

The European Vampire: Applied Psychoanalysis and Applied Legend

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Although many scholars have argued persuasively that the application of psychological methods can aid in the understanding of folklore (Jones 1971, Róheim 1952, Bettelheim 1976, Dundes 1987 and 1989), the fact that the study of folkloric phenomena can help to better understand psychoanalytic patients and individual psychology in general seems a less familiar if not novel idea.

A moment's reflection, however, makes it clear that, although not always recognized as such, the use of the study of folklore to illuminate the minds of individuals is not new at all. This powerful tool was first used by Freud during his self-analysis in 1897 (see Masson 1985; Anzieu 1986), when he first realized that the ancient myth of Oedipus was in part determined by universal experiences occurring during childhood development, and that understanding the myth could help him to better understand individuals. Therefore, the familiar "Oedipus complex" was the first example in psychoanalysis of the method of applied folklore. In a single stroke Freud understood an important aspect of the universal appeal of the myth and an important and universal aspect of childhood experience.

In what follows I will similarly approach a familiar legend, the legend of the European vampire, from the same dual perspective; that is, I will pose and partially answer two complementary questions:

- 1) What can we learn about individual psychology from the study of the vampire legend? and
- 2) How can the study of individual psychology help us to better understand this same legend?

The Vampire Legend and Some Applications to Psychology

The Legends

Mythology concerning vampires has been with us since the Middle Ages in Europe or even earlier.¹ Stressing certain aspects of the definitions of these mythical creatures, the case has been made that the vampire has been a subject in folktale and legend throughout recorded history (McCully 1964:440). Commonly, however, western folklorists (Barber 1988) have studied vampire beliefs and anti-vampire practices belonging primarily to the period of European history from the Middle Ages up to the present time. Among these scholars, some see an abrupt shift in the nature of vampire folklore at that point where the vampire ceased to be only a spontaneous folkloric production and became, following publication of Bram Stoker's *Dracula*, an important and deliberately crafted product of the twentieth-century entertainment industry.

Whatever one accepts as the origin of vampire stories, beliefs, and anti-vampire practices, there can be little doubt that the legend enjoys widespread popularity today. Some of our vampire entertainments are variations of Stoker's surprisingly enduring tale. The 1933 movie of *Dracula*, in which Béla Lugosi acted the part of the vampire, has become a classic of the horror movie genre. Important in the early history of filmmaking is Wilhelm Friedrich Murnau's *Nosferatu—oder Eine Symphonie des Grauens* (1922), a silent-film rendering that poignantly emphasizes an aspect of the vampire legend that I believe to be of great clinical significance—the profound melancholy of the outcast monster, a feature I shall discuss later in a clinical context.² Vampire films continue to be made in abundance, though only a minority of these are approximate retellings of Stoker's story (e.g., Coppola 1992).

Vampire novels reach widespread audiences today. The appetite for vampire fiction is reflected, for example, in the enormous popularity of Anne Rice's "vampire" trilogy (*Interview With A Vampire*, *The Vampire Lestat*, and *Queen of the Damned*).³

Every young child with some exposure to television is familiar with the "Sesame Street" character called "Count Count." The Count, a puppet having large pointed canine teeth and a purple-hued (in my view rather ashen) face, likes to sing and dance, is fond of bats, wears a dark-colored cape, and has (in common with the folkloric vampire) a peculiar psychological compulsion. He is obliged to count (one, two, three . . .) any things that lend themselves to being counted, such as newspapers or potatoes.⁴

In addition to this contemporary material, folkloric studies can tell us—often with great precision—more about the European vampires of the past. My discussion of the vampire legend⁵ relies heavily upon Barber's (1988) compendium of information concerning vampire lore and upon the researches of Raymond McNally and Radu Florescu (1972). Barber's book is a far-reaching, meticulously documented study of various forms of this legend in Europe over the past several hundred years. He collected details from written records of historical vampire episodes that supported the peasants' belief that vampires' bodies did not undergo the normally expected processes of decay and decomposition in their graves. Barber makes plain that the *sine qua non* of being a vampire, the pathognomonic fact of that condition, was the demonstrable preservation—upon exhumation—of the vampire's body (corpse) from the processes of *post mortem* decay and decomposition. By doing so, Barber highlights the all-important but oft-overlooked fact that corporeal preservation from decay and decomposition is a central feature, if not *the* central feature, of the vampire legend. Barber's interest, different from my own, was to provide a natural scientific explanation for vampire "stigmata." Using his knowledge of modern forensic pathology, he was able to demonstrate that the reported "findings" of "vampires," in various states of corporeal preservation, can be understood as natural (as opposed to supernatural) occurrences.⁶

From a psychoanalytic perspective the vampire legend, in any of its many folkloric and fictional variations, can be viewed as derived in part from a mental compromise formation. Such a view would lead psychoanalysts to expect to find in this fantasy-structure contributions from all levels of individual psychosexual development and from all of the psychic structures (id, ego, super-ego). Certainly, modern vampire entertainments have often stressed the heterosexual phallic-oedipal aspects of the vampire's activities. The cinematic Draculas of Béla Lugosi (Browning 1931) and Frank Langella (1979) are handsome, cultured, seductive aristocrats who visit their female victims in their beds and bedrooms. And although Max Schreck (Murnau 1922) portrayed Dracula as hideous and grotesque, this vampire, too, spent the night with the film's heroine.

Nonetheless, and despite these features, it is my view that insufficient psychoanalytic attention has been paid to the way in which the vampire legend may organize certain *pregenital* strivings and conflicts, particularly those that might be called "alimentary" conflicts.⁷ It is from this point of view that I shall emphasize the fact that *all vampire/revenant legends, no matter how they might differ in their details or particulars, are centrally concerned with psychic reactions to object loss.* Without death there would

be no vampire nor any other kind of revenant. The vampire legend is a story about relationships with dead persons.

With few exceptions, folkloric vampires were *recently* dead persons.⁸ They were also, frequently, persons who had died "before their time," suddenly and unexpectedly, or in the course of a brief illness. From these facts of vampire folklore we can readily conclude that very often vampire fantasies arose in circumstances of acute object loss and acute grief or mourning on the part of the survivors. The vampire legend allows the bereaved to continue his or her relationship with the lost person (Jones 1971:99). This aspect of the legend is reflected with a special clarity in my psychoanalytic clinical material (see below, pp. 47 ff.). As I will illustrate, in my work with my analysand it was primarily to experiences of transference bereavement (experiences of the loss of her analyst) that she reacted with prominent, though unconscious, vampire fantasies. For example, she thought of blood as food in reaction to a weekend interruption of the treatment. (It is important to bear in mind, however, that for the folkloric vampire, blood drinking is neither an invariant nor essential feature.⁹)

"Typically" and "characteristically," according to Barber, the vampire was the first to die in an epidemic (e.g., of plague).¹⁰ His "unrest," agitation, or lack of being "at peace" causes him to leave his grave and roam the town at night. Again typically, he visits his family—perhaps his widow—first. This aspect of the vampire tale served to "explain" to the prescientific peasant's mind the contagion-by-contiguity-and-contact of the terrifying epidemic of illness and death that he was witnessing. At the same time, the tale had a psychological coherence: his widow is not only the most likely to be infected by the bacterium that he carried, but she is also the most likely person to be the most affected emotionally by his loss. Often she would report having been "visited" by him during the night, in her dreams or while awake. These nocturnal visits, witnessed by his widow and others, would raise suspicions of vampirism.

What would then follow was a sort of folk coroner's inquest. There are recorded instances in which medical officers from the royal court attended these proceedings (see Barber 1988). A group of frightened peasants would go to the grave of the suspected vampire or revenant and exhume the corpse. The proof of the vampire status of the corpse thus exhumed would rest in the presence of certain stigmata, most of which were taken to indicate that *the body had not decayed and decomposed* normally. These "findings" were taken to support the fact that such an undecomposed body as possessed by the vampire was capable of being restless, roaming about at night, and drawing other persons to join him in death. If the corpse were found to be preserved, the verdict was certain that this person had become a vampire.

The Importance of the Ghoul-Vampire Relationship

For the sake of psychological completeness, I wish now to stress the importance of the fundamental complementarity of the ideas (fantasies) of the ghoul and the vampire. I wish to clarify that it is not truly possible to distinguish between these two without doing violence to their organic unity. Since I have defined the vampire above, let me briefly note that in the ghoul idea a living person visits the body of the dead and feeds himself upon the corpse (Jones 1971:99). Ghoul fantasies are therefore the psychological equivalents of necrophagic and necrophilic fantasies.

Certain fictional vampires also make clear the unity of the ghoul-vampire psychological organization. For example, in the context of E. T. A. Hoffmann's untitled and so-called "Tale of a Vampire" the main character, Aurelie, who sucks blood, is considered a vampire.¹¹ Yet, as the story develops, Aurelie's horrifying activities in the end include a graveyard scene depicting her feeding on the flesh of an exhumed corpse, and a concluding episode in which she attacks and bites her husband. Thomas Kamla (1985) studied this story from a psychoanalytic point of view. He concluded that the phrases "vampire-ghoul syndrome" and "ghoulish cannibalism" best described Aurelie's activities.¹²

Finally, turning again to the study of folklore to illustrate the intimate relationship between ghoul and vampire, we must first bear in mind that projective psychological mechanisms participate freely in the construction of all of these fantasies. Once this is emphasized, it is easy to see how the vampire, a corpse that arises from the grave to come to feed off the living (blood, and flesh too, it will be seen), is a projection of the ghoul idea in which a living person visits the graves of dead persons to feed off their corpses. Into this context can now be entered the well-known folkloric fact that vampires do not limit their nutrition-seeking behavior to feeding upon the blood of their victims, but that they may eat their flesh and dismember victims' bodies as well. Elwood Trigg, for example, in his discussion of the vampires of the Gypsies, gives the following summary of their activity:

Appearing most often to those whom he considers his enemies, he may seek to kill them by sucking their blood, eating parts of their bodies, doing other violence to them, or simply causing them such terror that they die. (Trigg 1973:150, quoted in Barber 1988:25)

In a similar vein, Jaworskij (1898) recorded that in Galician folklore,

the power of the vampire is very great and many-sided, even in his lifetime. He can kill people and even eat them alive; can bring into being, or remove, various sicknesses and epidemics" (quoted in Barber 1988:87)

Finally, because of its relevance to our clinical material, let us note Barber's reports of two further vampire activities. First, he cites a report that "Albanian vampires eat intestines" (1988:89-90). Second, he cites Hertz's report that

the vampire [here the *Nachzehrer*, a North German species of revenant] does not just attack the living. Instead, just as he gnaws of his own dead flesh, he also eats from the clothing and the flesh of neighboring corpses. (quoted in Barber 1988:95, bracketed comment is mine)

A Ghoulish Revenant in Freud's Analysis of the "Rat Man"

In one of Freud's well-known case histories, there is a little noticed report of a vampire (or vampire-ghoul) fantasy. This is in the case of the Rat Man (Freud 1909, 1954). On one occasion, reported in his analysis, the Rat Man, like the ghoul, visited his father's grave. In doing so he had the (projected) fantasy of feeding upon his father's corpse. He was terrified when

the patient was visiting his father's grave he had seen a big beast, which he had taken to be a rat, gliding along over the grave. . . . He assumed that it had actually come out of his father's grave, and had just been having a meal off his corpse. (Freud 1909:215)

The Rat Man identified himself here (and elsewhere) with the rat. For example:

He had often pitied the poor creatures [rats]. But he himself had been just such a nasty, dirty little wretch. . . . He [the Rat Man] could truly be said to find 'a living likeness of himself' in the rat. (216)

Furthermore, this patient's "favorite fantasy" (204) concerned his father who, like the vampire of folklore, became a *revenant*. Freud wrote that

although he had never forgotten that his father was dead, the prospect of seeing a ghostly apparition of this kind had had no terrors for him; on the contrary, he had greatly desired it. (Freud 1909:174-175)

The details of the Rat Man's fantasy of his father as a revenant are available in Freud's process notes.¹³ Here, more than in the 1909 publication, it is evident just how powerfully the Rat Man was possessed of his belief that his father was still alive and about, and desirous of visiting him at night (Freud 1954:302-303).

This was most explicit when he repeatedly arranged for his dead father to visit him between midnight and one in the morning. Freud wrote that at this hour

he would interrupt his work, and open the front door of the flat as though his father were standing outside it. . . . He was acting as though he expected a visit from his father at the hour when ghosts are abroad. (Freud 1909:204)

In retrospect, then, it is possible to see how certain of the Rat Man's fantasies were organized as a vampire/ghoul fantasy. Freud, although not calling this fantasy organization by the name I am now proposing, knew how central it was to understanding the case. In fact, in the session of December 23, 1907, he told him just this: "I pointed out to him that this attempt to deny the reality of his father's death is the basis of his whole neurosis" (1954:300).

Freud also understood that the Rat Man's unconscious belief in his father's *post-mortem underground corporeal preservation* (as in the vampire/revenant legends) was part of his pathogenic fantasy organization. After hearing the story of the patient's ghoulish visit to his father's grave, Freud observed in his notes:

His ideas in his *Ucs.* [unconscious] about survival after death are as consistently materialistic as those of the Ancient Egyptians. This is bound up with his illusion after Captain N.'s [a man who he imagined might subject him to being tortured by rats] speech about the rats that he saw the ground heave in front of him as though there was a rat under it. . . . He had no suspicion of the connection. (Freud 1954:297)

If I understand Freud's process note correctly here, this is indeed an intriguing observation. I believe that he is connecting the Rat Man's illusion that the ground heaved with his unconscious fantasy of his father's pained and restless movement (from undergoing the Captain's rat torture) while in his earthly grave, undecayed, undecomposed, yet interred—even after six years had passed. Also, like my own patient, Freud observed to himself that the Rat Man had no awareness of this unconscious organization of his fantasy.

Nonetheless, we may observe, as had Freud, that the Rat Man believed in his father's continued existence after his death; that the father's existence

was both underground, in his grave, and—at nighttime—up and about and visiting his loved one; that in neither place was he "at peace"; that, despite the passage of time, his body remained undecayed; and that he could nourish himself by eating his father's corpse.

To provide a ready reference point for the clinical discussion to follow, I shall briefly summarize here the essential features of the vampire/ghoul fantasy organization as it has been studied in European folklore. The following six points seem to me essential:

- 1) The vampire is a dead person (usually recently deceased), but he has not died. He is "undead" (Romanian: *moroi*), shown by his continued and ongoing activities and relationships with the living.
- 2) He is preserved in yet another way: corporeally. He has not decayed nor decomposed.
- 3) The vampire is miserable, unhappy, an outcast, damned or excommunicated¹⁴, never at peace nor at rest.
- 4) The vampire is in conflict over his hunger and compulsion to destroy others—especially his loved ones—by cannibalistic means.
- 5) The vampire destroys with his mouth as he nourishes himself: draining dry, biting, devouring, dismembering, swallowing.
- 6) The vampire longs for his own death,¹⁵ rest, peace, repose, and salvation.

Legend and Fantasy: Illustrations from a Psychoanalysis

Since this paper concerns the potential importance of vampire fantasies in clinical psychoanalytic work with certain patients, I want to emphasize that, as for any fantasy, vampire fantasies can be conscious or unconscious—or both. In the patient whose analysis I will excerpt, these fantasies were unconscious. She was not consciously aware of her wishes to drink blood or devour flesh. In fact, during her many years of analysis she never concerned herself consciously with the imago of the vampire; she used the word but once, and then only in an incidental context. She would have been the last to have applied the label "vampiristic" to an aspect of her mental life. It was only I who, as her analyst, thought to subsume many of her pressing preoccupations under the vampire idea. She was, in this way, strikingly different from some patients who imagine themselves at times as vampires, or as Count Dracula, or who think or dream of vampire imagoes.¹⁶

As was the case for the folkloric vampire, the vampire/ghoul fantasy organization of my analysand also tended to come to prominence in settings of acute bereavement, particularly transference bereavement (that is, grief

stimulated by the loss, real or imagined, of the psychoanalyst). The following is a clinical vignette in which a group of ideas having to do with feeding upon blood gave expression to my patient's conflict arising in connection with a weekend interruption in the five-day-a-week analysis (and, additionally, with her disappointment and hatred arising in connection with having to pay the analytic fee, also, for her, an interruption).

As I have taken some pains to clarify, the vampire fantasy organization—in folklore and as I will now illustrate in clinical work—is only partly characterized by its inconstant manifest connection with blood-drinking. In fact, I am persuaded that the blood-drinking idea is neither central nor essential. Rather, it seems to me that the vampire (or vampire/ghoul) fantasy organization in patients serves to organize a *multiplicity* of conflicts and concerns arising in relation to other persons who are over-determined. The manifest imagery may or may not include ideas of blood-drinking, but it will surely make reference to the idea of the *revenant*, the fantasy of corporeal preservation from *post-mortem* decay and decomposition, and to certain so-called oral-sadistic imagery that psychoanalysts have commonly connected with the earliest months of an infant's experience.

Case Material

The patient was a woman in her forties who had been in psychoanalysis for several years. The first session I will excerpt took place on the first Monday of the month. Therefore, it followed a weekend's interruption of the analysis and it began by my presenting her with my bill for the previous month's work.

After a period of silence she said only one word: "Bloodmeal." She paused, chuckled aloud, and said again: "Blood *meal*." The second time she emphasized the second word, "meal." I was puzzled, but she explained the thought that had just then occurred to her. She was recalling having visited a garden store over the weekend and having there learned that rose bushes could be fed with blood meal. But her mind had remained unsettled. She wondered where did they get the blood for blood meal?

To me, her associations were still impenetrable. I wondered what sense could be made of her thoughts of a meal of blood, the weekend, roses, the source of the blood. I knew from previous experience with her that she was unusually sensitive to any interruptions in our analytic schedule. No matter how far in advance she might know about these, she regularly experienced them as abrupt and disruptive. Through the period of absence she would become agitated and uneasy, preoccupied with me, often feeling a profound melancholy, excluded and cast away, the unfavored one

in my life. She had felt similarly with her mother during much of her childhood.

As I continued to listen, she recalled a dream of that same night. In it her former husband appeared as a gynecologist. (Divorced from him and remarried, she had nonetheless never fully freed herself from a recurrent longing for re-union with him.) He reached between her legs and removed a "disgusting mass of red, bloody material." He held it in his hand the way she had observed a *sommelier* holding a bottle to pour wine. Still puzzled, I silently recalled to myself that I knew that she believed me to be a connoisseur of fine wines, and I wondered whether in her associations the wine and blood were not equated. I was therefore not surprised when next she laughed aloud because she had thought about the blood of Christ.

A fragment of a second dream then recurred to her in which her former husband handed her a bill for the previous month's riding lessons. She became enraged. Interrupting her associations, she wanted to know *my* thoughts. I did not reveal these to her, encouraging her rather to continue to tell me her own. Noting a representation of a dragon on my wall, she thought of snakes and especially of her fascination with constrictors.

My own thoughts being clearer, I decided to share some of them with her, with a surprising result. I said that I thought that she had been longing for me over this weekend. In addition, I thought she was enraged at me for charging her for my services. She had, I conjectured, condensed these two currents of her thought into the single idea of wanting to make a meal of my blood. In this single act she would destroy me and be nourished by me, both. She would be united with me and kill me. I thought to myself that—to her, unconsciously—I had been the unknown source of the bloodmeal. I told her that I had been surprised that she, an avid gardener, did not know the source of bloodmeal. I volunteered that I thought it was gathered in slaughter houses.

"Oh!" She should have known, she exclaimed. "Now I can tell you what *my* idea had been." She told me that she had thought that "they" got it by draining human corpses prior to embalming them.

More thoughts followed about drinking and vomiting blood, about the Massai, a dragon, and the color of blood. It was during this analytic session, and during my later reflections upon it, that I first began to sense that the underlying (unconscious) organization of her associations might bear a resemblance to that of the vampire legend. But at that time I knew very little about the legend itself. The more I investigated the vampire legends of European folklore, the more I became alerted to aspects of my patient's fantasy—the importance of which I might otherwise have overlooked entirely.

As my increasing knowledge of the legend informed my clinical listening, I realized that certain apparently incidental or accidental associations were not so at all. Rather, they became central to my increased understanding of her psychology. I now noted especially the setting of separation; its connections with ideas of drinking blood and eating flesh (dragons, snakes, constrictors); with ideas of preservation of the body from *post-mortem* decay and decomposition (embalming); and with ideas of death (corpses), *revenge*, and re-union with the lost person (analyst, former husband).

Undoubtedly, my greater understanding of the folkloric vampire had shown a way toward a greater understanding of my patient. Further confirmation of this fact was to follow in my continued work with this patient, with other patients, and from reports of other analysts about their work.

A second example will illustrate further some of the major themes and tensions of the vampire legends as these can appear in clinical work. Here again it can be observed that the connection between acute transference bereavement and consequent vampire/ghoul fantasy phenomena can be immediate and striking. One has only to become used to listening for these *leitmotifs*:

On a Monday afternoon, four years into the analysis, she reported two dreams of the same weekend night. In the first a dog was sitting upon the chest of the corpse of its master. She, the dreamer, was the observer of this scene, and as she watched she wondered: "How long will it sit there? Until the body decays? While the body decays? After the body decays?"

The second dream ("Just a snippet") took place in the Southwest [a reference to her own recent vacation]. A group of mothers—they were Indians—were burying their babies underneath rocks and going away. Some time later the mothers returned, and all of them recovered their babies except one who had forgotten where she had left her child.

In the first example, the dog (patient and/or analyst) and its master (analyst and/or patient) are inseparable despite the death of one of them. The patient's concerns with the issues of *post-mortem* decay and decomposition, as these imply the threat of permanent rupture of the object tie, are prominently expressed.¹⁷ The second "snippet" continues the elaboration of her reaction to her weekend separation from the analyst. This present experience is cast in the imagery of her repeated past experiences of maternal neglect (*one mother had forgotten where she had left her child*). Not only are both mother and child (mothers and children) construed in the dream as *revenants*, but specific imagery reflecting an idea of bodily intactness after a period of burial is included.

The following final clinical illustration is drawn from a session just days before I was to leave for more than a month for my second vacation of the analysis. My patient was so affected by her reactions to my imminent departure that for weeks she could think and talk about little else during her sessions. She felt a near-unbearable state of tension around my leaving her.

She reported the following dreams of the night before:

1) There were just fragments. . . of dreams. I had one dream about a piece of paper with a piece, the corner, bitten out of it.¹⁸

2) The second dream took place in her mother's bathroom in her mother's house in the country during the patient's childhood. The room was her bathroom, but the ceiling was very high, like a cage. There was a group of animals—cheetahs—at the top of the cage. There was a structure, a grid near the top of the cage that looked like the shelf of a refrigerator.

Her spontaneous associations were first to the image in the dream of the refrigerator shelf. She was reminded that yesterday afternoon milk had leaked from a carton onto the shelf, spoiled (decayed), and congealed. She thought next about the cheetahs and then about two "kills" she had observed in the African bush during her recent vacation:

An elephant had broken its leg falling off an escarpment. Elephants have such thick skin [like her mother, I thought to myself; and like me in relation to her wish that I abandon my vacation plan] that there is no place for predators to "get in" to begin to eat them. This elephant meat had spoiled, rotting in the skin, dead, lying in the hot sun.

Some rangers had apparently come along and removed its tusks. This provided a place for the lions to get at the meat. Lions were eating its head as far as they could get in. The worst of it, though, were the vultures. They went in through the anus and went up through the bowels, and they came out again through the anus, covered in shit and went back in again for more.

She felt that she could barely continue to speak of what she had seen; it had been so disgusting and so revolting.

She returned to the cheetahs, recalling the other "kill":

A mother cheetah was teaching her son how to hunt, separating a baby Thompson's gazelle from its herd and chasing it until it fell to the ground in a state of exhaustion. She then turned the "deer" over to her son. You could see the gazelle's heart beating within its chest as it watched the young cheetah, unable to move or resist!¹⁹

Finally, in horror she recalled watching the cheetah eat the living gazelle's flesh. She said that she felt she could not really condemn the cheetah,

because cheetahs had to eat, after all. They could not otherwise survive. But, she lamented: "Why do there have to be carnivores? (She herself was a vegetarian.) Why aren't there only herbivores? It's a lousy system! But who can I blame for it? God?"

In commenting on the urgency of her transference feelings, I told her that I felt that because I was about to leave her she was experiencing her yearning toward me as if it were a physical hunger for my flesh; that she felt her hunger to be at once voracious and destructive, disgusting and loathsome. I thought that in her own mind she was identified with the vultures, cheetah, and lions, and that she viewed her fierce appetite for me as reprehensible and terrifying.

During this hour the familiar issues of decay and decomposition were strikingly in evidence. The spoiled and congealed milk reflected the same set of concerns as did the image of the dead and decomposing thick-skinned elephant as well as that of the "deer" that had been stalked and devoured while alive. All of these images, and that of the mutilated piece of paper as well, can be seen to be related to her earlier experiences of maternal deprivation as well as to her experience of my imminent departure. Here the patient has imagined herself as a vampire/ghoul, stalking me as prey (the "deer") and feeding upon me as carrion.

Summary of the Case Material

The three clinical vignettes I have discussed are samples of a persistent organization of my patient's fantasies. As Jacob Arlow has observed of such unconscious thinking, "the characters and the situations vary, but the plot remains the same" (1977:166).

My patient's "plot" has been a vampire tale. The essential story involved two main characters, sometimes interchangeably speaking each other's lines. One was alive. The other was dead (or departed, as away on a vacation). It was a tale of intense needfulness, characterized at times as parasitic or destructive, cast primarily as a need for nutriment or sustenance. The story's vampire experienced herself as excommunicated, an outcast, hopelessly damned, miserable, agitated, and dangerous to those very loved ones who had cast her out. It was a story of the wreaking of death, decay, and dismemberment upon those loved ones.

Above all, however, it was a story of *revenge*—of a return from the dead, from the grave—of a loved person who had been unscathed by the experience of burial and decay. In this way it also became a story of immortality, a story in which permanent loss was not possible.

Concluding Discussion

One of the aims of this paper has been to draw attention to the usefulness of the legend of the European vampire in the clinical understanding of certain organizations of fantasy and intrapsychic conflict. This was an exercise in the field of "applied legend."

Certain fantasy organizations, heretofore categorized by psychoanalysts only roughly as cannibalistic, oral, oral-sadistic, necrophilic, necrophagic, and dismemberment fantasies can, I believe, now be better understood as participating in an underlying organization, an organization whose structure shares a great many features with the European vampire legend. A more complete understanding of the legend, I have argued, must begin with *the impact and consequences of the experience of object loss*.

The application of certain psychoanalytic findings to the better understanding of legend has been a second aim of this paper. Psychoanalysts since Freud have known of the intimate connections between experiences of object loss and fantasies of oral incorporation or cannibalism of the lost person. Yet these well-established observations have never been systematically applied to our understanding of vampire legends. Analysts have not written much about vampires, but when they have, it has been to address other features. The crucial experience of object loss has largely been overlooked in the past. The vampire legend was first and foremost an elaboration of fantasy centered upon a dead person, very often recently deceased. Likewise, in the psychoanalytic setting, we observed that a vampire fantasy organization may come to prominence in connection with experiences that evoke reactions to loss, real or imagined, feared or viewed as *faits accomplis*.

In the vampire legend the deceased person was considered to have not yet departed. In fact he was not truly dead. He was "undead," still active in this world, especially among those who knew him the best. As the cardinal sign of his continued existence, it was invariably the case that his body (corpse) had been preserved from the natural processes of decay and decomposition. The central features of the legend, then, are concerned with (1) a person's death, (2) his subsequent continuing existence as a *revenant*, (3) his *post-mortem* corporeal preservation, and (4) his variable activities that very often include cannibalism, necrophagia, and blood-drinking.

In the particular clinical situation I have discussed, an analysand's experiences of acute transference bereavement regularly provoked the emergence of a vampire fantasy organization. In these emergent fantasies, which are overdetermined compromise formations analyzed as serving multiple functions, the roles of subject and object, analyst and patient, were often fluid and interchangeable. Aided by my knowledge of vampire

folklore, I was able to highlight some of the multiple relationships of these fantasies to my patient's ideas of death (both her own and mine), of the possibility of return from the grave, of *post-mortem* preservation from decay and decomposition, and of accompanying ideas of cannibalism, necrophagia, and blood-drinking.

In complementary fashion, aided by a deepened psychoanalytic understanding of my patient, I could return to the folklore and highlight the centrality of the emotional experience of loss (grief, mourning, depression, etc.) in the creation and recreation of certain vampire legends.

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Notes

1 Homeric hymn speaks of "shades," ghosts of dead persons who inhabit the underworld. These "shades" may become more like living beings after having drunk blood.

2 Enckell's (1984) understanding of this feature of Murnau's vampire, with which I agree, is quite different from that of McNally and Florescu (1972).

3 In a recent interview with Susan Ferraro in the *New York Times* (Ferraro 1990:74) Anne Rice made it clear that her own renewed interest in vampires followed upon the tragic death of her five-year-old daughter, Michelle, due to leukemia. Devastated and grief-stricken, Rice turned to writing. Ferraro reported that

writing at night in a corner of the bedroom while her husband slept, Rice went back to an earlier story she had written, about an 18th-century vampire in New Orleans. Unaware, she says, of the significance of what she was doing, she added a beautiful little girl with golden curls (like Michelle), whom the vampires save from mortal death by making her a vampire. . . . The first version ended with the child, Claudia, and Louis happily joining the other vampires in Paris. In the revision, "I felt that Claudia had really been meant

to die at the end of 'Interview' the way that Michelle had died," Rice explains.

Anne Rice's story of the genesis of her own vampire tale leaves no room for doubt that the vampire, Claudia, was created to cushion the impact of the loss of her daughter.

4 It is cause for wonder, in any case a curious coincidence, that Barber (1988:49) refers to a counting compulsion reported in one account of anti-vampire measures. In this account poppy seeds were left in the grave, to be eaten at the rate of one per year. Barber continues that "Usually, what is at issue is a harnessing of the revenant's compulsions: he must collect the grains one at a time, and often just one grain per year." Measures of this sort were designed to keep the vampire busy in his grave for a long time so that he would not leave it and menace the population. Similar measures are reported in McNally and Florescu (1972).

5 I will use the categories "myth," "legend," and "fantasy" somewhat informally and at times interchangeably.

6 Barber was not the first to assert this thesis. For example, Jones (1971 [1931]) had much earlier noted that certain vampire features that "relate to cases of delayed decomposition. . . occur in various circumstances and. . . are familiar enough to medical jurisprudence; the causation is a purely medical question" (103).

7 That is, conflicts in which one's (often unconscious) attitude toward those one loves and/or hates is to view such persons as if they were food.

8 Stoker's tale of Count Dracula, whose death was already many hundreds of years in the past when the story begins, is one notable exception.

9 For example, Barber observes that while "many vampires (the Bulgarian for example) do their blood-sucking in their invisible form. . . others do not suck blood at all. Vukanovic, whose study of the Serbian Gypsy vampire beliefs is one of the most detailed studies of this sort that we have, never once mentions blood-sucking" (Barber 1988:100, my emphasis added).

10 The vampire plague depicted in the German town of Bremen in Murnau's (1922) *Nosferatu* renders this idea cinematically. The text that begins the film asks: "Nosferatu! Was it he who brought the plague to Bremen in 1838? During my investigations as to its cause I have come across. . ." (quoted in Enckell 1984:77).

11 Editors and critics have labeled this untitled story, first published in 1821, variously as "Vampirism," "Cyprian's Narrative," "Tale of a Vampire," "The Hyena," and others. Thomas Kamla, a professor of German language and literature, informs me (Kamla 1989) that this story has not yet been translated into English.

12 These, he wrote, represented a "tendency toward ghoulish cannibalism, a pathological condition in which a living person visits the body of the dead" (Kamla 1985:236).

13 These were the actual detailed notes kept by Freud for his own use. Freud was in the habit of destroying all such notes once a case was published. Thus the reason for their unique preservation remains mysterious.

14 McNally and Florescu (1972) observe that there is a similar belief promulgated by the Eastern Orthodox Church.

15 See also Count Dracula's lament, "Ah, to be truly dead, that would be glorious!" (Browning, 1931).

16 For example, a colleague (whom I cannot name), learning of my interest in this subject, told me that a patient of his had had no fewer than forty dreams during the course of his analysis in which a vampire appeared. Not surprisingly, his patient had also chosen a vocation in which he regularly mutilated corpses.

17 It is noteworthy that one of this patient's presenting symptoms, the one most distressing to her, was a terror of her own corporeal decay and decomposition while alive due to the processes of aging and reflected in certain hypochondriacal trends.

18 Given the context of this patient's associations, this seems a rather clear cut example of Lewin's (1961) "dream screen" (a representation of the maternal breast) under attack.

19 Here is another connection to the folkloric vampire: Barber (1988), McNally and Florescu (1972), and others report that the folkloric vampire commonly did not bite his victims' necks to obtain their blood. Rather, as in my patient's associations concerning the attack upon the deer, they bit into the victims' chest.

Goya, for his series of drawings entitled "Los desastres de la guerra [The Horrors of War]," includes one drawing (c. 1815-1820; see Guillaud and Guillaud 1987:276 for a reproduction of the drawing and its accompanying text) called "Las resultas [The Results]." In this horrifying, melancholy drawing, the vampire is represented as drawing blood from the chest of its victim.

Even in twentieth-century vampire fiction (Stoker 1897; Browning 1931) the pectoral approach to the victim, although de-emphasized in favor of the jugular approach, is part of the story. In fact, in Stoker's *Dracula*, obtaining blood from the chest is framed in such a way as to seem positively shocking compared to the more "tame" source in the neck!

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A Selected Annotated Psychoanalytic Bibliography of Literature Touching on Vampire Fantasies

Abraham, Karl. 1949 [1916]. The First Pregenital Stage of the Libido. In *Selected Papers of Karl Abraham, M.D.* vol. 1, pp. 248-279. New York: Basic Books.

Abraham, Karl. 1949 [1924]. A Short Study of the Development of the Libido Viewed in the Light of Mental Disorders. In *Selected Papers of Karl Abraham, M.D.* Vol. 1, pp.418-501. New York: Basic Books. Karl Abraham was an early collaborator of Freud's. Trained as a physician and embryologist, he enjoys the reputation of a skilled clinical observer. He had a great influence on Freud, who trusted his clinical findings and his theoretical propositions. In the first of these papers he discusses the first or "oral" stage of individual sexual development, that phase of development that Freud decided in 1915 to term the "cannibalistic" phase. The second of these papers is concerned with a fleshing out of Freud's scheme of sexual development first sketched in 1905 in his *Three Essays on the Theory of Sexuality*. By dint of his background in embryological studies, Abraham was well-suited to understand and elaborate upon some of Freud's ideas about libidinal development, from its very early, so-called primitive phases through later, higher, and more differentiated ones.

Brenner, Charles. 1982. *The Mind in Conflict*. New York: International Universities Press. Anyone wishing to understand the theoretical views of contemporary American psychoanalysts would be advised to consult the more recent works of Charles Brenner, especially his 1982 book, *The Mind in Conflict*. Brenner's understanding of much of psychoanalytic theory is today taken as the position

to which so-called "classical" psychoanalysis has evolved. Brenner's emphasis is upon the concepts of mental conflict among conflicting forces, agencies, or structures, and the resulting compromise formations. Brenner's idea is that all mental activity is the result of such compromise formations.

Freeman, Ruth and Thomas Freeman. 1992. An Anatomical Commentary on the Concept of Oral Sadism. *International Journal of Psychoanalysis* 73:343-348. This curious recent work by a psychoanalyst and a dentist speaks to the continuing uncertainty among psychoanalysts concerning the sources, during individual development, of later-appearing mental phenomena. For example, do the ideas of certain adults of biting, devouring, or drinking the blood of others necessarily derive—as analysts once thought—from the earliest months of life? Might these fantasies, among which vampire fantasies figure prominently, rather derive from later periods in development? What can be taken as their starting point in an individual's life?

Freud, Sigmund. 1949 [1905]. *Three Essays on the Theory of Sexuality*. Translated by James Strachey. London: Imago Publishing Company.

Freud, Sigmund. 1909. Notes Upon a Case of Obsessional Neurosis. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 10, pp.153-249.

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Freud, Sigmund. 1918 [1916]. From the History of an Infantile Neurosis. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 17, pp. 7-122. As has always been the case, an understanding of Sigmund Freud's work is fundamental to a grasp of psychoanalysis. Yet, problematically, Freud's writing is often highly inconsistent, making one assertion here, taking it back there. The first of these papers (1905), really a book, comprises one of Freud's central contributions to science and to Western thought. It is in the *Three Essays* and its several revisions that Freud sets out his theory of the development of the human sexual impulse. Most interesting from the vantage point of vampire fantasies are the revisions he made for the edition of 1915. Here, for the first time, Freud—influenced among other things by Abraham's clinical findings—introduced his idea that "cannibalism" was a normal phase of the developments of all infants. The second work (1909), the case of the Rat Man, is Freud's unsurpassed description of a case of obsessional neurosis. Although not his major focus,

there is much in this case that illustrates the fantasy configurations that I have called vampire fantasies.

In *Totem and Taboo* (1913) cannibalism is made explicit as a way of reacting to experiences of object loss, grief, and mourning. The lost object, in this instance the primal father, is eaten in order to be preserved.

The *Introductory Lectures on Psychoanalysis* (1916-7) was at one time Freud's best-selling book, his work with the greatest distribution. It is a straightforward introduction to psychoanalysis as Freud saw it in 1916-7. Lecture seventeen makes explicit note of the fact that Freud believed that Abraham had demonstrated in adults the residua (their cannibalistic fantasies) of the earliest ("oral" or "cannibalistic") phase of libidinal organization.

Jackel, Merle M. 1984. A Note on Soul Murder: Vampire Fantasies. In *The Schreber Case: Psychoanalytic Profile of a Paranoid Personality*, ed. William G. Niederland, pp. 163-164. Hillsdale, New Jersey: The Analytic Press. Jackel has researched the actual records from one of Schreber's psychiatric hospitalizations and found that Schreber was at one time preoccupied with conscious and terrifying vampire fantasies. Although Freud had never met him, Judge Daniel Paul Schreber was the subject of one of his longest and most famous case studies.

Jones, Ernest. 1931 [1912]. *On The Nightmare*. No. 20 of The International Psycho-Analytical Library, ed. Ernest Jones. London: Hogarth Press. Although flawed, Jones's work on the nightmare is perhaps the central and most profound psychoanalytic study of folklore by any of the early Freudians. Chapter Four on the vampire is filled with interesting psychoanalytic observations, limited though they were by the state of development of psychoanalytic thought at that early time.

Klein, Melanie. 1946. Notes on Some Schizoid Mechanisms. *International Journal of Psychoanalysis* 27:99-110. Melanie Klein's work is rich in observations and theorizing about the very earliest stages of development. In this pioneering work, she sets out many of her ideas about orality, oral aggression, cannibalism, and the impact of these upon the development and mal-development of psychic structure.

Lewin, Bertram D. 1961. *The Psychoanalysis of Elation*. New York: The Psychoanalytic Quarterly, Inc. [First published in 1950 by W. W. Norton and Co.] Bertram Lewin's greatest contributions to psychoanalysis resided in his insights into the very earliest "oral" stage of individual development. Lewin believed that experiences during this time left profound and recognizable traces upon subsequent mental life. Such ideas as that of the "dream screen" and the "oral triad of wishes" demonstrated that he had an unusual, if not unique, ability among analysts to understand "orality" in its childhood and adult manifestations.

- Malcove, Lillian. 1933. Bodily Mutilation and Learning to Eat. *The Psychoanalytic Quarterly* 2:557-561. This paper of Malcove's deals with the question of the sources and origin of certain phobias of children of being eaten, broken, dismembered, skinned, etc., in short, of being treated as food.
- Rado, Sandor. 1933. Fear of Castration in Women. *Psychoanalytic Quarterly* 2:425-475. Rado, in one of the few psychoanalytic works that refers explicitly to vampire fantasies, takes up a certain aspect of vampire's behavior. He is interested in the "vamp" (for vampire), a woman who wishes to castrate her men.
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- Shengold, Leonard. 1989. *Soul Murder*. New Haven: Yale University Press. Of analysts writing today Shengold has, in my opinion, the best grasp of cannibalistic fantasy in its manifold appearances. These papers (1967, 1982) and book (1989) are among the best that analysis has to offer today. His clinical observations are acute, and his access to literature and other cultural products (myth, folklore, etc.) permit him to create a deeply textured portrait of cannibalistic urges and interests.
- Stone, Leo. 1961. *The Psychoanalytic Situation*. New York: International Universities Press. Leo Stone has made the strongest case to date for the importance of the very earliest mother-child relationship in the ordinary psychoanalytic treatment situation. Not surprisingly he has an interest, expressed in passing in this book, in vampire fantasies as they may express the earliest urgent strivings of a young infant as these become focused developmentally in the mouth.