psychical context of the pathogenic idea which it seeks to remove' (Freud 1905(1960):261). This *genesis* takes a semi-tangible form in the figure of the ghost, which, in the case of 'Edmund Orme's' framed narrator, embodies his sexual repressions and inhibitions. These are detached and projected from his mind and encased within the figure of Orme's ghost, a being that he can directly confront. The cathartic process studied in Chapter 1 that is central to the relief of the effects of trauma is possible only through the liberation of

these repressed emotions in confession and dialogue, which could itself be problematic for the Victorian man to access due to the social restrictions that demanded emotional reserve and rationalism from him. In the shape of the spectre, however, these repressed emotions are manifest in a tangible form that can be confronted and dispelled through a direct and active process that is not dissimilar to the demon-vanquishing undertaken by Van Helsing and his companions in *Dracula*.

For the anonymous framed narrator, the ghost also serves as a warning, a projection of the taint that Mrs Marden's indiscretions have left on her family, whose presence ought to deter the narrator from risking a similar fate with her daughter Charlotte. For Mr Oke in 'The Phantom Lover', Lovelock's spirit is similarly a paranormal manifestation of the familial fragility supposedly induced by his ancestor's impropriety. Frank Podmore argues of the ghost that these 'phenomena are hallucinatory, but it is held that the hallucinations are in some sense due to the agency of a deceased person' (Podmore 1897:270). The prevalence of Orme's agency rests in the trauma he experienced on being rejected by Mrs Marden, which lingers as a residual emotion. Ironically, the framed narrator muses at the beginning of his story how 'one often hears mature mothers spoken of as warnings – signposts, more or less discouraging, of the way the daughter may go', yet ironically he fails to see Mrs Marden as a threat (James 1891(2005):58). The narrator is therefore susceptible not only to visions of the ghost but to Mrs Marden's manipulation, and her coercive, calculating role in uniting the framed narrator with Charlotte is evident throughout his recollection of the tale, despite his own apparent blindness to it. If the ghost is read as a projection of the narrator's unconscious, therefore, Orme functions not only as an embodiment of the narrator's own fears,

but of his subliminal awareness of the dangers that a possible union with Charlotte would bring to him, in terms of heartbreak and the inheritance of her family's shame. However, if read as indeed a paranormal being, then Orme's ghost serves as a more proactive, pseudo-analytic figure whose relationship to the narrator emulates the linear, fraternal bond observed in *Dracula* and *Lair of the White Worm*, in which the non-authoritative figure attempts to guide his weakened companion through a traumatic experience, and re-establish a coherent sense of selfhood.

The framed narrator of 'Sir Edmund Orme' seeks to establish his masculinity through matrimony to Charlotte, which not only represents his passage into manhood, but conversely holds the power to redeem the Marden family name. Just as the ghost holds the power to heal the framed narrator, the young man's appearance in the lives of the Marden women is described as having 'some healing power' for the mother, to restore the family honour she has lost (James 1891(2005):59). Indeed, the narrator only wins Charlotte's acceptance of his proposal through her mother's coercion.

She will now, won't you, Chartie? I want it so, I want it!" the poor lady murmured, with ineffable wistfulness.

"You're very good to me," Charlotte said to me, seriously and sweetly, looking fixedly on the carpet. There was something different in her, different from all the past. She had recognised something, she felt a coercion. I could see that she was trembling.

(James 1891(2005):82)

Charlotte's acceptance liberates the framed narrator from Orme's presence and, concurrently, frees the family from its cursed past. In this respect, the ghost is

essential to this curative process for both the framed narrator and for the Marden family. Charlotte's acceptance of the proposal is juxtaposed with Orme's final appearance, hovering over the dying Mrs Marden as both a threat and a warning. Immediately after Charlotte's acceptance, signifying the climax of the narrator's rise to manhood, the ghost vanishes in parallel with Mrs Mardon's death. While these events seemingly signify the end of the tale and, with it, the satisfactory resolution of the framed narrator's story through his impending marriage, his purpose in writing the confessional narrative of the events remains unknown, the suggestion being that the need to recount and record these traumatic events is a cathartic drive to expel some residual trauma that remains unresolved.

While for 'Edmund Orme's' framed narrator the ghost is both a catalyst and a warning of future events, for Spencer Brydon it is bound to his history as an embodiment of his regrets, a destructive "otherness" which he must confront and destroy to allow progression to a stabilised selfhood. Brydon's vision of the ghost is bound to his memories and the expectations placed upon him that he never fulfilled. It is a facet of his identity that is bound to the economic and familial demands of his heritage, which he tries to evade and repress by fleeing abroad. These aspects remain however, and are projected into his description and experience of his childhood house. Brydon explains the uncanny sense of recognition he experiences when seeing the ghost to his friend Alice, identifying it as a part of himself that he cannot quite recognise yet needs to confront: "*He* isn't myself. He's the just so totally other person. But I do want to see him," he added. "And I can. And I shall" (James 1908(1957):310). The process of introspection for dealing with certain memories is problematic due to the evasive and ever-changing nature of the human

mind: William James argues that ‘our consciousness of these transitive states is shut up to their own moment – hence one difficulty in introspective psychologising’ (James 1890:644). The void left by a failure to sufficiently identify and process these memories is bridged by the form of the ghost, who comes to embody these elements of the repressed self in both of James’s stories. Brydon is self-absorbed, but this does not mean he knows himself. Indeed, he rejects social involvement, is insular and unable to perceive his role as a social entity, and therefore unable to conceive how he fits within the world. He has no social presence, and cannot even command an opinion:

“Every one asks me what I ‘think’ of everything,” said Spencer Brydon; “and I make answer as I can—begging or dodging the question, putting them off with any nonsense. It wouldn’t matter to any of them really,” he went on, “for, even were it possible to meet in that stand-and-deliver way so silly a demand on so big a subject, my ‘thoughts’ would still be almost altogether about something that concerns only myself.” (James 1908(1957):295)

This lack of identity is suggestive of why, unlike the confessional style of ‘Sir Edmund Orme’, Brydon’s narrative is recorded in the third person, requiring an anonymous and even further detached third party to command the process of mental exploration. It is only via this spectral third voice, and through dialogue with an external other in the form of the ghost that haunts the Jolly Corner, that Brydon can begin to vocalise his inner mind and, in doing so, begin to articulate a sense of self.

Unlike Mr Oke and the framed narrator of ‘Sir Edmund Orme’, the primary female relationship that Brydon experiences is with his childhood friend Alice

Staverton. Despite their separation being depicted as another cause of Brydon's regret, the relationship is a developmental one for Brydon, although it is pervaded by a sense of sexual repression and by contrasting maternal and romantic undertones. Alice provides Brydon with a tangible connection to his past, and – in a dynamic inversion of the typical male therapist/female patient relationship that was a common trope of the psychoanalytic model – Alice acts as Brydon's confidante and confessor.

Miss Staverton, with whom for a couple of months now he had availed himself of every possible occasion to talk; this disposition and this resource, this comfort and support, as the situation in fact presented itself, having promptly enough taken the first place in the considerable array of rather unattenuated surprises attending his so strangely belated return to America. (James 1908(1957):295)

Alice herself is a symbol of the past, who has remained in New York throughout Brydon's absence and whom he associates with the 'antediluvian social period and order' (James 1908(1957):296). Brydon's bond with Alice is founded on their "common" history, their mutual past and the 'memories and histories into which he could enter' when with her (James 1908(1957):299). Like the ghost that he encounters in his old house, Alice enables Brydon to access the past from which he has emotionally distanced himself. She provides a source of comfort, and is a person to whom Brydon can "confess" his thoughts. Like the psychotherapist, Alice is in a position of power over Brydon, yet resists the urge to interrupt and impose meaning on his narrative through her own speech. Instead, she encourages Brydon to talk, asking questions where required to help guide his process of self exploration: 'she

listened to everything; she was a woman who answered intimately but who utterly didn't chatter' (James 1908(1957):304). Although it is unclear whether she sees the ghost herself, Alice is intuitively aware of the apparition's identity, her suggestive remarks serving to guide Brydon towards his own recognition of the spectre.

"Because, as I told you weeks ago, my mind, my imagination, has worked so over what you might, what you mightn't have been – to show you, you see, how I've thought of you. In the midst of that you came to me - that my wonder might be answered. So I knew. [...] And when this morning I again saw I knew it would be because you had and - also then, from the first moment, because you somehow – wanted me. HE seemed to tell me of that. So why," she strangely smiled, "shouldn't I like him?" (James 1908(1957):338)

The ghost further facilitates the insight which Alice has helped Brydon to discover; together, the two figures – one living, one dead, yet both bound to Brydon's past – enable the man to identify and confront his repressed regrets. Kline remarks that the 'quality of [a] therapist is a vital matter in the therapeutic process', particularly their 'empathy and congruence', which enable the patient to open themselves up to experiences (Kline 1972:400). This process is exemplified by the experience of ghost-seeing, which equips Brydon with a tangible, visual insight into his own mind, through which he can confront and resolve his mental conflict. Moreover, Alice possesses an almost supernatural intuition that surpasses the limits of natural intellect, another characteristic of the psychiatric figure that will be examined further in Chapter 3.

Brydon stalks the spectre through the Jolly Corner, though its true image eludes him until he is ready to see it; it evades him, remaining a shadow that mirrors his own movements: 'He roamed, slowly, warily, but all restlessly [...] the presence he watched for would roam restlessly too. But it would be as cautious and as shifty' (James 1908(1957):314). Brydon regains a sense of masculinity through the act of tracking the ghost, musing to himself that he 'had been introduced to no sport that demanded at once the patience and the nerve of this stalking of a creature more subtle, yet at bay perhaps more formidable, than any beast of the forest' (James 1908(1957):315). In assuming the role of hunter, to 'prove his courage', Brydon accesses a more masculine identity than the passive idleness that previously characterises him (James 1908(1957):320). The climax of the confrontation demonstrates his fear of facing the ghost and – moreover – his fear of confronting himself, and the "terror" that is bound up with the transformative decision to open the door and face the spirit:

The indistinctness mocked him even while he stared, affected him as somehow shrouding or challenging certitude, so that after faltering an instant on his step he let himself go with the sense that here *was* at last something to meet, to touch, to take, to know—something all unnatural and dreadful, but to advance upon which was the condition for him either of liberation or of supreme defeat. (James 1908(1957):330)

When he confronts the ghost, Brydon recognises a distorted image of himself, 'the face, *that* face, Spencer Brydon's?.... Such an identity fitted his at *no* point, made its alternative monstrous' (James 1908(1957):332). He sees a monstrous other, an

uncanny double of himself. It is a mutated vision of his own identity, the 'evil, odious, blatant, vulgar' disfigurement a projection of both his own inadequacy, and his repulsion towards the social role he is expected to play, but has so far eluded him (James 1908(1957):331). Seeing the ghost consumes Brydon and takes control over him, so that – unable to synthesise the traumatic impact of this horror – he faints.

Then harder pressed still, sick with the force of his shock, and falling back as under the hot breath and the roused passion of a life larger than his own, a rage of personality before which his own collapsed he felt the whole vision turn to darkness and his very feet give way. His head went round; he was going; he had gone. (James 1908(1957):332)

The ghost's destruction and Brydon's role within it are ambiguous (both violent, yet distinctly passive), however it is evident that, through this act of confrontation, Brydon's consciousness has been substantially altered, in a process that mirrors the curative methods of therapy in raising and removing the unconscious sources of disturbance from the mind.

The final part of the story, subtitled 'the rich return of consciousness', sees Brydon awaken from his ordeal in Alice's lap, a position both of submission – that marks a notable subversion of conventional male/female power dynamics – and of maternal security. Brydon describes the events that have occurred as a journey, a transitional encounter from which 'he had come back, yes – come back from further away than any man but himself had ever travelled' (James 1908(1957):333). Like the patient in the clinician's room, Brydon awakens from his psychological transition in a safe environment, with the analytical figure who has guided him

through the process taking the nurturing and maternal form of Alice, who now represents Brydon's resolved past and, indeed, his future. Brydon remains a passive and submissive figure, however, as he is 'carried back', 'lifted and carefully borne' away from the house (James 1908(1957):333). Like Orme, the ghost has directed Brydon towards personal growth. However, his continued and pseudo-maternal need for Alice's presence can be seen as a regression to a child-like state, in which he begs of her "oh keep me, keep me!" (James 1908(1957):335). The unstable, rueful figure of Brydon, in his attempts to resolve his divided selfhood and banish the memories that haunt him, has been further weakened by the experience and has not successfully completed the transition to masculinity, finding resolution not in a progressive, romantic relationship with Alice, but in a regressively maternal one.

In Henry James' stories, the ghost is portrayed not only as a source of mental disturbance but, conversely, as a catalyst for resolving personal trauma. These apparitions are figured in distinctly psychological terms, their presentation highly influenced by contemporary theories on the dynamic between the supernatural and human consciousness. James's ghost stories, like the gothic fictions examined in Chapter 1, demonstrate how the non-specialist area of literature engaged with the expertise of science to depict, in commonplace terms and in the guise of the supernatural, the curative techniques for remedying unstable mental states. The impact of the ghost is that, as a projection of consciousness, it enables the individual to openly confront the sources of his inner disturbance, as they allow Brydon to 'cultivate his own perception' and to develop a sense of stable selfhood. Moreover, the ghost is a more effectual psychiatrist than the clinician, for he enables a process of introspection that is achieved by the external projection and evaluation of interior

repressions, facilitating a form of self-help that enables the individual to engage with his inner self in a way that he is otherwise unable to do. In another literary medium, that of poetry, I will examine how the ghost serves as a similar manifestation for representing the repressed elements of the self and as a device for navigating personal trauma and social change.

Ghosts and Grieving in Thomas Hardy's 'Poems of 1912-13'

Part one of this chapter examined how the figure of the ghost can equally be described as a supernatural and a psychological phenomenon, as explored in many disparate studies of the paranormal and the human mind at the fin de siècle. Moreover, it considered how one of the most prolific writers of Victorian ghost stories, Henry James, engaged with contemporary psychological theory to present the ghost as a projection and extension of “normal” consciousness, which plays a therapeutic role for the characters within his stories. Ghosts are clearly historical beings which are bound up with personal and social memories, subjective manifestations that reflect the agendas and concerns of those who see them. In ‘Sir Edmund Orme’, Arthur Brown argues that the framed narrator writes the statement about the ghostly events preceding and, indeed, bringing about his marriage not only as an elegy to his wife and their courtship, but to ‘bring her back to life’: ‘in the act of writing about his dead wife, he is replacing her mortal being, which is lost, with a being that cannot die and is forever available to him’ (Brown 1998:62). This section of chapter 2 explores the relationship between the ghost and mortal memory in one of the most emotional and symbolic forms of writing, that of poetry.

Thomas Hardy's 'Poems of 1912-13', written following the death of his first wife, Emma, evoke the figure of the ghost to navigate the process of mourning and effect a cathartic emotional relief – in the narrator of the poems – from the burden of grief. In Hardy's poetry, the apparition is influenced by the personal psychology of a voice afflicted not by mental illness, but by the mind-altering trauma of grief and loss. In these poems, the process of unresolved remembrance and regret is channelled through the figure of the spectre, which – as for Spencer Brydon and James's nameless narrator – provides the catalyst for working through emotions that cannot be otherwise confronted. My approach to examining these poems draws on, but does not concur with, contemporary studies by critics such as Sven Bäckman, Paul Volsik and Joanna Cullen-Brown, which have argued for the collection as an autobiographical account of Hardy's own personal grief (as I will explore later). However, it does assert that the voice of the narrator in the poems is predominantly – if not exclusively male – or at least stylised in a masculine form, given the authoritative tone it employs to speak specifically of a woman – or women – lost to it. Given the stylistic consistency across the collection, it also asserts that this is a singular voice undertaking a journey of exploration and discovery, rather than multiple, separate voices. Despite – or perhaps as a result of – this uncertainty regarding the identity of the poetic voice, it is clearly rendered from the outset as, itself, a disembodied and ghostly being.

Like horror, the experience of grief marks the undoing of the self, evoking in men a sense of weakness and mental fragmentation that conflicts with conventional norms of masculine behaviour. The revival of spiritualism coincided with the tumultuous environment of the *fin de siècle*, representing a desire to find meaning

and belief that counteracted the rationalism of science. Scientific evidence suggesting that ‘the human spirit survived bodily death’, Janet Oppenheim argues, provided liberation for many people from ‘the religious anxiety and emotional bewilderment that had afflicted them and continued to torment countless numbers of their contemporaries’ (Oppenheim 1985:3). The studies of the Society for Psychical Research developed this suggestion of the link between consciousness and spectral encounters, asserting that apparitions can be ‘emotional impressions’ as well as auditory sensations (Gurney et al 1886:186). It is unsurprising then, given the emotional impact that loss of a loved one can bring, that many supernatural encounters involve people seeing the spirits of deceased people who were once close to them. In this form, the psychical researchers assert, the ghost is both a projection of grief and also of the residual memory of that person. However, the link between apparitions and the process of mourning is not considered a “normal” mental process for Gurney, Myers and Podmore, but is again an example of the supersensory abilities of the human mind.

The next predisposing condition of hallucinations that we have to consider is *awe*, in that special form which is connected with the near sense of death, and with which elements of grief and regret are often mingled. It is remarkable how large a proportion of phantasms of the recognised sort represent friends or relatives whose recent death is being mourned. Out of 231 cases, I find that 28 are of this type; of which 6 took place on the day or the morrow, 4 within a very few days, and the rest within a very few weeks, of the death. Now the reader may ask how an emotional condition due to a death can affect

the interpretation of any phantasms that could possibly be regarded as telepathic; for telepathy, as treated in this book, is an action between the minds of living persons. But it must be remembered that we have already assumed the possibility of a certain period of latency in telepathic impressions. That a certain period has followed a death before the occurrence of the hallucination representing the person who has died, is not, therefore, fatal to a telepathic explanation of the case; and the question how far the percipient's own emotional state is to be preferred as an explanation will depend, to some extent, on the length of this intervening period. (Gurney et al 1886 v1:510)

The “emotional state” of the person is essential to the experience of hallucinatory ghost-seeing, and in no state are the emotions more affected, arguably, than in grief.

Judith Butler argues that the contemporary experience of grief disrupts the performance of gender, and disjoins the experience of subjectivity.

Grief displays the way in which we are in the thrall of our relations with others that we cannot always recount or explain, that often interrupts the self-conscious account of ourselves we might try to provide in ways that challenge the very notion of ourselves as autonomous and in control. I might try to tell a story about what I am feeling, but it would have to be a story in which the very “I” who seeks to tell the story is stopped in the midst of the telling. (Butler 2004:19)

Grief thus disrupts the autonomy of the self and the perception of the self as a balanced, stable entity. Furthermore, grief prohibits the self from determining its position within society; as Butler describes it, the emotions of grief disturb the “account” or the narrative of the self, which is what the processes of psychotherapy, through its drive to get patients to vocalise and release their emotions, attempt to remedy. For the Victorians, the emotional experience of grief was, like hysteria, ‘a state identified with femininity’ (Carroll 2000:5). However, the practices of spiritualism offered a more acceptable means of dealing with grief, and were designed to stimulate ‘therapeutic self evaluation’ and subjectivity that is lost when the consciousness is fragmented by mourning¹³ (Carroll 2000:5). The scientifically-authorized ‘possibility of an existence continued after our physical death’ brings comfort and provides a system of beliefs that replaces others which may be challenged by the death of a loved-one (Gurney et al 1886:xlix). Consequently, some Victorian men found solace in forms of pseudo-scientific study, such as Spiritualism, which provided a means of synthesising the process of death.

The act of contacting and communing with the dead is very much alive in the ‘Poems of 1912-13’. The ghosts of Hardy’s collection are distinctly embedded in the past; they are comprised of memories and are created through the act of remembering itself. The 18 poems that comprise the collection were first published in 1914 in the anthology *Satires of Circumstance*. They are the memoirs of a nameless narrator who speaks of happy times with a woman who has since become lost to him. They are verses composed of residual memories, longings and regrets,

¹³ Although spiritualism and particularly séance was, as most studies concur, dominated mainly by female participants, with a comparatively smaller number of men engaging in such practice.

and which paint a picture of a person who is haunted by guilt and loss. As an abstract and symbolic medium, poetry provides a means of articulating intangible and obscure emotions, which may not be faced directly, through the flexibility offered by language and imagery. The ‘Poems of 1912-13’ are often described as elegies and many critical studies have attributed them to the grief, shock and regret that Hardy himself experienced following the sudden death of his wife on 27th November 1912¹⁴. Although Hardy initially enjoyed an intense bond with Emma, the pair had become distant by the end of the century, with accounts of Hardy’s supposed flirtations with other women debated by scholars in various studies of his life and work. In his recollections of his late wife ‘Hardy wrote about Emma’, John Bayley argues, ‘as if she were still keeping an eye on him, as if he could still explain himself to her and above all show, by word and deed, that he still loved her’ (Bayley 2001:142). Indeed, a sense of deep regret resonates within Hardy’s poetry that echoes the rueful tone of his personal correspondence following Emma’s death, in which he laments to Ellen Gosse, for example, that he is ‘full of regrets’ (Hardy 1912(1984):239).

The sense of regret and remembrance that runs through the collection in the form of a phantasmal presence is often explained as a manifestation of the poet’s own personal guilt or loss. Paul Volsik remarks on the highly “personal” nature of the poems, arguing that ‘the topoi, tone and texture of the poems are configured again and again in works that [...] recount the multiple desolations of pandemic guilt

¹⁴ See particularly *The Manners of Ghosts: A Study of the Supernatural in Thomas Hardy’s Short Poems*, by Sven Bäckman, which explores the connection between Hardy’s personal beliefs, his relationships and the depiction of the supernatural in the short poetry written throughout his literary career.

and the mismanaged mismatches between couples incapable of “reading” each other’ (Volsik 2004:106). Indeed, when considering the link between creative expression and self-therapy, the act of writing and of retelling the story of their courtship could be regarded as a curative device for remedying the poet’s own grief. Many studies of Hardy’s verse have linked them to his life and personal experiences. Writing of the ‘Poems of 1912-13’ and their relation to Emma Hardy’s death, Joanna Cullen-Brown argues that the poems represent, for their author, a search for subjectivity.

Out of that experience he has created a final, new, whole understanding of the life’s long pursuit; and when we achieve such an understanding of experience, we no longer need to worry at it – it can lie down in peace. In the poem, as in his life, Hardy reaches the final sharp clarity of that moment before it fades away. (Cullen-Brown 1990:243)

However, the disembodied and anonymous, ghostly nature of the narrator clearly distances the poetry from the poet, and while the tone of grief is palpable, it cannot be directly attributed to Hardy’s own. Furthermore, while the personal connection between Hardy’s grief and the sense of loss that haunts this poetic collection must be appreciated, a purely biographical reading underestimates the complex nature of poetry’s spectral imagery and its connection with contemporary studies of the supernatural and of human psychology. Rather than representing a personal account of mourning, the verses articulate a universal experience of grief through the anonymous narrator, with the spectral presence providing an agency through which emotions are vocalised which may otherwise be difficult to express. Furthermore, the depiction of mourning and memory demonstrates a direct engagement between

the poetry and contemporary psychological theories on the nature of grief, emotions and supernatural encounters.

As I observed in part one of this chapter, the phenomenon of ghost-seeing was often linked to traumatic experiences, such as the death of a loved-one, and, like spiritualism, the theories of nineteenth-century parapsychology argued that this continued communion with those who have passed holds a therapeutic power for the mourner. In the 'Poems of 1912-13', the narrator tells the story of his lost lover through his engagement with both her tangible, spectral presence and through his own symbolic haunting of the landscape that houses his memories of their romance. The form of the poems emulates the typical cycle of the grieving process; they oscillate between remorse, anger, denial and melancholy, with the differing emotional states reflected in the varied metre and structure of the poems, from the long, reflective lines of 'Beeny Cliff' to the disjointed, staccato tone of 'Lament'. The wide variety of technical and structural devices employed in the poetry again depicts the power of the written word to express the emotions that must be accessed to journey through the grieving process. There is a sense of emotional and temporal incohesion in the poems which, coupled with the dream-like backdrop of the landscape, alters the perceptual balance of the collection and emulates the mental instability that results from mourning. The complex structure of the poems and their evasive, disembodied imagery demonstrate a reluctance to directly confront the emotions bound up with grief, and also suggest that the narrator requires more than just language to directly explore his emotions.

Like Henry James, Thomas Hardy was aware of and interested in psychology, as Tony Fincham has recently illustrated in *Hardy the Physician* (2008). Indeed,

there is evidence that Hardy enjoyed a personal acquaintance with several leading figures in the study of the mind at the fin de siècle, including Havelock Ellis, Clifford Allbut and James Crichton-Browne. Crichton-Browne was a significant figure in the study of insanity and the development of psychiatry at the fin de siècle and focused particularly on the cerebral – rather than the physiological – basis for mental disorders. Crichton-Browne corresponded frequently with Charles Darwin and Henry Maudsley to advance his understanding of human consciousness, and undertook clinical studies of various mental phenomena, including that of grief. In his 1908 study, *The Standard Physician*, Crichton-Browne distinguishes between grief as commonplace emotion and the pathogenic forms of grief which cross the boundary into mental illness. One such disorder he discusses here is melancholia (what is more commonly known today as depression), which is typified by a withdrawal from society, low spirits and self-destructive thinking.

[Melancholia] is characterised by an afflicting psychic depression, with great loss of self-reliance, alternating with states of excitement. From the psychic grief of the healthy it is distinguished by either absence or insignificance of external cause, or by the force with which the entire mental and psychic life of the affected person is made subject to the condition for weeks and months. For instance, a mentally sound mother who bewails the death of her child will never, deep as her grief may be, become fully the slave of her sorrow ; she is able after a time to console herself, and to master her sentiments. Not so, however, the melancholic. Her train of thoughts is riveted to one single point; she has no room for other interests; her entire

imagination is obstructed; her energy relaxes; and whatever she may experience becomes a new source of grief. (Crichton-Browne 1908:565)

Although his example pertains to a female patient, Crichton-Browne identifies a link between grief and melancholia that pathologises certain behavioural traits, distinguishing them as abnormal and emphasising the tenuous line between the normative and the aberrant in mental medicine. Many of Hardy's novels and short stories demonstrate an overt interest in the intricacies of human behaviour, with some texts engaging directly with contemporary psychological theories of the mind in their depiction of unstable male characters, particularly the impact of melancholic disorders. *Far From the Madding Crowd* (1874), for example, features the unbalanced figure of William Boldwood who, fixated on his love for Bathsheba Everdene, spirals into a violent, self-destructive and maddening melancholy.

Hardy's knowledge of the human mind is further evidenced in his personal writings. In a passage from the General Preface to the Wessex Edition of *The Woodlanders* in 1912, Hardy talks of the differing responses to traumatic experiences and alludes to the cathartic power of writing.

Differing natures find their tongue in the presence of differing spectacles. Some natures become vocal at tragedy, some are made vocal by comedy, and it seems to me that to whichever of these aspects of life a writer's instinct for expression the more readily responds, to that he should allow it to respond. (Hardy in Orel 1967:49)

This vocalisation of emotion is evident in Hardy's poetry, although it is the narrator's expression, rather than the poet's, that is the subject of interest here. The poetic voice that presides over many of the verses in the 1912-13 collection is clearly a melancholic one, suggesting a grief that has taken over consciousness to the point that it disturbs the vision and perception of the voice, to the point of hallucination. This again emphasises the correlation between mental breakdown and ghost-seeing.

Freud's 1917 study, *Mourning and Melancholia*, identifies a distinct connection between the impact of grief and the onset of depressive disorders. Mourning and melancholia entail similar symptoms, Freud asserts, however while 'in mourning it is the world which has become poor and empty; in melancholia it is the ego itself' (Freud 1917(1965):246). The impact of grief on the psyche is prominent, and can cause mental disturbance that disjoints the male patient's entire interaction with society and undermines his ability to perform the social roles demanded of him. Indeed, Freud writes of how the disorder results in 'profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, [and] inhibition of all activity' (Freud 1917(1965):244). Melancholia is a mental affliction that is bound up with the memory; the object that is lost creates a void, which is filled by a mental projection of this loss – the figure of the ghost. To the mourner, the spectre is thus a conception of the lost object, formed from the remnants of the mind's connection to it, creating a fragile spectre on which the griever imposes his emotions: his love, his loss and – in the case of Hardy's narrator – his guilt. Freud argues that mourning is resolved when the mourner severs the emotional connection to the lost object and reinvests the energy elsewhere.

Each single one of the memories and situations of expectancy which demonstrates the libido's attachment to the lost object is met by the verdict of reality that the object no longer exists; and the ego, confronted as it were with the question whether it shall share this fate, is persuaded by the sum of the narcissistic satisfactions it derives from being alive to sever its attachment to the object that has been abolished. (Freud 1917(1965):255)

As demonstrated in 'Sir Edmund Orme' and 'The Jolly Corner', the figure of the ghost becomes a central device for navigating the complex process that sees the mind confronting and releasing the emotions of fear and regret that are repressed within the unconscious. For Hardy's anonymous narrator, the ghostly figure is a projection of loss and a means of negotiating the grieving process, while also illustrating the mental instability – the uncertain perceptions and manic desire for belief – that characterised the Victorian conception of melancholia.

The 1912-13 collection mirrors, in its structure and tone, the grieving process. It begins with a journey back through the mind of the mourning poetic voice, where in the first poem, 'The Going', the narrator evokes an idealistic image of the object of his loss.

You were she who abode
By those red-veined rocks far West,
You were the swan-necked one who rode
Along the beetling Beeny Crest,
And, reining nigh me,

Would muse and eye me,
While Life unrolled us its very best.

(Hardy 1930(1960):318)

This idealised image, not only of the “swan-necked” woman, but of the time of life itself, which “unrolled us its very best”, it is a depiction of memories that takes a ghostly, dream-like form. Apparitions, William James argues, ‘are mental objects’, which ‘have existence as mental objects. But they are situated in their own spaces, the space in which they severally appear, and neither of those spaces is space in which outer realities exist’ (James 1889:326). The space of the poem thus constructs its own reality, one which is based on reflection and memory, and is thus comprised of spectral, unreal objects. It is not a physical journey that the voice is undertaking, therefore, but a mental one and, clearly, one of remembrance. Furthermore, the sense of regret in the poem suggests that there is a void which is being filled with an ideal image of the lost object, which renders her ethereal and emphasises the detachment of the narrator’s mind from reality.

This mental journey is not only one of remembrance, but one in which the narrator is seeking to redefine his selfhood within a world in which his emotions and desires cannot be accessed. Jane Thomas argues that ‘subjectivity is defined by two opposing forces: a yearning to recover what has been lost through our entry into the symbolic order [(consciousness, as defined by Lacan)] and the urge to push beyond its constraints into new realms of meaning’ (Thomas 2013:165). For the narrator, the ghost represents a desire to recover aspects of the self with which he is otherwise unable to identify, and to transcend the limitations of the society within which he is unable to realise. There is a constant sense in the poems that, through the act of

storytelling, the narrator is striving to recapture the past. The pace and rhythm of the poems emulate the passage of time and give the impression that the moments painted in each poem are fleeting, mere snap-shots. 'Beeny Cliff', a poem subtitled with a specific date, March 1870 – March 1913, returns to an again idealised scene of courtship.

The pale mews plained below us, and the waves seemed far away
In a nether sky, engrossed in saying their ceaseless babbling say,
As we laughed light-heartedly aloft on that clear-sunned March day.
(Hardy 1930(1960):318)

The poetic voice shares his experience with the reader to evoke the form of the ghostly woman as she once was, but this is only a temporary state; despite attempts to draw out the moment, ironically describing it as "ceaseless", the memory is only a spectre which cannot be retained. The wistful tone of the poem, and the sense of passion embedded within the language, shows the narrator's desire to share this memory with the reader. Here, the reader is invited to perform the objective role of therapist by receiving the confessions of the narrator, who openly calls out for others to hear his story, which can be read as much as a lamentation of guilt as it is an elegy of remembrance.

The poems take place in a dream-like world that renders reality – and the narrator's perceptions within it – hazy and questionable. This is particularly apparent in the poem 'A Dream or No', in which the narrator muses.

Why go to Saint-Juliot? What's Juliot to me?
Some strange necromancy
But charmed me to fancy?

That much of my life claims the spot as its key.

(Hardy 1930(1960):327)

The world of St Juliot takes a dream-like form that clearly evokes an aura of supernatural energy, of 'necromancy'. Here, the spectre is figured as a mythical creature, a subject of history and fantasy, 'a maiden abiding / Thereat as in hiding; / Fair-eyed and white shouldered, broad-browed and brown-tressed' (Hardy 1930(1960):327). Set on a 'night long ago', the poem is distanced from reality, with a somnambulistic sense of abstraction, a fantasy world in which the memory resides, detached from the waking self. The rhythmic, prosaic style of the poem makes it read like a mythical song, evoking a trance-like state that was itself regarded by the psychologists of the period, such as Freud and Charcot who favoured the methods of hypnotism in their early works, as an essential therapeutic device. This dream space is one in which the repressed parts of the mind come to life, in which an alternative state of self can be experienced. In his 1912 study *Poetry and Dreams*, F.C. Prescott argues that, like dreams, the latent content of poetry comprises the repressed elements of the unconscious.

Dreams, as has been said, have their origin in the depths of the mind, in unconscious mental processes — that is, in processes which do not come to our knowledge except indirectly, or under unusual or abnormal conditions,— the conditions supplied, for example, in dreams, in day dreams and hallucinations. (Prescott 1912:104)

Furthermore, the dream, like the poem, is a dramatic representation of the narrator's unconscious, of 'a thought [that] cannot be directly represented' and instead 'must

be enacted, and therefore the dream makes constant use of symbols. The symbolism of the wildest poet falls short of the symbolism constantly employed in dreams' (Prescott 1912:107). This use of symbolism creates an abstract dreamscape within the world of the poem, and provides a central means for evoking the ghost and for depicting the spectrum of emotions that colour the memory-based landscape.

The first poem in the collection, 'The Going' details the central event of the memory-sequence, the one that has the most substantial impact on the narrator's mind - the event of his lover's going. Here, time is slowed to fix the import of the incident of death, events which are 'unmoved' and 'unchangeable' (Hardy 1930(1960):318). The most prominent ghostly presence here is that of the narrator's own regret, which lingers over the poem like a spectre.

Never to bid good-bye
Or lip me the softest call,
Or utter a wish for a word, while I
Saw morning harden upon the wall,
Unmoved, unknowing
That your great going
Had place that moment, and altered all.

(Hardy 1930(1960):318)

In this poem, the object of loss is established as a powerful presence which haunts the narrator's memories and his current actions, and who asserts a compelling power over him: 'why do you make me leave the house / And think for a breath it is you I see' (Hardy 1930(1960):318). The visual disturbance that begins in this poem, drawing the narrator back into the past, is symptomatic of the melancholy he

experiences, 'the yawning blankness' evoking a sense of depressive desperation and illustrating the great void that Freud argues marks the ego's loss of the object (Hardy 1930(1960):319). The agency that the ghost possesses to destabilise the mind of the narrator is reiterated in 'The Walk'. Here, the apparition is an unspoken presence that suffuses the whole poem with a sense of haunting and spectrality, destabilising the coherency of the narrator's voice. This uncanny atmosphere transforms the familiar places into an unreal, alien and uncomfortable scene.

I walked up there to-day

Just in the former way

Surveyed around

The familiar ground

By myself again:

What difference, then? (Hardy 1930(1960):320)

The short lines and dense rhythm suggest the discomfort involved in the act of remembrance, how these places cannot easily be revisited by the narrator's mind, and the stunting effect that grief has on the sufferer. The frequent mid-line breaks in the poems, the use of caesura, depict the fragmented thoughts of the narrator and enforce the impression of mental fragility.

Freud's studies of mourning argue that, to negotiate the process of grieving and restore a balance within the mind, the consciousness must become reconciled to the fact that the object that he is grieving is lost. In Hardy's 'Lament', the focus shifts from the process of remembering the object to a direct recognition of its absence, the voice observing that 'her smile would have shone / With welcoming... But / She is shut, she is shut', closed off and inaccessible to him (Hardy

1930(1960):320). The repetition of “she is shut” demonstrates the need to reinforce the notion of her passing and to confront it. The repetition also creates a sense of echoing, enforcing the sense of a duality of voices within the poems, that there is a ghostly echo to the narrator’s own. Reading this in the context of the science that so underpinned Hardy’s beliefs, this dual voice emulates that of the therapist in a ghostly, disembodied form, or the narrator’s own unconscious, as it becomes reconciled with his waking mind. In ‘The Voice’, the echo is more blatantly that of the female figure’s own voice that seems to echo his own: ‘woman much missed, how you call to me, call to me’ (Hardy 1930(1960):325). The ghost is depicted as a living presence in the poems with a potent agency that is a projection of the narrator’s own consciousness. Similarly, in ‘The Going’, the narrator recounts how the woman ‘would muse and eye me’, suggesting that she possesses a sense of agency in the form of her continuing judgement of the narrator (Hardy 1930(1960):319). The phantom is thus an essential tool that enables the narrator to confront and vocalise his emotions through a continued communion with the dead.

In ‘The Voice’, the narrator has a perceptual encounter with his object, ‘the woman calling’, and his hearing her voice demonstrates again the increasingly tangible form that she takes within the poems as the collection progresses and the experience of grieving unfolds. ‘After a Journey’, a poem later in the collection, contrasts notably with ‘The Voice’, where the narrator is able to conjure up a vision of the spirit but no longer able to hear it. Emblematic of the restrictions on masculine grieving, which often struggles to achieve adequate expression, the collection dramatises the restrictions on perceptual experiences through this sensory debilitation that demarcates the mourning man’s damaged psyche.

I come to interview a Voiceless ghost;
Whither, O whither will its whim now draw me?
Up the cliff, down, till I'm lonely, lost,
And the unseen waters' soliloquies awe me.
Where you will next be there's no knowing,
Facing round about me everywhere,
With your nut-coloured hair,
And gray eyes, and rose-flush coming and going.
(Hardy 1930(1960):322)

Despite its intangible presence, the ghost provides a means of connecting the past and the present, and of depicting the liminal state that the grieving man experiences, between memory and reality. Furthermore, the spectre of the lost lover is the catalyst for evoking a journey between past and present, for telling the story which, through symbolically revisiting the 'olden haunts' that the voice describes, he is able to bridge the passage of time and refigure his own position within the present.

The figure of the ghost is not confined to Hardy's 'Poems of 1912-13'; indeed, the spectre is a feature in many of his verses, where it embodies not only individual memories but social histories. As a vessel for reviewing and rekindling the past, the ghost does not only emblematised the fading imprint of history on the present day, but provides a voice of protest against social change. In 'A Christmas Ghost-Story', published Christmas Eve 1899, the poem is haunted by a scathing voice that evokes images of mankind's decay at the advent of the twentieth century. Centring on the figure of 'a mouldering soldier', the poem evokes a powerful image of a lifeless,

pallid landscape that characterises contemporary culture, the fallen soldier a ghostly embodiment of humanity's decline (Hardy 1930(1960):82).

South of the Line, inland from far Durban,
A mouldering soldier lies--your countryman.
Awry and doubled up are his gray bones,
And on the breeze his puzzled phantom moans
Nightly to clear Canopus: "I would know
By whom and when the All-Earth-gladdening Law
Of Peace, brought in by that Man Crucified,
Was ruled to be inept, and set aside? (Hardy 1930(1960):81)

The heavy, formal language of the poem, the use of archaic terminology ("tarries") and of Latin, suggests a return to olden times and the spectre of history returning to pass judgement over society.

There is a similar sense of the past haunting the present in another poem, 'The Darkling Thrush' (originally titled 'The Century's End, 1900' and published in December of that year). This poem is an elegy to the previous century, a mourning for old times, and a means of navigating the transition into a new decade, charting the collective experience of 'all mankind that haunted nigh' (Hardy 1930(1960):137). The narrator, 'leaning out against the gate', looks out onto a 'spectre-grey, colourless landscape and recounts society's death, and the hostile, malevolent spirit that remains: 'the land's sharp features seemed to be / the Century's corpse outleant' (Hardy 1930(1960):137). The lethargic tone and wintry imagery of the poem's beginning shows a landscape, a world, going into a state of hibernation and becoming dormant. The second half of the poem breaks out of this

sleep-like state, casting off the rigid four-lined verse structure and becoming less constrained, the sound of the thrush marking the dawn of a new season and a new century, the poem's narrator speaking of 'some blessed Hope, whereof he knew / And I was unaware' (Hardy 1930(1960):137). The process of remembrance, negotiated through the ghostly figure, is completed and the future released from the past. Now, it is 'hope' which is personified as a tangible entity, yet to the narrator this hope remains wraith-like, 'frail, gaunt, and small', the spectre of the past and the fear of social change remaining to haunt the symbolically re-born world.

Both 'A Christmas Ghost' and 'The Darkling Thrush' demonstrate how the phantasmal figure is not only a means of managing personal trauma, but of articulating a sense of universal anxiety and of navigating a wider fear of social change. The ghostly image of a fallen soldier appears three years earlier in Hardy's short story 'The Duke's Reappearance', published in the *Saturday Review Christmas Supplement* in December 1896, again on the precipice of a new year. Here, the ghostly figure expresses another common anxiety – the uncertainty of masculine identity, the tenuousness of the man's own position within his society and within his home, addressing similarly disjointed themes to James's two short stories. The tropes of self-uncertainty, regret and the loss of identity are again depicted through the presence of a ghostly figure, which appears to haunt common "yeoman" Christopher Swetman at a point of distinctive social turmoil, civil war. Swetman is the remaining male heir of a declining estate in which he lives with his two daughters. The legacy of the estate, and its gradual degeneration, marks the waning "family tradition", which is the story's subtitle: 'Christopher Swetman's house, on the outskirts of King's-Hintock village, was in those days larger and better kept than

when, many years later, it was sold to the lord of the manor adjoining; after having been in the Swetman family, as one may say, since the Conquest' (Hardy 1913:253). Masculine identity, so bound to the concepts of economic stability and familial heritage, is here depicted as a material entity that is contingent on the structure of the house, its 'loneliness' and crumbling walls mirroring Swetman's own fragile status. Swetman is set out as an unstable figure from the beginning, made 'anxious' by the news of the "rightful King of England's" rumoured return to British shores (Hardy 1913:254). It is in the midst of this anxiety that, one night, 'he fancied that he could hear the footfall of a man on the road leading up to his house...Christopher Swetman got out of bed, and opened the casement. "Hoi! who's there?" cried he. "A friend," came from the darkness' (Hardy 1913:254).

The nameless stranger, who takes shelter in Swetman's home, is an imposing and overtly masculine figure, 'a tall, dark man in cavalry accoutrements and wearing a sword', yet he is equally 'pale' and ethereal (Hardy 1913:255). Swetman believes him to be the King himself, however his pallid form and mysterious appearance intimate that he may be a product of Swetman's own mind, a projection of his personal and social anxieties – no real stranger at all, but part of his own psyche. Like Sir Edmund Orme, the spectral man embodies the traits that Swetman lacks, and is furthermore a threat to his household, making an advance towards one of Swetman's daughters in a state described as possession.

The stranger seemed dazed at discovering what his impulse had brought down upon his head, and his pale face grew paler. He did not reply for a time. When he did speak his soft voice was thick with feeling. (Hardy 1913:258)

These impulses are akin to the emotions that are separated from the self to take another, ghostly form, rejected by the mind just as it tries to expel grief. Returning to Myers' assertion that the phantom is a projection of human consciousness, which appears at a point of personal trauma, Swetman encounters the ghostly figure here on the precipice of his personal and familial decline. This type of apparition, Myers argues, is a sort of doubling, in that it often contains elements of the self that have been repressed beneath the surface of the socialised persona. In his 1886 essay 'Multiplex Personality', Myers explores the psychological phenomenon that underpins this doubling, arguing that within the self there is a sense of a 'duplicated individuality' that exhibits sinister, 'gross' and thus monstrous examples of humanity (Myers in Shuttleworth and Taylor eds. 1998:136). The ghost is the ultimate emblem of this sinister otherness, which the self cannot directly confront, and of which it is not overtly aware. In his studies of the doubled brain, Myers argued that the other half of the mind from that which governed everyday functions could exist within a 'somnambolic life': a 'second state' that the individual experiences first through dreams, but which can gradually replace the 'first state' (Myers in Shuttleworth and Taylor eds. 1998:136). The seamless movement in the narrative from the ghost's perspective to Swetman's emulates the sensory confusion evoked by the supernatural experience, and further suggests the intrinsic connection between the man and the spirit, while implying a disturbing undertone of a sinister, incestuous carnal desire.

For Swetman, the stranger is thus a Hyde-like figure who embodies the yeoman's repressed anxieties and desires, while also expressing the same universal fear of change that typifies the ghosts in Hardy's poetry. Rather than enable

Swetman to work through the process, however, the visitor symbolises his latent mental instability. After the stranger leaves, Swetman experiences the return in full spectral form, as a ghost that comes back to haunt his chamber and reclaim the belongings he has left. Lingering around Swetman, it is clear that the spirit's presence (perhaps an apparition of the absent king) signifies the continuing social instability of war and the personal fragmentation of Swetman's own mind, both of which are unresolved by the ghost's visit. However, despite embodying the sense of disruption for Swetman, the spirit's presence does have a therapeutic impact on the character. It provides a means of restoring the 'family traditions' that are central to the stability of the patriarch, and becomes a symbol not of mourning but of restoring the life and order to a broken family. It provides a missing link in both society – the figure of the lost king – and in its concentrated form within the man's household. This story compounds how the figure of the spectre is bound to human psychology and again enforces the power of the ghost as a catalyst for exploring human emotions, particularly the darker side of human identity.

Returning now to the 'Poems of 1912-13', there is an evident commonality in the depiction of the spectre across Hardy's work that presents the ghost as a link between past and present, memory and reality: a tool for giving expression to unspeakable emotions. In 'The Haunter', the focal perspective changes to that of the spirit's own, however the sense is that the new narrator's voice is somehow framed and mediated through the original narrator, as if he is imagining her haunting him, projecting his own fears, anxieties and guilt, and trying to maintain a connection to the lost object by assuming its identity.

He does not think that I haunt here nightly

How shall I let him know

That whither his fancy sets him wandering

I, too, alertly go? (Hardy 1930(1960):324)

To mourn, the original narrator assumes the character of the other, visualising his own entity through spectral eyes. Like Swetman, the original narrator's doubling is distinctively reminiscent of Myers' notions of the dual self, and of the intrinsic connection between the apparition and its seer. However, while the ghost in 'The Duke's Reappearance' projects Swetman's repressed fears and desires, for the poems' narrator it enables the creation of a therapeutic dialogue, an interaction that becomes more tangible as the collection progresses. The narrator, by visualising and speaking with the ghost, is able to communicate and interact with this representation of his grief and regrets, and thus to actively confront his emotions.

The position of the ghost within the spectrum of remedial therapies was well-established at the fin de siècle, through the connection forged between the practices of spiritualism and those of mental medicine. Indeed, Hugo Munsterberg, an early practitioner of psychotherapy, identifies a link between mental healing and Christianity.

Those who are inclined to give to the life of Christ a rationalistic interpretation have often pointed out that the therapeutic effects described in the Gospels might also be understood as effects of suggestion by word and tactual impressions, produced especially on hysterics, epileptics, paralytics, and psychasthenics. (Munsterberg 1909:325)

This ability to believe, Munsterberg asserts, holds the key to the patient's openness to a cure and the susceptibility of his mind to exterior influence: 'yet whether the attitude of the transmitter is religious or half-scientific, is inspired or insincere, the receiver of the suggestion is always in the same condition: he is believing in his cure through religious influence and through his belief he is helped, if he is helped at all' (Munsterberg 1909:330). Here, as in Chapter 1, the figure of the therapist is de-specialised; he need not be a sanctioned medical expert, but may take the form of one who can cultivate in the subject a sense of belief that opens his mind to the curative process. It is not the theological doctrines of Christianity, therefore but the power of belief, propounded by systems such as spiritualism, that is central to the curative process, for it enables the patient to break out of the limitations of reality and to find a new realm and language for exploring and synthesising his emotions: 'everywhere the patient sought help through the agents of higher forces and everywhere these agents themselves utilized their therapeutic success for strengthening the belief in their over-natural power' (Munsterberg 1909:319). The ghost provides such an "agent" of these higher forces, and is therefore an essential figure within the curative process, providing the damaged individual with an object through which to project his emotions, and opening his mind to the powers of belief that will begin to relieve his mind of its traumas.

Psychical research was also developing its own methods of therapy as early as 1896, as Gurney, Myers and Podmore describe the objectives of the work of the Society for Psychical Research.

Our object must be to correct the deliverances of man's
consciousness concerning the processes which are taking place

within him by means of artificial displacements of the psycho-physical threshold; by inhibiting normal perception, obliterating normal memory, so that in this temporary freedom from preoccupation by accustomed stimuli his mind may reveal those latent and delicate capacities of which his ordinary conscious self is unaware. (Gurney et al 1886, vol.1:12)

The spectre is the ultimate ‘artificial displacement’, the symbol of another world beyond that of the restrictive Victorian culture. Through the figure of the ghost, the man is able to re-imagine his own identity outside of the material restrictions of society.

As Freud explores in ‘Mourning and Melancholia’, the aim of treatments for patients suffering the depressive effects of grief is to liberate them from the object of loss and to re-establish emotional autonomy.

In each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercathected, and the detachment of the libido is accomplished in respect of it. . . .

When the work of mourning is completed the ego becomes free and uninhibited again (Freud 1917(1965):244).

This “hypercathexis”, or investment of emotional energy, is vital to the process of liberation, and the figure of the ghost becomes a vessel into which it can be projected. Throughout the stages of mourning, the griever undergoes a “testing of reality”. The ghost is an essential tool for this, for it exists on the borders between the real world and the imaginary. Furthermore, the ghost is the recreation of the object and an embodiment of the desires with which it is bound up, something which

can be directly confronted but possesses a fundamental, material difference from the living self, enabling a degree of detachment. As Freud cautions, a failure to adequately mourn can result in depression or melancholia, which Henry Maudsley attributes to the paucity of language available for expressing the emotions of grief: 'listen to the melancholic sufferer struggling in vain with the inadequacy of language to express his appalling sense of the unreality of things and the disabling apprehension which the strangeness of his own mental being occasions him' (Maudsley 1886:13). At the beginning of the 1912-13 collection, the poetic figure is melancholic and bound within the past, surrounded by the ghosts of his history. However, the spectre of his lost lover facilitates his self expression and provides him with the language needed to confront and progress through the grieving process.

The effects of the narrator's encounter with the ghost, and the curative process of visualisation, transference and cathartic interaction culminate in the final poem of the collection, 'The Phantom Horsewoman' (1913). The sense of emotional liberation is evident here in the shorter, rhyming couplets, and the shift to third person narration, the telling of a story of 'a man I know' who sees 'a phantom of his own figuring' places the experience of grief at a distance from the narrator, which he can now view with objectivity. The phantom is an imposing, courageous female figure, 'a ghost-girl-rider', with a presence that surmounts the narrator's own (Hardy 1930(1960):332). In contrast, the narrator remains haunted by his continued vision of the ghost. However, this is now grounded within reality, the language shifting from that of the fantastical to that of the scientific in depicting his encounter with her: constant vision that is linked specifically to biological now rather than imaginary origins.

Of this vision of his they might say more:

Not only there

Does he see this sight,

But everywhere

In his brain – day, night. (Hardy 1930(1960):333)

The shift from abstract symbolism to more direct language enforces the increasing realism that marks the narrator's perceptions, indicating that while the woman remains 'a vision', he is becoming distanced from her, having detached her from his ego and, in doing so, discarded the emotions of regret and guilt so bound up with her apparition, the process of grieving moving towards completion. Furthermore, the perspective is now shifted to the horsewoman, who is seeing the narrator, his own image reconceptualised by the figure of the ghost-woman that he previously imagined, marking a shift towards a self-reflection through the eyes of others – a more socialised persona – rather than exclusively his own.

Conclusion

In the 'Poems of 1912-13', the spectral encounter is representative of the therapeutic process, drawing on the theories and methods of psychical and psychotherapeutic sciences to dramatise a journey through the process of mourning. Poetry is a remedial discourse, providing an outlet for expression and, within it, the symbol of the ghost embodies both past and present, and is a projection of the narrator's grief, a device for embodying his emotions and regrets, which can then be confronted and worked through. Like the need to directly confront the cause of

trauma, the monsters faced in the gothic texts I examined in Chapter 1, the process of restoring a stable selfhood relies on identifying, confronting and removing the cause of mental instability. The same process is enacted within both 'The Jolly Corner' and 'Sir Edmund Orme', where two distinctly unstable figures, who are haunted by inadequacy and regret, are led to a point of personal growth through their encounters with destabilising, spectral masculine others. The ghost is particularly effective with regard to men, because of the restrictions placed on male language and behaviours by the demands of social convention; the ghost provides an alternative means of self-exploration, introspection and expression that were not otherwise available to men. Ghosts have the ability to disrupt the present, to disturb time by conjuring up the past, and to destabilise identity by depicting alternative states of the self.

Increased belief in the supernatural resulted from a crisis of faith at the fin de siècle, and the susceptibility to ghost-seeing is linked to a mental fragility. As something unreal, the ghost is ultimately a synthetic creation, yet it is a key means of articulating and confronting memories that are essential to the self. In this way, the men's encounters with ghostly figures emulate the processes of psychotherapy, which Freud describes as one of confronting, articulating and working through unconscious repressions. More than just an emblem of personal psychology, however, the ghost is a potent emblem of the transition between past and present, a pertinent theme when considering that social change was one of the primary causes of anxiety in the tumultuous final decades of the nineteenth century. The literature examined in this chapter demonstrates the intersection between supernatural exploration and psychological science in constructing an image of the dynamic

human consciousness at the fin de siècle. The theories proposed by psychical research about the nature of human consciousness, and the methods the theorists applied in their studies of the mind and treatment of insanity, will be studied further in Chapter 3.

CHAPTER THREE

Detecting Disorder: Madness and Psychotherapy in the Sherlock Holmes stories

The fact that circumstantial evidence is useful in psychoanalysis when reconstructing a childhood history may explain Freud's interest in this type of literature [*The Wolfman, speaking of Freud's awareness of Sherlock Holmes*]. (Pankejeff in Gardiner 1971:146)

One of the most prominent and unifying features of the Gothic texts examined in Chapter 1 is the prototypical models of psychiatric medicine that are appropriated and utilised by non-specialists, who become pseudo-analysts in their quest to unearth and resolve the causes of mental trauma in the men who seek their aid. These pseudo-analysts are the figures around whom the narratives revolve, and who – in many ways – command the process of rebuilding the fragmented accounts of the individuals disturbed by the unnatural beings threatening to destroy social order. Bram Stoker's Van Helsing and Nathaniel de Salis, and Robert Louis Stevenson's Mr Utterson, are not only pseudo-psychiatric figures, however, but also quasi-detectives who play an investigative role in uncovering the sources of their "patients'" trauma. In hunting down the monsters, these key characters emulate the practices of criminal detection: they piece together the fragmented narratives of their traumatised compatriots and construct a cogent picture of the deviant beings before neutralising their threat. This investigative process drives the narrative action of the

text and has the result of restoring a sense of mental – and subsequently social – order to the afflicted men and their communities. Here, the importance of deduction in the process of mental management is emphatic, and characters that are portrayed as quasi-psychiatric figures also possess the qualities of the amateur detective. In this chapter, I will further explore the significant relationship between remedial discourses and the detective narrative, asserting that the fin-de-siècle fictional sleuth shares a number of key traits with the real-life psychotherapist in his utilisation of analysis, excavation and deduction not only to solve crimes, but to restore mental order to the men at their centres.

Beginning with Edgar Allan Poe's *Murders in the Rue Morgue* (1841) and *The Purloined Letter* (1844), the detective genre acquired a sizeable readership as the nineteenth century progressed, despite Poe's creations being criticised at the time for the sensational way that they 'uncurtain horrors and cruelties...for public benefit' (Anon 1845:379). Just as the revival of the Gothic genre coincided with the birth of modern psychiatry in the late 1880s and early 1890s, so this period gave rise to perhaps the most reputed example of the detective genre – Arthur Conan Doyle's Sherlock Holmes stories. Joseph Kestner reflects that, with four novels and fifty-six short stories spanning five decades from 1887 until 1927, the enduring popularity of the Sherlock Holmes tales may, in part at least, be due to their dynamic characterisation of masculinity; 'the construction of masculinity in these putatively "realist" texts,' Kestner argues, 'was an element of their appeal to the predominantly male readers of the *Strand* magazine' (Kestner 1996:27). Superficially, the stories present to the Victorian reader what Kestner describes as a 'masculine script', a blueprint of the qualities demanded of the fin de siècle man, which are embodied

and enforced by the literary detective himself (Kestner 1996:28). However, the detective genre presents an image of masculinity that is as broad as it is unstable, featuring numerous – and predominantly male – characters who subvert behavioural norms. Male neurosis features significantly in many of the cases investigated by Holmes, from the criminal ego-maniac to the paranoid neurasthenic and even the unstable, drug-dependent detective himself (despite being an instrument of social regulation). These polarised tropes of masculinity are scrutinised through the application of contemporary sociological and scientific theories, rendering the detective a liminal figure who occupies the border between sanity and madness and placing the criminals on the margin between criminal justice and psychiatric care. Rather than uphold conventional ideals of masculine behaviour, Victorian detective fiction reveals alternative scripts of masculinity that radically deviate from these norms and render them problematic.

Several recent critical studies have sought to assimilate the detective process with that of (specifically Freudian) psychoanalysis, noting the resemblance between the detective and the analyst figures in their approaches to restructuring the fragmented stories of the crimes and their criminals¹⁵. Most significantly, Michael Shepherd's 1985 paper 'Sherlock Holmes and the Case of Dr. Freud' observes the shared characteristics of these fictional and medicinal narratives, something that is

¹⁵ Works of particular note include *It Didn't Mean Anything: A Psychoanalytic Reading of American Detective Fiction* (2008) by Alexander N. Howe, Nils Clausson's 'Degeneration, Fin-de-Siècle Gothic, and the Science of Detection: Arthur Conan Doyle's *The Hound of the Baskervilles* and the Emergence of the Modern Detective Story' (*Journal of Narrative Theory*, 2005) and Amy Yang's 'Psychoanalysis and Detective Fiction: A Tale of Freud and Criminal Storytelling', (*Perspectives in Biology and Medicine*, 2010).

later explored in Nicholas Meyer's *The Seven-Per-Cent Solution* (1974)¹⁶. However, whilst critics identify certain parallels between the psychoanalyst and the detective, they do not explore the impact of the reciprocal influence of popular fiction and psychoanalysis on the development of medicinal practices at the fin de siècle, nor do they focus on the how the specifically therapeutic methods of the analyst are appropriated by their fictional counterparts. What these studies also fail to address is the impact of the analytical process on the men at the centre of the stories: the detective, his clients and the criminals.

An examination of how contemporary psychological practice is used to diagnose and treat mental dysfunction within the texts, as well as being a tool for solving the crimes themselves, suggests that the processes of investigation and of mental management are for the literary detective – as they were for the fin de siècle psychoanalyst – inherently intertwined. In this respect, fin-de-siècle detective fiction provides perhaps the most interesting medium in which contemporary psychological developments were ruminated, interrogated, and made accessible to their large contemporary audience. This chapter will expand on my studies of the deductive methodologies engaged in the creation of remedial narratives studied in Chapters 1 and 2, by focusing exclusively on detective fiction itself. Centring primarily on Arthur Conan Doyle's eponymous detective Sherlock Holmes, it will consider how the tales that emerged at a time when psychotherapeutic practice was surging in

¹⁶ Meyer's novel is a pastiche of a Sherlock Holmes adventure, based on the premise that it is a lost manuscript from Dr Watson's collection of case books. The story sees the detective being treated for his cocaine addiction by Sigmund Freud while unpicking a mysterious kidnapping case that threatens a Europe-wide war. The adjacency of the two figures encourages the reader to draw comparisons between the remedial processes of psychotherapy and the normalising practices of detection. However, as a contemporary novel, Meyer's text does not form a central part of this study.

popularity engage with the changing face of mental medicine, a discipline with which – as a trained doctor – Doyle himself was profoundly familiar. This chapter will concentrate on how the process of detection for Doyle’s sleuth mirrors that of psychiatric medicine in its various fledgling forms between 1890 and 1913. It will assess the depiction of the detective as a prototypical psychiatrist, and yet also consider his position as a liminal and distinctly non-professional figure, whose commonplace engagement with the minds of his clients – alongside his use of alternative, non-medicinal strands of knowledge – enables an effective process that centres on the excavation of unconscious narratives to restore mental order. It will examine how Holmes and Watson portray the changing attitudes towards medicine and how the stories engage with the innovative early techniques of psychotherapy to unearth clues from the unconscious itself in the form of people’s writings, speech and memories. It will identify Holmes as a psychiatric detective who not only restores order to the social structures fragmented by the destabilising occurrence of crimes, but excavates and re-orders the personal discourses of his patients to re-establish cogent masculine selfhoods. Furthermore, it will assert how the fictional narratives of the “case-book” become quasi-medical case studies of mental illness, emulating the investigative and experimental style of psychological science. In this way, it will argue that the stories both mirror and critique the typically patriarchal institutions of medicine and judicial authority, interrogating the role of psychotherapy in controlling and normalising the individual, as well as providing a mode of mental liberation.

The Psychiatric Detective

Sherlock Holmes, a character synonymous with the detective fiction genre, first appeared on the literary stage in the 1887 edition of *Beeton's Christmas Annual*, narrowly succeeding Stevenson's *Jekyll and Hyde* but predating the Gothic revival during the 1890s. Although differing from their fantastical and supernatural counterparts in their distinctly realist style, the Sherlock Holmes stories provide an additional facet to the conflicted and unstable image of masculinity pervading fin de siècle fiction. While the causes of trauma facing the clients who consult Holmes's expertise are considerably more commonplace than the mythical creatures stalking the pages of Stoker's novels, the instances of explicitly criminal (or morally illicit) activity that the narratives record possess an equal power to disturb by disrupting social codes and individual identities. The crimes at the heart of the stories – theft, murder and deception – are as equally suggestive of cultural decline as the inhuman monstrosities typical of the Gothic genre. At the centre of the tales is the detective himself, whose exploration of each case serves to unearth and correct the sources of disturbance and who operates – like his quasi-judicial counterparts Van Helsing, de Salis and Utterson – to bring normalisation and order to these chaotic microcosms of society.

At a time of tangible uncertainty for the late-Victorian man, it is unsurprising that two discourses which sought to bring clarity and understanding to an increasingly murky landscape became simultaneously popular within their individual fields: psychoanalysis in medical science and detective fiction in popular literature. Sharing an analogous methodology and operating in a comparable framework, the

presence and influence of contemporary psychological thought is discernible in all aspects of Arthur Conan Doyle's renowned detective stories, from the very first appearance of Holmes in 'A Study in Scarlet'. When Watson first meets Holmes, he observes that the detective 'is a little too scientific for my tastes – it approaches to cold-bloodedness' (Doyle 1887(1981):24). However, what Watson mistakes for hardened detachment is in fact an objective, clinical style of analysis that Holmes applies not only to the chemical experiments, but across the whole scope of his investigations. It is this exploratory process of testing and analysis that typifies Holmes's approach to the process of deduction, particularly in his treatment of his clients. The case books that comprise the detective narratives are (as the first story's title suggests) experimental *studies* in and of human behaviour that mirror, in sociological form, the empirical character of Holmes's laboratory research. This intersection between the clinician and the detective can be traced within one of Doyle's influences for the stories, his medical school mentor Dr Joseph Bell. Writing to Bell in 1892, Doyle speaks to his mentor of his new literary creation, stating that "I do not think that his analytical work is in the least an exaggeration of some of the effects which I have seen you produce in the out-patient ward" (Doyle in Shepherd 1985:12).

The first Sherlock Holmes story was written almost a decade before the publication of the work generally acknowledged as marking the birth of psychoanalysis, *Studies in Hysteria* (1895) by Josef Breuer and Sigmund Freud. However, the techniques and philosophies at the heart of psychoanalysis were developing across Europe in the years before Breuer and Freud published their breakthrough study, raising a central question: could the fictional detective have

played a role in influencing the development of his medicinal counterpart, the psychoanalyst? Undoubtedly, the analyst utilises numerous techniques that emulate a detective involved in a criminal investigation: locating the source of deviance through analysis, excavating evidence (material and immaterial clues or symptoms) and – on locating the cause – arresting its progress. In his personal recollections, one of Freud's most infamous patients Sergei Pankejeff (better known as "der Wolfsmann" or the Wolfman) recounts a conversation he had with the analyst in which they discussed Sherlock Holmes. This dialogue not only reveals Freud's interest in the fictional sleuth, but also suggests the influence this literary work may have had on the development of the analyst's own practice.

Once when we happened to speak of Conan Doyle and his creation, Sherlock Holmes, I had thought that Freud would have no use for this type of light reading matter, and was surprised to find that this was not at all the case and that Freud had read this author attentively. The fact that circumstantial evidence is useful in psychoanalysis when reconstructing a childhood history may explain Freud's interest in this type of literature. (Pankejeff in Gardiner 1971:146)

The psychiatrist is dependent on pieces of what is, as Pankejeff states, circumstantial evidence; clues which are, by their nature, open to multiple meanings that may be inferred by the analyst who decodes them. Practices such as this owe much to their detective counterpart. Furthermore, Freud's own description of the investigative nature of psychoanalysis echoes the deductive methodology employed by Doyle's detective. 'It is the psychotherapist's business', Freud argues, to identify the

‘spatially-extended mass of psychogenic material [that] arrives in consciousness cut up, as it were, into pieces or strips ... [and] to put these together once more into the organisation which he presumes to have existed’ (Breuer and Freud 1895(1955):291). The idea that these fragments of evidence, unearthed from the minds of the patients, are synthesised and interpreted by the analyst to recreate the personal stories underpinning mental illness, demonstrates the proximity of the scientific narrative to its fictional counterpart. Furthermore, as established in previous chapters, psychoanalytic discourse is an act of storytelling; confessional narratives that are read and subsequently reshaped by the analyst to create a coherent picture of selfhood.

At the heart of the deductive and psychoanalytic process, then, is the practice of unearthing the hidden story at the heart of the disturbance, through which the subject’s life is transformed into what psychologist Hugo Munsterberg later termed ‘a chain of causes and effects’ (Munsterberg 1909:14). It is a process of reading the symptoms that the patients exhibit to find evidence of disorder, to forge connections between personal experience and pathology, and to create a cogent narrative from these fragments to solve the mystery at the heart of their psychosis. The subjects and their identities are at the heart of psychological theory at the fin de siècle, and are also placed at the centre of Holmes’ investigations. The detective’s case-books are recorded by the medic John Watson and, like the studies of Freud and other early psychiatrists, feature a collection of men defined specifically by their difference – their *deviance* – from the accepted models of “masculine” behaviour. While the psychoanalyst has both male and female patients, it must be noted that the majority of the unstable clients who consult Holmes, and the criminals he encounters, are

men. The deductive process that Holmes employs focuses on locating the cause of social disorder and resolving it, and does so by reading symptoms of mental disorder in his subjects. Furthermore, like the analyst, Holmes not only reads symptoms of disorder in the subjects he encounters but translates these into cogent narratives that he reconstructs to solve the crimes and ultimately manage mental disturbance.

Broadly speaking, the Holmes adventures are dominated by three types of men: criminals, victims and investigators. These figures, however, are far from polarised; indeed, there is much overlap between them, creating a complex, unstable image of masculinity that reflects the sensationalist concerns of many Victorians with the degenerative state of mankind at the fin de siècle. The clients who consult Holmes are often found to be the cause of their own problems and to be deviant, immoral figures in their own right. Equally, the criminal figures often have personal issues that underpin their illicit behaviour and social circumstances such as poverty and familial discord. Frequently, the offences committed cannot be classified under the contemporary definition of illegality, and are instead social or moral breaches which require no judicial intervention. In some cases the mystery does not involve a third party, with the detective process unearthing not incidents of criminal wrongdoing but life-altering personal, social and familial traumas that have afflicted the men Holmes encounters. Furthermore, the figures who investigate the crimes are not the straightforward embodiments of justice. Rather, the depiction of the detective figure is beset by contradictions that expose the artifice of professional power.

What the men who feature in the narratives do have in common is the tendency to exhibit varying signs of mental disturbance, ranging from localised incidents of paranoia to complete nervous breakdown. This disturbance is often

revealed to be the result of some underlying trauma, or the impact of the crimes committed against them, which impairs their ability to comply with, and to be recognised as compliant with, fin-de-siècle codes of masculine behaviour. The pressures of contemporary living at the end of the century were thought to have a psychological impact on the man, leading to the increasing diagnosis of a condition almost exclusively in male patients: neurasthenia. As examined in Chapter 1, neurasthenia – or ‘nervous exhaustion’ – was identified by Victorian psychologists as the male equivalent of hysteria, a nervous condition linked to mental exhaustion and overwork (Beard 1881:17). Credited with popularising the term “neurasthenic”, George Beard describes how male ‘nerve force’ is a finite resource which can be depleted, and that those with ‘a narrow margin of nerve-force’ (what he terms a ‘nervous person’) are more susceptible to neurasthenic attacks and are – by definition – somehow deficient (Beard 1881:8). In a letter to *Science* magazine over a decade later, A.D. Rockwell reiterates this notion that neurasthenia is a socially-induced condition and an increasingly common product of contemporary civilisation.

In hospitals, in dispensaries, and among the very poor everywhere, a typical case of neurasthenia is difficult to find, but among the well-to-do and the intellectual, and especially among those in the professions and in the higher walks of business life who are in deadly earnest in the race for place and power, this peculiar impoverishment of nerve force that we term "neurasthenia" appears with alarming frequency. (Rockwell 1892:373)

The identification of a connection between socio-economic pressures and mental illness marked a significant shift at the fin de siècle from the traditional physiological and genetic causes that were typically attributed to madness in previous decades¹⁷. In this respect, the Sherlock Holmes narratives reflect contemporary advancements in and changing attitudes towards madness, which call into question the stability of masculinity in the face of an ever-shifting society.

Neurasthenia has a debilitating impact on the Victorian man, leaving him physically and mentally enervated and unable to perform the social and domestic roles demanded of him. It is this deficiency that many of the male clients who approach Holmes for help are afflicted with. The figure of the professional man makes several appearances in *The Memoirs of Sherlock Holmes* (1894) and is often characterised by the enervating effects of overwork. In 'The Stock-Broker's Clerk', up-coming financier Hall Pycroft consults Holmes after being duped into a criminal hoax by a false offer of employment. The story is framed – as are many of the cases – by Watson's introduction, in which he records his recent acquisition of a new medical practice, bought from his mentor whose 'age, and an affliction of the nature of St. Vitus's dance' has brought about the end of his career (Doyle 1894(1981):362). Through the doctor's observations, the question of professional integrity and the enfeebling impact of work are placed at the forefront of the reader's mind from the outset. In contrast to Watson's predecessor, Hall Pycroft is a young, vigorous individual at the beginning of his career. Watson's appraisal of Pycroft identifies a solid, 'well built, fresh-complexioned young fellow', a prime specimen

¹⁷ These historical diagnoses do still feature in the stories; however, these are applied more to the criminal figures, as I will explore later.

of physical health (Doyle 1894(1981):363). Superficially, Pycroft also embodies the commercial values upheld by his society, dressed in ‘a very shiny top hat and a neat suit of sober black, which made him look what he was – a smart young City man’ (Doyle 1894(1981):363). However, beneath this model veneer Pycroft exhibits covert signs of disturbance that are unconsciously rendered in the margins of his personality, but which are evident to Holmes and his colleague, who observe that ‘his round, ruddy face was naturally full of cheeriness, but the corners of his mouth seemed [...] to be pulled down in a half-comical distress’ (Doyle 1894(1981):363). For Pycroft, the primary cause of his distress – “‘the worst of the story’” – is his own susceptibility, “‘that I show myself up as such a confounded fool’” by having been duped by the rogue employers (Doyle 1894(1981):364). Pycroft is traumatised by his perceived failure to comply with the masculine ideals upheld by his society and by his consequential loss of the social and economic status – and personal fortune – that are so essential to his identity.

Having been dismissed from his role at a stock brokers firm, Pycroft’s desperation to retain the status afforded by his position leaves him vulnerable to the overtures of a man named Pinner who, playing on Pycroft’s vanity, persuades him to turn down a reasonable offer of work with a firm named Mawson’s in favour of a position with his organisation. The dialogue between the two men, which Pycroft recounts to Holmes and Watson, demonstrates the young broker’s vulnerability to Pinner’s influence.

“‘I had a row over you with Mawson’s manager....We picked him out of the gutter, and he won’t leave us so easily.’ Those were his very words.”

“‘The impudent scoundrel!’ I cried. ‘I’ve never so much as seen him in my life. Why should I consider him in any way?’” (Doyle 1894(1981):365)

Pinner exploits the young man’s vanity to trick him into renegeing on Mawson’s in favour of his offer. Pycroft realises his error, however, when he visits the offices of his supposed new employer and observes the absence of any key signifiers of professional authority in their building, recalling that “‘the absence of names on the wall, and other of the points which would strike a business man had left a bad impression as to the position of my employers’” (Doyle 1894(1981):365). Pycroft’s redundancy and his desperation to regain his lost status have effectively clouded his judgement, and he only realises his error when the reality of his new employment fails to meet his commercial expectations. Facing ruin, Pycroft approaches Sherlock Holmes to restore not only his name but his status and, therefore, his identity.

As a man whose profession is on the borders of the legitimate judicial system, Holmes is able to engage with the instability that Pycroft’s position has caused for the young man. To fully understand the case, Holmes poses as an accountant to infiltrate the firm, an act of reverse transference that sees him assume the persona of a stockbroker to directly engage with and experience the source of Pycroft’s trauma. Transference was a term defined by Freud to explain the unconscious redirection of emotions by the patient onto another, usually unrelated figure, and commonly the physician himself. Freud first describes transference in relation to the case of “Dora” (Ida Bauer), whose analysis failed (Freud argued) because she discontinued her treatment before the process was complete. In his postscript to the case, Freud describes Dora’s psychosexual projection as revealing “new editions” to her

narrative, essential elements that shape the story of her identity, an understanding of which was essential for fully comprehending the nature of her illness, although Freud himself did not realise this at the time (Freud 1905(1953):122). For Holmes, the key to decoding the mystery of Pycroft's deception is to take on the role of the deceived man, to actively transfer his client's problem onto himself and to experience it for himself. Pycroft's case is not the only one in which Holmes assumes an alternative persona to enhance his understanding of the disturbed individuals he investigates. In 'The Man with the Twisted Lip', one of Doyle's first stories, the detective dresses as an elderly drug addict to infiltrate an opium den, hoping to "find a clue in the incoherent ramblings of these sots" and obtain information from its users as to the disappearance of his client's husband (Doyle 1892(1981):232). The alternative, illicit persona that Holmes assumes enables him to move across moral and social boundaries, to engage laterally with men of a lower public stature and to extract evidence directly from their personal spoken narratives. While the act of transference was recognised by Freud as a destructive, inhibitive unconscious defence mechanism instigated by the patient, for Holmes it is a process that the analyst must command and utilise, as Freud failed to do, to garner a full understanding of the case at hand.

In 'The Stock-Broker's Clerk', Holmes's infiltration is swiftly identified by the criminal Pinner, yet the detective's transparent disguise has the effect of revealing Pinner's own false identity, which is symbolised by his 'ghastly' appearance (Doyle 1894(1981):368). Exposed, Pinner tries to evade capture – and simultaneous personal ruin – by committing suicide, believing that literal death is preferable to the social disgrace of criminal prosecution. This attempt is thwarted by

Watson, however, whose position of medicinal authority ensures that justice can be served. Holmes recognises that the key to the mystery of Pinner's deception rests in him 'making Pycroft write a declaration', an action through which he is able to obtain control of the young clerk's signature, the very essence of his commercial selfhood, which Pinner's brother, Beddington, then uses to assume Pycroft's identity and undertake a heist at Mawson's. Holmes is not directly involved in solving the central crime, the robbery and murder at Mawson's and subsequent arrest of Beddington, by far the more sensational act. Instead, his role is to resolve the apparently more minor infraction of Pinner's fraud, exacting not criminal justice, but the restoration of Pycroft's reputation, his position and, consequently, his selfhood.

The disturbance of the man's selfhood by an external threat is not limited to his professional status but to other exterior signifiers of his masculinity also, particularly his physical body. Influenced by the popular physiological theories of insanity developed in previous decades, neurasthenia was also recognised as resulting from a physical 'injury or "stress"' such as a 'loss of limb' (Huber in Shuttleworth and Taylor 2003:317). In 'The Naval Treaty', 'brilliant' Foreign Office worker Percy Phelps is reduced to a 'raving maniac' when he is injured during a robbery. Phelps's wounding, induces the 'mad fits', 'nerves', and 'brain fever' that affects not only his mind but his ability to perform his professional role (Doyle 1894(1981):444-445). Phelps' bodily disfigurement consequently impacts upon his social status and challenges his position within society. Speaking from the perspective of nursing patients suffering from neurasthenia, Helen Brown Sinclair observes the incapacitating nature of the disorder, which produces 'a debilitated, irritable, despondent, and discouraged patient, suffering from complex causes and

lack of nervous tone; a victim of numerous subjective symptoms, and yet unable to define them clearly' (Sinclair 1903:683). The condition leaves the patient socially emasculated, unable to understand or express himself coherently.

By Victorian definition, Dr. Watson is himself a neurasthenic figure, deeply afflicted both physically and mentally by his time at war, a campaign that he reflects 'brought honours and promotion to many, but for me it had nothing but misfortune and disaster' (Doyle 1887(1981):15). Evidently damaged by the war, Watson recalls how he is 'worn with pain, and weak from the prolonged hardships which I had undergone' (Doyle 1887(1981):15). Indeed, the symptoms that Watson observes in himself are typical of those of the neurasthenic and present the supposedly authoritative physician as a damaged figure from the outset. In his study of suggestive therapeutics, Henry S. Munro acknowledges the impact of war on the man, claiming that it effects a corporal as well as a psychological trauma, that 'the mind, like the body, becomes strengthened or weakened by mental and physical action' (Munro 1908:239). Reflecting on his first meeting with Holmes, the doctor ponders how the detective has impacted on his life, observing 'how much this man stimulated my curiosity', and 'how objectless was my life, and how little there was to engage my attention' prior to meeting him (Doyle 1887(1981):20).

Anna Neill recognises that 'Holmes has a healing effect on Watson' by rescuing him from the 'degenerative traits' that afflict contemporary London, which 'has its counterpart in the healing of the city as its criminal underworld is exposed and frustrated' (Neill 2009:617). However, Holmes's curative impact on his friend is not just by helping him regain his place within social order as an instrument of justice. For Watson, who confesses at the beginning of 'A Study in Scarlet' that 'I

am not strong enough yet to stand much noise or excitement', the remedial process occurs as his mind becomes absorbed with assisting Holmes in his investigations (Doyle 1887(1981):17). Here, Watson re-lives the feelings of that danger he felt in the army and, in doing so, is liberated from the repressed fears that have stultified his mind, describing how his nerves are reawakened and begin to "tingle" as the action unfolds (Doyle 1887(1981):85). Watson's "weakness" and "despair" dissipate as a result of his active role in the cases, and the process of solving crimes gives the doctor a sense of direction and purpose that reactivates his dormant, traumatised mind. Furthermore, through his involvement in the cases Watson performs a sort of self-help, reclaiming control over his narrative and writing for himself a new social identity and role. Just as Van Helsing equips Harker and his companions with the mental strength to battle the vampire, so the incidents of crime re-establish Watson's sense of purpose and, in turn, restore his active identity. Furthermore, Watson has an equally therapeutic effect on Holmes and his volatile, unstable nature. In 'The Man with the Twisted Lip', Holmes confides that he appreciates Watson's "grand gift of silence", which "makes you quite invaluable as a companion": "'Pon my word, it is a great thing for me to have someone to talk to, for my own thoughts are not over-pleasant'" (Doyle 1892 (1981):233). Watson provides a confessional ear for Holmes, and while his act of recording the story arguably takes some control over it, his lack of intrusion into the detective's speech itself enables Holmes to produce his own verbal narrative. The dual narratives that comprise the stories, therefore – the dialogue between Watson and Holmes, and Watson's recording of it – are clearly remedial for both men, showing how (through the acts of conversation and

confession) their differing fields of expertise are essentially intertwined and, in many ways, mutually dependent.

The relationship between Holmes and Watson is a complex and multilayered dynamic that can be best explored through an assessment of their two different layers of narrative. The stories themselves ultimately belong to Holmes, and the act of storytelling that takes place when his detective work reveals the hidden narratives of his criminals and clients is one that he commands. However, in the majority of cases these tales are relayed through Watson, whose additional layer of narrative lends a sense of order and structure to events that would otherwise be fragmented and internalised within the detective's own mind. The "case book" format of the stories structurally emulates the records of a clinician by presenting a problem, detailing the experimental process of investigation, and drawing conclusions. In this respect, Watson not only makes the stories coherent, but he lends them a sense of professional authority. As with the narrative fragments that comprise *Dracula*, which are specifically 'placed in sequence' to provide factual credibility, so the preface to the very first case – 'a reprint from the reminiscences of John H. Watson, M.D., late of the Army Medical Department' – gives the fictional narratives the stamp of expert authority (Doyle 1887(1981):15). Holmes's objective, as he states in *The Hound of the Baskervilles* (1902), is to transform "one of the most singular and sensational crimes of modern times" into "a single connected narrative", to translate the aberrant into a socially-comprehensible narrative form (Doyle 1902 (1981):749). However, it is Watson who must translate Holmes's highly subjective and internalised deductions into a sequence of events that may be coherent to both the reader and to the other characters – the clients, suspects and policemen – that are

implicated in the case. In ‘The “Gloria Scott”’, for example, Watson does not narrate the case as it unfolds but records Holmes’s narration of a case that occurred previously, so that the detective’s own voice and his memories are wholly mediated through Watson. This intersection between the quasi-scientific and the imaginative narrative demonstrates the need for alternative perspectives outside of mainstream criminology or medicine to build a comprehensive picture of the case at hand, but equally the need for a recognised and sanctioned authority to translate it.

Holmes’ deductive analysis comprises both physical clues and those that are gleaned from the psychic makeup of his clients, while Watson is more focused on material evidence, mirroring the attention given by the traditional physician to the corporal signs of illness. Returning to Henry Munsterberg’s assertion that the mind ‘ought to be examined with the same carefulness with which the conscientious physician examines the blood and the urine’, the scrutiny that is applied to physical symptoms must also be applied to the analysis of consciousness in order that the sources of disorder may be excavated and understood (Munsterberg 1909:184). Similarly to the dyad of traditional Alienist Dr. Seward and the innovative Professor Van Helsing in *Dracula*, Watson and Holmes are emblematic of the marked differences between the physiological methods that dominated psychological practice prior to the 1880s and the novel techniques developed at the fin de siècle, which focused on the psychical causes, consequences and treatments of disorder. Central to these new methods, as Chapter 1 examined, is the infiltration of alternative, non-specialist forms of knowledge that played an equally central role to biology and physiognomy in understanding the complex makeup of human psychology. Holmes’s methods are comparable to those of Van Helsing and

Nathaniel de Salis in their use of manifold non-specialist discourses to create an effective process of mental management. Stamford remarks that Holmes' "studies are very desultory and eccentric, but he has amassed a lot of out-of-the way knowledge which would astonish his professors" (Doyle 1887(1981):25). This is a deliberate process in which the detective, as he himself emphasises, has 'furnished' his mind with marginal forms of knowledge that sit – like Holmes' character – outside of the disciplines that typically comprise scientific study (Doyle 1887(1981):24). Watson appraises Holmes' varied fields of expertise, which include 'geology', 'botany', 'chemistry', 'anatomy' and 'sensational literature'; although discordant, they each add a different facet of knowledge that shapes and influences the detective's perceptions of the world around him (Doyle 1887(1981):26). Significantly, Holmes' expertise resembles the historical, anthropological and philosophical ideologies in which Van Helsing and de Salis are educated, and which equipped them to effectively engage with their companions through their commonplace understanding of the intricacies of human nature.

Indeed, the importance of commonplace understanding is more valuable to the detective than the forensic approaches of science. The threats facing the physical and mental security of Holmes's clients are broad, and while the detective's detachment – the 'cold-bloodedness' to which Watson refers – inhibits his ability to forge the pseudo-paternal relationships that are essential to Van Helsing and de Salis, his broad intellectual spectrum equips him with an intrinsic understanding of the manifold factors operating to destabilise the man's position at the fin de siècle. Holmes attributes his investigative skill to "a kind of intuition", suggesting that his knowledge is based as much on instinct – a broad-ranging empathy derived from his

worldly understanding – as it is on intellect (Doyle 1887(1981):27). This intuitive, experiential knowledge is specifically designed to read scenes and people, and to draw conclusions. Furthermore, it enables Holmes to engage with his clients in a way that supersedes the power of empathy, because it combines the clinical detachment of the analyst with the multifaceted, commonplace forms of knowledge that psychotherapist Hugo Munsterberg identified as essential for producing a rounded understanding of the complex human condition.

There are no two cases alike and not only the easily recognizable differences of sex and age, and occupation and education, and financial means, and temperament and capacity are decisive, but all the subtle variations of prejudices and beliefs, preferences and dislikes, family life and social surroundings, ambitions and prospects, memories and fancies, diet and habits must carefully be considered [...] As it is entirely impossible to determine all those factors by any sufficient inquiry, most of the adjustment of method must be left to the instinct of the physician, in which wide experience, solid knowledge, tact, and sympathy ought to be blended. (Munsterberg 1909:187)

As Munsterberg identifies, it is not enough to analyse the man through his circumstances – his job or domestic situation. A deeper perception of the self in the form of its memories, fears, emotions and beliefs is required to understand the mind. This understanding demands an intuitive and subjective engagement with the patient, and it is the instinctive knowledge Holmes possesses that enables this effective engagement with his clients and which marks his difference from other

investigators. For Sherlock Holmes, it is the utilisation of alternative modes of knowledge that distinguishes the psychotherapist from his contemporaries in mental medicine, and enables his engagement with consciousness itself, transforming the notion of “expertise”.

Like the psychoanalyst, much of Holmes’s power and influence within the text is based on his position of expertise and the authority that comes with his (semi) professional status. Joan Busfield argues that ‘the psychiatrist serves as the repository and purveyor of this knowledge, the expert whose authority, power, status and prestige derive from his expertise’ (Busfield 1986:18). While Holmes exhibits the traits of a police inspector, he lacks the judicial authority of a person in that profession and instead is placed firmly on its margins. Moreover, the liminal position of the consulting detective mirrors that of the analyst, with both men engaging in what were, in the 1890s, still experimental ideologies that positioned them outside the mainstream practices of their respective professions. American psychologist Joseph Jastrow, known for his own experimental works at the fin de siècle, notes the caution with which some aspects of psychotherapy were treated, particularly the role of suggestion employed by the analyst during the therapeutic process to attempt to resolve the issues of his troubled patient.

The therapeutic action of suggestion, both in its more usual forms and as hypnotic suggestion, has shown to what unexpected extent such action may proceed in susceptible individuals. The well-informed and capable physician requires no instruction on this point; his medical education furnishes him with the means of determining the symptoms of true organic disorder, of functional derangement...

“But when all is said and done,” the fundamental fact remains that the utilization of the mental factor in the alleviation of disease will be best administered by those who are specifically trained in the knowledge of bodily and of mental symptoms. (Jastrow 1900(1901):37-38)

While the analyst’s practices are sanctioned by the formality of his medical education, the detective’s experimental methods give him the status of expert only to those who work closely with him, while he is treated with derision and suspicion by professional colleagues such as Inspectors Lestrade and Gregson, who regard their ‘amateur companion with considerable curiosity and some contempt’ (Doyle 1887(1981):31). The Inspectors fail, as Watson observes, ‘to appreciate the fact... that Sherlock Holmes’ smallest actions were all directed towards some definite and practical end’, that his unconventional methods are designed to produce the same results as the inspectors’ own (Doyle 1887(1981):31). Holmes’s unconventional expertise alters his perception of reality, enabling him to see beyond the limitations that bind his professional counterpart, surpassing the authority of the conventional expert. This alternative model of expertise, permitted by different types of knowledge, also allows a different way of seeing the world that shifts Holmes’s role from one that regulates, to one that reveals. It is in this way that Holmes performs a more holistic role than the exaction of justice – his narratives become ones of remedy.

One of the central techniques valued by the psychotherapist is the ability to excavate and order fragments of the self that are buried deep within the unconscious, but which hold the key to unlocking the source of the patient’s disorder. Hugo

Munsterberg, whose work focuses on forging lateral bonds with his patients to understand the intricate workings of their minds, acknowledges that a degree of ground work – of investigation – is needed to explore the causes of illness before a means of treatment can be proposed.

The psychological work of the physician does not begin with his curative efforts. Therapy is always only the last step. Diagnosis and observation have to precede, and an inquiry into the causes of the disease is essential, and in every one of these steps psychology may play its role. (Munsterberg 1909:184)

Holmes's practices are indeed diagnostic. The material that facilitates this is gleaned either directly from the minds of his clients or from an evaluation of physical evidence on which the owner has left 'an impress of his individuality', from which he can read clues about the man's identity (Doyle 1890(1981):92). In *The Sign of Four*, Watson gives Holmes a watch to test his abilities as a 'trained observer' and to gauge his "opinion upon the character or habits of the late owner" (Doyle 1890(1981):92).

"Subject to your correction, I should judge that the watch belonged to your elder brother, who inherited it from your father... He was a man of untidy habits,—very untidy and careless. He was left with good prospects, but he threw away his chances, lived for some time in poverty with occasional short intervals of prosperity, and finally, taking to drink, he died. That is all I can gather." (Doyle 1890(1981):92)

Reflecting the detective's constant danger of being dismissed as a fraud, Watson accuses Holmes of 'charlatanism', believing him to have gained the knowledge in some dishonest way. However, as Holmes reveals, it has been gained by intuitively reconstructing the fragments of evidence at hand through his experiential knowledge, forging a whole picture by "observ[ing] the small facts upon which large inferences may depend" (Doyle 1890(1981):93). Holmes exhibits a more dynamic expertise than merely a 'trained observer': he is simultaneously an archaeologist of buried information, and an architect of the story that belongs to it. Writing just five years later, Freud describes how this technique is essential to the therapeutic process, which is 'one of clearing away the pathogenic psychical material layer by layer [which] we liked to compare...with the technique of excavating a buried city' (Breuer and Freud 1895(1955):xxix). This act of revealing hidden stories, and providing a narrative frame in which they may be rewritten, means that the detective process becomes one of unearthing fragments and rebuilding the stories of men at the heart of the mysteries.

One of the most significant pieces of evidence for the detective and the analyst are the memories of the people they encounter. As discussed in Chapters 1 and 2, however, memories of a traumatic experience are often repressed or sublimated by the patient. James Sully claimed that memory is at the heart of many experiences of madness, and it is deciphering these memories that holds the key to decoding the cause of mental disturbance. Mental illness, he asserts, results from the 'nerve-centres [that] have not as yet become sufficiently organised to supply a basis of permanent psychical integration' meaning that these experiences (or memories) remain 'detached' from the conscious mind and require the type of integration that is

mediated by the therapist (Sully 1892:356). For Sully, Freud and other early practitioners of psychotherapy, the subject's memory functioned as an important form of clinical knowledge. The notion of excavation is one that is essential to uncovering these hidden memories and rebuilding them into a coherent self-narrative in which the incoherent fragments of identity are reordered. The significance of memory and, importantly, amnesia, is central to the tale of "The "Gloria Scott"". When Holmes visits an old college friend he meets the man's wealthy, elderly father Mr. Trevor, a former Justice of the Peace and a respected pillar of his community. Holmes's analysis of Trevor on their first meeting disregards his social status in favour of what Holmes values and is able to relate to – the types of knowledge that shape the make-up of his mind.

“The father interested me extremely. He was a man of little culture, but with a considerable amount of rude strength, both physically and mentally. He knew hardly any books, but he had travelled far, had seen much of the world. And had remembered all that he had learned.” (Doyle 1894(1981):375)

In his appraisal of Trevor's character, Holmes importantly identifies the strength of the man's memory in relation to learned knowledge. Yet his memory in other respects is far weaker than it first appears to the detective. Trevor is aware of Holmes's reputation for deductive ability and asks the detective to tell him something about himself, with the air of disbelief that would be more typically associated with consulting a spiritualist or medium, whose "readings" are based more within the supernatural than the essentialist fields of knowledge. In response, Holmes speculates that "you have gone about in fear of some personal attack within

the last twelvemonth [...] And you have been most intimately associated with someone whose initials were J. A., and whom you afterwards were eager to entirely forget” (Doyle 1894(1981):375). Trevor’s response, Holmes recollects, was that he silently “fixed his large blue eyes upon me with a strange wild stare, and then pitched forward, with his face among the nutshells which strewed the cloth, in a dead faint” (Doyle 1894(1981):375). Forced to confront memories that he is unable to consciously process, Trevor has a breakdown that shuts him off from further communication with Holmes, effectively repressing what is evidently a traumatic encounter.

Trevor’s apparent strength is exposed as a falsehood, further emphasising the instability of the conventional signifiers of “normative” masculinity – public status, economic prowess, professional authorisation – that the stories reveal to be superficial and flawed. Trevor acknowledges how misleading external appearances can be, admitting to Holmes that ““strong as I look, there is a weak place in my heart, and it does not take much to knock me over”” (Doyle 1894(1981):376). Trevor is concealing more than a cardiovascular defect, however. Emblematic of the duality of the conscious and unconscious mind, Trevor has masked beneath his exterior an alternative, amoral identity that lurks like a dangerous pathogen threatening to corrupt his socialised persona and which is manifestly unbalancing his mind. Trevor eludes to the traumatic secret blighting his selfhood as a “ghost” of his past’, a memory rendered ethereal by his brain so as to create distance from his self, but which continues to haunt his consciousness (Doyle 1894(1981):376). Although intrigued, Holmes feels bound by social codes to pry no further into the case, and when a strange sailor named Hudson calls at the house a few days later

Holmes intuitively decides to leave the family, sensing that his presence is a cause of embarrassment to his friend. A few weeks later, however, his friend tells him his father is ill with “apoplexy”, a “nervous shock” that is so severe his son fears that “we shall hardly find him alive” (Doyle 1894(1981):377-78). The cause of this shock, Trevor’s son explains, was a letter that his father was reading, which evidently triggered the reawakening of Trevor’s memories and revived a past he thought was long hidden. The disruptive effect of Trevor’s memories, and the strain of containing them, completely destroy his physical and mental state.

Trevor’s breakdown demonstrates how memory, particularly as presented here in the narrative form of the letter, provides an essential piece of the self-narrative that comprises the man’s mind. The letter is symbolic of the hidden fragments of Trevor’s identity, a complex mystery that must literally be decoded by Holmes in order to be solved. Freud acknowledges the significance of the written narrative in revealing the hidden facets of the subject’s unconscious, and that the written word can provide ‘the associative bridge between the two complexes’ or, in this case, the two disparate identities of one man (Freud 1901 (1960):109). What Holmes uncovers from the letter is a destructive secret that threatens to undermine the whole family lineage: Trevor is in fact James Armitage, a criminal who was deported to Australia, only to escape from the ship mid-transit and cause the deaths of many men in the process. As a shipmate of Trevor’s, Hudson is a party to the deception and is thus able to exert power over him, demanding a job on his estate and gradually assume control over it, so that “the house seemed to be at his mercy” (Doyle 1894(1981):378). What Trevor feared, however, was not the social or legal consequences that this revelation would produce, but the loss of his son, which – his

final confession reveals – “cuts [him] to the heart” (Doyle 1894(1981):378). Trevor has not repressed a single memory but an entire identity which, when confronted with it, he is unable to process and align with his consciousness. At the centre of the case, Holmes plays a civil rather than a judicial role by deciphering Trevor’s concealed identity and restoring his true one. In doing so, while it is emotionally caustic for Trevor’s son – who is left “heart-broken” – and physically destructive to Trevor himself, this revelation enables Trevor to die with a unified identity, relieved of his repressed memories. Holmes’s actions also preserve Trevor’s social honour by protecting him from legal consequences and preventing the familial estate (a key signifier of his status), from falling under Hudson’s control.

While the presence of nervous disorders is common in the professional men who seek Holmes’s counsel, the man’s domestic status – as witnessed in Chapters 1 and 2 – can also be a cause of anxiety. The role of husband, although in many ways ancillary to the more public roles the Victorian man was compelled to play, was one equally fraught with uncertainty. This is particularly evident in ‘The Adventure of the Yellow Face’, where Grant Munro, is overcome by his suspicions about his wife’s deception. Munro displays the traits of monomania, defined by Victorian physicians as a compulsive fixation on a singular thought, aim or object that takes complete possession of the sufferer’s mind. Henry Maudsley identified monomania as an ‘ideational’ affliction, a form of ‘partial insanity’ that occurs firstly with the mind’s ‘excitement and derangement of ideas’ (Maudsley 1867(1868):365-366). For Munro, this obsession is his wife’s supposed betrayal, a suspicion that – although founded partially on fact – develops primarily within his imagination. Grant Munro is Effie’s second husband, her first spouse having died of yellow fever.

Contemporary law and social convention typically afforded power to the husband in marriage, yet despite assuming control over his wife's assets, Munro is unable to control her movements and is 'staggered' by the large sums of money she requests for personal use (Doyle 1894(1981):354). Munro is evidently unsettled but initially represses his concerns, thinking "no more of the matter" (Doyle 1894(1981):354). However, his unconscious suspicions colour his perception of later events, fuelling his monomania. Munro's status is further undermined by his failed attempt to gain a confession from his wife, his plea for her to "tell me everything, then", to re-enter the equal ground of dialogue, is met with refusal (Doyle 1894(1981):356). Munro's marriage is depicted as a narrative from which he is excluded, and Effie undermines her husband's power by withholding the truth from him, rendering his position within the marriage a liminal one.

Munro visits Holmes after he believes he sees "a face... watching me out of one of the upper windows" of the cottage at which Munro suspects his wife of conducting her illicit liaisons (Doyle 1894(1981):354). The face is depicted in uncanny terms as something "unnatural and inhuman" but which he is "disagreeably impressed by": a vision that is totally alien yet inherently related to his own self-perception (Doyle 1894(1981):357). Analogous to the ghostly visitations experienced by the anonymous protagonist of 'Sir Edmund Orme' (see Chapter 2), the impact of this apparition on Munro's mental state suggests that he is plagued not by a potential usurper, but by the idea of what Effie's deception represents to his own masculinity. Furthermore, the notion that another man is watching him from the window in this way suggests, as Sir Edmund Orme did for James' nameless framed narrator, that Munro is haunted by the spectral judgement,

sexuality and prowess of his predecessor. Munro is deeply affected by the image and takes to ““thinking the business over, and trying to analyse [his] impressions”” which triggers an obsessive introspection that, coupled with his subsequent anxiety, is symptomatic of a monomaniacal obsession (Doyle 1894(1981):354). Intensely proud of his social position, Munro’s repressed paranoia has had a marked effect on his ability to function normally, the impact on his mental state being apparent to the detective: ““I can see that you have not slept for a night or two,” said Holmes, in his easy, genial way. “That tries a man's nerves more than work, and more even than pleasure”” (Doyle 1894(1981):352). The detective’s ability to read Munro’s affliction through his understanding of the man’s exhaustion is significant, as he uses these signs of physical deterioration to diagnose the mental imbalance that has led Munro to seek his aid. Crucially, the detective employs an “easy, genial” manner to set Munro at ease, marking a change in the typically objective and analytical role Holmes normally assumes. Equally, Munro shows a disregard for Holmes’s expertise, seeking to engage with him on a lateral, equal level and to cross the professional divide that typically marks the detective-client dynamic: ““You wish to employ me as a consulting detective?” “Not that only. I want your opinion as a judicious man—as a man of the world. I want to know what I ought to do next. I hope to God you'll be able to tell me”” (Doyle 1894(1981):352).

Mirroring the traditional image of the physician, Holmes’s interaction with his clients is usually characterised by a detached objectivity and clinical distance. In the case of Munro, however, Holmes’s effectiveness is enabled by his ability to forge an egalitarian relationship that mirrors the paternalistic, de-specialised bond formed by Van Helsing and Nathaniel de Salis with their respective charges. This is clearly an

unnatural role for Holmes, however, as he demonstrates ill-concealed frustration with Munro's hesitancy: "kindly let me have the facts, Mr. Munro," said Holmes, with some impatience' (Doyle 1894(1981):353). Munro's mental state disrupts his ability to produce a coherent narrative of his own story, his 'extraordinary statement...delivered in the jerky, broken fashion of a man who is under the influence of extreme emotions' (Doyle 1894(1981):356). In direct contrast, Holmes allows and – as with his other cases – encourages Munro to talk, listening in a disengaged manner, sitting "silent for some time, with his chin upon his hand", in the manner of the analyst (Doyle 1894(1981):356). The detective's recognition that the most significant materials come from the people at the centre of the cases enables him to get to the heart of the problem. The focus on gaining evidence directly from the client's own speech is suggestive of Freud and Breuer's talking cure, where 'the psychical process that had originally taken place needs to be repeated in as vivid a way as possible, brought to its *status nascendi* and then "talked through"' (Breuer and Freud 1895(1955):10). To Freud, the therapeutic process is essentially centred on the dialogue between the doctor and patient. He contends that it is a procedure where 'nothing takes place...but an interchange of words between the patient and the analyst' (Freud 1915–17(1991):43). In 'The Adventure of the Yellow Face', as in many other stories, Holmes consistently refocuses the process of detection onto the client himself, encouraging him to reveal his secrets and listening in order to gain the information needed to reveal the source of the issues and, in turn, propose a remedy. While Chapters 1 and 2 focused on how the act of confession produces cathartic results for the patient, the act of confession here has the additional facet of providing the central pseudo-analyst figure with the material he required to

deduce the causes of the subject's mental instability and also the wider case he is examining.

In 'The Adventure of the Yellow Face', just as in 'The "Gloria Scott"', Holmes is intervening not in a criminal but a civil affair, his role not to exact justice but to bring resolution to a fractured domestic situation. On investigating the case, Holmes discovers that the paranoia and jealousy with which Munro is afflicted may, to an extent, be justified. Holmes goes directly to the cottage, immersing himself in Munro's position as he does with Hall Pycroft, and delves into the heart of his client's repressed fears to expose and confront them. What he reveals, however, is not the uncanny, ethereal doppelganger that Munro initially suspects. Instead, he reveals the existence of Effie Munro's mixed-raced child from her first marriage, whom she has painstakingly sought to conceal. The detective process exposes what in 1890s England would have been a source of scandal, suggesting potential justification for Munro's trauma and limiting the apparent impact on his reputation by rationalising his paranoia. However, the focus of the story is not on Munro's *social* but rather his *personal* status, for Munro disregards any concerns with convention to decisively reclaim the role of husband: "I am not a very good man, Effie, but I think that I am a better one than you have given me credit for being" (Doyle 1892(1981):384). By unearthing the repressed history of Munro's wife, Holmes is doing more than just solving a case: he is restoring the man's status as husband and, as a result, remedying his client's fragmented identity.

For Holmes, the process of solving the case is one of unearthing the fragmented and disjointed narratives of his clients. The concept of this "story of the self" is central to psychotherapy, for this is what must be excavated and pieced

together from the fragmented speech, memories, dreams, personal writings and other clues offered by the patient (Munsterberg 1909:235,50). The fragmented nature of these narratives is frequently the cause of mental instability and reconstructing a full picture of these repressed or forgotten stories can hold the key to uncovering and dispelling the impact of emotionally-disturbing events. As in the cases of Trevor and Munro, Holmes not only excavates narrative but rebuilds it, through the act of investigation. The subject itself can impede this influence, however, as signs of madness can distort communication, rendering their stories unreliable, or deliberately thwart external influence, as Munsterberg observes.

In the borderland regions of the psychoasthenics and hysterics and neurasthenics, the intellectual clearness of the patient too easily tempts one into trusting the sincerity of his story; and yet the most important ideas clustering perhaps about love or ambition, about vice or crime, about business failure or family secrets, about inherited or acquired diseases may be cunningly withheld and may frustrate every psychotherapeutic influence. (Munsterberg 1909:185)

Furthermore, the analyst's role is also problematic, for in deciphering the fragments of story offered by the patient, he is imprinting his own agenda, so that the stories are mediated through him. While the doubled nature of many of the clients and criminals renders their stories undependable, the detective excavates a reliable narrative from his interpretation of numerous clues, which is then mediated through the professional authority of the medical doctor, Watson. Furthermore, the absence of any sanctioned judicial authority in the detective's character dilutes the

normalising potential of his agenda. Holmes's investigations reveal the existence of alternative, marginal men who challenge and subvert the conventional masculine ideals. In restoring order to the individuals on whom his investigations centre through the use of pseudo-clinical practices, Holmes reveals the existence not only of more holistic methods for managing mental deviance, but of alternative scripts of masculinity.

Mental Borderlands: The Detective and the Criminal

A.M. Bodkin writes that the act of analysis is a practice that is primarily governed by the unconscious. 'It is the performance', he asserts, 'upon a higher level of the same function performed "subconsciously" by animal intelligence' (Bodkin 1907:368). The act of 'explicit deductive reasoning' involves the 'application of universal principles to a particular experience', which becomes bound up with personal instinct and understanding to produce a partially subjective analysis that is situated on the borderland between reality and the imagination (Bodkin 1907:368). Deduction, although an overt and conscious act, is founded upon the unconscious, primal elements of the self, and 'the general characters connected are felt only as entangled amid the particular setting of the concrete experience' (Bodkin 1907:369). The detective's own subconscious is therefore pivotal to the act of deduction, in the process of excavating and re-ordering the disordered fragments of narrative that unlock the mysteries of his client. Indeed, Holmes's investigations and the narratives that are constructed through them are a process conducted as much within his imagination as they are within reality.

When discussing the multilayered, diverse strands of knowledge practised by his new companion, Watson lists amongst the numerous epistemological and quasi-scientific disciplines that his friend had mastered, a somewhat incongruous ‘knowledge of sensational literature’ (Doyle 1887 (1981):26). Despite appearing inconsistent with the highly rational forms of expertise the detective has carefully cultivated, this awareness of the fictional documentation of crime – in a genre famed for its lurid and scandalous nature – implies the detective’s awareness of the importance of fiction alongside empirical fact for obtaining investigative success. Indeed, it is the concept of mental narrative – those of the patients and those of the detective – that shapes the creation of Holmes’s explanations of the cases, which Watson’s literary case-books record, and which are in turn presented as popular – and in many ways sensational – fiction to the Victorian reader. Holmes is aware of the numerous discourses of “narrative” that shape reality, and how the cases he explores are formed of fragments of “story” excavated from the minds of his clients and created from the clues he reads and subsequently re-discloses. Just as literature has a hand in influencing science, so does Holmes rely on a creative knowledge that, by its non-empirical nature, challenges the authority of material science through its primary reliance not on fact, but on the imagination.

Criticisms of psychoanalysis as an unscientific discourse have claimed that ‘the methods of science do not happily coexist in the same discourse with the prescientific, or even with the kind of particular, local, intuitive gathering of knowledge that is most closely bound up with everyday experience’ (During 1997:36). However, it is these subjective, imaginative forms of knowledge that make psychoanalysis so distinctive within its field and which enable its practitioners to get

to the heart of understanding the human condition. As the same author concedes, ‘psychoanalysis, whatever its successes or failures, is a model for that kind of knowledge which helps us get beyond the “sterile contrasting of explication and interpretation”’ (During 1997:37). As demonstrated in Chapter 1 in the figures of Van Helsing, Utterson and de Salis, these alternative, commonplace types of knowledge have the effect of elevating the status of the “non-specialist” to one of pseudo-professionalism by virtue of his actions. Furthermore, it is his non-professional status that enables him to form a lateral connection with the disturbed subjects to uncover and dispel the cause of their trauma. The techniques that enable this do not rest in a socially-sanctioned power structure, but in the utilisation of creative knowledge that enables people and events to be read, and reconstructed, based on a more subjective social order.

For Sherlock Holmes, the imagination is used to forge connections between fragments of evidence to reconstruct the story of the client’s personal disturbance, which more often than not holds the key to solving the case at hand. In ‘The Reigate Puzzle’, the mystery is solved by Holmes literally working backwards from a single scrap of written narrative and using it to construct the whole story within his own mind. Recovering with Watson at the house of Colonel Hayter in Acton after a particularly arduous case, Holmes finds himself at the centre of two seemingly unrelated crimes committed in the neighbourhood: a burglary (in which a number of apparently valueless items were stolen) and the murder of William Kirwan. The only evidence found at the scene is a scrap of paper, a ““fragment torn from a larger sheet...found between the finger and thumb of the dead man”” (Doyle

1894(1981):401). Hayter passively remarks that the note “should give a clue”, yet only Holmes understands the particular significance that it offers to the case.

“It does give a clue... It was torn out of the dead man's hand. Why was someone so anxious to get possession of it? Because it incriminated him. And what would he do with it? Thrust it into his pocket, most likely, never noticing that a corner of it had been left in the grip of the corpse. If we could get the rest of that sheet it is obvious that we should have gone a long way towards solving the mystery.” (Doyle 1894(1981):403)

For Holmes, the symbolic bigger story can be elucidated from an analysis of the scrappy note, which is what he tries to reconstruct by visualising the intricate actions that surrounded its presence at the scene. It is not only the existence of the note that is significant but the writing that it contains, which “is of extraordinary interest” to Holmes, who examines it ‘with intense concentration’ and concludes that “these are much deeper waters than I had thought” (Doyle 1894(1981):401). Holmes’s close analysis of the letter is suggestive of “graphology”, a theory that became popular amongst psychologists at the fin de siècle and which suggests that handwriting may reveal ‘the character of the writer’ and even his mental state (Anon 1906:521). Handwriting becomes evidence from which the symptoms of psychic disorder can be detected. Freud and his contemporaries asserted that the preoccupations of the unconscious, or the presence of a neurological or emotional disorder, could affect the various characteristics of handwriting such as the shape and size of the letters, or the pressure of the pen. An analysis of that writing as an extension of the patient’s unconsciousness could then elucidate the nature and even the cause of his disorder.

As in ‘The “Gloria Scott”’, written evidence not only holds the key to the crime but also significant information about the identities of those implicated within it, which are the heart of the mystery. That fragment of the note, which reads ‘*at quarter to twelve learn what maybe*’, is reproduced in Watson’s papers in its original script, showing a desire for authenticity and the central importance of handwriting (Doyle 1894(1981):401).

‘The Reigate Puzzle’ is a case that stimulates Holmes’s imagination, one which he repeatedly describes as “peculiar” and “obscure”. Holmes’s methodical investigation uncovers a legal dispute between the Acton and Cunningham families regarding the ownership of the Cunningham estate, yet this act of conventional detection is not sufficient to fully reveal the intricacies of the mystery. Instead, the detective has to make many of the connections within his imagination. Based on the note, Holmes rewrites the story in his own mind; a story that is based on a premise which defies the principles of social hierarchy but which to Holmes is “not an entirely impossible supposition”.

“If the assailant, after shooting William Kirwan, had instantly fled, then it obviously could not be he who tore the paper from the dead man's hand. But if it was not he, it must have been Alec Cunningham himself, for by the time that the old man had descended several servants were upon the scene. The point is a simple one, but the Inspector had overlooked it because he had started with the supposition that these county magnates had had nothing to do with the matter.” (Doyle 1894(1981):408)

Because of his position on the margins of society, Holmes is able to look beyond the veneer of social status in a way that his professional counterpart cannot. Instead, Holmes reads the true nature of these men's identities through the note itself, seeing beneath the facade of respectability afforded by their upper class position. Because the perpetrators are unwilling to reveal their stories through confession, Holmes is forced to read their guilt through an analysis of their handwriting. Like the psychoanalyst, Holmes demonstrates his awareness of the connection between identity and writing, making "a very careful examination" of the note to reveal its significance and solve the case.

"I draw your attention to the strong t's of 'at' and 'to', and ask you to compare them with the weak ones of 'quarter' and 'twelve,' you will instantly recognise the fact. A very brief analysis of these four words would enable you to say with the utmost confidence that the 'learn' and the 'maybe' are written in the stronger hand, and the 'what' in the weaker." [...] "We might deduce it from the mere character of the one hand as compared with the other. But we have more assured reasons than that for supposing it. If you examine this scrap with attention you will come to the conclusion that the man with the stronger hand wrote all his words first, leaving blanks for the other to fill up." (Doyle 1894(1981):408)

In his analysis of Cunningham's handwriting, Holmes reveals not only the forensic importance of the note in providing an essential clue to the crime, but the psychological significance of the handwriting in revealing the man's "character". Within the interlocking scripts of the two writers is the impression that the two

separate minds are fused into one single act of criminality. Furthermore, Holmes is able to decipher the familial connection between the two hands, concluding that they “belong to men who are blood-relatives” (Doyle 1894(1981):408). He deduces that it is in fact the Cunninghams, the men presumed to be the victims, who are the perpetrators. The Cunninghams, he concludes, were acting to obtain evidence that was of importance to a lawsuit they had with Mr Acton who, having a “claim upon half of their present estate”, posed a threat to their social status (Doyle 1894(1981):409). The evidence of this claim is exclusively contained, like the solution to the whole mystery, in “a single paper”, the fragment of narrative holding the key to revealing and destroying the self (Doyle 1894(1981):409). Holmes’ deduction also involves re-enacting the crime as he imagines it has occurred and, by assuming the role of victim, he transfers the essence of the case into himself and replays the scenario to bring it out of his imagination and into reality. Once again, Holmes’s deductions not only solve a crime, but reveal an alternative script of masculine identity that subverts social norms, while his resolution of the case serves to preserve the fiscal estate and thusly the personal identity of Mr. Acton.

By deciphering the letter and by reading, deducing and subsequently rewriting the full story, Holmes becomes the architect of the mystery. Importantly, few of the connections he makes are established materially; many are dependent on the detective’s imagination to fill in the blanks of narrative, so that he is imposing his own agenda onto the stories of his subjects. In many cases, Holmes’s direct interaction with the clients who consult him is distanced and limited. While it can appear that the analytical process depends on the detective’s dialogue with the client,

much of it occurs within his own imagination. In ‘The Adventure of the Yellow Face’, Holmes allows and – as with his other cases – encouraged Grant Munro to talk, and ““sat silent for some time, with his chin upon his hand””, formulating ideas within his own mind (Doyle 1894(1981):356). While he appears to be allowing Munro to speak and to tell his own tale, the detective is in fact formulating his own impressions of the story. The notion that Holmes’s methods are “experimental” (as Watson discovers in ‘A Study in Scarlet’) applies not only to his laboratory work but also to his mental process in relation to the cases; Holmes devises possible solutions within his mind and tests them against the scenario in hand to observe the results. In ‘The Adventure of the Yellow Face’, Holmes’s initial theory – that Munro’s spectral nemesis was his wife’s supposedly deceased first husband – is proven incorrect, yet in other cases, it is this imaginative knowledge that holds the key to solving the mystery.

‘The Silver Blaze’, a case surrounding the disappearance of a winning race horse and the murder of its trainer, John Straker, opens with the figure of a restless Holmes whose imagination has clearly been stimulated by what Watson describes as another ‘extraordinary’ and sensational case (Doyle 1894(1981):335). While the crime is ‘the one topic of conversation through the length and breadth of England’, Holmes has so far refused to engage with the public speculation and sense of mass hysteria it has created, instead retreating into himself and leaving Watson to initially construct the narrative (Doyle 1894(1981):335). The limitations of Watson’s perspective frustrate Holmes, however, who – rejecting conventional sources of knowledge such as the media – criticises Watson for learning the details of the case only from ““what the *Telegraph* and the *Chronicle* have to say”” (Doyle

1894(1981):335). Holmes dismisses these sources as the knowledge of the masses, 'a plethora of surmise, conjecture and hypothesis' while he is concerned only with 'detaching fact' from 'embellishment' (Doyle 1894(1981):335). When Holmes details these "facts" to Watson, however, he does so as if he is telling a story, using a narrative form that blends his subjective perspective with supposed fact, so that the only "embellishment" is drawn from his subjective interpretations of the bare facts at hand.

The border between reality and the imagination is central throughout 'The Silver Blaze'. The mysterious man that the stable maid encounters on the night of the murder is recalled as a distinctly spectral figure, who impressed her "by the extreme pallor of his face" and of whom "no trace" can be found after the stable boy chases him away, rendering him ethereal and dream-like (Doyle 1894(1981):337). Initial suspicion falls on London Bookmaker Fitzroy Simpson, however Holmes rejects what he sarcastically terms this "natural" conclusion reached by his professional counterpart Gregory, in favour of a theory that subverts conventional possibility. Holmes notes of the official investigator that "Inspector Gregory, to whom the case has been committed, is an extremely competent officer. Were he but gifted with imagination he might rise to great heights in his profession" (Doyle 1894(1981):338-9). Gregory's methods are inhibited by his lack of imaginative capability which permits him to see only a limited vision of reality. As in 'The Reigate Puzzle', Holmes's skill depends on his ability to see past the limitations of material evidence and beyond the boundaries of convention. The inspector's authority is further undermined by his interaction with Holmes who, despite lacking the credible authority of his counterpart, assumes the role of

consultant, with Gregory himself playing the part of client. Holmes listens to Gregory's theories as he would to an interviewee rather than an equal, the inspector 'pour[ing] out a stream of remarks, while Holmes threw in an occasional question or interjection' (Doyle 1894(1981):340). By assuming control over the inspector's narrative, Holmes cements his own authority and disrupts the conventional balance of power that underpins Gregory's status. Holmes thus assumes control over the reconstruction of the narrative of the crime, using the inspector's own story as a fragment of evidence to piece into the broader vision of reality that he constructs in his imagination.

If the seemingly inexplicable nature of the crime itself tests the boundaries of reality, so too do Holmes's own investigative methods, which in 'The Silver Blaze' occur more in his own mind than they do in reality. As the investigation progresses and the detective visits the neighbouring Mapleton stables, Watson observes how Holmes drifts into a trance-like state and becomes 'entirely absorbed in his own thoughts' and "day-dreaming" (Doyle 1894(1981):341). This somnambulistic state leads to Holmes's revelation of a crucial piece of evidence that is overlooked by Gregory: 'a wax vesta, half-burned' that Holmes claims he saw only "because I was looking for it" (Doyle 1894(1981):342). Holmes's process of deduction is in marked contrast to that of Watson, who conversely 'could not imagine where he had found' the clue (Doyle 1894(1981):341). Holmes later explains the significance of the imagination – the ability to make connections between two different facts without physical evidence to guide him – in his deductive process, suggesting that this imaginative capability is what makes him a superior investigator to the policeman: "See the value of imagination," said Holmes. "It is the one quality

which Gregory lacks. We imagined what might have happened, acted upon the supposition, and find ourselves justified” (Doyle 1894(1981):344). The imagination acts in place of material proof, and the role of the detective becomes more than excavating hidden clues but using his mind to reconstruct the events in place of tangible evidence.

After discovering the vesta, Holmes follows the missing horse’s footprints to the Mapleton stables, initially sensing that their owner, Silas Brown, has played some role in its disappearance. In his interaction with Brown, Holmes again identifies the centrality of the human mind itself as both a source of evidence and a means of reconstructing the narrative of the mystery. By instinctively understanding how to engage with Brown, Holmes forges a dialogue between them, coercing Brown into confessing all he knows by threatening the trainer’s public reputation.

“And you, what the devil do you want here?”

“Ten minutes' talk with you, my good sir,” said Holmes in the sweetest of voices.

“I've no time to talk to every gadabout. We want no stranger here. Be off, or you may find a dog at your heels.”

Holmes leaned forward and whispered something in the trainer's ear. He started violently and flushed to the temples.

“It's a lie!” he shouted, “an infernal lie!”

“Very good. Shall we argue about it here in public or talk it over in your parlour?” (Doyle 1894(1981):344)

In the manner of the experimental chemist, Holmes provokes a reaction from Brown in order to read the potential signals of guilt in his response. Crucially, this

engagement reveals Brown's innocence. The final clue to the mystery is identified due to the *absence* of material evidence: the fact that the stable's dog did not make a sound on the night of the "murder", that Holmes identifies as a "curious incident" (Doyle 1894(1981):345). It was, Holmes reveals, the supposed victim Straker himself who went to the stables that night, and, because he was no stranger, the dog did not make a sound. From the milliner's bill he finds in Straker's coat, Holmes concludes that Straker was "leading a double life" exposing his identity as a sham and his murder as an accident (Doyle 1894(1981):351). Holmes synthesises these apparently incongruous pieces of evidence into a full image of the story, to explain that Straker intended to injure the racehorse and render it lame to win a bet and clear his debts. However, the horse killed Straker in self-defence. Holmes admits that his "final shot" at explaining the case, whose true explanation sits at a tangent from the physical evidence available, was "I confess a very long one" (Doyle 1894(1981):350). Holmes's detective methods value the ability to see beyond the limitations of physical vision and to suppose the connections that cannot be drawn from reality alone, stating to Watson that "you can see everything" but "you fail, however, to reason from what you see" (Doyle 1892(1981):232). By suggesting that the act of reason is synonymous with that of inference, Holmes identifies the intrinsic value of the imagination within the investigative process, regarding the visual capabilities of the mind as equal to the qualities of logic and rationality in solving a crime.

The Sherlock Holmes adventures are distinctly realist texts, but Holmes's mental narratives stand in marked contrast to this, creating a meta-narrative comprised of his imaginative construction of the unconscious material he excavates

from his subjects. However, Watson's realist, pseudo-clinical prose shapes Holmes's fantastical cases to enhance their validity, just as the unconscious mind is mediated through the socialised discourse of language to enable it to be understood within the boundaries of reality. In his collection of narrative fragments pieced together from the minds of his clients, Holmes is the catalyst that brings sense to these stories, to translating them so that the alternative masculinities behind them are revealed and can be understood. Truth and knowledge in the stories are not empirical, universal facts but are products of the detective's deductive reasoning which, as it is mediated by his imagination, become subjective, showing how the analytical figure is both the creator and purveyor of the truth that is presented to his clients and also to the readers. What is clearly demonstrated through the act of storytelling – and the function of the fictional narrative – is how other forms of knowledge are needed beyond the material, positivist conclusions offered by science. This structure is also essential for understanding how the detective treats the disturbed figures of his clients and, importantly, the perhaps even more aberrant figures of the criminals.

The classification of a man as a lunatic, although very different from the label of criminal, had the same impact of marginalising and excluding him from society. The tenuous line between “criminal” and “madman” was a subject of sustained debate in the nineteenth century. The legal position of insanity was first formalised in 1843 by the introduction of the Insanity Rules, established following Daniel M’Naghten’s attempted assassination of Sir Robert Peel. Criminal responsibility was traditionally a question of the subject’s capacity to understand the nature of his misdeeds. The medical testimony offered in M’Naghten’s defence asserted that, due to mental unsoundness, the perpetrator lacked the ethical awareness or ability to

reason required for him to be held accountable for the crime. This placed M’Naghten outside the remit of judicial regulation and into the regime of mental management. The resulting legislation determined that, because the madman lacked the capacity to discern between right and wrong at the time of the crime, he could not be considered culpable for his actions.

The verdict “guilty but insane” was later introduced by the Trial of Lunatics Act in 1883, in response to the attempted assassination of Queen Victoria by Roderick Maclean in the previous year. The Act was strongly criticised for its lack of clarity in determining exactly what constituted insanity and how it could be detected, but stated that the perpetrator might be certifiable as a lunatic yet still retain his responsibilities under Criminal Law. The diagnosis of madness was therefore one that frustrated the administration of criminal justice, as A. Wood Renton writes, ‘insanity arrests the action of the criminal law at every point, from arraignment down to punishment’ (Renton 1899:259). This peripheral status enhanced the subject’s marginalisation, excluding him from the social ritual of criminal punishment yet ensuring that he was still regulated by the mental and physical discipline administered within the asylum. While the birth of psychotherapy in the 1890s revolutionised the treatment of insanity, the divided classification of the criminal as insane remained problematic and the incarceration of the convicted lunatic within the prison-like structure of the asylum remained standard practice. Alongside the problematic political stance on madness and the law, mental medicine also had specific yet widely disparate views about the psychological condition of the criminal, which ranged from arguing that illicit behaviour was the result of a partial (particularly moral) insanity, to asserting that the delinquent was a regressive,

degenerative figure. In his 1873 study of 'Moral Irresponsibility Resulting from Insanity', George Harris articulates the difficult question that faced those tasked with prosecuting the criminal: 'did the prisoner at the time he committed this act know what he was doing? If not, of course he was not criminally responsible. Did he also know that he was doing wrong?' (Harris 1873:187). The condition to which Harris is referring is partial insanity in the form of "moral insanity", a condition which, like monomania, affected the mind only in respect to the subject's moral judgement, so that the sufferer may appear sane in all other respects. Harris concludes that there must be a number of exemptions from ordinary prosecution, particularly 'where a person is labouring under delusion with regard to particular topics to such an extent that his conduct on many matters is not only influenced but determined by this belief, although he still continues to reason correctly' (Harris 1873:188).

As an instrument of justice and an analyst of minds, Sherlock Holmes is placed at the centre of this debate. The depiction of the criminal figure present in many of Holmes' investigations echoes the liminal status of the villain and the extra-judicial measures required to ensure his effective regulation. The stories dramatise the fluid nature of the aberrant man, who sits outside accepted social structures and requires a distinctive form of regulation. Holmes plays a central role in determining the difference between criminal and lunatic. In 'The Adventure of the Priory School', he is enlisted to solve the disappearance of a pupil (son of the Duke of Holderness) along with the school's German master, Heidegger, who is later found dead in a nearby lane. It transpires that the Duke's personal secretary James Wilder, who is revealed to be the Duke's own illegitimate son, designed the kidnapping in order to remove the younger heir and force his father to change his will. However,

the kidnap attempt – made by a man hired by Wilder – accidentally resulted in Heidegger’s murder. Wilder confesses the whole thing to the Duke, who agrees to keep the boy at a local Inn to protect the family from shame, transforming a criminal case once again into a civil story that centres on a family scandal, with Holmes brought in to try to avert the public disgrace that would have resulted from a full police investigation. The Duke believes that Wilder (whose name is suggestive of the disruptive threat that he poses to his father’s social identity) was not responsible for his actions, but driven by the emotional trauma of repressing his true identity. He also insists that Wilder could not be morally responsible for Heidegger’s murder as it was his hired hand who had committed it. Holmes considers otherwise, however, stating that “I must take the view, your Grace, that when a man embarks upon a crime, he is morally guilty of any other crime which may spring from it” (Doyle 1904(1981):555). While Holmes’s views reflect the humanistic code of moral behaviour, the Duke’s conversely embody the legal perspective that exempts Wilder from prosecution: “Morally, Mr. Holmes. No doubt you are right. But surely not in the eyes of the law. A man cannot be condemned for a murder at which he was not present, and which he loathes and abhors as much as you do” (Doyle 1904(1981):555). As in many of Holmes’s other cases, the client’s central preoccupation is not with the administration of justice, but with “how far we can minimise this hideous scandal” (Doyle 1904(1981):556). Wilder’s lack of judgement sees him exempted from legal prosecution, while his hired hand is tried for murder. The application of justice is thus disturbed by the problematic issues of moral responsibility and domestic scandal, demonstrating how the interior lives of men, their personal identities, held the power to subvert social institutional authority.

Another popular view of criminality at the fin de siècle is purported by studies of degeneration by figures such as Cesare Lombroso and Max Nordau who, drawing on the theories of physiognomy, asserted that delinquency was a genetic, inherited trait evidenced by regressive physical characteristics or defects that 'classify the congenital criminal as an anomaly, partly pathological and partly atavistic, a revival of the primitive savage' (Lombroso-Ferrero 1911:xii). Lombroso's assertion that the criminal was a base vision of humanity is perhaps most famously evident in the fictional felon Mr Hyde, whose "troglodyte" appearance would, to the criminologist, have been a primary signifier of an aberrant personality. While appearing reductionist, these theories actually convey how a broader, anthropological approach is required to develop a full understanding of the criminal. Reviewing the works of Lombroso, Nordau and their contemporaries, J. Jastrow surmises that 'their point of view is a strictly scientific one: they regard a crime as the expression of a dangerous trait of character... in this aspect the criminal is a psychological study' (Jastrow 1886:20). Moreover, 'it lays stress on the criminal rather than on the crime,' placing the individual back at the centre of the investigation (Jastrow 1886:20). Through Lombroso's definition, the criminal is classified as being less than human through both his physical and mental deviance from the norm. However, their studies also demand a closer consideration of the criminal outside the regulatory structures of the law, via Holmes's investigations.

Although the portrayal of the criminal underworld in Doyle's stories depicts 'the metropolitan landscape as cultural sewer' and paints a savage picture of Victorian London, it also shows how various discourses of knowledge coalesce in this fictional portrayal of criminality to highlight the complex and multifaceted

psychology of the criminal (Neill 2009:1). Some of the illicit figures in Doyle's stories do possess the degenerative physical traits that Lombroso identified as synonymous with a criminal character. The blackmailing sailor in 'The "Gloria Scott"' is a "little wizened fellow" with "a shambling style of walking...an irregular line of yellow teeth" and a "slouching" walk; a disfigured, almost regressive vision of humanity (Doyle 1894(1981):380). Equally, there are physical signs described in Holmes's clients that denote their position, such as the 'high white forehead' of the King in 'A Scandal in Bohemia', an inversion of the 'low and narrow' or 'sloping' foreheads that Lombroso ascribes to the criminal type (Lombroso-Ferrero 1911:12). The notion that the man is an inherently divided figure, split – in the manner of Jekyll and Hyde – between his primal urges and the regulated social persona he must conceal them beneath is alive in Doyle's fiction. Indeed, several of the above-mentioned stories alone feature erring men – Pinner, Straker and Trevor – who have created alter-egos either to commit or to conceal their crimes. It is Holmes's role to reveal their true repressed identities and reintegrate them into society. The criminal figure in the Sherlock Holmes stories is particularly liminal – he does not tend to fit the deterministic stereotypes proposed by Lombroso but is more commonly afflicted by partial moral defects such as those described by Harris. However, the crimes themselves are mainly small-scale breaches enacted on a localised level, motivated by self-preservation or the desire for financial and professional development against the backdrop of an unstable fin de siècle society. In some cases, such as the deception perpetrated by Effie Munro in 'The Adventure of the Yellow Face', they are not criminal acts at all but merely behaviours which disrupt the social order, and subsequently the mental states, of the

men who fall victim. It is the unstable nature of mankind, therefore, rather than the breaches that are committed, that are brought to the forefront in the stories.

While Holmes reconstructs the narratives of the victims who consult him, he also deconstructs and decodes the criminal activities at the centre of these mysteries. The resolution he achieves, however, reflects the liminal status of the criminal himself. Like the policeman, the detective is often regarded as a ‘diagnostician of breaches’, functioning as a disciplinary arm of juridical power (Barsham 2000:1). However, while Holmes possesses the power to investigate – to deconstruct and expose the actions and mental states of the criminals he encounters – he does not hold the authority to formally prosecute. Indeed, Holmes arguably has a closer proximity to the analyst than the policeman. In his 1906 paper ‘Psychoanalysis and the Ascertaining of Truth in Courts of Law’, Freud asserts that there may be deeper psychological motives for crimes than those such as a lack of moral understanding, and that to get to the heart of these, the inspector – like the psychoanalyst – must detect these hidden secrets in the same way that the policeman investigates a case:

In both [Psychoanalysis and Law] we are concerned with a secret, something hidden [...] In the case of the criminal it is a secret which he hides from you, but in the case of hysterics it is a secret hidden from himself [...] The task of the therapist is, however, the same as the task of the judge; he must discover the hidden psychic material. To do this we have invented various methods of detection, some of which lawyers are now going to imitate. (Freud 1906 (1924):98)

Holmes looks beyond superficial motives to what lies beneath, acting like the psychotherapist, Yang asserts, who ‘delved into the criminal’s mind, teasing out the

underlying driving force for murder' or other crimes (Yang 2010:596). Holmes is on the cusp of this unmistakable overlap between the doctor and the detective in the act of solving a crime, his methods locating the motives of the crime in the symptoms of the criminals' disorders. While he lacks the regulatory power of the law, he is equipped by the similarly normalising power of what Foucault terms the 'psychiatric gaze', through which he is able to draw out and normalise the deviant unconscious motivations of the men (Foucault 2006:124). Furthermore, while the criminal's motives are revealed and his story rewritten by Holmes, his punishment is not. It is usually left to the traditional administrators of justice to ensure his prosecution and the subsequent restoration of order. While the stories engage with the problematic status of the criminal, they do little to attempt to rewrite it.

The consulting detective finds himself on the borderlands not only of his profession, but between sanity and madness. Holmes's own precarious mental state has been the subject of critical debate, and there is a sense that for Watson his companion's mind is an enigma that his limited medical methods fail to decode. 'The "Gloria Scott"', a case whose resolution depends on the detective's excavation of his client's memory, is initially framed by Holmes's own recollections. It begins with Watson assuming the role of confessor for Holmes, who recalls the incidents of his first ever case.

I had often endeavoured to elicit from my companion what had first turned his mind in the direction of criminal research, but had never caught him before in a communicative humour. Now he sat forward in this arm-chair and spread out the documents upon his knees. Then he

lit his pipe and sat for some time smoking and turning them over.

(Doyle 1894(1981):374)

Here, the reader catches a rare glimpse of Holmes in the role of the patient; a fallible and unstable figure, who requires a narcotic substance to relax him into a suggestive and communicative state through which he can reveal a central part of his past, and therefore his identity, to Watson. While Watson's retelling of Holmes's cases aims to present a structured, coherent narrative that unravels the mysterious stories at the heart of the disturbed men they involve, his subsidiary study of Holmes, which spans the breadth of the collections, remains patchy and inconclusive. However, there are allusions to the complex nature of Holmes's mental state, and indeed to his instability, across the stories. Michael Shepherd considers the various critical perspectives on Holmes's mind, concluding that, of the manifold views ranging from the mind-altering impact of cocaine use to the dangers of occupational inertia, it is a need for mental stimulus that has the greatest impact on the detective's mental health (Shepherd 1985). Holmes's mind, like those of many of his clients, undoubtedly hinges on his relationship to work, and the picture of an unstable Holmes is one that most frequently appears when he is between investigations. Early in 'A Study in Scarlet', Watson remarks of his new friend, that 'nothing could exceed his energy when the working fit was upon him; but now and again a reaction would seize him, and for days on end he would lie upon the sofa in the sitting-room, hardly uttering a word or moving a muscle from morning to night' (Doyle 1887(1981):26). In contrast, when working on a case, Watson observes 'his energy and his versatility' (Doyle 1894(1981):350). Oscillating between a fervent preoccupation with and frustrated rejection of his profession, Holmes's behaviour towards work is

symptomatic of the neurasthenia that many of his clients experience. As his clients are dependent on a defined role within their social order to determine their sense of selfhood, so Holmes's identity is dependent on the challenges of the supposedly "unsolvable" case, for this falls outside the jurisdiction of the normal policeman and defines Holmes's status as an expert investigator.

In his early study of neurasthenia, Beard lists one of the numerous symptoms of the condition to be a 'desire for stimulants and narcotics' (Beard 1881:7). Indeed, Holmes often turns to the artificial stimulation offered by drugs when the natural activity provided by a case is lacking. 'In the nineteenth and early twentieth century, "brain drain," or the depletion of nervous energy through excessive cerebration, was often viewed as a potential determinant of chemical dependency' (Hammack 2004:93). Arthur Conan Doyle himself acknowledged the transformative impact of narcotics, writing in his spiritualist tome *A New Revelation* that 'with alcohol or opium or many other drugs one could apparently change a man's spirit' (Doyle 1918:20). This is particularly evident in other contemporary texts such as *Jekyll and Hyde*, where a combination of over-activity and the use of an untested narcotic cause the mental and consequently social breakdown of a professional man. For Holmes, however, the usage of drugs is not only a substitute for, but a stimulant to his mental activity. *The Sign of Four* begins with Holmes taking cocaine to counteract "the dull routine of existence" (Doyle 1890(1981): 90). In 'The Adventure of the Yellow Face' Holmes similarly 'turned to the drug as a protest against the monotony of existence when cases were scanty and the papers uninteresting' (Doyle 1894(1981):351). In a case of self-experimentation that mirrors the unconventional methods assumed by Holmes himself, Freud undertook a study of drug use entitled

Über Coca (1885) in which he identifies the therapeutic effects of cocaine: ‘using himself as his experimental subject over several months, Freud consumed a great deal of cocaine as he recorded the drug's physiological effects and potential therapeutic uses’ (Markel 2011:1360). He observes from his experiments that ‘the psychic effect of *cocainum muriaticum* in doses of 0.05–0.10g consists of exhilaration and lasting euphoria [...] feeling[s] of excitement [...] One senses an increase of self-control and feels more vigorous and more capable of work’ (Freud 1885:291). For Holmes, the effects of drug use – not only cocaine, but more commonplace stimulants such as tobacco – enable him to break down the mental barriers that prevent him from unlocking the true facts of the case. Holmes’s smoking induces a relaxed, semi-somnambulistic state that enables him to access this latent faculty of himself, his imagination, where he can solve the case. In ‘Silver Blaze’ Holmes uses it to create a self-induced trance when considering the initial facts of the case: ‘for a whole day, my companion had rambled about the room with his chin upon his chest and his brows knitted, charging and recharging his pipe with the strongest black tobacco’ (Doyle 1894(1981):335). That this incident narrowly precedes the detective unlocking the vital pieces of evidence needed to resolve the case suggests how the use of narcotics relaxes Holmes into a state where the latent facets of his mind, his imagination, become uninhibited and he is able to see the full picture.

In his study of *The Human Mind*, James Sully addresses the fragile balance of the expert figure, claiming that genius coexists with insanity and asserting that ‘the man of great intellect or genius has so frequently been characterised by marked moral failings, weakness of will in control of the passions and so forth that this fact .

. . has led certain writers to regard the organic basis of all genius as a neurosis or abnormal deviation from the healthy type of nervous organisation' (Sully 1892:309). Frederic Myers compounds this view by claiming that 'men of genius must be classed with criminals and lunatics, as persons in whom a want of balance or completeness of organisation has led on to an over-development of one side of their nature' (Myers 1903:71). Holmes's mental instability engages with the debate on criminality and the presence of insanity, the difficulty surrounding the classification of difference as being somehow deviant. While genius marks a mental imbalance that sits at an uncomfortable tangent from the norms of masculine behaviour, for Holmes it holds the key to his capabilities in effectively reading the minds of others. For Myers, the power of genius is located beneath the surface of the mind within the subliminal consciousness, a 'latent faculty in the hidden self' (Myers 1903:78). Furthermore, David Murray argues that 'what we speak of as genius [is] regulated by the power to draw upon this hidden store', to activate an instinctive, almost supernatural facet of the mind that lies beneath the surface but which can offer an alternative perspective that, by its unsocialised nature, surmounts the picture of reality created by the consciousness (Murray 1905b:215). For Holmes, therefore, the application of genius is in fact his imaginary capability to create narrative and, while this sits outside of the normative modes of masculine behaviour, it does not mark him as deviant.

For Holmes, assuming the role of the madman also liberates him from inhibiting social restrictions. In 'The Reigate Puzzle', Watson's opening remarks to the case portray a weakened and damaged Holmes requiring rest after a particularly difficult case, writing that 'his iron constitution ... had broken down under the strain

of an investigation which had extended over two months ... it was some time before the health of my friend recovered from the strain caused by his immense exertions' (Doyle 1894(1981):398). Watson misreads Holmes's languor, however, which is not due to overwork but a lack of mental stimulation. When Holmes first hears of the crimes that have occurred in the village where he is recovering, he 'sank his head into his hands again and remained for some minutes in the deepest thought. When he raised his face again, I was surprised to see that his cheek was tinged with colour, and his eyes as bright as before his illness. He sprang to his feet with all his old energy' (Doyle 1894(1981):401). The subject of focus, a case, and the act of detection reactivate Holmes's mind, so that work becomes a therapeutic tool for him to regain his strength. Watson misdiagnoses Holmes's condition, however, and believing that he needs rest he attempts to curtail his friend's burgeoning interest in the affair: "“You are here for a rest, my dear fellow. For Heaven's sake don't get started on a new problem when your nerves are all in shreds”" (Doyle 1894(1981):399). This image of mental debility potentially undermines Holmes's selfhood, particularly in the way that he is perceived by others. Threatened by Holmes's reputation and the rivalry to his professional status, Inspector Forrester uses his scepticism about the detective's state of mind to undermine his role in investigating the case.

The Inspector shrugged his shoulders. "I don't quite know, sir. Between ourselves, I think Mr. Holmes had not quite got over his illness yet. He's been behaving very queerly, and he is very much excited"... "Some folks might say there was madness in his method." (Doyle 1894(1981):402)

The Inspector considers Holmes mad because his methods are unconventional and differ so greatly from his own, highlighting how the term madness was so frequently applied as a means of distinguishing difference. Holmes, however, uses this perception of his mental state as a device to solve the case, subverting the traditional image of the helpless or dangerous madman and taking ownership of the term to exploit it for his own benefit. To prevent Forrester from inadvertently revealing one of their clues to a man Holmes believes to be a suspect, he fakes a fit, his 'face suddenly assumed the most dreadful expression. His eyes rolled upwards, his features writhed in agony, and with a suppressed groan he dropped on his face upon the ground' (Doyle 1894(1981):402). He then lures the suspects into recreating their attack on the murder victim on him to expose their criminality and resolve the case. Just as the mad criminal's state within law is a liminal one, the detective equally sits on the borderland between madness and sanity, calling into question the nature of his mental state and presenting a complex picture of the male psychology at the fin de siècle.

Conclusion

Sherlock Holmes is commonly regarded as the guardian and enforcer of social order, 'the preserver of the political and social status quo', particularly in regard to the traditionally masculine values of rationality and reason (Clausson 2005:62). Yet if we question the detective's tenuous connection with the justice system – and the frequently civil nature of the cases he investigates – then it becomes apparent that the main purpose of his cases is not to reinstate social order but to restore personal

stability to the unbalanced men at the centre of the stories. Holmes's liminal position on the margins of the legal system and his problematic mental health render him a volatile figure who in fact threatens the validity of the judicial institution and interrogates the conventional characteristics that typified the masculine. However, it is Holmes's distinctive difference from the standard instruments of justice in the form of the police, and his deviance from the conventional ideals of controlled, stable masculinity that is at the core of what makes his methods for solving a case – and ultimately restoring order to his troubled clientele – so successful. Whilst the artificial outcome of Holmes's detections is to unearth the causes of social disorder and to rectify these by exposing deviant criminality, the primary result of this is a remedial process through which the troubled clients – whose complex personal circumstances are so often revealed to be the crux of the issue – are relieved of their personal problems in an act that is one of social and mental management. The crimes themselves are not always legal but social infractions, driven by the same things that cause instability and the greatest impact that many of these crimes have is their impairment of the victims' ability to be regarded as "masculine" in line with social convention, in terms of their economic status or domestic stability. Moreover, while Holmes's methods rely on the objective analysis of information, this evidence is most frequently gleaned from the minds of the clients themselves in an act of excavating what Munsterberg terms the "story of the mind". In this respect, the detective demonstrates the centrality of the human mind both to his practice and his preoccupations and ensures that his methods in many ways bear a closer resemblance to those of the psychologist than those of the policeman.

In their emulation and interrogation of contemporary methods of regulation, the stories thus challenge the normalising agenda of proto-typical psychiatry – even in its quasi-authentic forms. Despite its proximity to the normalising forces of the justice system, Holmes’s methods are designed not only to regulate but to reveal. In his 1973-74 lectures on *Psychiatric Power*, Michel Foucault stresses that expertise is essential to the authority and power enjoyed by the medical specialist, which in turn enables him to exercise control over his patients. The ‘disciplinary order’ of the ‘medical gaze’ is a ‘relationship of objectivity’ between the medical centre and its object, with the psychiatrist marking the central point and the single figure through which this authority converges and is dispersed (Foucault 2006:3). For Foucault, the psychiatrist-patient dynamic is a ‘non-reciprocal relationship of power’, a power to regulate by identifying and normalising difference (Foucault 2006:3). The figure of the detective is the most obvious one in which medical authority becomes intertwined with the disciplinary authority of the police, the ultimate embodiment of normalisation. However, the dynamic for Holmes is more egalitarian, for while he holds power through his knowledge, he lacks any recognised professional status, and therefore establishes a unilateral bond that breaks down the barriers of authority, enabling a subtle and pervasive influence to be exercised. Furthermore, like the analyst, Holmes commands a narrative power to create and reshape the stories of the disordered men that consult him, with a remedial rather than a normalising agenda. For Holmes, the key to resolving the crimes does not rest within the specialist knowledge of medical science, but with his excavation of evidence directly from the minds of the men themselves. By reading their speech, memories and writings for clues, Holmes becomes the architect of the men’s identities. By emulating the

techniques of the analyst, he is able to excavate and reconstruct their lost stories and construct them into a coherent case study. However, because Holmes must so often imagine and infer connections, he is drawn into the problematic paradox of the analyst as someone who may help restore identity, but who also holds an influential power to impose his agenda on these individuals.

That Holmes is dependent on the narratives of his clients to understand the cases at hand destabilises the conventional balance of power. While Freud's theories are broadly criticised by modern-day studies as being overtly deterministic and subjecting patients to definition by oppressive and outdated gender codes, the detective narratives do not – as many have argued – share this tendency. Silverman observes that “the dominant fiction [of masculinity] calls upon the male subject to see himself [...] only through the mediation of images of unimpaired masculinity” (Silverman in Kestner 1996:29). However, the image of masculinity that Holmes presents is fundamentally problematic, in that it is impaired by the same (specifically masculinised) mental afflictions in the form of neurasthenia, that come from overwork. The rational ideals of masculinity are therefore revealed as fallible and, consequently, the cause of mental disturbance for many. Instead, the narratives seek to unearth the hidden facets of the male mind that are exposed as multifaceted and unpredictable. Rather than a process of normalisation, this is a process of interrogating normative masculine ideals and revealing alternative masculine identities. This revelation is achieved not by the application of regulatory instruments and techniques, but through the remedial techniques and analytic practices that may be more closely associated with the *fin de siècle* psychotherapist than with the policeman. Furthermore, the fluid definition of madness is continually

worked and reworked, challenging – like the law – the rigid contemporary definitions of aberrance and of madness.

Despite the questions that the depiction of mental illness and its treatment raise, there is an evident intersection between the development of psychoanalytic theories and therapeutic techniques in mental medicine and the increasing popularity of the Sherlock Holmes texts. Freud was evidently aware of and, as his patient the Wolfman suggests, influenced by the deductive methodologies of the detective. Indeed, the act of Holmesian detection and psychiatry operates within a comparable framework: each regards the brain as the richest source of information about the self. As Cascio and Gasker recognise the continued ‘therapeutic value’ of the fin de siècle text in contemporary psychiatric medicine, so the Sherlock Holmes stories provide a representative remedial narrative, mirroring the process of therapy – from diagnosis to analysis to cure – and demonstrating how the boundary between the fictional and the real is broken down in a similar way to which Holmes himself breaks down this boundary in his own practices (Cascio and Gasker 2001:21). Within this notion of the commonplace influencing science, then, comes the question of fiction. The detective reads and interprets his clients as a psychotherapist reads his patients, using the framework of mental science to conduct the investigation. The fictional narrative is primarily a product of Holmes’s imagination, which in essence is an amalgamation of fact – gleaned from clues around him – and fiction in terms of his creative inference and supposition of the missing connections. The key to Holmes’s success, therefore, is his commonplace, experiential knowledge, that enables him to make connections and effectively create narratives, which is subsequently recorded in the fictional narratives of Watson’s case books. Furthermore, the popularity of

detective literature enabled the circulation of science in a fictional guise at the fin de siècle, making it accessible to the non-specialist, common man and demonstrating an increasing reciprocal dialogue between medical science and popular discourses such as fiction.

CHAPTER FOUR

Voyages of (Self-)Discovery in Conrad and Kipling

There are no foreign lands [...] It is the traveller only who is foreign
(Stevenson 1883:96)

As a central means of advancing social, political and economic development, and as an increasingly popular form of recreation amongst the upper and middle classes, foreign travel had become essential to the operation of British society by the late nineteenth century. With the boundaries of the British Empire enjoying substantial extension from the end of the seventeenth to the middle of the nineteenth century, endeavours abroad were at the forefront of national activity and, consequently, national consciousness. While travel was a pleasure for many wealthier people, for others it had become a necessary mode of conducting business in a shifting global economy, as well as a duty for the armies engaged in foreign conflicts in the name of the Empire. The mental impact of travel on the individuals involved, however, differed significantly from the idealised image cultivated within the popular imagination. While many writers idealised the adventures offered by the foreign voyage, the realities of travel to European cities and distant Eastern shores offered a far more sinister reality, not only in the physical dangers they presented but in the mental impact they could cause. Stevenson's supposition that 'there are no foreign lands...it is the traveller only who is foreign', penned in the memoirs of his honeymoon trip to California in 1880, captures the nature of the journey as an

isolating and dislocating experience, compounding the evident sense of displacement and uncertainty that pervaded individual experiences of travel during the period (Stevenson 1883:96).

An idealised “dream” of travel dominated much of the long nineteenth century, and was so developed because the only access had by most British people to the exotic geographies of far-off shores was obtained through literary and quasi-factual accounts mediated through the imaginations of both the reader and the writer. By the fin de siècle, however, society had become more critical of the romanticised image marketed within popular culture, with the increasingly sceptical public response to colonialism mirrored by the increasing focus of literature on the horrors both of the journey and of life abroad. Given the prevalence of the journey within the lives of so many individuals at the fin de siècle, it is unsurprising that the trope of the voyage is so pervasive within the art and literature of the period, its portrayal reflecting the dualistic idealism, the grim realities of the journey and the foreign lands visited. Outside fiction, the travel narrative was also growing in popularity, fuelled by the grip that the concept of the adventure had on the public imagination. ‘Accounts of travel to far-flung places’, Naghmeh Sohrabi observes, are ones that ‘have gripped the imagination of readers, both in their own times and beyond’ (Sohrabi 2012:2). Beneath their account of the journey itself, factual and fictional narratives of travel can be scrutinised to uncover the psychological processes that surround and underpin it. It is through such an analysis that allegorical journeys operating in parallel with the actual, literal voyage can be discovered – journeys of personal development and growth, the mental voyages of self-discovery. In her examination of Iranian travel narratives, Sohrabi shifts the focus of study from the

depiction of the destination onto that of the journey itself, arguing that ‘travelogues are undoubtedly texts of place, but that place is not just the destination. The final product that is handed down to us, the readers, is a product of multiple places’ (Sohrabi 2012:3). To extend Sohrabi’s argument, if the travel narrative is shaped by more than destination, and is comprised of and refracted through the cultural and social experiences of the person undertaking the journey, then the experience of the journey itself – and of the destination – must be also a product of the traveller’s own consciousness. Furthermore, what is equally as important as the place itself, Sohrabi argues, is ‘the level of meaning, connected to the identity of the traveller [and] his or her reasons for travel’ (Sohrabi 2012:4). Therefore, the journey is not just one of physical, but of mental movement, an experience of which is bound up with the consciousness and mental state of the person who undertakes it. It is a journey not only to discover or reach a destination, but a process of exploring aspects of the self.

The concept of “foreignness” was one that held both fear and excitement for nineteenth century Britain, giving the concept of travel to foreign shores a dualistic sense of both attraction and revulsion to the average man. Caren Kaplan articulates this paradox, stating that ‘distance gives needed perspective...distance leads to insight’ however ‘travel can be confusing, distance can be illusory’ (Kaplan 1996:2). Moreover, encounters with the “otherness” of foreign worlds and its people evoked a sense of self-actualisation and of dislocation, when the familiar signifiers of culture were removed from the peripheral field of experience. There is a distinct link, therefore, between travel and the development of identity and, more crucially, between the journey and the mind itself, which will be explored in this final chapter. As previous chapters have discussed, space and place were essential components in

shaping the male consciousness at the fin de siècle. However, psychological identity was discussed primarily in terms of its interior development in medicine and science, often neglecting the crucial link between location, psychical construction and, importantly, mental breakdown. The narratives of journeys and of experiences abroad presented in the various fictional texts to be discussed here identify a key link between physical space, movement and the male mind. They are narratives not only of breakdown, but discourses that map a therapeutic process consisting of introspective journeys, mental development and self-discovery that mirror the exploratory as well as the degenerative nature of the actual voyages undertaken.

Chapter Four will examine the notion of the journey as both a physical and psychical concept, as depicted in both psychological and literary texts at the fin de siècle. It will consider the different “types” of travel undertaken (journeys resulting from military duty, professional necessity and for recreation), identifying the records of such journeys in terms of their impact on the mind and mental state of the male traveller. Journeys are the ultimate medium for displacement, within which the narrative functions to document an authentic picture both of the lands explored and the discoveries undertaken. Specifically, therefore, this chapter will argue that the journey is not only symbolic of mental breakdown, but of self-discovery, mental management and the therapeutic restoration of the often unstable and traumatised male figures at their centre. It will explore the complex relationship between the man’s mental state and the journey, assessing how the journey functions in fiction as a cause of madness and also as a therapeutic process, in which the self is displaced, disintegrated and reformed, through its exposure to otherness. Previous chapters have focused on the depiction of the therapeutic process in literature as it reflects,

emulates and critiques the development of psychotherapy at the fin de siècle. In many of these texts, as I have argued, the therapeutic process occurs within a static, secure space in which the patient forges a lateral relationship with the external other who helps him to navigate the labyrinth of his mental trauma and achieve psychical resolution. Indeed, the Freudian model for psychotherapy – as developed at the fin de siècle – purported that the creation of a stable environment was vital for the process of cathartic relief, evoking that quintessential image of the patient ‘[lying] down in a comfortable attitude on a sofa’ in the analyst’s consulting room (Loewenfeld 1904 (1953):250). The narratives discussed here subvert this theory, presenting instead the unstable, fluid space occupied by the traveller as providing a sphere in which the mental journey can be undertaken.

The first part of the chapter considers the mental displacement that follows the foreign journeys pursued by men in a selection of works by Rudyard Kipling and his contemporaries, considering how the voyage into a foreign world is both the instigator of, and a metaphor for, the psychological breakdown of the self. It will focus primarily on voyages to lands considered particularly “alien” and hostile, such as India and Africa, and examine how the act of exploration is translated into narrative accounts of self-fragmentation that simultaneously seek to reflect on and record the experience of relocating the self. I will concentrate on the presentation of a mental breakdown that is specific to the experience of foreign travel: the nervous disorders that develop from the fear of the unknown, fuelled by fevered imaginations and the irreconcilability of the unrecognisable other. By demonstrating the relationship between mental instability and physical displacement, this chapter will challenge the image of imperial stability and instead present a reality and a

masculinity unsettled by altered perceptions, unfamiliar ground and the notion of being an outsider. The second part of the chapter will focus on Joseph Conrad and his two most famous novels that chart the transformative journeys of introspective, unstable narrator Charles Marlow – *Heart of Darkness* (1899) and *Lord Jim* (1900). Here I will concentrate on the depiction of the journey as a mental as well as a physical voyage, one that holds therapeutic potential both for Marlow himself and, in the latter text, for his young protégé Jim; a means of restoring their damaged identities and of relocating a lost sense of selfhood. I will examine how writers whose works focus on the travelling man engage not only with contemporary medical ideas about the therapeutic properties of travel, but how the voyage evokes a sense of mental displacement, isolation and yet, ultimately, self-discovery in the men who embarked on them.

Narrating Displacement: Rudyard Kipling

The period between 1815 and 1914 is recognised by historians as Britain’s “imperial century”, during which some 400 million people across Europe, Asia, Africa and beyond became part of the Great British Empire. Britain’s military and fiscal dominance enabled it to grow into a major global power, its cultural and linguistic influence stretching to far eastern and southern shores. Michel Foucault critiques colonialism using the same language as that which he employs to question the power dynamics that underpin psychiatry. Like psychiatric power, Foucault observes, there is a distinctive link between the act of colonisation (of imposing order onto another) and the act of discipline, as both involve the imposition of the

more powerful party's ideals onto the different (and, by definition, "deviant") other. In the case of the psychiatrist these are behavioural norms, while for the imperial power, they are cultural norms such as language or religion. Disciplinary command, born from a perceived 'sovereign power' such as that which Britain claimed over the nations it colonised, was subtle and pervasive, 'anonymous and silent', commanding obedience and imposing normalisation onto other cultures based on its own models of a social ideal (Foucault 2006:40). 'The history of masculinities must', John Tosh asserts, 'include within its scope the tracing of those many and varied historical imaginings which have given shape, purpose and direction to the lives of men', and a presence in Britain's imperial story was certainly key to this for most Victorian men (Tosh 1991:119). By the 1880s, British colonies were a well-established presence in India and Europe, and the focus of international strategy shifted onto developing and maintaining a strategic position within Africa's northern regions and its southern cape. As a result of this drive for expansion, numerous conflicts arose including the Anglo-Egyptian war (1882), the war in Sudan (1883) and the two Boer wars of 1880-1881 and 1899-1902, stretching the armies of Britain to their limits and threatening to destabilise the security of the Empire. The battle to ensure the stability and continuance of British foreign power saw the nation's men placed in an arduous and bloody battle with great human cost. In contrast, at home in Britain and away from the violent realities of war, the imperialist fantasy was the foundation on which national identity was based. Imperialism was one of the most cultivated ideals of Victorian Britain, and infected generations of men from the late 1700s through to the end of the nineteenth century with a fervour of national pride that underpinned widespread popular support for Empire. From the eighteenth century onwards, as the

passion for imperialism grew and the reach of the Empire extended, so the presence of the foreign world in literature grew.

The glamorous myth of the enticing lands beyond British shores was perpetuated by numerous adventure stories by writers such as Daniel Defoe, R.M. Ballantyne and, later, Robert Louis Stevenson, with texts such as *Robinson Crusoe* (1719) and *Treasure Island* (1883) engendering the ideals of colonial heroism in young male readers from an early age. The idealistic adventure stories compounded, Martin Green asserts, the “energising myth of Imperialism” and ingrained an idealistic impression of foreign adventure into the minds of the British reader (Green in Tosh 1991:119). Undoubtedly, the main readership for such tales would have been the young men who society sought to engage in its imperial vision. At the centre of these stories were figures that embodied the codes of bravery, courage, exploration and endeavour that were essential to the imperial movement in the expansion of empire and, equally, considered essential qualities for the Victorian man. This strong, dominant image of the man abroad adds to the picture of male hegemony in the political, fiscal and domestic spheres. Yet the requirements of imperialism and adventure also represented a further demand that acted upon the Victorian man and a further role he had to perform to assert his compliance with the codes of manhood. There is an evident conflict between the fantasy of imperialism and its realities, a distinction that separates what Caren Kaplan terms the ‘material histories’ from the ‘mystified fantasies’ of male identity (Kaplan 1996:2). To separate the ideals of foreign endeavours from their realities and understand the impact on the Victorian man himself, it is necessary to understand these ideas not as social myths but as lived experiences. There was a notable shift in the concentration

of “colonial” texts at the end of the nineteenth century from the idealistic fantasy of foreign adventure to the physical and mental impact on those at its centre. Literary texts emerging at the fin de siècle reflected a more critical social attitude towards the human cost of Empire, alongside – importantly – the works emerging from physicians and psychologists considering the mental impact of trauma on the male psyche. This shift towards a recording of the individual experience of the foreign journey is particularly evident in the works of Rudyard Kipling, whose narratives depict the travels of men for work and for war, and render a highly interiorised and self-conscious vision of men who are both displaced from and who are searching to relocate their identities within what is portrayed as a highly unstable and changing world.

In her reflection on the development of foreign societies, Helen Bosanquet assimilates the physical journey with a mental one.

The traveller from London to Birmingham who goes by train will reach his end swiftly and surely, but will know little about the way he has come, and will not be tempted to travel any part of the route again until the need for going to Birmingham recurs. His journey is analogous to the instinctive action of the animal. The traveller who walks or rides will be longer on the way, and will have many difficulties to overcome; but every stage will have its interest for him...thus, every journey he takes will open up to him new possibilities for the future (Bosanquet 1897:268).

To Bosanquet, the journey is not only an act of physical movement but of mental change, reconceptualising travel as a psychological transformation not unlike that

which practitioners had begun to discover in the process of psychotherapy. Indeed, looking back on the history of psychiatry, Foucault identifies travel as an instrument for mental management that predates the techniques of mental exploration conducted in the microcosm of the consulting room. Foucault observes of the early to mid-1900s that ‘the prescriptions given by doctors were apt to be travel, rest, walking, retirement, breaking with the artificial and vain world of the city’, and that ‘the therapeutic places that were recognised’ in the early phases of mental medicine ‘were in nature’ (Foucault 1997:42).

Rudyard Kipling is a writer who was deeply familiar with the dual function of travel both as a curative and a disturbing endeavour. Having spent the early years of his life in India, his family came to England in 1871. At the age of just six, Kipling’s parents returned to India, leaving the boy and his younger sisters in the care of another family, where he is reported to have suffered mistreatment. A degree of personal experience undoubtedly compounds the fundamental sense of dislocation that unpins many of Kipling’s poems and stories, many of which are set in isolated, hostile foreign lands. However, these works are also equally evidential of the curative properties that the journey possesses. In the decades that followed his childhood, Kipling suffered two mental breakdowns – one in 1890 and another 1891 – which, the writer later reflected in his 1937 autobiography, were the result of a paradoxical combination of mental over-exertion and physical languor that typified the condition of neurasthenia, an increasingly prevalent diagnosis for mentally ill

men in the western world¹⁸. Kipling himself writes of his own illness in a language laced with undertones of his foreign experience.

But in all this jam of work done or devising, demands, distractions, excitements, and promiscuous confusions, my health cracked again. I had broken down twice in India from straight overwork, plus fever and dysentery, but this time the staleness and depression came after a bout of real influenza, when all my Indian microbes joined hands and sang for a month in the darkness of Villiers Street (Kipling 1937:93).

Following his second collapse, Kipling was prescribed a period of travel by his physician, believing that this would provide a combination of mental respite and physical activity that would re-stabilise a mind clearly fractured by the paradoxical demands and languor of modern living. In its recreational form, travel was considered an activating and a curative endeavour that combated the symptoms of neurasthenia. Medical historian Roy Porter observes that it was ‘often considered one of the cures’ for ‘boredom or ennui, the great nineteenth-century European malady’ (Porter 1993:53). There is further evidence of the curative properties of travel and its prescription for mental illness: one nineteenth century patient, a woman named Edith Durham, recalls in her memoirs that her ‘doctor suggested travel as a cure for depression – “no matter where, so long as the change is complete”’ (Durham in Hunter 1998:23). Further narrative accounts from individual travellers describe their journeys in a language that address the restorative properties of excursion for the body and mind. An account by Mr. Thomson of one of several

¹⁸ See earlier chapters for a full definition of and further detail on neurasthenia.

extensive journeys in Africa details the activating properties of his explorations, reflecting that the journey itself “proved a charm more stimulating than any medicine” (Grant et al 1893:115).

Throughout his life, Kipling’s journeys took him across the world; to Europe, India, Africa and America. The curative properties of the journey centre upon the detachment of the individual from his familiar surroundings, and the ability for enhanced self-reflection and the construction of identity that is possible when the man is divided from the often restrictive demands and definitions of his society. This distance also enables a more objective reflection on the nature of this society, which is particularly evident in Kipling’s highly introspective records of his own travels in a series of letters. In one selection of such letters from June and July 1892 in the United States, titled ‘On One Side Only’, Kipling observes the clamour of an equally overworked American society, where the mental exhaustion he experienced himself is rife amongst the men that he encounters. Kipling observes the contradictory advice given in an American newspaper to its hardworking citizens in the summertime, noting with irony that ‘all the cities where men live at breaking-strain were sending in their butcher-bills, and the papers of the cities, themselves apostles of the Gospel of Rush, were beseeching their readers to keep cool and not to overwork themselves while the hot wave was upon them’ (Kipling 1920:89). Kipling’s satirical reflection on the repressive nature of western industrialism is enabled by his exposure to a diverse range of global cultures, which allows him a broader and more interrogative perspective on the concept of social development and progress. The notion of “progress”, essentially the evolution and advancement of society, was a popular subject in late Victorian Britain, which the recognition

gained by Darwin's anthropological studies of the subject demonstrates (and indeed helped to fuel). Evolution was a central idea on which the colonial movement was at least partly predicated: namely, the belief that British culture was more evolved than the "savage" nations on which the Empire strived to imprint its ideas of advancement and order. Kipling's perspective on social progress, however, is that it comes at a cost to the individual within it, an observation that he makes again during his American travels.

And young men – chance-met in the streets, talk to you about their nerves which are things no young man should know anything about; and the friends of your friends go down with nervous prostration, and the people over- heard in the trains talk about their nerves and the nerves of their relatives... Atop of the fret and the stampede, the tingling self-consciousness of a new people makes them take a sort of perverted pride in the futile racket that sends up the death-rate — a child's delight in the blaze and the dust of the March of Progress. (Kipling 1920:100-101)

Kipling's critique of the destructive impact of progress is infused with the language of war: the "blaze" and "march" of progress, reminding the reader that the cost is not only the arduous work occurring domestically, but the battles fought in foreign lands in the name of Empire.

Kipling's personal accounts of his own recreational travels depict an uncomfortable picture of socio-economic progress around the world. His literary works present an equally disturbing picture of the impact of modern life on the men at its centre, particularly those who travelled abroad in the name of either economic

or imperial progress. A frequent traveller to South Africa, Kipling had substantial first-hand experience of two of the most prominent and enduring conflicts of the fin de siècle period: the Anglo-Boer Wars of 1880-1881 and 1899-1902, in which Britain sought to maintain control over the Dutch South African settlers and convert the Boer republics into British colonies. The second war was a protracted and brutal conflict, and despite his work showing initial support for British interests, Kipling's own attitude towards the war was somewhat discordant. In his memoirs, Kipling describes a sense of personal instability, claiming that 'it was this uneasiness of mine which led us down to the Cape in the winter of '97', the period of national conflict mirroring the enduring sense of personal crisis in Kipling's own life (Kipling 1937:147).

The events in South Africa provided a form of escapism for Kipling, who followed them with avid interest, yet the tone of the poetry he penned on the subject during this period is one of cautionary pessimism. Written to mark Queen Victoria's Diamond Jubilee, the poem 'Recessional' – published in *The Times* in 1897 – addresses a nation that is 'drunk with sight of power', the repetition of the phrase 'lest we forget!' echoing the fragility and transience of the imperial prowess that was a subject of national celebration at the time (Kipling 1897:13). The poem echoes the anxiety that underpinned Britain's identity as a pioneering nation, an anxiety that was echoed by the plight of the men at the centre of the wars, and the impact on their minds and bodies that was often side-lined by contemporary accounts of glory.

Whilst in South Africa, Kipling observed the brutal realities of the war and the vulnerability of the men who fought it, an experience that he later recorded in less than idealistic terms: 'the "war" became an unpleasing compost of "political

considerations”, social reform, and housing; maternity-work and variegated absurdities. It is possible, though I doubt it, that first and last we may have killed four thousand Boers. Our own casualties, mainly from preventable disease, must have been six times as many’ (Kipling 1937:165). Kipling’s poetry both during and after this period also features dualistic, divided voices that both venerate and abhor the wars. One coherent feature of his work, however, is its focus on the fragmented individual stories at the centre of the conflict. Appearing in the 1903 collection *The Five Nations*, ‘The Return’ is narrated by the disembodied voice of an anonymous soldier returning from the South African war, who speaks of the transformational effects that the traumatic experience has had on his mind. Starting out as a simple boy, an ‘average kid’ whose humble background is accentuated by the poem’s basic rhyming structure, he has become ‘a thinkin’ man’ during his time at war, the verses forming an introspective report of his mental transformation (Kipling 1903:210). However, rather than the promise of adventure and freedom sold to young men, the soldier’s transformation is as much regressive as it is developmental. While his abstracted voice signifies his displacement, the experience has also prompted a more reflective outlook on his identity and his position within society, what he ironically terms ‘the size and meanin’ of the game’, resulting in a more conceptualised sense of self and an awareness of society that mirrors Kipling’s own (Kipling 1903:210). The soldier’s impressions of the war recall the trauma he has experienced, which is projected through his aggressive, hostile portrayal of the natural world around him.

Rivers at night that cluck an’ jeer,

Plains which the moonshine turns to sea,

Mountains that never let you near,

An' stars to all eternity;
An' the quick-breathin' dark that fills
The 'ollows of the wilderness
(Kipling 1903:211).

The land draws the narrator in as it simultaneously repels him: it is a wild, alien plain that evokes the impression of space and liberty, yet which is fundamentally dominated by an equal sense of oppression and “darkness”. While it is a void outside the restrictive boundaries of his society, this void does not hold freedom for the soldier but an even more repressive horror. The geography of the land is entwined, for the soldier, with the psychological experience of war, and becomes the only language by which he can describe and subsequently process the traumas he has experienced.

‘The Return’ is a series of disjointed memories, visual snapshots captured within the abrupt, frequently punctuated lines and awkward rhythm of the verses that denote how difficult the narrator finds it to articulate his experience. As his story progresses, the soldier becomes increasingly de-socialised, regressing into an instinctual state that centres only upon his survival. A lifetime (‘Time’ itself personified), becomes concentrated into a single day, a series of events that begins with the symbolic birth of the ‘mornin’ sun’ and ends with death and burial, with ‘legs tied down before they’re cold’ (Kipling 1903:212). His life is reduced to a primitive cycle revolving around the activity of war, with transformational effects on his identity. The breakdown of his disordered narrative contrasts markedly with the image that recurs throughout the poem of a man inspired to join the army by national patriotic pride. This patriotism is ingrained within the soldier’s selfhood, as captured

by the mantra – whose detachment from reality is signified by the use of a different font – that recurrently punctuates his melancholy memoir.

If England was what England seems

An' not the England of our dreams,

But only putty, brass, an' paint,

'Ow quick we'd chuck 'er! But she ain't! (Kipling 1903:211).

The soldier clings to this idealised (and notably feminised) vision of England, with the romance of patriotism providing a device through which he tries to rationalise his experiences. This contrast between the ideals of patriotism and the realities of war is emphatic in the depiction of the soldier, which highlights the conflict between the disparate forces operating on male identity, and the discordance between idealistic cultural values and the trauma of lived experience.

Against the backdrop of this narrative uncertainty, however, there is depicted a sense of stability in 'The Return' that is forged within the community of the soldiers themselves, which provides a contrasting sense of constancy with the ever-changing outside world. The narrator recalls the 'quiet, 'omesick talks between / Men, met by night, you never knew.../ Men from both two 'emispheres / Discussin' things of every kind' (Kipling 1903:211). Like his own identity, the soldier's relationship to his comrades is defined by the conflict, these social dynamics and dialogues forged - as much as they are broken down - by the trials of war, which subverts the normal protocols of social discourse and breaks down national boundaries between the men. The comradeship depicted here is also essential for preserving the men's subjectivity, and it is through this that they develop a narrative that transcends social and cultural boundaries and which becomes the means by which the isolating,

dislocating experience of war can be processed, as the soldier recognises: 'An' me, like all the rest, alone— But reachin' out to all the rest!' (Kipling 1903:212). The process of dialogue, the formation of narratives through verbal discourse – as identified in all previous chapters – is again revealed as a cathartic means of articulating and processing the traumas that threaten to destabilise the man, by sharing them with others.

However, for the soldier, the most destabilising aspect of the experience occurs during his final journey home, in which he is once again displaced through his release from service and back into domestic life, noting that 'discharged, I fall away' (Kipling 1903:212). The soldier speaks of his return to London, to the trivial 'little things' at the centre of that society that will now form the basis of his existence, in marked contrast to his life at war. The disjointed structure of the verse suggests the soldier's mental limitation in processing his experience, rendering him unable to articulate his damaged sense of self, unable to find the language to express 'all I cannot say' (Kipling 1903:212). The divided, confused nature of the soldier's identity and the fundamental impact of his displacement are evident in his reference to 'Thamesfontein', the locations of his British home and the South African front becoming intermingled and indistinguishable, intimating that his impression of his homeland – and its imperial values – has been coloured by his journey. With the fantasy of patriotism replaced with the lived experience of its reality, the soldier is rendered a disembodied and hollow figure, emblematic of the human resources depleted in the name of social progress, and of the mental cost at the heart of empire which, within the limited interior narrative, the soldier is unable to either process or resolve.

The theme of mental transformation resulting from a voyage abroad is one that recurs throughout Kipling's late nineteenth-century works. While poems such as 'The Return' portray the psychological breakdown that results from the horrors of wars fought to ensure the progress of the British Empire, several of his short stories detail the experiences of men who live within these far-off shores, and the impact that the cultural friction they experience has on their identities. Identity is conflictingly recognised by critics as either a 'social construction' or a 'psychodynamic process', a product both of individual psychology and of the embodiment and performance of certain behavioural standards commanded by society (Clarke 2008:510). When identity is socially constructed, the self is contingent upon the society to which it belongs and is defined by the set of social norms that it embodies and performs. Consequently, the man's failure to comply with these norms damages not only society's perception of his selfhood, but his own inherent sense of self. In travel, the individual is removed from the society that, for the British Victorian man, was fundamental to his sense of identity, rendering that individual displaced. Kipling's 'Mark of the Beast' narrates just such an experience. It tells the story of an English gentleman, living in India yet ignorant of its culture and values, who experiences a fundamental destabilisation of his selfhood when the societal structures that have shaped it are undermined, resulting in a mental breakdown that is mirrored by a physical deformity.

First published in the *Pioneer* in July 1890, 'Mark of the Beast' was collected in *Life's Handicap* in 1891 and narrates the events of one New Year's Eve when, after getting drunk at a local outpost with friends, the gentleman named Fleete commits the ultimate social crime by desecrating a temple of the Hindu god

Hanuman, ‘a leading divinity’ that the culturally-intelligent narrator (one of Fleete’s companions) observes is ‘worthy of respect’ in Indian society (Kipling 1891(1893):292). An enraged temple priest – a figure who embodies the innate customs and values of the country, but who is also a monstrous leper – attacks Fleete and bites him on the chest, leaving a livid mark. The act itself is clearly suggestive of a society, oppressed by those who disrespect its culture, literally “biting back” in an act that physically – and, as the story progresses – mentally reduces Fleete’s own identity to a comparable state of “inhumanity”. However, the resulting transformation that Fleete undergoes, and the actions of the narrator and his other companions in trying to find a cure to restore his health, provide a more complex allegory for the mental journeys traversed during the exploration of a foreign world.

Life’s Handicap presents itself – as outlined in the preface – as being based on the author’s own experiences during his travels. It purports to comprise stories of Kipling’s own travels and tales recounted by others he has encountered along the way, from ‘priests in the Chubdra’ to ‘nameless men on steamers and trains round the world’ (Kipling 1891(1893):xiii). The stories, subtitled ‘Being Stories of Mine Own People’, provide a snapshot of the global experience of masculinity, and are mediated through the omniscient voice of the central narrator, who commands the storytelling with imperial-like power and who takes the reader on a journey through the various different cultures depicted in the volume. In ‘Mark of the Beast’ this journey is literally a transformational one, as Fleete – now branded with the leper-priest’s bite – becomes subsumed into the foreign culture from which he previously tried to distance himself. The tension between British and Indian cultures is palpable

in the text, a friction that is encapsulated from the beginning in the form of a journey that is charted in terms of a shift in religious values.

East of Suez, some hold, the direct control of Providence ceases; Man being there handed over to the power of the Gods and Devils of Asia, and the Church of England Providence only exercising an occasional and modified supervision in the case of Englishmen. (Kipling 1891(1893):290)

This depiction of the religions of the two societies contrasts a structured vision of Western Christianity against a comparatively wild and unruly Eastern belief system. It is this lack of governance that, the narrator claims, denotes the absence of civilisation and ‘accounts for some of the more unnecessary horrors of life in India’ (Kipling 1891(1893):290). For Fleete, however, these horrors originate not from the uncivilised nature of the society but from his own inherent lack of civilisation. A wealthy gentleman with land in the Himalayas, Fleete’s inherited wealth has bred a sense of idleness within him, and an ignorance of the land that he occupies, his ‘knowledge of the natives [...] limited’ (Kipling 1891(1893):290). In contrast to his supposed status as a gentleman, Fleete’s desecration of Hanuman is a debased, animal-like action in which he revels: “‘Shee that? 'Mark of the B-beasht! I made it. Ishn't it fine?’” (Kipling 1891(1893):292). Accompanied by his slurred speech (written in the style that other contemporary authors often used to denote the stunted dialogue of native characters), Fleete’s actions disfigure his identity as a gentleman and dislocate him from the conventional propriety that distinguished quintessentially “English” masculinity. Indeed, Fleete’s brutish behaviour indicates that the “beast” of the story’s title is not the priest that attacks him, but the supposedly civilised

western man, transposing notions of civilisation from the outset. In his attack, the priest ‘nuzzles’ Fleete’s breast, a subverted maternal gesture that transmits a taint to the Englishman, the ‘black rosettes’ symbolically polluting the lineage of which Fleete is so proud (Kipling 1891(1893):293). The impact on Fleete is not only physical but mental, and sees him regress into an animalistic state devoid of the controls that signify his social status, yet which also connote a return to a position in which he is aligned not with the artifice of society but with the natural world.

The narrative is delivered by one of Fleete’s nameless companions, but the story itself is communicated to the narrator through the accounts of two men, Strickland (a policeman) and Dumoise (a doctor), who ‘bear witness to the facts of the case’ and lend a professional authority to the unbelievable tale (Kipling 1891(1893):293). It is this group of men whose comradeship – a recurring theme identified in earlier chapters and like that experienced by the isolated group of soldiers in Kipling’s poem – serves to ultimately restore Fleete’s sense of self. The power of conventional western medicine is initially called upon to treat the troubled man, however it is revealed to be deficient, with the doctor’s diagnosis of ‘hydrophobia’ (rabies) dismissed as ‘entirely incorrect’ (Kipling 1891(1893):290 and 301). However, the diagnosis itself engages with another facet of the contemporary relationship between mental instability and biological disease. The Victorians were, in general, highly phobic about the spread of disease, with rabies a particular source of neurotic concern for the British population. By the 1870s, cases of rabies were on the rise, however an article appearing in *The Pall Mall Gazette* at the peak of the epidemic in 1877 claimed that the deaths were not due to the disease itself but a result of the national hysteria that accompanied it: ‘an epidemic of

nervous panic' and 'superstitious terror' induced by sensationalist newspaper reports (Anon 1877:1542). This mass hysteria was associated with a form of madness termed lyssophobia, an irrational fear of contracting rabies. The popular impact of this fear was palpable in the fiction produced in the following decades, texts such as Clemence Housman's *The Were-Wolf* (1896) and Guy de Maupassant's *The Wolf* (1889), which anthropomorphised this fear of disease into an aggressive lycanthropic figure with a literal power to maim, the ultimate embodiment of debased and animalised humanity. The magnification of these fears into an aggressive embodiment of disease transmission is most evident in *Dracula*, in which the fear of the transformative taint of the vampire's bite is the driver of the hysteria that impacts on the men who seek to destroy it. For Fleete, this taint marks the eradication of his civilised persona and therefore that which signifies his masculinity according to the behavioural codes of his culture, so that he becomes – like the werewolf – a deformed vision of humanity, his physical debasement being a mirror of his mental breakdown.

It is the rational figure of Strickland, an enforcer of the law, who is left to track down the source of Fleete's breakdown, with the egalitarian and linear bond between the men again, as it is in previous chapters, possessing a greater ability to restore the traumatised man's damaged selfhood than any specialist profession. Alongside the narrator, Strickland tracks down the priest, reconstructing the fragmented picture of the supernatural events and ultimately restoring a sense of order to the story in an echo of their restoration of Fleete's sense of self. However, the methods that the men use to produce this remedy are not the actions of the rational or of the curative but, in fact, are themselves actions that are symptomatic of

the bestial behaviours lurking beneath Fleete's apparently socialised veneer. Strickland and the narrator torture the priest until he revokes the curse on their friend, the details of their actions being so horrific that they cannot be given linguistic form. Irreconcilable with the supposedly "civilised" behaviour of the British men, they are repressed by the narrator as 'actions that are not to be printed' (Kipling 1891(1893):303).

As identified in previous chapters, the construction of narrative itself plays a central role in uncovering and processing the trauma, releasing its burden by giving it a linguistic form that enables it to be discharged. Here, however, because the actions taken to relieve the trauma contravene those required of the civilised man, the narrative must serve instead to subsume and conceal them, so as not to threaten the identities of the men who enact them. Speech, therefore, while cathartic for so many, is prohibited for these men, and instead their violent actions become the only means of restoring his sanity. Although their comradeship restores Fleete's health and his state of mind – and with it, his social status – the men have threatened their own identities and exposed the beasts lying deep within. Therefore, while Fleete is cured, his companions are rendered unstable by the events, their actions (and their subsequent repression of them) resulting in a self-altering madness. The so-far rational Strickland descends 'into an amazing fit of hysterics' which the narrator explains is because 'we had disgraced ourselves as Englishmen for ever', their actions detaching them irrevocably from the behavioural standards demanded by their culture and, therefore, from their identities, which are socially contingent (Kipling 1891(1893):303). The story exposes the fallacy of imperial values and the doubled nature of human identity, exposing the beast dwelling beneath the socialised

vener. Furthermore, it questions the legitimacy of the lateral comradeship between the men which, I argued in previous chapters, is essential to the process of therapy, when this comradeship is based on the shared asocial values that are revealed as being inherent in all of their characters. For Kipling, travel is deeply transformative, both in terms of the physical journey that the men at the heart of his poems and stories undertake, and also the psychological and behavioural transformations that result from their exposure to foreign cultures, whether this is the trauma of the events that befall them (such as the soldier) or the exposure of the asocial elements lying dormant within their own personalities.

Discourses of (Self-) Discovery: Joseph Conrad

The journey embarked upon by Fleete in India is both transformative and traumatic. Just as for Kipling's anonymous soldier, the experience of the journey – whether for work, recreation, or war – is portrayed as having a destabilising impact on the individual who embarks upon it. In no other works of fin de siècle literature is this concept of displacement more apparent than in Joseph Conrad's two quasi-modernist, late colonial texts *Heart of Darkness* (1899) and *Lord Jim* (1900). Moreover, in no other stories of foreign travel is the process of rediscovering the self a more central aspect of the storytelling process than in the tales recounted from the perspective of Conrad's reoccurring narrative voice, Charles Marlow. Marlow appears as the narrator in four of Conrad's stories; the aforementioned tales plus *Youth*, written in 1898 but not published until 1902, and *Chance* (1913), which chart Marlow's life in the form of a series of voyages that shape his identity. In a letter to

William Blackwood in 1899, Conrad explains that ‘the three tales [*Lord Jim*, *Youth* and *Heart of Darkness*], each being inspired by a similar moral idea’ comprise ‘a homogenous book’ and are therefore intended to be read as a whole, a psychological case study of the protagonist’s development (Conrad 1898(1958):231). This somewhat ambiguous “moral idea” to which Conrad refers has been subject to broad critical interpretation and is most frequently identified as the dissonant voice against colonial rule that is thought to permeate the writer’s works. What is clear, however, is that Marlow himself embodies a near-continual search to understand and attain this ideal, in parallel with his quest to realise an authentic sense of identity and selfhood. It is this search that defines what are ultimately psychological journeys for him in *Heart of Darkness* and *Lord Jim*, and which are charted in each text by the various developments and disintegrations that his wayward character goes through during his adventures on foreign shores.

Heart of Darkness is the most critically assessed of Conrad’s Marlow texts, and centres on a physical journey that is as didactic as it is a traumatic experience, one that disintegrates, yet also crucially reconstructs, Marlow’s fragile selfhood. In a world in which men are defined by their profession – his audience aboard the *Nellie* comprising an Accountant, a Lawyer and a Director – Marlow is presented from the outset as something of an outcast, a ‘wanderer’ who sits at the margins of society yet who strives to locate himself within its ideals (Conrad 1899(1994):8). Punctuated by conflict and duality (both societal and psychological), *Heart of Darkness* charts Marlow’s ambitions as an ivory trader, a role that is quickly subsumed beneath his definitive journey down the Congo in search of the enigmatic Kurtz, to whom he is drawn as the apparent embodiment of imperial supremacy, and within whom

Marlow ultimately witnesses the dystopian face of colonial rule. 'Charmed' but yet also 'anxious' at the prospect of his adventure, Marlow embodies the dualistic response to foreign travel that we have witnessed in Kipling's texts, his narrative a self-conscious, introspective record of the impact that the events have on his clearly fragile mind. The concept of distance itself is mediated through Marlow's own perceptions, which magnify the importance of the journey and suggest the transformative impact of the physical voyage alone on his identity: "a queer feeling came to me that I was an impostor [...] The best way I can explain it to you is by saying that, for a second or two, I felt as though, instead of going to the centre of a continent, I were about to set off for the centre of the earth" (Conrad 1899(1994):40). Marlow's musings on his journey also suggest the "moral idea" that his narrative explores and the mental impact his discoveries have for his subjectivity: namely, the artifice of imperialism and of his own identity as one of its instruments. Marlow's inherent duality is echoed by his situation within the world of Empire. It is this sense of division, perhaps more than any physical "horrors" that he witnesses in the Congo, that is at the heart of the trauma Marlow experiences, a trauma that leads to the disintegration of his identity yet paradoxically facilitates the introspective self-discovery that he later communicates by retelling the story to his audience on the Thames.

The very nature of an expedition deep into the African jungle, an alien landscape fraught with physical dangers, held the potential to be deeply traumatic for the relatively sheltered British traveller. In one real-life account of such a journey, a man named Thomson narrates the environmental conditions of his trip, recording a world that he finds to be both "hopelessly swampy" and "hopelessly

arid and sterile”’, its difference inscribed upon the writer’s mind in terms of a desperate sense of absence (Thomson in Grant et al. 1893:115). As anthropologists, the objectives of Thomson’s party echo the civilising mission of Empire, their report claiming that “‘at the present time by common consent we are agreed that the centre of this dark continent, this darkest Africa, must see the light of civilisation and humanity”’ (Grant et al 1893:115). However, for Thomson’s sociological contemporary W. I. Thomas, the concept of enlightenment holds a meaning that supersedes the bringing of insight to dark, primitive lands. In his study of social development, Thomas contrastingly argues that understanding these supposedly uncultivated worlds, rather than trying to impose a new social model on them, was essential for understanding the nature of humanity as a whole.

The general acceptance of an evolutionary view of life and the world has already deeply affected psychology, philosophy, morality, education, sociology, and all of the sciences dealing with man. This view involves a recognition of the fact that not a single situation in life can be completely understood in its immediate aspects alone... we cannot afford to overlook the genesis and the stages of change. (Thomas 1909:145)

Society, Thomson asserts, cannot be examined in isolation; the identity of a culture, and indeed the self within it, is fluid and evolving, and must be located within this continuum to be effectively understood. Thomas articulates his theory of evolutionary study in terms not dissimilar to those of a psychical exploration, in which the voyager tracks ‘the past by the traces they have left’ in the form of historical accounts, of which “‘the immense majority...are nothing else than traces of

psychological operations””, individual records and accounts, rather than direct traces of the facts’ (Thomas 1909:150). Like the psychotherapist, the historian must reconstruct a picture of the past using the perspectives offered by fragmented personal accounts – essentially psychological materials – a process that Freud himself describes as being central to the work of psychotherapy.

[The analyst’s] work of construction, or, if it is preferred, of reconstruction [of the patients’ memories], resembles to a great extent an archaeologist’s excavation of some dwelling place that has been destroyed and buried or of some ancient edifice (Freud 1937(1964):257).

Marlow undertakes this retrogressive act of psychological reconstruction by narrating the tale of his progress along the Congo to his listeners aboard the *Nellie*, his oral history – mediated through a nameless primary narrator – providing an subjective record that rewrites the story of Empire.

As noted in previous chapters, the language of psychology was becoming a greater presence at the fin de siècle, not only in medical but also other types of texts, from anthropological studies to literary fiction. A psychological vocabulary permeated the depiction of late-Victorian Empire also and served a variety of functions to support and justify its often hegemonic ideologies. Most notably, it is used to rationalise and justify the treatment of slaves: the diagnosis of “drapetomania” (a compulsion by a slave to escape his master), for example, was applied to pathologise the resistance displayed by indigenous peoples to their

oppressive rule¹⁹. The understanding of madness in British society was also augmented by studies of illness in other cultures. Rather than being confined to the developed world, hysterical disorders such as neurasthenia were also identified as being present in cultures that were less economically developed, therefore suggesting that the causes of these illnesses were more psychical than societal, as one psychiatrist observed.

Among the errors which have been diligently disseminated by physicians who lacked ethnological information is that which claims that diseases of the nervous system, especially those of a hysterical character, have greatly increased with the development of civilization, and are most common in the races of highest culture. Both assertions are erroneous. (Brinton 1892:339)

The image at the heart of pro-colonial propaganda, of the primitive foreign savage in need of enlightenment, was based not only on a cultural but on a supposedly psychological distinction between Western and so-called ‘other’ races. Lombroso’s profile of the criminal man as ‘partly pathological and partly atavistic, a revival of the primitive savage’, for example, classifies degeneracy as both a psychological and regressive trait (Lombroso-Ferrero 1911:xi). As discussed in Chapter 1, the fin de siècle was marked by a pervasive fear of human regression, of which madness was

¹⁹ Resistance to colonial rule was pathologised by the introduction of the condition “drapetomania”, by physician Samuel Cartwright in 1851. A condition ‘peculiar to black slaves’, drapetomania was ‘derived from two Greek words, one meaning “a runaway slave”, the other signifying “mad or crazy”’. This mental disorder of slaves had one defining characteristic: the sufferer had an unconscionable desire to abscond from his or her owner’ (Bynum 2000:1615). Cartwright, like many men at the time, believed that slavery was the “natural” state for African people, therefore any resistance had to be classified as unnatural and controlled by its classification as a form of insanity.

regarded as a symptom. The phobia of the foreign was comparable to that of madness, in that it was characterised by behaviours and values that contradicted and, in some ways, undermined the social order that British society feverishly sought to protect. This attitude was reflected in legislation passed at the fin de siècle, such as the 1905 Aliens Act, which sought to formally introduce immigration controls to Britain. A House of Commons debate in 1904 about the need for the act, reported in *The Times*, argued that the number of ‘aliens’ in Britain had increased from 135,000 in 1881 to 290,000 by 1901, and that while ‘a large portion of these alien residents...are most loyal, industrious and law abiding...there is a certain class of undesirable aliens who are not so welcome’ (Anon 1904:4). Paradoxically, however, the treatment of those of a different race was extended to those who were considered to be domestic ‘undesirables’; not only the criminal but also the insane. Many people diagnosed with madness were literally ejected from British society and exiled to foreign shores or exported to European asylums. A notable literary example of this is self-certified madwoman Lucy Audley in Mary Elizabeth Braddon’s *Lady Audley’s Secret* (1862), who is secreted away to a Belgian asylum to quell the scandal that surrounds her and preserve a wealthy family’s integrity. This desire to protect British society from degenerative threats from the inside as well as the exterior paints a picture of the fragile, mistrustful heart of Empire beneath its formidable façade. These concepts of façade, duality and instability are exemplified within Marlow himself.

Many critical studies have argued that Marlow’s journey is regressive, and can perhaps be compared to Jonathan Harker’s in *Dracula*, as a voyage that charts the mind’s descent into madness, punctuated by a narrative and linguistic breakdown

that mirrors the dissolution of the social structures that underpin Empire. *Heart of Darkness* is a composition, however, of several different journeys, both literal and symbolic: Marlow's journey into Africa, his voyage down the Thames, Kurtz's psychical transition from sanity to madness, and the various rites of passage – symbolised, for example, by Kurtz's "intended" – that signify, within Victorian conventions, the man's journey towards maturity. Within this web of journeys sits Marlow's own, a mental voyage that is arguably not one of breakdown – as it first appears – but one of self-discovery. Indeed, Marlow's introspective narrative describes his experience in terms of illumination, as one that "seemed somehow to throw a kind of light on everything about me - and into my thoughts" (Conrad 1899(1994):40). The development of Marlow's selfhood is demonstrated in his act of re-telling the story to the men aboard the *Nellie*, a voyage in which he retraces the steps of his first journey, the layered narrative reflecting the multilateral nature of the journey itself. Divided from society by the isolated setting of the boat on the Thames, Marlow attains the physical and therefore mental distance to re-live his voyage down the Congo, his disjointed language and the disturbing images it conjures revealing its traumatic and transformative impact on his identity, echoing the 'frightful realities' of colonialism that he witnesses (Conrad 1899(1994):94). Marlow's narrative is an act of confession, the cathartic nature of which, as discussed in previous chapters, is essential for the process of confronting, processing and physically expelling the traumatic memory from the self.

The reaction of an injured person to a trauma has really only then a perfect "cathartic" effect if it is expressed in an adequate reaction like revenge. But man finds a substitute for this action in speech

through which help the affect can well-nigh be abreacted [...] In other cases talking in the form of deploring and giving vent to the torments of the secret (confession) is in itself an adequate reflex.

(Freud 1895 (1955):5)

A reflexive act, recording the experience is a journey in itself that realigns the experience with the conscious mind. Indeed, Conrad himself engages in a similar act when keeping a journal of his own journey up the Congo in 1890. A seaman and a wanderer – much like his fictional protagonist – one of Conrad's many occupations saw him embark on a voyage across the "dark continent" to undergo a quest to collect a company agent who had taken ill. During this eventful, difficult journey, Conrad kept a journal called *The Congo Diary*, which first appeared in the *Yale Review* in 1926, edited by his long-time correspondent Richard Curle. Many comparisons can and indeed have been drawn as to the similarities between Conrad's own experiences and those narrated by Marlow in *Heart of Darkness*, yet what has been overlooked is the actual act of creating this self-narrative and its impact as a cathartic means of processing an essentially life-changing experience. In his introduction to the diary, printed in the *Yale Review*, Curle explains that 'its 40,000 words occupied only about a month in writing. When we consider the painful, slow labour with which [Conrad] usually composed, we can realise how intensely vivid his memories of this experience must have been' (Curle in Conrad 1890(1926):256-7). Indeed, the journal portrays a 'miserable' and 'wretched' experience punctuated by hardship, scenes of desolation and a lonely landscape (Curle in Conrad 1890(1926):263). Curle also remarks that the act of writing the journal was not typical of Conrad's behaviour, remaining 'very sceptical as to

whether he ever kept another' (Curle in Conrad 1890(1926):259). The diary, then, is clearly emotionally wrought, with the desire to produce a confessional account suggesting the enduring impact of the experience on his consciousness and a desire to liberate the memories from the self, and to give them a semblance of order and form within language. In Conrad's factual and well as his fictional writing, therefore, the travel narrative is more than a written record, but a confessional medium in which pain is mediated and dispelled from the self in the form of a tangible written discourse.

In *Heart of Darkness*, Marlow repeatedly refers to his experience, and to Kurtz's words and behaviour, as being "abject", something that (as discussed in Chapter 1) Julia Kristeva identified as 'being opposed to I', creating a void between the subject and the experience that destabilises him (Kristeva 1982:1). The foreign journey is undoubtedly one of alienation and estrangement, and it is abjection, a deep sense of the alien, that lies at the heart of Marlow's trauma, just as it does for Harker in *Dracula*. Indeed, to return to Stevenson's assertion that 'there are no foreign lands [...] it is the traveller only who is foreign', there is the sense that the man who travels is himself rendered foreign by his displacement within this other land, for he can no longer identify himself within the context of this new society (Stevenson 1883:96). For Marlow, the way to overcome this traumatic displacement is to reconcile the experience through the production of an oral narrative, rendered cogent through its communication to others. While Freud describes the process of confession as one in which pain can be "spoken away", for Marlow the act of verbally giving an account of his experience and releasing the burden of these traumatic memories is insufficient; he requires his narrative to be heard and

understood by others, by the professional men that represent the core values of British society, in order for it to be validated (Freud 1895 (1955):106). The setting on-board the ship provides a form of seclusion or escape for Marlow, yet it is only through an audience that embodies the oppressive values imposed on Victorian masculinity that Marlow is able to obtain the validation that he requires, an environment he terms the 'bond of the sea'; a comradeship which, like that depicted in other texts studied, is apart from yet paradoxically based upon social structure.

Marlow's journey into the Congo is widely recognised as a voyage into his own unconscious, in which he identifies and confronts the irrational, unsocialised elements of his own self. Samir Elbarbary, for example, suggests that 'the confrontation of Marlow's identity with Kurtz is a figuration of the inner conflict between the two selves of Marlow, the self's downward journey into its own unconsciousness' (Elbarbary 1993:121). The journey is clearly a psychological voyage of self-exploration, yet rather than symbolising Marlow's inner conflict, Kurtz becomes the instrument through which this conflict is processed and worked through. In this respect, Kurtz assumes the role of pseudo-therapist, a figure with whom Marlow is eager to speak, realising that at the heart of his quest was "“exactly what I had been looking forward to—a talk with Kurtz”" (Conrad 1899(1994):67). Foucault asserts that there is an imbalance of power between the 'alienating' figure of the psychiatrist and his patient, with the doctor commanding the power to define and impose meaning through his possession and application of specialist knowledge (Foucault 2006:511). However, Foucault also notes that Freud's vision of therapy marked a notable shift in the doctor-patient relationship in the treatment of mental illness at the fin de siècle, that he became 'the first to accept the...reality of the

doctor-patient couple' and who 'abolished the silence and gaze' of the asylum structure (Foucault 2006:510). This paradoxical, shifting power dynamic is brought to life within Kurtz, whose oppressive ability to define and control exerts an operative agency on Marlow's fragile identity. On meeting Kurtz, Marlow experiences an eloquent and hypnotic figure whose discourse possesses a controlling, definitive power, using words that "had behind them the terrific suggestiveness of words heard in dreams, of phrases spoken in nightmares" (Conrad 1899(1994):95). Yet while Kurtz clearly has power over Marlow, their interaction equally represents the more discursive relationship between doctor and patient. Representing to Marlow a "discourse" and a "voice", a vessel for exploratory dialogue, an encounter with Kurtz would enable Marlow to understand his own self and position within the world, as it does for the Russian who explains how Kurtz has "enlarged [his] mind" (Conrad 1899(1994):78). However, the Kurtz whom Marlow finally encounters has himself regressed to a 'childlike' state of mental and physical decline, and through his exposure to this loss of socialised self-control, Marlow is encouraged to unlock the repressed, asocial desires by which his counterpart is now governed. By emphasising his ability to corrupt rather than bring about this promised cure, Kurtz is rendered as an anti-psychiatric figure who (like Dracula, by entralling Harker) mesmerises Marlow and leads him to the brink of destruction. Ultimately, however, while Kurtz "had stepped over the edge" Marlow passively (like a subject being acted upon) describes his own fate as being "permitted to draw back my hesitating foot", Kurtz's self-destruction resulting only in Marlow's mental breakdown rather than complete self-annihilation (Conrad 1899(1994):100).

What Marlow experiences through his journey, and specifically through the encounter with Kurtz to which his path leads, he describes as a ‘glimpsed truth’ that contrasts markedly with his previous perception of himself as a “‘vision of greyness without form’” (Conrad 1899(1994):99). This “truth”, however, is fundamentally flawed. While it offers Marlow a “‘sort of belief’”, a meaningful identity within the context of the Empire that he, an almost spectral figure, occupies, Marlow is unable to align these values with his own identity, and recognises them as, in their own right, a symptom of madness, as being “‘too dark – too dark altogether’” (Conrad 1899(1994):111). It is the process of confronting, recognising and, ultimately, rejecting Kurtz that is the central journey that Marlow undertakes, and the aftermath of which – his continued inability to reconcile the experience with his own identity – that leads him to retell his fractured tale. Marlow is undoubtedly transformed by the journey and his encounter with Kurtz, a physical voyage echoed by the physical journey both to and from the missing ivory trader, and framed by a re-traversing of this path through the act of narrating his own memories. Despite releasing the trauma of the experience by relaying it to his travel companions (and, through their interpretation and subsequent remediation of the story, directly to the reader), Marlow’s selfhood remains fragmented and the psychological study is left incomplete at the end of the text. This story continues – alongside Marlow’s own therapeutic journey – in *Lord Jim*.

While *Heart of Darkness* is a narrative primarily of breakdown, *Lord Jim* is one of formation and of self-discovery. *Lord Jim* is the story of a young British man who dreams of adventure at sea, as ‘unflinching as a hero in a book’, ‘saving people from sinking ships [...] or as a lonely castaway’; idealistic scenarios reminiscent of

the ever-popular boys' adventure stories of the era (Conrad 1900:5). The reality of sea life, however, contradicts these ideals, and young Jim finds the experiences that are 'so well known to his imagination' to be, in contrast, 'strangely barren of adventure' (Conrad 1900:8). Freud himself recognises the inherent connection between travel and escapism, noting that, in his own youth, 'my longing to travel was no doubt also the expression of a wish to escape from that pressure [...] I had long seen clearly that a great part of the pleasure of travel lies in the fulfilment of these early wishes - that it is rooted, that is, in dissatisfaction with home and family' (Freud 1936(2001):241). For Jim, however, this dissatisfaction is more deeply rooted in an unhappiness and discord within himself, between the ideals of manhood expected by society and his own behaviour and subjectivity. Jim becomes first mate on a ship called the *Patna*, transporting pilgrims to Mecca. In an act of cowardice that completely defies the codes of seamanship (and of Victorian masculinity), Jim abandons the ship when it is destroyed during a storm, leaving the passengers to drown. This act embodies the fundamental conflict between personal identity and the sense of self that is constructed on social demands and ideals – between real and imagined identities – which John Tosh observes:

Masculine identities are lived out in the flesh, but fashioned in the imagination. This "imagining" of masculinities is not simply a matter of defining these roles, traits and behaviours...It indicates the process by which such norms are subjectively entered into and lived in...so as to enable a (relatively) coherent sense of one's own self as "a man" to be secured and recognised by others. (Tosh 1991:118)

Jim's identity is intrinsically bound to his role aboard the *Patna*. Typifying the social ideals that he wants to embody, his role becomes part of his consciousness, and his failure to perform it leads to his mental collapse into a depressed, insular state that is magnified in a form of self-annihilation.

Over the lives borne from under the shadow of death there seems to fall the shadow of madness. When your ship fails you, your whole world seems to fail you; the world that made you, restrained you, took care of you. It is as if the souls of men floating on an abyss and in touch with immensity had been set free for any excess of heroism, absurdity, or abomination. (Conrad 1900:128)

For Jim, the notion of morality is bound to his identity and represents, therefore, a status that is no longer attainable for him. The bravery and heroism of the seaman is the idealised identity Jim holds within his imagination, alongside the adventures of travel, and both are fundamentally destroyed by the irreconcilable reality that he encounters on his first journey. This recognition creates a fundamental division within Jim's mind, as reflected in this aborted initial journey and the ambiguity (the anonymity of the speaker and vagueness of perspective) that surrounds Jim's whole tale, until its assumption and translation into a more coherent narrative by Marlow.

As a result of Jim's cowardice, his initial voyage is terminated and another one begins. This subsequent journey, narrated by Marlow, is one of rediscovering Jim's sense of self and of reinstating the heroic identity that he lost through his failure to perform the role of seaman. Jim is forced to face his actions and is called, along with other crew members, before a judicial court, which is where Marlow first encounters him. Playing the role of pseudo-detective, Marlow learns the story of Jim's journey

through the fragmented accounts of others, and it soon becomes apparent that, in many ways, Jim's experience is an echo of Marlow's own. Like Marlow, Jim is concerned with answering that "moral question" of 'the inner worth of a man' (Conrad 1900:55). Furthermore, Jim's tale is also one of escapism, the idealised description of the isolated tranquillity of sea-life – its 'marvellous stillness' and 'the assurance of everlasting security' – intimating a covert desire to escape the pressures of social convention and forge an independent path, as well as depicting a world outside the oppressive boundaries of society (Conrad 1900:16). While Jim idealises the role of seaman, however, Marlow's view of the British Merchant Service is laced with cynicism resulting from his previous experiences of imperial discord in the Congo. The nameless narrator, who later gives way to Marlow's voice, notes that performing the role of seaman provides an insight into the character of an individual, stating that 'the events of the sea' will 'show in the light of day the inner worth of a man, the edge of his temper, and the fibre of his stuff', and will 'reveal the [. . .] secret truth of his pretences, not only to others but to himself' (Conrad 1900:13). This early remark sets the tone of the narrative as being one of psychological exploration, and provides the backdrop for the parallel journeys of self-discovery undertaken by Marlow and Jim as it unfolds.

John E. Saveson asserts that Marlow's perspective in *Lord Jim* is laced with quasi-medical language, arguing that 'Conrad's psychological vocabulary is both contemporary and informed', which he attributes to the writer's acquaintance with psychologist James Sully (Saveson 1970:457). Given his knowledge of contemporary psychology, it is likely that Conrad would have been at least aware of the developments in treating mental illness at the time of writing his sequence of

books. Marlow, as evident in *Heart of Darkness*, understands the division between the imagined ideals of masculinity and morality, and particularly their conflict with real, lived experience. The breakdown and restoration of Marlow's character during these narrative processes of self-searching certainly reflect the dualistic, destructive mental rift that this conflict creates. As in *Heart of Darkness* there are a number of journeys undertaken in parallel that form the basis of the narrative in *Lord Jim*. For Marlow, part of that journey is a regression into, and re-identification with the past that has shaped his character, his "youth". Although published in 1902, *Youth* was written around 1898, so while it appears to be a retrospective look at Marlow's earlier years that underpin his later experiences, it may not have been written sequentially.

Narrated by Marlow, *Youth* tells the story of the young seaman's first journey into the East, revealing the formative and traumatic nature of this experience and the desire to utilise the confessional, biographical narrative to process it. Like *Heart of Darkness*, 'the story, or rather the chronicle, of a voyage' begins as a confession told by Marlow to a group of professional men – an accountant, a director and a lawyer – of his time aboard the *Judea* more than 20 years earlier (Conrad 1902:15). Marlow emphasises the developmental nature of the voyage, reflecting on how his idealistic naivety – "it seems to me I knew very little then" – is transformed into a cynical realism in which he acknowledges that "youth, strength, genius, thoughts, achievements, simple hearts – all dies" (Conrad 1902:19). The journey, fraught with delays and disasters, depicts Marlow as a shrewd figure who exploits the crisis to further his own development, a notable contrast to Jim, who shows cowardice in the face of similar adversity. Yet Marlow is aware of the transience of this youthful

success, itself passing like a journey, “only a moment; a moment of strength, of romance, of glamour”, yet its memory leaving a lasting impact on his identity (Conrad 1902:47).

The story of *Youth* provides insight into the journey that shaped Marlow’s character, the personal history that underpins his experiences in the later books, its presence within the collection a clear indication that personal history is a significant thread for unravelling the question of human identity. This understanding of the importance of the history of the self, particularly the formative state of youth, was growing at the fin de siècle. For Freud, the understanding was primarily focused on the development of sexual awareness, for which the journey itself could be considered a metaphor, the boy’s progression into manhood. However, in *Studies in Hysteria* Freud asserts that traumatic or memorable incidents in youth affect the psychological makeup later in life, observing that ‘psychical disturbances’ are ‘determined by traumatic experiences’ as much as they are by ‘neurotic degeneracy’ (Breuer and Freud 1895(1955):80). Indeed, Marlow’s “youth” has a resounding impact on his later life, but also – as becomes apparent by his fascination with Jim – on his awareness of this transitional, developmental stage in a man’s life. On first encountering Jim, Marlow identifies him as an impressionable “young chap” who “making no movement, not even stirring his head, just stared into the sunshine”, a “clean-limbed, clean-faced...as promising a boy as the sun ever shone on” (Conrad 1900:41). This idealised image of Jim, and the vacancy of his gaze, suggests that Marlow sees him as a blank figure whose identity, in assuming the role of guide and mentor, Marlow can have a hand in shaping. In contrast to Jim, Marlow’s gaze is coloured by his past, and he looks upon Jim “knowing all he knew” (Conrad

1900:42). In Marlow's initial observation of Jim, he regards him as a reflection of his own younger self, and a window into his own past. As such, Marlow feels compelled to intervene in shaping Jim's future, as if this act might have an impact on reshaping his own past.

Was it for my own sake that I wished to find some shadow of an excuse for that young fellow whom I had never seen before, but whose appearance alone added a touch of personal concern to the thoughts suggested by the knowledge of his weakness – made it a thing of mystery and terror – like a hint of a destructive fate ready for us all whose youth – in its day – had resembled his youth? I fear that such was the secret motive of my prying. (Conrad 1900:50)

By coming to Jim's aid at a critical point of instability in the young man's life, Marlow assumes the role of pseudo-therapist, helping Jim to navigate this uncertainty and rediscover the sense of self lost through his failure as seaman. Moreover, Marlow is engaging in an act of self-help also, by reconnecting with his vision of his younger self, confronting and attempting to dispel the regrets bound up with his own past. Together, the two men forge a commonplace, linear bond based on their shared experience, a connection again evocative of that shared by the men in *Dracula* and in 'Mark of the Beast'.

Many parallels can be drawn between Marlow and Jim: the formative nature of their youthful adventures at sea; the lasting and traumatic impact on their minds of a particular voyage or event; and how the narrative is constructed around the simultaneous and distinctly psychological journeys they undertake to restore their damaged identities. Marlow's liberally confessional narrative is the foundation of

Lord Jim as it is of *Heart of Darkness*, and is a re-synthesis of the events that have occurred, alongside an introspective assessment of how they have affected his own selfhood. For Jim, confession is distinctly more problematic. At his trial, he is invited to explain his actions aboard the *Patna*, an act which – as Marlow’s own confessions suggest – should prove to be cathartic. The objective, detached and almost clinical environment of the court-room, however, does not provide Jim with this expected release, and instead, beneath the definitive, oppressive gaze of the “experts”, Jim is repulsed by the act of revelation, and unable to give a coherent account.

The light of a broad window under the ceiling fell from above on the heads and shoulders of the three men, and they were fiercely distinct in the half-light of the big court-room where the audience seemed composed of staring shadows. They wanted facts. Facts! They demanded facts from him, as if facts could explain anything! ... While his utterance was deliberate, his mind positively flew round and round the serried circle of facts that had surged up all about him to cut him off from the rest of his kind...this awful activity of mind made him hesitate at times in his speech (Conrad 1900:31).

This scene is the antithesis of the secure, confessional space provided by informal dialogue. The only language acceptable to the court – that of fact – is itself insubstantial for rendering the full experience of the past events, as Jim’s broken speech conveys. Marlow however, having befriended Jim, takes him into his confidence and, in an intimate dialogue, elicits a lengthy and emotive confession

from Jim that fully renders the ‘psychic pain’ that Freud argues is at the heart of cathartic relief (Breuer and Freud 1895(1955):4). Marlow is equally enthralled and repulsed by Jim’s confession; his frequent, wry interjections (“‘a chance missed, eh?’”) demonstrating a critical ambivalence that marks him both as a detached observer and an influential figure shaping Jim’s narrative as he speaks. As the secondary, narrator framing Jim’s confession, Marlow, plays a central role in crafting and shaping Jim’s story, his identity and, subsequently, his mental development.

The source of Jim’s trauma mirrors Marlow’s own: the realisation of the fallacy of the imperial ideals they held in their youth and their personal failures to embody the standards demanded by their society. As discussed in Chapter 1, modern conceptions of trauma suggest that ‘despite the human capacity to survive and adapt, traumatic experiences can alter people’s psychological, biological and social equilibrium’ (Van der Kolk and McFarlane 1996:4). To expand on this, Van der Kolk and McFarlane note the changes to the mind that result from the experience of trauma, such as ‘intense feelings of humiliation’ and ‘shame’, ‘the emotion of having let oneself down’ (Van der Kolk and McFarlane 1996:45). For the Victorian man, this would be significantly destabilising as his identity was measured against the social ideals of strength and bravery – magnified by the code of the merchant navy – that he has failed to achieve. The trauma was not necessarily the experience itself therefore, but how it dislocates the self from his society. Modern studies echo Freud in asserting that one solution to restore a mind wrought by trauma is the ‘compulsive re-exposure of some traumatised individuals to situations reminiscent of the trauma’ so as to ‘gain mastery’ over the source of the trauma (Van der Kolk

and McFarlane 1996:40). It is to this act that the remainder of Jim's story is committed, as he and Marlow embark on a journey to rediscover the young man's place within the world and to actively seek to re-create the heroic experiences that he previously failed to complete (Van der Kolk and McFarlane 1996:40).

For Jim, then, the main journey at the heart of the novel begins as a search to restore his lost sense of selfhood and moral status. In *Heart of Darkness*, the journey is synonymous with the act of storytelling for Marlow, for reliving his original voyage in narrative form. In *Lord Jim*, however, the journey is equivalent to rewriting his identity entirely, the narrative that follows charting the restoration of Jim's mind as he rediscovers, with Marlow's guidance, his place within the world. The dynamics of control in the creation of narrative and the parallel development of Jim's identity are clearly problematic, hinging on the figure of Marlow himself. Marlow's role in Jim's life is undoubtedly pseudo-therapeutic, listening to his confession and leading his journey to other shores, while also shaping and recording the events from his own narrative perspective. Marlow does not embody the cultural values that Jim longs to attain, however, so the impact of his guidance is not one of normalisation. Indeed, in following his initial conversation with Jim, Marlow reflects on the young man's role in the merchant service as being oppressive and regressively formative, views coloured by his own experience.

“It struck me that it is from such as he that the great army of waifs and strays is recruited, the army that marches down, down into all the gutters of the earth. As soon as he left my room, that “bit of shelter,” he would take his place in the ranks, and begin the journey towards the bottomless pit. I at least had no illusions; but it was I,

too, who a moment ago had been so sure of the power of words, and now was afraid to speak, in the same way one dares not move for fear of losing a slippery hold.” (Conrad 1900:32)

Marlow’s own ability to narrate, his awareness of the “power of words”, is undermined by the conflict between his articulations and the social values and demands that have a hold upon Jim’s identity. Equally, Marlow regards the space in which he interacts with Jim as a “shelter” that guards him from these demands, suggesting that he commands a power to shape and influence Jim to forge a path outside of the merchant service, underpinned by a sense of Jim’s vulnerability to his influence. After Jim is sentenced at the trial and his sea licence is revoked, Marlow shields him from a crooked job offer made by two lawless ex-Captains and instead helps him obtain work as a clerk, remarking as he presides over the young man’s progress that he will be “loved, trusted, admired, with a legend of strength and prowess forming round his name”, taking a paternal, proud interest in his development (Conrad 1900:186). Jim, however, remains haunted by his past and flees from the post, “fling[ing] away [his] daily bread so as to get [his] hands free to grapple with a ghost”, unable to move forward due to the continuing presence of the past (Conrad 1900:209). Concerned, Marlow consults an old acquaintance, Stein, as to how he can help Jim, referring to Jim in scientific terms as a “specimen” he is examining (Conrad 1900:220). In return, Stein – an adventurer and storyteller himself – “diagnose[s]” Jim’s inherent sense of personal instability and, in collusion, the two non-specialists prescribe for Jim a “cure”: the “practical” solution of forging for himself a new path within a new world, sending him to the remote outpost of Patsuan, where he becomes an icon within their culture, achieving

the long-sought recognition that eludes him within his own society (Conrad 1900:222).

The instigator of Jim's journey and the figure who continually analyses and records his actions, Marlow plays a quasi-psychiatric role in the development of Jim's identity. Indeed, as his analysis of the characters of those around him shows, Marlow's narrative exhibits an inherent understanding of how human identity is constructed. Marlow's affinity with Jim suggests that in trying to restore the identity of the young man, he is trying to restore something lost within himself, his own disconnection from the world. Marlow is aware of his own flawed perspective and inefficacy as an aid to Jim, declaring from the start of his narrative that he is a self-involved and troubled figure, "as full of my own concerns as the next man, and I have as much memory as the average pilgrim in this valley, so you see I am not particularly fit to be a receptacle of confessions" (Conrad 1900:35). Marlow's narrative power is evident, however, as is his experience of influencing other young men, having "turned out enough youngsters in my time" as a seaman, ensuring their professional development (Conrad 1900:45). In his critique of imperial power, Foucault argues that the self is subjugated by societal demands and controls and that man is seen not as an individual, but 'man-as-species', a collective entity to be controlled and utilised (Foucault 1976:244). Implicit in the act of colonisation is that of discipline and normalisation, of bringing order to a "savage" world. To Foucault, the power of the therapist is analogous with that of the empire itself: as he argues, the psychiatrist is an extension of social power, an instrument of the 'state control of the biological', with the techniques of social control 'essentially centred on the body' (Foucault 1976:240-243). This act is essentially one of bringing order to an

uncontrolled or “savage” mind, which is emphatic in the various anthropological discourses that sought to assimilate mental illness with “regressive” states of humanity, such as those by Cesare Lombroso, as discussed above. For Jim, the act of normalisation begins with the indoctrination of fictional ideals of maritime adventure in his youth, and continues with his legislative discipline at the hands of the court. The scrutiny of society provides the ‘attentive eye whose glance stabbed,’ its aggressive gaze proving hostile in its oppressive definition of his character (Conrad 1900:28). Marlow, however, is a dualistic figure who subverts these normalising values as much as he embodies them.

While Marlow is an influential figure in shaping Jim’s narrative, he ultimately situates himself outside these traditional arms of power (much like Sherlock Holmes as discussed in Chapter 3), being a “wanderer” who sits on the margins of society. However, while it is distinctly marginal, Marlow’s narrative is dependent on social understanding for its meaning to be communicated to and understood by others. In *Heart of Darkness* the omniscient narrator observes that ‘yarns of seamen have a direct simplicity, the whole meaning of which lies within the shell of a cracked nut. But Marlow was not typical [...] and to him the meaning of an episode was not inside like a kernel but outside, enveloping the tale which brought it out only as a glow brings out a haze’ (Conrad 1899(1994):10). While he is definitely “not typical”, for Marlow the self can only be defined by externalising and sharing its experience so that it can be recognised by others.

Language is an essential device of power, a means of asserting normalcy, as Moutet argues: ““standardized” idiom is often confused with an a priori truth of the language in question; in other words, the “right” way of speaking it is damaged by

daily use as well as by local or historical modification. Its true aim is to guarantee the inner cohesion of the predominant idiom within a language and thus allow exchanges among speakers belonging to a linguistic group' (Moutet 2006:1). Marlow's evident need to control language and meaning further emphasises this need to be understood. His own narrative authority is ultimately undermined by the framing narrator who introduces his tale and through whom, as the listener, Marlow's story is mediated. This additional narrative layer questions the integrity and authenticity of Marlow's voice and obscures the communication of Jim's story even further. Furthermore, Marlow's record of Jim's mental journey is neither linear nor comprehensive; it captures Jim's movements as a series of disconnected snapshots, taken at different points in time and always through the subjective lens of his own experience. As a therapeutic figure Marlow is thus problematic, his influence – as he himself recognises – being potentially as destructive as it is redemptive: “to this day I haven't left off wondering why I went. I am willing to believe each of us has a guardian angel, if you fellows will concede to me that each of us has a familiar devil as well” (Conrad 1900:34). While he assumes the role of Jim's “guardian angel”, Marlow continues to represent – as he did in *Heart of Darkness* – a desire both to achieve and to undermine the unattainable masculine ideals his society upholds. As such, Marlow exercises a disruptive influence, mirroring that which Kurtz exerts upon him in *Heart of Darkness*. Therefore, Marlow arguably represents the figure of the corruptive anti-therapist as much as the curative analyst, through his parallel attempts to normalise and to disrupt Jim's character. Situated at the novel's psychological centre, the figure of Marlow is

therefore a critical interrogation of the role of this therapeutic discourse as one which holds the power to damage, rather than to cure.

Guided by Marlow, Jim embarks on the journey to Patsuan in the hope of rediscovering himself. Ophir suggests that Marlow ‘feels compelled to prove Jim to be in actuality what he seems and professes to be - to make Jim sincere, true, whole again’, however Marlow’s presence is not only to witness or aid this transition (Ophir 2012:351). In fact, Marlow’s motives are less than selfless, in that he appears to hope that by assisting Jim’s personal restoration, he will bring about his own. Marlow exploits Jim as a vessel through whom he can interrogate the wider notion of morality and his own identity. Observing Jim’s behaviour, Marlow believes that the young man’s ‘impeccable’ countenance could not possibly house a coward. Yet Jim, like Kurtz, proves to be a “shadowy” figure, as Marlow frequently reiterates, someone whom Marlow cannot quite conceptualise, echoing his struggle to identify with Kurtz and compounding the shifting concept of male virtue and of social morality. As critics have long-identified in Kurtz, Jim represents an alternative facet of Marlow’s own selfhood; the moral ideals that he dualistically desires and repels, and an unstable “other” who disrupts his already mutable view of reality and, consequently, his narrative. With his story fully dependent on the stories of others, it can be argued that Marlow himself remains an ethereal figure whose self-narrative and identity are dependent on exterior forces. On visiting Jim in Patsuan, Marlow reveals the burden of being a confidant to the young man, the sense that his identity is subsumed by the role, that he is a vessel for stories and confessions of others, “doomed to be the recipient of confidences” who subsequently lacks a story in his own right (Conrad 1900:346). This sense of vacancy, coupled with his constant

analysis of humanity, throws Marlow into a depressive rumination, in which he considers that “all I had lately seen, all I had heard, and the very human speech itself, seemed to have passed away out of existence, living only for a while longer in my memory, as though I had been the last of mankind. It was a strange and melancholy illusion” (Conrad 1900:347).

Jim’s journey to Patsuan is an active process in which he effectively re-writes his identity outside the role of coward in which he has been publicly cast amongst his peers. Within his respectable new role at an exotic outpost, exiled within a foreign community, Jim assumes the identity of a ‘Tuan’ or Lord amongst the native people, obtaining the social status and recognition he requires to validate his selfhood. Although he expresses contentment to Marlow, that he is “satisfied . . . nearly”, Jim’s journey to self-redemption is incomplete; for it to be resolved, he must confront the trauma of his horror at sea and of his own cowardice. When the settlement is attacked by the ironically-named “Gentleman” Brown – an embodiment of the Conradian paradox of savage imperialism – Jim attempts to achieve the heroism he previously failed to attain by intervening to save the tribe. Despite his actions, however, he fails to save the tribe leader’s son, compounding his inability to realise the values of valour that he so highly prized, which marks his final breakdown. Jim’s only remaining choice, therefore, is true self-annihilation, and in offering his own life to the chief in an act of penance he effectively commits suicide, unable to live with his failure to match social ideals. The ending of his identity mirrors its beginning at the start of the novel, in which Jim throws himself from the sinking Patna to escape death, and in doing so establishes himself in the role of coward in direct opposition to the heroic role to which he sought to rise. Jim

is unable to reconcile himself with society's ideals, yet the act is one of seeking glory rather than self-sacrifice, fuelled by the heroic notion of a valiant death, a victim of ideals and of his own inability to fully re-live and dispel the trauma of his cowardice.

For Marlow, the objective of his narrative, to assist Jim in the restoration of his identity and, in turn, to rediscover his own displaced sense of self is also thwarted, undermining his aim of presenting an authentic and completed picture of his identity both to himself and to society. Furthermore, Marlow's active form of therapy is also unmasked as deficient, for in forcing Jim to relive his trauma, he is not able to rewrite the make-up of his identity and realign him with social ideals. Jim is unable to articulate, in terms that are socially comprehensible, a complete and unambiguous identity. Marlow's narrative account of Jim becomes one not of restoration, therefore, but of destruction. Marlow strives for an authentic, unambiguous narrative depiction of himself yet while this confession is emotionally cathartic, Ophir notes, 'articulate self-revelation is neither socially nor morally redemptive' and does not realign him with society (Ophir 2012:346). Marlow's narrative alone cannot bridge the void between Jim's imaginary and real selfhood. The concept of cure, therefore, in its ability to realign the self with the society from which his mental instability displaces him, is revealed as fundamentally flawed in the sense of being socially restorative. The journey is determined by the individual's path which, for Jim, appears fated to be one of self-destruction. For Marlow, while the narrative is completed, it does not establish the authentic selfhood he desires – he has failed in his role of shaping Jim and has instead caused his destruction, rendering Marlow as the ultimate anti-therapist figure. Marlow's final act as the author of

Jim's identity is to interpret the young man's final "scrawled" confession, a disjointed, incoherent letter that clearly symbolises his mental turmoil: "he gave it up...he had seen a broad gulf that neither eye nor voice could span. I can understand this. He was overwhelmed by the inexplicable; he was overwhelmed by his own personality" (Conrad 1900:367). Marlow understands that Jim's death represents the void between the young man's fragmented and flawed sense of self and the unattainable ideals demanded by society, a paradox with which Marlow himself can identify, given his continual quest to attain the social status that he both craves and abhors. For both men, therefore, the narrative and physical journeys travelled do not permit either an escape from, or reintegration of, their own identities. Yet while this journey ultimately proves to be destructive rather than restorative for Jim, for Marlow the narrative marks just another stage in the journey of his psychological development.

Conclusion

Late nineteenth century narratives of travel – both the fictional depictions and factual accounts – clearly depict the journey as a cathartic and restorative process; a quest to rediscover the self, to retrace its history and to uncover the new paths that lead to the growth and development of its identity. It is clear from the factual recordings and poetic reflections penned by Kipling, and within Conrad's deeply introspective Marlow narratives, that the act of undertaking a voyage is conceptualised in psychological terms that echo, emulate and act as a fictional compliment to the psychoanalytic theories in development during that period, which

regarded the treatment of mental illness as a journey undertaken by the mind. Indeed, in the literature discussed, the journey is portrayed both as a physical act, and one that takes place equally and simultaneously within the mind, creating a simultaneous sense of corporal movement and psychological growth. The voyages undertaken within these texts are discordantly driven by exploration and by escapism, yet they all share an unquestionable air of discovery; specifically of self-discovery, a search for insight and introspection, a concept that is the nucleus of Freudian therapy, that drive to ‘make [the] unconscious conscious’ (Freud 1933(1964):64). Once the person has identified the source of their mental disquiet, recognised and confronted it, actively worked through it, the transformative mental journey is complete and the “road” to recovery (as Freud frequently terms it) embarked upon.

The journey, however, is also conversely one of displacement, and the experience of being situated within foreign worlds evidently dislocates the male self from the social world in which his identity is so clearly delineated. As Stevenson’s quotation from the very beginning of the chapter suggests, the traveller is always trying to establish his place within the society to which he travels, identifying himself as a stranger at the centre of an ever-transient and shifting world, undermining the concept of the secure therapeutic space established within texts of other genres. As Kipling’s stories demonstrate, this renders even the most assured of individuals as foreign beings, disturbing the act of self-identification by removing the societal markers by which the self is defined. Critics have previously dismissed the travel narrative as a product of imperialism, a record of colonial values being imprinted on the colonised world. This iteration of hegemonic cultural values is

often displaced however, by the sense of uncertainty and dislocation that pervades the narrative itself, highlighting the doubled consciousness of the writer as both the definer of the new world and he who is defined by it. Within the fictional journey, the boundaries of reality itself are shifted beyond the confines of standard reality, allowing a liberation that is reflected in the characters' experiences, and by the often experimental narrative devices that are particularly evident in the ground-breaking style employed within the Marlow texts. Within these texts, therefore, the foundations of late-century imperialism are scrutinised and dismantled, particularly in relation to their impact on the men (the travellers, soldiers, and empire workers) who supposedly embody them.

Revealed within these texts is also the significant relationship between travelling and the act of writing. The creation of narrative is itself portrayed as a voyage, in that it recalls the experience of the journey and provides an introspective reflection on its impact on the self. Significantly, at the heart of 'Mark of the Beast' and *Lord Jim* in particular is that sense of comradeship and the linear bond between men that de-specialises the act of administering therapy, challenging the superior status of the medical professional. However, the status of these narratives as remedial discourses – ones that predominantly narrate the curative process – is questionable, with the sense of displacement enhancing a fundamental sense of the uncertain. Furthermore, the texts are more frequently punctuated by a sense of narrative isolation (with the exception of Conrad's works), caused by the absence of an external presence who aids the central character in his mental journey, replaced instead by an isolated, singular and introspective narrative that lacks the presence of a pseudo-therapeutic other who enables this process of mental development. Despite

this ambiguity, however, the journey is clearly portrayed as mentally as well as physically transformative, as a movement towards self-discovery in which the mind – as recorded by these highly interiorised and self-reflective narrative accounts – is transformed not only by its exposure to different surroundings, but by its contrast to the backdrop of different cultures other than its own. As with the other genres of text examined so far, the fictional narratives of travel at the fin de siècle are thusly revealed as psychological explorations of the human self, which embody and reflect the discourses being developed by contemporary psychoanalysis.

CONCLUSION

The picture that develops of male madness at the end of the nineteenth century is one of a multifaceted condition that resists definition, but which often results from a threat towards, or a failure to perform, the public, domestic or fiscal roles by which the man was identified, in social terms, as “masculine”. Moreover, as demonstrated by the various hysterical, neurasthenic and traumatised men depicted in the texts studied throughout this thesis, the impact of madness served to further obscure the man from society. For the Victorian man, mental illness did not only distort his ability to function normally within the world around him but, in the context of Butler’s assertions about the construction of gendered identity, impaired his ability to be perceived as compliant with contemporary signifiers of masculinity. However, by shifting the focus of treatment onto the fabric of consciousness itself, the curative practices developed at the fin de siècle did not only seek to restore the man’s compliance with social norms, but provided a sanctioned linguistic means by which he could explore and express his subjectivity.

The literature studied within this thesis undoubtedly engages with the remedial treatments developed to manage mental illness during the period. This is evident in the style of the narratives, their use of medicinal language and the characterisation of psychic disturbance in the male characters at their centres. As Helen Bosanquet notes of the fin de siècle text, ‘instead of being left to infer our hero’s “state of mind” from his words and actions, as in the old times, we are led behind the scenes and shown his mental struggles much more clearly than he can ever have seen them himself’ (Bosanquet 1897:265-66). Indeed, the works studied in this thesis

demonstrate a shift in focus within fiction towards the *minds* of the characters and narrators, placing the dramatic conflict between subjectivity and social norms at their forefront.

As discussed in the Introduction, the objective of this thesis was to explore how fin de siècle literature engaged with contemporary changes in the classification of male mental illness, and the remedial methodologies developed to treat it. Beginning with the most subversive literary genre of the period, the Gothic, Chapter One examined the transformative impact of trauma on the male mind. Pervaded by a sense of crisis, the fictional works studied depict the disturbing effects of the horrors experienced by the men at their centres, echoing Victorian psychological theory about the correlation between trauma and mental breakdown. Reflecting the widespread instability that demarcated fin de siècle society, Gothic fiction is well-recognised as a genre that portrays mythical and unearthly horrors that embody contemporary fears about the fragile state of masculinity. Indeed, the terrifying beings portrayed in *Lair of the White Worm*, *Dracula* and *Jekyll and Hyde* are allegories of personal instability, economic ineffectiveness and familial decay that threatened the Victorian man. The pressures of modern life are depicted in their most destructive form by the Gothic creatures at the heart of each text, and reflect the sense of conflict and turmoil that was endemic in late Victorian culture. The psychological breakdowns experienced by Harker, Salton and others reinforce this sense of fragility, taking the form of the feminised condition hysteria, or the equally debilitating neurasthenia, which render the protagonists as fatigued, melancholic individuals who are incapable of performing the active roles that define their identities in social terms.

The contrast between the despotic figure of Dracula, and his nervous, delicate counterpart Harker, dramatises the dualism inherent in Victorian masculinity. This paradox of the oppressive patriarchy and ineffectual hysteric is embodied most particularly by the dyadic persona of Stevenson's Jekyll and Hyde. The madness that the novels' protagonists primarily suffer is caused by their loss of power at the hands of the traumatising "other" beings that they face. However, insanity can also manifest, as is apparent for Caswall and Jekyll particularly, in a compulsive need to reassert a damaged sense of self by imposing power onto others. Sanity, conversely, is shown to be artificial, with the supposedly solid professional figures of Jekyll (the physician), Caswall (the landowner), Harker (a young solicitor) and Seward (a physician) – shown to be, beneath the veil of sanity, disturbed or hysterical figures.

The intensely psychological depiction of masculinity in these novels is, in part, due to the evident knowledge of and interest in contemporary psychological science that both Stoker and Stevenson possessed. This is apparent in the pseudo-medical composition of the narratives and the language employed to depict mental breakdown. It is not only scientific knowledge that is central to the tales, however, but more "social" forms of knowledge such as myth and history. Central also is a humanistic ability for empathy and understanding, what is referred to in *Dracula* as a 'recuperative energy' (Stoker 1897(2003):157). These unspecialised types of "knowledge" play a central role in the quasi-psychoanalytic processes that Van Helsing, de Salis and Utterson command to resolve the disturbances terrorising their young counterparts. These three men all share pseudo-psychiatric traits, taking command of the narrative process and synthesising discordant strands of the story to form a clear picture, in a process analogous to that of the Freudian analyst. The

knowledge that they impart is largely commonplace – that of history and of myth – allowing for a linear bond to be created between the men. This bond was an essential tool used in early psychoanalysis, and was essential for ensuring the effectiveness of the talking cure: in which a secure, confessional space was created where traumatic memories could be articulated and worked through. It is also the paternalistic nature of these relationships – most evident between Salton and de Salis – which forges a sense of pseudo-patrilineality to fortify the social structures that are undermined by the monstrous creatures they face. It is through these didactic, formative connections that the male characters are able to reclaim power over their own identities, and actively rewrite their personal and social sense of self by destroying the beasts.

For Stoker's men, the curative process is one that involves restoring the sense of power that has been lost by the corporal and social threat of Dracula and the Worm, and for restabilising the men's positions within the social roles they occupy. While the remedial process itself is not oppressive, the result is still one of socialisation, where the security of social position is equated to sanity. Therefore, the stories are discourses of normalisation as much as they are narratives of cure, where the problems are only resolved when the protagonists assume the socially-acceptable roles of head of the estate (Salton) and husband (Harker). Furthermore, the curative process is not always a successful one, as demonstrated in *Jekyll and Hyde*. While Van Helsing and de Salis reinstate order, Utterson is not able to restore sanity in his friend Jekyll. This echoes not only the prototypical nature of these fledgling new therapeutic practices, but also the contemporary scepticism about mental medicine.

The detective-like qualities of the analyst, the essential role of storytelling, and the influence of supernatural elements in the curative process, are themes that continue within other types of literature, alongside the indication that the management of mental illness was moving outside of its traditional clinical boundaries. Chapter Two follows on from this study of Gothic fiction to examine another specific literary trope: that of the supernatural, and specifically the figure of the ghost. Focusing on two very different types of literature – ghost stories and poetry – Chapter Two argues that the fictional spectre plays a dual role as both a source of disturbance and a remedial presence in both literature and psychology at the fin de siècle. Centring on Freud's assertion that the ghost is '*no real stranger*', this chapter argues that the spectral presence is a symbol of repressed masculine anxiety for the male characters and narrators who encounter it (Breuer and Freud 1895(1955):188). Furthermore, the ghost becomes a means by which this anxiety can be identified, confronted and worked through in a process that is in itself pseudo-therapeutic. Indeed, the tales of spectral encounters by writers such as Henry James and Vernon Lee, and the representation of haunting in the poems of Thomas Hardy, facilitate the process of healing in the disturbed protagonists and narrators at their centres, and locate the spirit as a curative device as well as a disturbance.

For the men of Henry James's short stories 'Sir Edmund Orme' and 'The Jolly Corner', the traumatic incidents that cause mental breakdown are invariably bound – like the monsters of the Gothic texts – to the fluid nature of male identity in fin de siècle society. As a failed romantic and idol bachelor respectively, the nameless framed narrator of 'Sir Edmund Orme' and Spencer Brydon are precarious and marginal male figures who are trapped – like Harker and Salton – in a liminal state

between adolescence and maturity in which they are trying to define a sense of self. For Freud and many of his contemporaries, the ghost was a symbol of unconscious fear, with many psychologists using supernatural analogies to describe a mind that is “haunted” by disturbance and by mental impressions of trauma. Chapter 1 asserts that the remedial process was commanded by a pseudo-psychiatric “other” who took a paternal form and restored order by forging a linear bond with his troubled male counterpart. Within the texts examined in Chapter 2, the ghost – as an embodiment of repression – is not a vessel for confession; instead, it is a dramatisation of the confessional process, in which the repressed emotions and traumas are released from the mind, confronted and worked through as the stories progress.

The sources of disturbance depicted in Chapter 2, like Chapter 1, are allegories of contemporary social threats, particularly of the degeneracy and decline facing mankind at the fin de siècle. For the nameless framed narrator of ‘Sir Edmund Orme’, the ghost is a threatening masculine other and an embodiment of his paradoxical desire for and revulsion towards progressing to the next stage of his personal and psychosexual development by assuming the role of husband. By confronting and dispelling the spectre (which itself is symbolic of the failed lover) the framed narrator expels his own fear and is able to progress in his life by achieving this quintessentially masculine role. ‘Sir Edmund Orme’ again reveals the essential part played by the creation of narrative within the curative process. The story at the heart of ‘Sir Edmund Orme’ is a framed narrative, the fragment of a man’s confession mediated through the words of the framing narrator who discovers it. As in *Dracula*, these narrative fragments are clarified and retold third-hand, which alters the communication of the confession to the reader, reflecting a sense of

instability and also highlighting the essential role that this third-party mediator plays in bringing clarity and order to an otherwise uncommunicable story. By positioning the individual's memoir at the centre of an external frame, the story is uncovered, interpreted and retold in a way that is analogous with the psychoanalyst's role in translating the narratives of his patients into a discernible form that can be understood by others. However, it also raises questions about the role of this third party in the act of interpretation, suggesting that the personal narrative becomes coloured by exterior influence, threatening the autonomy of the confession and of the subjectivity that results from its utterance.

For Spencer Brydon, the ghost is equally a symbol of his repressed desire and failure to achieve the fiscal status expected of him as a young, middle class male. Stalking his childhood home, the ghost Brydon encounters is a relic of the expectations that burden the young man's mind, and is an entity that he must battle and overcome in order to progress on his journey through life. For Brydon, this process is emulative of the talking cure: he engages with the spectre, identifying it – in Freudian terms – as a part of his own identity and enters into a (one-sided) dialogue with it, through which his story unfolds. Yet there is a sense that the ghostly masculine ideal is one with which Brydon's mind cannot easily be reconciled. It is only through the pseudo-maternal (and pseudo-therapeutic) figure of Alice that Brydon is ultimately able to confront his inner trauma. However, while the expulsion of the ghost suggests that Brydon has reconciled his repressed fears and desires with his sense of self, he remains in a regressive and childlike state at the end of the text, suggesting that his identity remains at odds with social demands and that a unified subjectivity has not been achieved. Furthermore, the remedial process

is again portrayed as one that seeks to normalise the deviant individual, and reconcile his identity with social demands. However, this normalisation is challenged somewhat by the subversive psychological power of the spectre itself. Examining the discourses of psychical research introduced by writers such as Frederic Myers in the late nineteenth century, supernatural encounters can also be identified as symptomatic of the supersensory capabilities of the mind: evidence of how mankind is able to transcend corporal limitations. In this respect, the experience of ghost-seeing is one that holds the power to surmount social restrictions. Therefore, the haunted man has a palpable subversive power in all of the texts studied, in his ability to defy normative ideas of human – and specifically masculine – behaviour.

In the poetry of Thomas Hardy, the ghost is depicted as a source of comfort, as much as a cause of disturbance. In the ‘Poems of 1912-13’, the spectre is portrayed as both an embodiment of memory and an entity through which the process of mourning is navigated. In Hardy’s poems, the figure of the ghost navigates the transition between past and present, and is a vessel into which trauma and grief can be projected and tangibly confronted and worked through. The ghost provides a means of articulation for Hardy’s poetic narrators, marking the spectre as an essential narrative and therapeutic device for giving a voice to the unconscious self. In this respect, as it is for James’ protagonists, the ghost is a key remedial device. Moreover, the figure of the ghost, and the experience of haunting, both emulates and enhances the physical and clinical activities of the psychotherapist: it enables an expression of inner turmoil and facilitates a form of self-reflection that is uncoloured

by the influence of an external third party, offering an alternative perspective on the normalising properties of mental management.

Chapter Three progresses the study into a more realist genre of literature: that of detective fiction, locating the singular and prolific figure of the sleuth as a distinctly psychiatric figure who shares the traits both of the real-life analyst and of the pseudo-therapists described in Chapters One and Two. Focusing on Conan Doyle's 'Sherlock Holmes' tales, this chapter identifies the shared traits between the quasi-professional figure of the consulting detective and his psychoanalytic counterpart, who – as an emerging medical practitioner – was on the borders of his own profession, just like Holmes himself. In Chapter One, I observed how, in hunting down their gothic monsters, De Salis, Van Helsing and Utterson emulate the practices of criminal detection. They piece together the fragmented narratives of the traumatised men who consult their help, and their investigations drive both the narrative action and the process by which order is restored. The importance of deduction in the process of mental management is emphatic; as Freud himself identified, and it is unquestionable that the Victorian detective shares a number of key traits with the psychotherapist in his excavation and analysis of evidence, straight from the minds of the clients and criminals themselves.

The varied casebooks of Sherlock Holmes contain manifold examples of men who are traumatised not by supernatural beings, but by very real sources of distress that again magnify Victorian masculine anxieties about professional position, social status and domestic stability. Holmes's investigations, as Chapter Three explores, do not serve to resolve major social crises but instead involve more localised breaches of social norms, minor crimes or domestic disturbances, meaning that the detective

is immediately operating on a more “commonplace” level. The connections that Holmes establishes in his investigations are once again suggestive of the linear bond that was essential for building a stable and reciprocal dialogue, much like that by the therapist needed to engage with his patient. Furthermore, despite his quasi-professional status, the expertise that Holmes possesses is comprised of varying strands of unspecialised knowledge, which enable a deeper understanding of the human mind. This effectiveness is emphasised by his marginal position within society, which enables Holmes to form bonds with his clients that are based on equality, without the imbalance caused by judicial power.

The techniques that Holmes draws on during the deductive process are also of central importance, as they are distinctly reminiscent of Freudian psychotherapy. The detective closely observes and analyses the speech and behaviour of his clients and suspects, identifying clues, gaining confessions, and forging connections within his own imagination to recreate the narratives behind the crimes. The fragments of evidence that Holmes collects are interpreted and synthesised by the detective in a manner that is analogous to the work of the psychoanalyst, and are used to recreate the personal stories underpinning individual instability and social disorder. This echoes the process by which narrative is created in psychotherapy, which is in itself an act of story-telling: here, the analyst gathers clues from the speech or writings of his patient and reads these in reverse to uncover the meanings hidden within, which he subsequently reshapes to create a coherent narrative of the patient’s story, and therefore the patient’s sense of self.

Although differing from their supernatural counterparts in their distinctly realist style, the Sherlock Holmes stories provide an additional facet to the conflicted

and unstable image of masculinity presented in fin de siècle fiction. As in the gothic genre, criminal and illicit perils present a clear threat to social stability, and the deductive/analytic process is utilised to restore both individual and societal order. The concept of masculinity is again revealed to be problematic, with men blighted by neurosis and neurasthenic conditions that threaten their personal and social stability. Like supernatural literature, rather than upholding conventional ideals of masculine behaviour, Victorian detective fiction instead reveals alternative scripts of masculinity that radically deviate from these norms. However, the tension between judicial (which is, by default, normalising) power and individual identity remains evident: Holmes's stories are mediated only via the sanctioned professional voice of Dr Watson, and their ultimate goal is one of normalisation. However, the method for achieving this normalisation is interrogated, because the singular, oppressive institutions that hold the power to regulate the individual are undermined by Holmes's use of commonplace and unspecialised techniques, which supplant the effectiveness of his professional counterparts.

The final chapter focuses on travel and the concept of the journey, which was identified as a therapeutic cure by earlier Victorian medics and by Freud himself. However, as this chapter identifies, there is a paradox between the maddening and curative properties of the journey. In some ways, as Stevenson remarks, the voyage renders the travelling man as "foreign" and dislodges him from the familiar society within which he has developed a sense of self. This notion is clearly demonstrated in Kipling's short stories and poetry, and in Conrad's "Marlow" texts, in which a sense of alienation is discernible within the tales of horror and war. The literal journeys depicted in these texts also contain manifold allegorical voyages that operate in

parallel to the actual physical ones. These journeys are those that chart, for the male protagonists and narrators, voyages of personal development, growth and self-discovery.

The concept of the foreign journey and its depiction in the popular fiction of the early 1800s is one that promotes contemporary behavioural ideals to young men: adventure, activity and personal agency. The stories by Conrad and Kipling challenge and subvert these ideals, however, by depicting the enervating impact of foreign excursions on the male mind. As with the other texts studied, examples of male mental illness are rife within these tales: from Fleete's neurosis and hysteria in *Mark of the Beast* to the deranged figure of Kurtz in *Heart of Darkness*. However, the journey also has curative properties, as Kipling's own documented experiences of travel suggest. The remedial effects of the journey are most tangible in Conrad's two Marlow tales, in which the act of travel itself becomes a metaphor for psychological progress and transformation.

As previous chapters discussed, space and place were essential components in shaping the man's sense of self at the fin de siècle. The travel narrative is shaped by more than destination; it is comprised of and refracted through the cultural and social experiences of the person who undertakes the journey, so that the voyage becomes, in part, a product of the traveller's own consciousness. The texts examined in Chapter Four again contain manifold examples of the linear, commonplace bond formed between men who are experiencing disturbance or trauma, with the dialogue creating, for both Conrad and Kipling's men, an essential confessional space within which the individual's subjectivity could be explored. The final chapter features examples of pseudo-therapeutic processes working in a non-specialist environment

to bring about mental order. However, the stories also raise the concern about the disruptive, anti-therapist figure – particularly in the shape of Kurtz and Marlow – who holds the ability to corrupt, echoing contemporary concerns about psychiatry that endured throughout and beyond the fin de siècle period. Marlow’s failed authorship of Jim’s identity at the end of *Lord Jim* encapsulates the uncertain contemporary attitude towards these emerging new treatments, and instead warns of the dangers of disruptive influences on the mind, showing them to be as perilous for the man as the horrors of imperialism and unattainable ideals of heroism. At the end of *Lord Jim*, both Marlow and Jim’s stories remain unresolved, suggesting that, while so many works of fiction present a curative process that restores both individual and social stability, the complex nature of subjectivity for the Victorian male was beyond the influence of medical practice.

This thesis set out to explore how literature engaged with emerging curative practices such as psychotherapy at the fin de siècle. Central to this question was the fragile and fluid nature of Victorian male identity, with disturbed men often featuring as the core subjects of such remedial practices. This thesis sought to identify how the diagnosis and treatment of male madness interlinked with the conflicting notions of personal subjectivity and social status for the Victorian man, and the depiction of “mad” male literary characters within this context. Each of the texts studied depicts male characters who suffer a range of mental disturbances – from obsessions and delusions to full hysterical breakdowns – that result in some way from either an external threat to, or a personal failure to perform, the social, fiscal and patrilineal roles that distinguished the man’s status within Victorian culture. Each of the texts also features, in the form of either a specific figure or an

external presence, a non-specialist third party who sits outside of the normal boundaries of the medical profession, but with whom the male characters form a commonplace, linear and reciprocal bond that enables them to excavate the sources of their disorder and achieve a better understanding of themselves.

Victorian masculinity, it is clear from the texts studied, is contingent on the unconscious performance of particular social and personal roles. The therapeutic process that is narrated in each text represents a movement – a journey – that is marked by the key steps of excavating, analysing and resolving the unconscious issues that prevent the man from fulfilling these social roles, leading (in many cases) to a restoration of mental stability and, as a result, his place within society. However, the result is more than just the re-establishment of social identities (and as a result social order): revealed within each text are introspective, self-focused narratives that concern themselves not only with the social role of the individual but, through the use of various narrative devices, the inner life of the man, which is often upheld above the cultural role that he plays.

Written by authors whose personal interests and social connections demonstrate a clear interest in the scientific doctrines of the day, the texts studied – despite being from a diverse range of genres – share key stylistic and linguistic similarities in their presentation both of mental disorder and of the curative process. Utilising scientific language and/or structure, alongside key psychoanalytic methodologies such as confession, dream analysis and graphology, each text clearly shows its influence by contemporary psychological practices in its presentation of an introspective picture of male subjectivity. The role of narrative is essential in each fictional work; not just for creating the story, but as device through which the trauma

facing each of the male characters is reconstructed and processed. In this respect, the act of storytelling proves to be an essential therapeutic device. Confession is a crucial element of this narrative construction: from the verbal utterances of Harker and Salton, to the emotional outpouring of Hardy's poetic narrator and Marlow's introspective accounts in *Heart of Darkness*. For these men, confession is, as Butler argues, the feat of constituting 'a truth of oneself through the act of verbalisation' (Butler 2004:163). Furthermore, it is clear from studying the developments in psychoanalysis, particularly within Freud's work, that the structure of literary narratives plays a crucial role in reciprocally developing the scientific models themselves, with the psychoanalyst's interest in certain fictional formats – such as Doyle's Holmes stories – suggesting the need for commonplace and culturally-accessible forms of knowledge in clinical treatments.

Criticisms of psychoanalysis as an unscientific discourse argue that 'the methods of science do not happily coexist in the same discourse with the prescientific, or even with the kind of particular, local, intuitive gathering of knowledge that is most closely bound up with everyday experience' (During 1997:36). However, as this thesis demonstrates, it is the involvement of these alternative forms of knowledge that is essential for understanding the nature of the male mind, and in doing so, for challenging the hegemonic concepts of expertise on which male social power was predicated. However, as Foucault acknowledges, this power is 'embodied in one and only one man who exercises it', which 'enables him to exercise an influence that can have no limit' and therefore augment the analyst's ability to control and to normalise (Foucault 2006:8). This question of this pervasive influence remains the key issue for Foucault, who asserts that, above all,

psychotherapy is ‘a certain way of managing or administering, before being a cure or a therapeutic intervention: it is a regime’ (Foucault 2006:173). The picture of psychotherapy presented in fin de siècle literature remains, therefore, discordant and problematic. While it is shown on a commonplace level to bring about resolution (such as in *Dracula* and *Lair of the White Worm*), when there is a more specialist or professional involvement (such as by Utterson in *Jekyll and Hyde*) the process is not always successful. This suggests a distrust of the oppressive nature of the psychiatric figure, whose objective, as Foucault suggests, is one of normalising his patient.

Despite the apparently progressive and transformative nature of psychological treatment at the turn of the twentieth century, psychoanalysis and the practices of psychotherapy therefore remained ultimately flawed. While these remedies were not applied as compulsory treatments, like confinement within the asylum, they still remained disciplinary and corrective. By objectifying consciousness as a material element that could be subject to treatment and study, psychoanalysis engaged with the Victorian tendency to classify and to control all aspects of society and the individual. Mental “illness” was diagnosed by the doctors and analysts by locating in patients the “abnormal” symptoms that contravened societal norms, so that the imposition of the label of “madness” remained utterly subjective and entirely dependent on the clinician’s diagnosis. By commanding ownership of the expertise and language used to define the unconscious, the analyst held the power to control and to determine identity. In the fictional texts studied, this is clear from the fact that all depictions of the protagonists’ minds are, in some way, mediated through the voice of an influential third party. Freud suggests that psychotherapists engaged in the curative process should remain detached and ‘model themselves [...] on the

surgeon, who puts aside all his feelings, even his sympathy, and concentrates his mental forces on the single act of performing the operation as skilfully as possible' (Freud 1912(1949):327). The analyst should thus provide the mirror within which the patient sees reflected back an image of himself in which he can identify the source of his own anxiety. In practice, however, the therapist was an influential figure upon whom the patient projected and transferred his anxiety and who could equally project back his own agenda to condition the mind of the subject.

Effectively, the normalising process of therapy reinforced the bourgeois values of society and was a tool for maintaining order against the backdrop of increasing moral uncertainty in fin de siècle culture. Furthermore, the multitude of discordant psychological, pseudo-scientific and supernatural theories of consciousness and the unconscious reflected the increasingly unstable nature of both identity and English culture at the fin de siècle. These discourses portrayed an attempt to manage not only the minds of individuals, but the changes facing men and masculinity as a whole. Psychology also de-gendered what were typically regarded as feminine conditions of lunacy by applying theories of biological and reproductive abnormality to the male experience of hysteria. While mental illness was increasingly validated through the application of specialist scientific labels, the definition became increasingly uncertain and the patient himself, while a more concrete figure of study, more liminal and ambiguous as a result.

In the twenty-first century, various (and increasingly non-clinical) methods of psychological treatment have been developed that reject the formal role of the physician and seek to build a more commonplace, comforting environment, mirroring the trend observed in fin de siècle literature for valuing the significance of

non-specialist forms of knowledge. One particular practice, that of bibliotherapy, encourages patients to read certain books and articulate a response to them, in the hope that, through exposure to a narrative that communicates comparable issues or problems to their own, patients will find a language for understanding and expressing their own thoughts and issues. Practitioners Cascio and Gasker assert that this has a critical 'therapeutic value' by providing the means for expressing otherwise indescribable thoughts and situations, because 'stories are the form by which we synthesize our experiences' (Cascio and Gasker 2001:21). The literary text performs a role in modern therapy comparable to the role that storytelling plays for Van Helsing and Sir Nathaniel as part of the curative process. The role of narrative, therefore, remains an essential therapeutic device. While psychotherapy remains problematic at the fin de siècle, therefore, its methods and ideologies have a clear influence on later practices in terms of enabling the patient to express in coherent language the often incoherent issues repressed within the unconscious.

This thesis deliberately ends prior to the outbreak of World War One in 1914, an era during which the practices of psychiatry and mental management became distinctly more professional and formalised in the wake of the traumas affecting so many men who experienced the horrific conflict. What this thesis has identified, however, is a multifaceted and at times conflicting contemporary response within literature to the emerging practices of psychotherapy in their earliest forms during the final decades of the nineteenth century. It has shown how literary authors engaged not only with the social and personal turmoil facing men at the fin de siècle but with the treatments developed in mental medicine, and with the clinical practitioners themselves. Despite the conflicting and problematic picture of

psychotherapy that these texts present, it can be conclusively stated that there is evidence of a reciprocal relationship between fiction and science in the development of clinical discourses. It is unmistakable that the process of creating a coherent narrative – the ability to piece together fragments of an individual’s story to present a coherent account of the self – was a fundamental component of the curative process, and one that has endured to shape modern psychological discourses in the twenty-first century.

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