SUSPICIOUS MINDS: THE DRAMATISATION OF PARANOIA IN VICTORIAN POETRY

A thesis presented in partial
fulfilment of the requirements
for the degree
of Master of Arts
in English at
Massey University

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1999

ABSTRACT

This thesis contains readings of a number of Victorian poems by Alfred Tennyson, Robert Browning and Dante Gabriel Rossetti which dramatise paranoia and jealousy. A range of twentieth-century theories of paranoia (including clinical, Freudian and Lacanian) have been used as explanatory tools for interpreting the representations of paranoia in the poems. The reading of Tennyson's Maud is based on Freud's theory of homoerotic motives. The reading of Browning's " 'Childe Roland to the Dark Tower Came' " is based on the Lacanian concepts of foreclosure and the Name-of-the-Father. The readings of the jealousy poems are based on both theories, and this section includes a discussion of the limitations of the theories as explanatory tools. The general approach has been to apply clinical and psychoanalytical constructs and explanations to each poem separately, although there is some discussion involving the comparison of paranoid behaviours and motives across all the poems. Areas for further research are suggested in the concluding chapter.

CONTENTS

CHAPTER ONE

INTRODUCTION: THEORIES OF PARANOIA AND LITERARY ANALYSIS

This thesis will apply different models of paranoia to several Victorian poems that dramatise paranoia, with the aim of providing new readings of these poems. This chapter contains an overview of the various models of paranoia used in the thesis as well as a discussion of the relevance of these models to literary criticism, and in particular to Victorian poetry. The following two chapters each contain a reading of a well-known Victorian monologue in the light of the various models of paranoia. The penultimate chapter focuses on a particular manifestation of paranoia, jealousy, and contains an examination of five poems that dramatise jealousy. Throughout, the emphasis is on exploring the ways in which paranoia theory adds to a reading of the poems, although its limitations are also noted. The final chapter continues this discussion and indicates some areas for further research.

The two major models of paranoia which will be applied in this thesis are the clinical and the psychoanalytic. The clinical picture of paranoia, which has taken shape throughout the twentieth century, began in 1919 when Emil Kraepelin formulated a description of paranoia that remains basically unchanged today. Kraepelin limited paranoia to disorders with systematized delusional systems, that is, delusions that are structured, coherent, interconnected and elaborate (299). He also emphasised the thoughtful construction of the delusions (for instance, the rationalisation of contradictions) and the tenacity with which they are held. A number of features have since been added to the clinical picture. Max Hutt and Robert Gibby (1957) describe ten characteristics of the paranoid individual: a long history of instability, a history of undue suspicion, the inability to accept authority figures, a tendency to meditate about imagined slights, a rigid personality structure, inflexibility, pulls away from groups, misinterprets things that happen to him, perceives threats and

attacks in others' behaviour, has ideas of reference (274). Norman Cameron developed the notion of a pseudocommunity, an imaginary organisation of real or imagined persons who are united in a plot against the patient (cited in Page 296). James Page (1975) describes paranoid personality traits as unwarranted suspicion, jealousy, envy, distrust of others, exaggerated feelings of importance, hypersensitivity to slights, independence, self-reliance, isolation, and delusions of grandeur. He also distinguishes between paranoid schizophrenia, paranoia and paranoid state (292-296). Steven Starker (1986) finds the hallmarks of a stable paranoid personality to be suspiciousness, externalisation, grandiosity, rigidity, misinterpretation, aloofness, and aggressiveness (26-27). Peter Chadwick (1992) proposes that paranoid individuals hold onto ideas tenaciously, resist argument, select and distort input to confirm paranoid ideation and creatively elaborate delusional constructs (2). He defines paranoid mentation as comprising three basic premises: I do deserve it, I am that important, and people would go to all that trouble on my account (15). Paul Chadwick, Max Birchwood and Peter Trower (1996) distinguish between two types of paranoid patients: 'poor paranoids' blame others and see themselves as victims, while 'punishment paranoids' blame themselves and view others as justifiably punishing them (138). The most current clinical definition of paranoia is that used in the American Psychiatric Association's 1987 *Diagnostic and Statistical Manual of Mental Disorders (Third Edition-Revised).*[1] The revised edition of this manual changed the name of the disorder from Paranoid Disorder to Delusional (Paranoid) Disorder, as delusions are the primary symptom. The *DSM-III-R* further specifies five types of delusional disorder determined by the dominant delusional theme: erotomanic, grandiose, jealous, persecutory and somatic (199). It also distinguishes between delusional disorder and paranoid personality disorder which may include "paranoid ideation or pathologic jealousy but without delusions" (202).

One of our first observations must be that the clinical analysis of paranoia is a twentieth-century phenomenon and this may lead us to wonder about its relevance to the study of Victorian poetry. Certainly the term paranoia was not commonly used in

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[1] Henceforth cited as *DSM-III-R*

the period during which the poems in this study were published, 1836-1876. Although the *Oxford English Dictionary* offers examples of usage dated from early in the 1890s, William James' *The Principles of Psychology* (1890) does not use the term. It seems likely that the term emerged from and to some extent replaced various other categories of mental illness that had been current up to that point, such as delusional insanity, moral insanity, melancholia, mania and dementia. It was also about this period that dementia praecox (now known as schizophrenia) was afforded status as a discrete mental disorder.[2] Mental disorders such as paranoia and schizophrenia only came into existence as a result of a reconceptualisation of mental disorders from tightly defined entities to systemic complexes. For example, in the nineteenth century, melancholia and mania were reclassified as parts of a single disorder complex, the manic-depressive disease complex (now called Bipolar Disorder). The main points I wish to make here, though, are that delusion, suspicion, obsession and grandiosity were behaviours and attitudes which belonged to the Victorian ages, and indeed all other ages, as much as to the twentieth century. However, in the twentieth century, we now see something in the confluence of such behaviours that we call paranoia and note that this way of conceptualising these behaviours was taking shape in the Victorian period. We should, therefore, have no trouble saying that a certain attitude in a Victorian poem expresses paranoia, even if this was not a category the Victorians themselves would have applied to it - - firstly because we have paranoia only as a result of Victorian reconceptualisation of madness, and secondly, because our modern conceptualisation of paranoia was being produced in Victorian England, and was dramatised in the literature and poetry of that period, even if it had not yet gained the quality of a given at the time the poems under study were produced.

While there are clinical definitions of paranoia and its various subcategories (for example, mild paranoia, paranoid personality, paranoid state, paranoid schizophrenia) they all exist in relation to a sane/insane opposition. Paranoia and paranoid states are all clinically perceived as either abnormal behaviour or abnormal states of mind. Thus,

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[2] The main distinctions, then and now, between schizophrenia and paranoia are the degree of personality disintegration (higher in schizophrenia) and the coherence of the delusional system (more coherent in paranoia).

an individual is said to be paranoid when he exhibits behaviours or attitudes which in themselves are not necessarily considered pathological, but which are clustered in a particular pattern or deemed to be of a pervasive and extreme degree. There is a 'normal' suspiciousness, and an 'abnormal' suspiciousness; one is indicative of a 'healthy' individual, the other indicates a mentally disordered individual. Similarly a person's perception of reality may be deemed to be accurate and thus normal, or delusional and thus pathological. The basis of the distinctions between normal and pathological varies. The *DSM-III-R* defines a delusion as "a false personal belief based on incorrect inference about external reality and firmly sustained in spite of what almost everyone else believes and in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary" (395). Whether or not an individual is diagnosed with a paranoid disorder may depend on his claims being deemed objectively true or false/delusional. Page notes that in paranoia "[a]n obvious requirement is that the persecutory theme is a delusion with no factual basis or that it represents a gross and uncorrectable misinterpretation of some actual event or series of events" (293). For instance, an individual may claim that his colleagues hate him, and are trying to have him fired. He may have good evidence in support of his suspicions, and they may turn out to be correct. This man is called sane. On the other hand, he may claim that his colleagues have installed listening devices in his dental work to eavesdrop on him. As this claim is unlikely to be objectively true, he may be deemed delusional and/or insane. Similarly, in the case of a man who complains people are staring at him and whispering about him in the street, his claims may be deemed to be objectively false, and thus pathological. However, his claims may be objectively true (that is, people *are* staring at and talking about him), but as it happens, the man is a well-known media personality who is understandably the object of public interest. In this case the factual basis of his claim is correct, but his interpretation of it (that it is persecutory) is a 'gross misinterpretation of actual events' and thus pathological. However, the objective truthfulness of the account is a problematic basis on which to define sanity. Take for example the case of a jealous man with delusions that his wife is unfaithful. Aside from the objective truth or falseness of his claims, the man's behaviour and attitude may nevertheless be pathological (obsessive, interrogatory,

even violent). Furthermore, Chadwick notes that paranoid individuals often manifest behaviours and attitudes which attract the attention of others, instituting a feedback loop in which the paranoid individual's suspicions that others are staring at him are confirmed because others are in fact staring at him, although not for the reason he thinks (18).

The usefulness of the clinical model to the study of paranoia is largely diagnostic. It has little to say about the direct causes of paranoia other than to indicate some statistically derived data concerning predisposing factors, prevalence and outcome. The main analysis of causality in paranoia comes from the second of the two investigative models that will be used in this thesis, the psychoanalytic model. Sigmund Freud was one of the earliest writers on the causes of paranoia, and has also been one of the most influential. Freud's case study on paranoia was conducted not through analysis of a patient *per se*, but through a close reading of an autobiography, *Memoirs of a Neurotic* (1903, cited in Freud 1911), written by a paranoid individual, Judge Daniel Paul Schreber. Freud's seminal text is "Psychoanalytic notes upon an autobiographical account of a case of paranoia (dementia paranoides)" (1911/1957, Volume III 387-470) but he has written several other articles on paranoia which will also be used in this thesis. [3] Freud develops his model of paranoia along the lines of his model of hysteria; that is, he proposes that a crisis or intervention has occurred at some point in the patient's psychosexual history. This crisis has been repressed, but in times of stress the repression and sublimations are undone, resulting in the return of the repressed via symptom formation. However, where hysteria relates to a breach between the subject's ego and his id, psychosis is the result of a disturbance between the ego and the external world, and the delusion is an attempt "to substitute a reality more in accord with its desires for the unsatisfactory real one" (1924 281).

The mechanisms by which paranoid symptoms are formed are transference and projection. Transference pertains to the detachment of emotional value from an

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[3] All citations to Freud refer to the translations of his work in *Collected Papers* (The Hogarth Press, 1957), although the date of the original publication is cited in each case to distinguish between the various works.

original source and its transposition onto another figure. Projection pertains to the attribution of hostile emotions to external or environmental sources rather than the self. Freud describes how these mechanisms operate in paranoia:

> The relation between the patient and his persecutor can be reduced to quite a simple formula. It appears that the person to whom the delusion ascribes so much power and influence, in whose hands all the threads of conspiracy converge, is either, if he is definitely named, identical with someone who played an equally important part in the patient's emotional life before his illness, or else is easily recognizable as a substitute for him. The intensity of the emotion is projected outwards in the shape of external power, while its quality is changed into the opposite. The person who is now hated and feared as a persecutor was at one time loved and honoured. The main purpose of the persecution constructed by the patient's delusion is to serve as a justification for the change in his emotional attitude.   (1911 424)

The original pattern for the persecutor is, of course, Daddy, and the emotions attached to this figure are ambivalent: love and hatred. When the Oedipal drama is overlaid on the case of paranoia, Freud finds that "the familiar principle forms of paranoia can all be represented as contradictions of the single proposition: *'I* (a man) *love him* (a man)'" (1911 448). In the paranoid individual this proposition is contradicted by delusions of persecution (in which the subject asserts, "I hate him"); erotomania ("she loves me"); delusions of jealousy ("she loves him"); and finally, megalomania ("I do not love anyone but myself"). We can observe the similarity of these delusional themes to the four sub-types of Delusional Paranoid Disorder in the *DSM-III-R*, namely persecution, erotomanic, jealous, and grandiose.

Freud has been criticised on several issues. For instance Peter van Sommers has pointed out (137) that a delusion of persecution does not actually represent a satisfactory emotional outcome for a patient if the whole point of symptom formation is to provide a mechanism for dealing with the anxiety resulting from pressing yet forbidden wishes. However, as Freud points out, the development of a delusion of persecution actually offers powerful ego rewards in the form of self-aggrandizement. Furthermore, Freud finds that "[t]he delusion-formation, which we take to be a pathological product, is in reality an attempt at recovery, a process of reconstruction

. . . [thus] the man has recaptured a relation, and often a very intense one, to the people and things in the world, although the relation may be a hostile one now" (1911 457).

One of the weaker yet more frequent criticisms that has been made of Freud concerns his statement on homosexual wishes. Freud proposes that "the strikingly prominent features in the causation of paranoia, especially among males, are social humiliations and slights. But if we go into the matter only a little more deeply, we shall be able to see that the really operative factor in these social injuries lies in the part played in them by the homosexual components of affective life" (1911 445). Since Freud, almost without exception, researchers on paranoia have referred to the role of repressed homosexuality in paranoia, either 'agreeing' with Freud that paranoia results from repressed homosexual wishes or 'disagreeing' with Freud and finding that the number of paranoid patients who are either professed or latent homosexuals is consistent with the occurrence of homosexuality across the population at large. Either way, these researchers miss the point: for Freud homosexuality is a developmental phase experienced by all people: "Generally speaking, every human being oscillates all through his life between heterosexual and homosexual feelings" (1911 429-30). Fixation in this developmental stage, or the undoing of sublimations which entails a return to this stage, does not 'make' an individual a homosexual, 'latent' or otherwise; rather it results in emotion and ideation associated with this stage of psychosexual development. Consider when the homosexual stage occurs: prior to Oedipus and the castration complex and the resultant creation of the superego or internalised social strictures. The strong sexualized and narcissistic motives of the homosexual phase are not done away with as the individual passes through this developmental phase, as Freud points out, but are deflected onto other aims, specifically the social instincts. In the case of the paranoid, it is exactly the social instincts which are affected, in the loss of affect and attachment to the social world which is effected by the withholding of love. This loss of attachment clearly signals a return to pre-Oedipal or narcissistic ideation. However, given that Freud never actually said that all paranoiacs are homosexuals, it is important to remember that for Freud and most of the psychological community up to the late twentieth century, homosexuality was essentially

pathological in nature, constituting an illness to be fixed, and this is a view we may certainly feel free to disagree with.

While Freud's is no doubt the most influential of the psychoanalytic theories of paranoia, Jacque Lacan's contribution is also important. Lacan's reading of Freud, "On a Question Preliminary to any Possible Treatment of Psychosis" (1955/1977, *Ecrits* 179-225), acerbically addresses the misreading of Freud's homosexual thesis ("Homosexuality, supposedly a determinant of paranoiac psychosis, is really a symptom articulated in its process" [190]), and offers his own reading in terms of post-Saussurean linguistics.[4] In the Lacanian analysis of paranoia, the Oedipus complex and the threat of castration describe the processes whereby the subject is inducted into the Symbolic Order, the order of the signifier. In Lacan's theory, it is the failure of the paternal metaphor (a function and a law) rather than the failings of a specific father which results in psychosis. According to Lacan, the subject is constituted in a floating mass of signifiers which assume the shape of an Order insofar as certain basic signifiers anchor it. Psychosis is caused by a gap in the chain of signifiers, in particular the failure of the paternal metaphor, the Name-of-the-Father. Lacan's term for this failure is foreclosure. In a clear reference to the Freudian analogy of a patch (in "The Loss of Reality in Neurosis and Psychosis", 1924) the difference between repression and foreclosure has been described with the metaphor of a tissue, which is made up of crisscrossing threads in which "repression would figure as a rent or tear which none the less could be repaired; while foreclosure would figure in it as a gap due to the weaving itself, a primal hole...which never would have been anything other than the substance of a hole and could only be filled by a patch" (Leclaire, cited in Sarup 109). In the Freudian model, the paranoid subject fails to progress from the narcissistic stage to the stage of ideal identification. In the Lacanian model 'ideal identification' is read as the assumption of the place within the Symbolic Order through acquisition of the Name-of-the-Father (a mental representation of a structure), a position from which one observes oneself as a man, with all the cultural baggage that

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[4] Unless otherwise specified, all citations to Jacques Lacan refer to *Ecrits: A Selection*, 1977, translated by Alan Sheridan.

entails. Thus Lacan asserts, "the lack of the Name-of-the-Father in that place which, by the hole that it opens up in the signified, sets off the cascade of reshapings of the signifier from which the increasing disaster of the imaginary proceeds, to the point at which the level is reached at which signifier and signified are stabilized in the delusional metaphor" (217).

The final section of this thesis will examine several poems that dramatise jealousy. There are clinical, behavioural and theoretical reasons for considering jealousy as a particular instance of paranoia. In the case of Alfred Tennyson's *Maud*, examined in Chapter Two, jealousy is analysed as one of the distinct delusional themes of the speaker. The basis of that analysis is the definition of Delusional (Paranoid) Disorder in the *DSM-III-R*, which differentiates between four sub-types of the disorder, one of which is jealousy. One study found that 14% of patients admitted over a three-year period with paranoid schizophrenia, paranoia and paranoid illness had jealousy as a prominent clinical feature (Gregory White and Paul Mullen 209). White and Mullen also observe the correlation between general features of delusion and jealousy, finding that delusions (including delusions of jealousy) are held with absolute conviction, are experienced as self-evident, are not amenable to reason, are not modified by experience, are experienced as of great personal significance, consist of highly personal and idiosyncratic convictions, emerge in a non-understandable way, and maintain connections between elements that are not comprehensible to others. They also observe that the beliefs implicated in the delusion can become the central organising factor of the individual's existence (188-189). Another reason for considering jealousy as an aspect of Paranoid Delusional Disorders is behavioural, insofar as jealous behaviour comprises many of the same behaviours as paranoid behaviour. These include, for example, suspiciousness, mistrust and hypersensitivity to environmental and interpersonal cues. A further reason for linking jealousy to paranoia is that Freud did so, in both his article on Judge Schreber (1911) and his article "Certain Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality" (1922/1957, II 232-243). Freud's papers on paranoia and jealousy propose that there is a shared aetiology and structure for the two, and, in another linkage between the

clinical and the psychoanalytic, this assumption has more or less attained the status of a given in modern clinical practice.

The two strands of research on paranoia (clinical and psychoanalytic) are implicated in jealousy research, but a third strand, the sociological/anthropological, has also evolved. In the psychological strand, various clinical and anecdotal accounts of jealousy exist. An overview of these is provided by White and Mullen. White and Mullen's book summarises various research findings on the relationship of jealousy to paranoia, delusion, self-esteem, self-image, sexual practices, sexual politics, shame, obsessive behaviour, various personality traits, aggression and violence. In the psychoanalytic strand, again, Freud's account has been extremely influential. He proposed a taxonomy of jealousy comprising three layers: normal, neurotic and pathological. Normal jealousy is present to varying degrees in everyone, neurotic jealousy is based on guilt and projection, and pathological jealousy is delusional. The word delusional returns us to the structure of paranoia Freud elaborated in his 1911 analysis of Judge Schreber; thus his account of pathological jealousy returns to the homoerotic proposition. However, as White and Mullen point out (83), most recent psychoanalytic theory has tended to downplay the role of homosexuality in jealousy while retaining the role of intra- and interpersonal conflicts and the role of the ego in resolving these – a case of keeping the bath water while throwing out the baby!

In the third strand of research on jealousy, the sociological/anthropological, jealousy has been situated in the context of other cultural practices (such as institutional practices of marriage and the regulation of property distribution and exchange) and within a network of relationships and their management. These studies conclude, to provide one early example from Kingsley Davis (1936), that jealousy is a by-product of "the fixed, traditional constellations of rights, obligations and neutralities that may be called sexual property" (130) and that jealousy "tends to preserve the fundamental institutions of property" (130). A later study by Jessie Bernard (1977) argues that jealousy is not an emotion as such but a culturally sanctioned and produced behaviour. For example, she finds that if men, in a given

society, are forgiven for killing to defend their 'honor', this practice can inhibit jealousy-provoking behaviour (by both men and women), but that that inhibitory influence will flourish only if jealousy is regarded by the society as a "legitimate response". Presumably, although she does not say so, she means when jealousy is a legitimate response to certain behaviours seen by that culture as jealousy-provoking. As with all structuralist accounts, individual, intrapsychic responses are foreclosed in the explanatory formula of cultural cause and effect.

Late twentieth-century literary analysis has been an eclectic and multi-disciplinary affair, drawing on research and discovery in psychology, philosophy, feminist and post-colonial studies. While it appears as though the sociological/anthropological approach to jealousy could offer a means of understanding paranoia as it is dramatised in literature in a material context or as part of a cultural critique, it does not clearly do so, at least in terms of the research available on jealousy (although White and Mullen's text is an excellent overview). While the sociological/anthropological approach is good at contextualising and thus explaining what might be called 'normal' jealousy, it is not very good at explaining individual differences in jealousy, particularly at the extreme end of the spectrum, at what is called pathological or delusional jealousy. For instance, Davis concludes that "[t]he stimulus to jealousy is not so much a physical situation as a meaningful one" (133), and this assertion is borne out by the dramatised jealousy analysed in Chapter Four. In these poems certain physical situations are perceived as meaningful to the jealous husband or lover in ways that differ from the way these situations are perceived by the general population. The sociological/anthropological understanding of jealousy cannot account for the aberrant individual response, nor does it attempt to do so.

While, no doubt, jealousy does have something to do with what Bernard calls "the channeling and differential emphasis on emotions by the surrounding culture [which] specifies when and how they should be experienced" (144), we should not overlook the role of individual practices and accounts in shaping that 'surrounding culture' itself, and this includes literary accounts. This is the point Michel Foucault makes

when he concludes that the eighteenth-century revision of mental disorders "did not proceed from observation to the construction of explanatory categories; that on the contrary, the images [and] their organising force made possible a structure of perception, in which at last the symptoms could attain their significant value and be organised as the visible presence of truth" (135). Victorian poetry is one such fulcrum point, located temporally between the medico-literary images of humors, blood and bile and the twentieth-century medico-literary images of madness as an alternative and sometimes privileged mode of being.[5] Although the clinical and psychoanalytic models of paranoia were some way off temporally, in this period an early model of paranoia was being developed: the literary model, in the form of the dramatic monologue. Without precluding any of the analyses that follow, it is safe to say that the two literary forms which took shape in the Victorian period, the realist novel and the dramatic monologue, developed strategies and images for representing human subjectivity. As paranoia is a particular mode of subjectivity, in both its clinical form and as it is dramatised in literature, it is appropriate to consider what "structures of perception" were and are implicated in paranoia as it is represented in Victorian poetry. For example, Robert Lougy has suggested that "[m]adness in nineteenth-century British literature is often isolated within the troubled psychic spaces of the afflicted, defined by an outside world whose moral and rational categories are brought forward in order to keep the worlds of madness and reason at a distance from each other" (407). However, the poems in this study, and particularly the poems which dramatise jealousy, break down the borders between madness and reason, and the rigid separation of the two, and begin the process of articulating madness as an alternative perspective which is somehow understandable from and in terms of the normal perspective. For example, in Robert Browning's "Porphyria's Lover" the speaker says:

> Be sure I looked up at her eyes
>
> Happy and proud; at last I knew
>
> Porphyria worshipped me; surprise

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[5] See for example, R. D. Laing's *The Divided Self*, 1959; Janet Frame's *Faces In the Water*, 1961; Ken Kesey's *One Flew over the Cuckoo's Nest*, 1962; and Sylvia Plath's *Bell Jar*, 1963.

> Made my heart swell, and still it grew
>
> While I debated what to do.
>
> That moment she was mine, mine, fair,
>
> Perfectly pure and good: I found
>
> A thing to do, and all her hair
>
> In one long yellow string I wound
>
> Three times her little throat around,
>
> And strangled her.   (31-41)

This passage marries cool logic with pathological and murderous jealousy, reason with madness, and there is no discrete border between the two. Perhaps, as Lougy suggests, madness in this poem is represented as contained within the troubled interior spaces of an individual psyche, but this apparent containment does not help Porphyria in the end, as madness insists on expression. Thus this poem dramatises madness as faulty reasoning, an inch closer along the continuum towards the twentieth-century positive valorisation of madness as 'other reasoning'.

However, paranoia theory, brought to bear on Victorian poetry, does not necessarily concern itself with delineating a border between madness and reason; it is more concerned with explicating the meaning and meaningfulness of certain situations to the person experiencing them. As such, theories of paranoia are also "structures of perception" and, although I do not claim that my readings here are the "visible presence of truth", I do believe that they make possible new readings of these poems. In these readings the theory of paranoia is used as a frame and filter for the poems and this requires them to be attended to in specific ways. For instance, some analyses of Victorian poetry make biographical links between the sentiments expressed in the poem and the life history of the author. Notable among these is Anne Colley's 1983 text, *Tennyson and Madness*, in which she makes connections between Tennyson's personal and familial experiences of mental illness and specific literary works which are thus read as essentially autobiographical. In the use of paranoia theories, authorial biographical data is irrelevant, as is historical data concerning reception. Paranoia theory itself dictates the areas of emphasis in interpretation, and it does not claim to

account for everything in the poem. Other literary critics use different frames and filters: Ekbert Faas (1988) makes connections between the rise of psychiatry and Victorian poetry, E. Warwick Slinn (1991) relates the poems to post-structural conceptions of subjectivity and Harold Bloom (1973) reads Victorian poetry as a response to Romantic forms and ideology. With the possible exception of Colley's, all these approaches have merit insofar as they enrich or 'thicken' the interpretative description of the poem. The use of paranoia theories does not preclude these other readings, nor is it intended to offer a univocal or restricted truth. It simply offers an alternative reading, in much the way an alternative reading of madness, but by no means the final one, was produced in Victorian poetry.

In Chapter Two I put forward a reading of Tennyson's *Maud* perceived through the filter of Freud's theory of paranoia. The conflation of these two texts results in an emphasis on parts of the poem which are not often analysed: the persona of Maud's brother, the rival, and the links between Parts One and Three of the poem. In terms of uncovering more and different elements of the poem, then, the use of paranoia theory is well justified. Nevertheless, paranoia theory does not account for everything in the poem. It brings little to a discussion of the beauty of the love lyrics, and has nothing to say about the dynamics of gendered power or industrial capitalism; at the same time it does not preclude discussion of these matters. It is rather the case that these elements are outside the parameters of the Freudian analysis of paranoia except insofar as they represent the environmental context of the speaker and are liable to be meaningful to him. Paranoia theory elaborates the construction and purpose of the paranoid meaning in a literary analysis and is therefore certainly relevant to the general critical discussion of Victorian poetry which is much concerned with the production of both meaning and selves in Victorian poetry.[6]

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[6] See, for instance, Loy D. Martin, *Browning's Dramatic Monologues and the Post-Romantic Subject*, 1985; E. Warwick Slinn, *The Discourse of Self in Victorian Poetry*, 1991; M. Rowlinson, *Tennyson's Fixations: Psychoanalysis and the topics of the early poetry*, 1994; Herbert Sussman, *Victorian Masculinities: Manhood and Masculine Poetics in Early Victorian Literature and Art*, 1995.

There are certain difficulties associated with applying diagnostic categories to poetry. For instance, a key diagnostic component of paranoia is delusion. One may wonder whether it is appropriate to speak of delusions in poetry. The clinical definition of a delusion, as I have observed above (2) is "an incorrect inference about external reality held in spite of evidence to the contrary" (*DSM-III-R* 395). How is it possible to define or examine 'external reality' in the case of a dramatic monologue in which the only external reality, in terms of the fictional content of the poem, is that produced by the speaker? The whole speech is a kind of inference about reality and if the speaker's words in one instance are taken to be mistaken the only evidence we have for judging them so is that provided by the speaker himself. One way through this impasse is not to read the dramatic monologue as a narrative of external reality, but to shift the emphasis "from what is perceived to the process of perception, from the structure of an external world to the structuring power of individual minds" (Slinn, 1982 1). In this approach there is no need to access historical or biographical data or to scan the text for 'proof' of anything the speaker says: the text is simply a map of subjectivity. This approach finds its fullest expression in the Lacanian conception of the paranoid subject, as will be seen in Chapter Three, which offers a reading of Robert Browning's " 'Childe Roland to the Dark Tower Came' " in which the perceived is an externalised representation of the perceiving self.

Apart from these possible objections to applying paranoia theory to Victorian poetry, there is one other important question: the validity of the paranoia theory *per se*. As Ekbert Faas has shown, various psychologists and 'alienists', who were much inclined to read the poems as case histories, applied clinical understandings of madness to these poems at the time of publication. If we have lost faith in the clinical paradigms of the Victorian age (ideas such as moral insanity and monomania), on what grounds can we assume that modern clinical analyses are any more sound? Certainly, a range of objections to Freudian and Lacanian theory have been raised over the years. The most significant of these objections is the charge that Freudian and Lacanian paranoia theory cannot escape the 'frame' of Oedipal relations. Freud's reading of Judge Schreber's autobiography and Lacan's reading of Freud's reading are

based on a normative Oedipal structure or, as it is known in Lacanian theory, phallocentrism. Gilles Deleuze and Felix Guatarri take issue with what they describe as the reductiveness of this reading in which "everything is reduced to the father" (89) and in which the manifest content of the Judge's delusion is depoliticised and dehistoricised. Although I do not offer a sustained critique of paranoia theories in this thesis, the analysis of "Childe Roland" in Chapter Three links paranoia to phallocentrism in a way that partially deconstructs Lacanian theory, and the analyses of Chapter Four do point out some of the shortcomings in paranoia theory, particularly in Freud's version of it, as well as suggesting some possible alternatives. Throughout, my intention is not to test and give priority to either the psychoanalytic or literary portrait of paranoia: they developed at different times, under different conditions and for different purposes. Rather, my purpose here is to see what the different models of paranoia, when directed back from hindsight onto literary dramatisations from the age which gave rise to conceptions of paranoia, enable us to see anew or differently in these poems.