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EDITORIAL

The reception of the first issue of Dionysos is encouraging, especially the surprisingly strong interest expressed by those outside university departments of literature. The novelist Dan Wakefield writes, "I think the whole non-academic literary community (in which I count myself) is a very important audience, as well as the whole field of people interested in the effects of alcohol and the perpetration of its mythologies." And historian Ernest Kurtz adds, "Now that we no longer can rely on 'folk counselors,' the hope of the [chemical dependency treatment] field lies in those who are liberally educated--those who know the human condition from the perspective of history and literature rather than through the demeaning and desiccating categories of the social sciences. I of course accept that I cannot control that, but Dionysos affords me a tool to keep shaking things up along those lines." The author of the definitive history of Alcoholics Anonymous knows a desiccating category when he sees one, but then so do fellow advisory-board members sociologist Robin Room and psychologist Alan Marlatt, both of whom rely on the humanities as well as on, for example, statistics to make their points. Indeed, this summer while visiting in Seattle we reminded Alan that long ago the great social theorist Beatrice Webb claimed she had to turn to the novelists and poets in order to discover social reality. Replied the author of Relapse Prevention: "It's still that way." We devoutly hope that in the pages of Dionysos the humanities and social sciences will continue, at times, to inform each other. "Experience, though noon auctoritee," declared the Wife of Bath, "is right ynough for me." But we know that much is gained when concrete experience and scientific authority merge.

To this end we welcome articles, review articles, book and article reviews (both retrospective and current), film and theater commentary, poems and short stories, interviews, research and critical notes, research in progress, letters and queries, news items, and conference announcements. Note also Steven Berg's new bibliographical column. Steve requests bibliographical items as well as suggestions for book reviews.

DENIAL AS TRAGEDY
THE DYNAMICS OF ADDICTION IN O'NEILL'S THE ICEMAN COMETH AND
LONG DAY'S JOURNEY INTO NIGHT

The last Proust is really amazing; but I think he has fourvoyé himself in a subject that can't lead anywhere in art, & belongs only to pathology. What a pity he didn't devote himself to the abnormalities of the normal, which offer a wide enough & untilled enough field, heaven knows.

--Edith Wharton¹

I

The twin themes of intoxication and addiction in Eugene O'Neill's last plays have recently undergone searching analyses, done with gratifying sophistication.² These analyses are remarkably sensitive to the craft of O'Neill, but they necessarily have focused on the clinical or pathological aspects of the major characters in (particularly) The Iceman Cometh and Long Day's Journey into Night. Here I propose to examine The Iceman and Long Day's Journey as dramatic tragedies--the former as a tragic farce, the latter as a classical tragedy--by demonstrating how, variously, the addictive patterns and behavior of the major characters are central to O'Neill's artistic accomplishment: the dramatization of the somber dimensions of the human condition as the tragedy of addiction. Theodore Hickman and Larry Slade and the Tyrones are tragic because of their affliction, not in spite of it.

Alcohol and drug dependence, though often considered to be diseases, are at the same time perceived, sometimes in a subtly disguised way, to be a matter of moral choice, and therefore very much in the tradition of the hamartia of dramatic tragedy:

[P]ity [writes Aristotle in the Poetics] is occasioned by undeserved misfortune, and fear by that of one like ourselves [T]he change in the subject's fortunes must be not from bad fortune to good, but on the contrary from good to bad; and the cause of it must lie not in any depravity, but in some great fault on his part.³

The characters in O'Neill's plays--almost Job-like--bring a curse down on themselves; yet, just as with Oedipus and the pestilence of Thebes (and with Hamlet and the rottenness of Denmark), the characters of the playwright merge with the corrupting world of mind-altering substances in a manner that retains our sympathy even as the agents destroy themselves.

Before discussing the plays, however, I wish to examine the

notion of addiction as a disease, for paradoxically in our present-day therapeutic society (to employ Philip Rieff's relevant phrase⁴) the traditional perception of individual moral responsibility is increasingly challenged by the automatic victimhood that the term "disease" bestows. The result is to turn the diseased person into a stereotype, indeed into a bore, for he is not accountable for his behavior. That behavior is then removed from the moral or aesthetic sphere and rendered, at most, a subject of sentimental, journalistic curiosity.⁵

The cultural preoccupation with disease and illness is not new, of course, but it has become increasingly fashionable. The explorations of Michel Foucault, Jacques Lacan, and Susan Sontag have morally and aesthetically centralized pathology, with the result that the deviant appear the norm. In addition, we have elaborate commentaries largely derived from these theorists' work, such as Shoshana Felman's Writing and Madness and Sander Gilman's Disease and Representation, that insert their clinical preoccupations directly into the mainstream of literary criticism and the history of ideas.⁶ Recent studies, in fact, have documented the spiritual and social devastation resulting from the misuse of mood-altering substances through much of our history,⁷ and The Iceman and Long Day's Journey contain that history in microcosm. If these plays had no other value, they would remain two of our principal documents in the pathology of addiction. This proposition has been documented elsewhere, but a summary of the diagnostic characteristics of alcoholism (and, by extension, of drug dependence) is useful. All alcoholics whose alcoholism has remained untreated and unresolved have certain common characteristics that are far more significant than any individual differences: a deep, constant preoccupation with drink; a compelling need to disguise that preoccupation; a facile ability to lie about their compulsion twenty-four hours a day; a powerful, often debilitating hatred of that part of the self possessed by alcohol; and, finally, a compulsion to continue drinking no matter what the human cost.⁸ This is the condition--call it disease or curse--that O'Neill personally had resolved and that he therefore was able to transform into art.⁹

II

What O'Neill also understood profoundly, if intuitively, are two related phenomena, co-dependence and denial. The essence of co-dependence is that family members are controlled both emotionally and behaviorally by the addicted person--with psychopathological results.¹⁰ Denial is the mental or emotional means by which the individual rationalizes or sublimates unacceptable feelings or behavior. O'Neill combined his intuitive insight into these distinctive aspects of alcohol and drug addiction with his preoccupation with his own family history, demonstrating the reality of the clinical term "family disease." The family, to be sure, has always been central to

dramatic tragedy, but to that theme O'Neill brought a specific knowledge of the effects alcohol and drug addiction have on family members.¹¹ Alcoholism and narcotic dependence, alcoholism and the family, alcoholism and gender, and the clinical category termed "adult children of alcoholics" are phenomena dramatically explored in depth in The Iceman and Long Day's Journey, and these explorations are a textbook documentation of co-dependence and denial.

Much can be explained of the apparently irrational reactions and destructive behavior in family relationships, if one understands the dynamics of the addiction that controls these relationships. We can understand, for instance, Jamie Tyrone's violent, cruel reaction to his mother's morphine addiction, if we also understand that his is the psychoanalytically recognizable, predictable condition of denial. Anna Freud defined this phenomenon in her Ego and the Mechanisms of Defense.¹² Though she is discussing the treatment of children and the various means they employ to defend their mental integrity (or simply their psychic peace), her analysis is strikingly relevant to the subject matter of O'Neill's tragedies: the dramatization of adults making infantile moves to defend themselves against the monstrous assault of addiction so richly captured in the ending of Long Day's Journey, where Mary Tyrone spiritually returns to her convent school and to Mother Elizabeth.

There is another level of denial that is worth noting. In a fascinating correlation of alcoholism and Aristotle, the philosopher George Carlson looks to the Nicomachean Ethics in order to fix the moral place of alcohol abuse in the real, adult world. As Carlson points out, in the Ethics it is clear that Aristotle's self-indulgent man is capable of violating the golden mean of civic, moral virtue through an infinite series of rationalizations that Carlson terms the "denial syndrome."¹³ What we essentially have--that a synthesis of Aristotle and Anna Freud helps to explain--are individuals defending through a system of denial both their instinctive integrity and their ethical maturity. When it is not possible to do both, mental, not to say spiritual, crises occur. The use of alcohol or drugs in such situations provides great comfort, and seems to solve these crises by disguising and therefore denying them.¹⁴

III

My primary concern, however, is not with pathology but with art, and it cannot be stated too firmly that O'Neill, for all the neurotic behavior of his dramatic characters, is portraying essentially normal people, albeit normal people discovered in a state of mental crisis and emotional turmoil.¹⁵ The Nicomachean Ethics, after all, like all codes of conduct, is concerned with normal behavior--whether good or bad, sublime or foolish--on which value is placed. "Man," wrote Thomas Hobbes,

did excell all other Animals in this faculty, that when he conceived any thing whatsoever, he was apt to enquire the consequences of it. . . . But this privilege is allayed by another; and that is the privilege of Absurdity; to which no living creature is subject, but man only. And of men, those are of all most subject to it, that profess Philosophy.¹⁶

To indulge in ordinary human nonsense, then, is not a sickness. Normal may be "characterized by balanced, well-integrated functioning of the organism as a whole within the limits imposed by the environment and in accord with the pattern of one's biological endowment," as Webster's Third has it, but it is also characterized by the outlandish. In a fine essay on the "vanity of personality" in O'Neill's plays, Arnold Goldman reminds us that

Mary Tyrone remains . . . sane, . . . and the . . . complexity of her speech-patterning is a measure, for us, of her sanity. . . . Mary's language . . . is a complex rhythm of admission and denial of her narcotic addiction, counterstressed with blame. . . . [S]he meets with "stubborn defiance," and denial, the attacks on her which the others make, provoked as much by her own excuses and accusations as by their chagrin at once again having allowed themselves to believe her cured.¹⁷

No matter how bizarre their behavior. O'Neill's characters remain in essence sane. And that is why we have tragedy instead of chaos. There has, however, been some question whether O'Neill achieved tragedy at all. Stephen Grecco writes,

[i]ntellectually he was receptive to the idea of tragedy (one of his favorite words) and he did his utmost to impress this vision onto his dramas. But emotionally he was unwilling to recognize and accept those dark and pessimistic insights concerning the nature of man's existence.¹⁸

That he never achieved the stylistic grandiloquence of Euripides or Marlowe is not in dispute; but neither in dispute is the general conviction that his last plays embody the greatest concentrations of somber dramatic power in the literature of this century. It is in the light of this judgment of his mastery of the art of tragedy and not through trivializing remarks about "style," about whether his stage directions are less poorly written than his dialogue, that O'Neill's two great plays must be examined and judged.

IV

I referred earlier to The Iceman Cometh as a tragic farce; in so doing I am less interested in establishing a technical category than in urging an approach to the play that was

suggested by O'Neill himself. By calling Harry Hope's disreputable saloon a "Palace of Dipsomania"¹⁹ he ironically conveys a note of clinical grandiosity that runs through the dialogue of the play. This ambivalence, indeed paradox, is found not only in its language but in his comments on its conception. In a 1946 Time Magazine interview, O'Neill said,

It's struck me as time goes on, how something funny, even farcical, can suddenly without any apparent reason, break up into something gloomy and tragic. . . . A sort of unfair non sequitur, as though events, as though life, were being manipulated just to confuse us; a big kind of comedy that doesn't stay funny very long. I've made some use of it in The Iceman. The first act is hilarious comedy, I think, but then some people may not even laugh. At any rate, the comedy breaks up and the tragedy comes on.²⁰

Earlier, however (in 1940), he stated,

there are moments in it that suddenly strip the secret soul of a man stark naked, not in cruelty or moral superiority, but with an understanding compassion which sees him as a victim of the ironies of life and of himself. These moments are to me the depth of tragedy, with nothing more that can possibly be said.²¹

This ambivalence between comedy and tragedy is built into drink itself. "Equivocal spirits" Thomas Gilmore called it, for in The Iceman alcohol signifies the only reality the characters other than Hickey recognize, and when Hickey bullies them into contemplating their reality of alcoholic illusion as an inversion of the real world, they react in such a way as to turn Anna Freud's theory on its head: denial of the real world is their real world! Indeed, in Vernon Johnson's distinction,²² they are not alcoholics at all, but drunks, the signal condition of their existence, and this distinction is no mere semantic quibble, any more than is Pearl's between tarts and whores or, for that matter, Rocky's between managers and pimps.

To continue the parallel of inversion, the inhabitants of Harry's bar are Emerson's Representative Men, whose reality is the "pipe dream" that will come true "tomorrow." These two incantations occur like the Gloria Patri dozens of times through the play, and they are repetitions only in the sense that the Gloria Patri is, as a cumulative affirmation of faith.

The essence of the tragedy in The Iceman is to be found in the character of Hickey and his denial, by substitution of one illusion for another, of the world of which he formerly had been a part. Though Larry may be "De Old Foolosopher,"²³ recalling Hobbes's "priviledge of Absurdity," Hickey is "the great Nihilist" (622). As such he is the soul that is lost, the denier

of that community of values that unifies and dignifies--at whatever cost--the representative people of Harry Hope's bar. Hickey has become what Joseph Epstein has called a "virtucrat," those who "are completely convinced of their own moral superiority . . . , empowered by the unflinching sense of their own virtue."²⁴ The two greatest speeches in the play belong to Hickey, the first when he peddles his newfound self to Larry, the second his incredible confession of murder. The former speech is prefaced by a telling stage direction: "(then with a simple earnestness, taking a chair by Larry, and putting a hand on his shoulder)," followed by words of unctuous sincerity,

Listen, Larry, you're getting me all wrong. Hell, you ought to know me better. I've always been the best-natured slob in the world. Of course, I have pity. But now I've seen the light, it isn't my old kind of pity--the kind yours is. It isn't the kind that lets itself off easy by encouraging some poor guy to go on kidding himself with a lie--the kind that leaves the poor slob worse off because it makes him feel guiltier than ever--the kind that makes his lying hopes nag at him and reproach him until he's a rotten skunk in his own eyes. I know all about that kind of pity. I've had a bellyful of it in my time, and it's all wrong! (with a salesman's persuasiveness) No, sir. The kind of pity I feel now is after final results that will really save the poor guy, and make him contented with what he is, and quit battling himself, and find peace for the rest of his life. (628-29)

Hickey's lyrical optimism makes Dr. Pangloss sound like Schopenhauer! Larry's reaction--"Be God, if I'm not beginning to think you've gone mad! . . . You're a liar!" (629)--prepares Hickey's listeners for disbelief when he delivers his confession.

The shocking irony is that Hickey's confession of the murder of his wife carries no moral reality. In a literal sense it is the most real thing in the play, the only important thing that happens, even though it happens offstage and before the action itself begins. And in a strange, bizarrely comical way, Hickey's confession is interrupted contrapuntally by the whining confession of Parritt: "HICKEY--(simply) So I killed her." "PARRITT-- . . . I may as well confess, Larry. There's no use lying any more. You know, anyway. I didn't give a damn about the money. It was because I hated her" (700). Parritt's transgression is a faint echo of Hickey's, partly because we know his wife in a way that we do not know Parritt's mother. Nonetheless, the impact of Hickey's monstrous act on his listeners is as transitory as is the suicide of Parritt: they might as well have read about both in the National Enquirer. That is the denial, and that is the tragedy of The Iceman Cometh.

In contrast to The Iceman, tragic denial in Long Day's Journey into Night is pure essence without hint of farce. In this regard Steven Bloom has treated the use of drinking and alcoholism in Long Day's Journey with thoroughness. As he points out, all the characters in the play, including the servant Cathleen, exist in varying stages of intoxication through much of the action: "This pervasive dependence on chemical substances inevitably affects the behavior of the characters and their interactions in various ways, some subtle and some blatant."²⁵ The Tyrone family circle, in fact, represents a classic case study of dependence and co-dependence.

The play opens on a scene of false serenity, a wife and husband (borrowing from John Donne) in "a little world made cunningly" before "black sin hath betrayed to endless night" their "world's both parts"²⁶; as O'Neill said of The Iceman, a "kind of comedy that doesn't stay funny very long." The peripeteia, the Aristotelian reversal of fortune,²⁷ comes extraordinarily early in this play. "Outside of nerves, she seems perfectly all right this morning," says Jamie Tyrone in the middle of the first act. "Never better. She's full of fun and mischief," responds his father, directly followed by the co-dependent's ever-present sense of foreboding: "Why do you say, seems? Why shouldn't she be all right? What the hell do you mean?" And Jamie answers, "God, Papa, this ought to be one thing we can talk over frankly without a battle" (734). But the false dawn is short-lived. At the beginning of Act II the bottle of whiskey is brought out, and soon it is apparent that Mary Tyrone has returned to morphine.

A vital distinction--a distinction that Steven Bloom does not make in his otherwise excellent essay--must be made between the symbols of morphine and whiskey in Long Day's Journey. Today we know there is no clinical difference between addictions to these substances, but in the world of O'Neill's tragedy they are perceived by all the characters to be different in kind. The liquor tray is placed openly in the living room, and whiskey is drunk publicly and talked about with at least the appearance of candor: alcohol indulgence is assumed to be normal, while the use, let alone abuse, of morphine is interdicted. Mary herself (one notes) repeatedly criticizes the men's drinking while they cannot even speak the name of her substance of choice. A further clue to the values of their world is the choric-functioning servant Cathleen, who approves of alcohol and stigmatizes drugs.

We must remember that the play is set in 1912; we must further remind ourselves of that other great American drug scare that began more than a century ago. David Musto, in his definitive history The American Disease: Origins of Narcotic Control, describes the world of narcotic addiction that the

Tyrones knew and feared. In the late nineteenth century "[m]orphine grew in popularity as its great power over pain became better appreciated," Musto tells us.²⁸ Before long, however, its addictive properties also became appreciated, and by 1906, when the Pure Food and Drug Act was passed, severely controlling where it did not ban outright the various opiates, morphine use was judged beyond the moral pale of respectable people. But Musto points out that there was more to it:

Whatever the cause, a relatively high level of opium consumption was established in the United States during the nineteenth century. This appetite for narcotics calls for some examination if only because opiate addiction has been described in the United States as "un-American" and "non-Western." . . . [A]ddicts were identified with foreign groups and internal minorities who were already actively feared and the objects of elaborate and massive social and legal restraint. Two repressed groups which were associated with the use of certain drugs were the Chinese and Negroes.²⁹

Add to the stigmata of race and class the anti-Irish prejudice of that time and place, and the belief that "nice" women, let alone mothers, must never abuse any substance, one can only sympathize with Mary Tyrone's dilemma: she is "lace-curtain" Irish, middle-class, white, beautiful, and (by all outward appearances) loved and protected. Her pathetically reiterated complaint that the Tyrones' social position was not quite respectable only adds to the anxiety caused by her addiction.

The system of denial, deeply charged throughout the tragedy, is highlighted by the taboo against naming Mary's addiction throughout most of the play. Alcoholic beverages can be and are, as I indicated, freely used (and abused) openly and socially, but the one substance on earth that can--or so she believes--bring peace to Mary must remain banned. It is this denial, this, in Anna Freud's analysis, almost infantile regression caused by the elemental instinct of survival, that is central to O'Neill's portrayal of tragic experience.

It is the taboo against naming morphine (it is represented by a dash through the first half of the play!), against any kind of coming to terms with family feelings, that results in those "sub-verbal processes that carry meanings different from--and often opposed to--the meanings in the words and sentences themselves."³⁰ This observation of Stephen Black's brings us to the center of the tragic language of the play. O'Neill has been universally patronized because his language is not the language of Shakespeare. But, "[n]o theory of tragedy," writes F. R. Leavis,

can amount to more than a blackboard diagram, a mere schematic substitute for understanding, unless it is associated with an

adequate appreciation of the subtleties of poetic (or creative) language--the subtleties that are supremely illustrated in the poetry of Shakespeare.³¹

Leavis's parenthetical "or creative" is the key to O'Neill's language of addiction and language of the denial of the addiction in Long Day's Journey. The past of the Tyrone family is refracted through morphine and alcohol into a double vision: the illusions of the characters and the reality of the playwright. O'Neill's own addiction was resolved; the Tyrone's was not.

The essence of this proposition is expressed in the most moving scene of the play: the card-playing episode in Act IV:

TYRONE--(picks [his cards] up--dully) Yes, let's see what we have here. (They both stare at their cards unseeingly. Then they both start. Tyrone whispers) Listen!

EDMUND--She's coming downstairs.

TYRONE--(hurriedly) We'll play our game. Pretend not to notice and she'll soon go up again.

EDMUND--(staring through the front parlor--with relief) I don't see her. She must have started down and then turned back.

TYRONE--Thank God.

EDMUND--Yes. It's pretty horrible to see her the way she must be now. (with bitter misery) The hardest thing to take is the blank wall she builds around her. Or it's more like a bank of fog in which she hides and loses herself. Deliberately, that's the hell of it! You know something in her does it deliberately--to get beyond our reach, to be rid of us, to forget we're alive! It's as if, in spite of loving us, she hated us!

TYRONE--(remonstrates gently) Now, now, lad. It's not her. It's the damn poison.

EDMUND--(bitterly) She takes it to get that effect. At least, I know she did this time! (abruptly) My play, isn't it? (801)

Deliberately! Yes, indeed. Their articulation of feeling is in the unsaid, in the recognition of Mary's moral choice and the lack of recognition of her suffering, over which she has no choice. Their mutual relief that she does not appear allows them to avoid the confrontation, the confrontation that might resolve their suffering and provide the only solution to their tragic dilemma. Yet, instead of reconciliation through the toughness of tested love we are presented with an act of violence between the brothers, triggered by Jamie's mere utterance of the dreaded word "hophead" (818).

VI

"Half of both the poetry and the tragedy of human life," William James once said, "would vanish if alcohol were taken away."³² In his great tragedies Eugene O'Neill codifies this proposition. If The Iceman Cometh is a tragedy of civilization--in the representativeness of their illusions, the barflies in Harry's saloon are society--then Long Day's Journey into Night is a tragedy of family, a microcosm of the reality of O'Neill's world. This "world," however, is not any particular historical or geographical entity. In Joseph Conrad's Heart of Darkness, we are asked: "'Did [Kurtz] live his life again in every detail of desire, temptation, and surrender during that supreme moment of complete knowledge?'" We are answered: "'He cried in a whisper at some image, at some vision--he cried out twice, a cry that was no more than a breath: 'The Horror! The Horror!'"³³ That horror is what Kurtz sees after the veneer of civilization has for him been obliterated by Thomas Hobbes's stark State of Nature.³⁴ It is well to remember that Conrad's words were the original epigraph to The Waste Land, and just as T. S. Eliot's poem has mistakenly been seen as merely a condemnation of the modern world (or "the West"), so Long Day's Journey has been submitted to a parochial judgment. "No dramatist to this day, among us," writes Harold Bloom, "has matched O'Neill in depicting the nightmare realities that can afflict American family life, indeed family life in the twentieth-century Western world."³⁵ That is precisely not, I believe, what Eugene O'Neill is about. Rather, O'Neill's accomplishment in these tragedies is to render the cost to the soul of denying the existence of an affliction to which every last one of us is vulnerable.³⁶

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NOTES

¹ Edith Wharton, "To Bernard Berenson," 7 June 1921, The Letters of Edith Wharton, ed. R. W. B. Lewis and Nancy Lewis (New York: Scribner's, 1988) 441.

² Steven F. Bloom, "Empty Bottles, Empty Dreams: O'Neill's Alcoholic Drama," diss., Brandeis U, 1982; Tom Dardis, The Thirsty Muse: Alcohol and the American Writer (New York: Ticknor, 1989); Thomas B. Gilmore, Equivocal Spirits: Alcohol and Drinking in Twentieth-Century Literature (Chapel Hill: U of N Carolina P, 1987); Donald W. Goodwin, Alcohol and the Writer (Kansas City: Andrews and McMeel, 1988).

³ Aristotle, The Complete Works of Aristotle, The Revised Oxford Translation, ed. Jonathon Barnes (Princeton: Princeton UP, 1984) 1453^a.

⁴ Philip Rieff, The Triumph of the Therapeutic: Uses of Faith After Freud (New York: Harper, 1966).

⁵ In reaction perhaps to this therapeutic model, the United States Supreme Court in Traynor v. Turnage (Supreme Court Reporter 108 [1988]: 1372-92) handed down a decision affirming that "'primary' alcoholism [is a result of] 'willful misconduct'" (1372). Though it explicitly dissociated itself from the specific debate (1384n), the court appeared to have chosen the "will-power model" over the "disease model" of alcoholism. The general perception was that the decision had dealt the "drunk-coddling" therapeutic professionals a severe blow. (The statute on which the court's decision was based has since been changed so that certain federal benefits may now be granted those disabled by alcoholism [Veterans' Benefits and Programs Improvement Act of 1988, Pub. L. 100-689, 102 Stat. 4170, to be codified in 38 U.S.C.].) By coincidence the philosopher Herbert Fingarette had just published his Heavy Drinking: The Myth of Alcoholism as a Disease (Berkeley: U of California P, 1988), a scholarly diatribe in which he attempts to demolish the chemical dependency treatment establishment--and Alcoholics Anonymous to boot--by arguing that alcoholism is not by any coherent definition a disease at all and therefore should not be eligible for medical insurance funding, let alone accorded moral standing. Since medical researchers are not in agreement as to the meaning of the term disease (E. J. M. Campbell, J. G. Scaddings, and R. S. Roberts, "The Concept of Disease," British Medical Journal 2 [29 Sept 1979]: 757-762; Muriel R. Gillick, "Common-Sense Models of Health and Disease," The New England Journal of Medicine 313.11 [12 Sept 1985]: 700-703; Marsden S. Blois, "Medicine and the Nature of Vertical Reasoning," The New England Journal of Medicine 318 [1988]: 847-51), and also perhaps because scientifically and medically unsophisticated people are largely doing much of the disputing, there is a certain aura of unreality about the controversy. Perhaps the solution is simply to declare the problem nonexistent and turn to other things, in the manner of a recent New York Times item: "Since the collapse of Judge Douglas H. Ginsburg's Supreme Court nomination, some Congressional aides and civil liberties lawyers have been discussing an idea: Why not do for those who experimented with illegal drugs in their youth what the Government has more recently done for illegal aliens and draft dodgers: declare an amnesty" ("Cleaning the Drug Slate," The New York Times 12 November 1987: 12). To some, evidently, even a pestilence can be expunged by fiat. But as Eugene O'Neill knew as well as anyone, alcoholism and drug abuse cause human destruction. He thought deeply about these afflictions, not only as they affected him personally but also as they (so he felt) derived from his Irish heritage (John Henry Raleigh, "O'Neill's Long Day's Journey into Night and New England Irish-Catholicism," Partisan Review 26 [1959]: 573-592; Steven D. Putzel, "Whiskey, Blarney and Land: Eugene O'Neill's Conceptions and Misconceptions of the Irish,"

Literary Interrelations: Ireland, England and the World, vol. 3: National Images and Stereotypes, ed. Wolfgang Zach and Heinz Kosok, Tübingen: Gunter Narr Verlag, 1987: 125-31; Richard Stivers, "Irish Ethnicity and Alcohol Use," Medical Anthropology: Cross Cultural Studies in Health and Illness 2 [1978]: 121-135). Recently, the uncritical sensationalizing of alcoholic behavior by biographers has received a severe reprimand (justly, I believe) from Joyce Carol Oates ("Adventures in Abandonment," The New York Times Book Review [28 August 1988]: 3,33); see also James Atlas, "Speaking Ill of the Dead," The New York Times Magazine 6 Nov. 1988: 40-46.

⁶ Michel Foucault, Madness and Civilization (New York: Vintage, 1973); Jacques Lacan, Écrits: A Selection (New York: Norton, 1977); Susan Sontag, Illness as Metaphor (New York: Farrar, 1978); Shoshana Felman, Writing and Madness (Ithaca: Cornell UP, 1985); Sander L. Gilman, Disease and Representation: Images of Illness from Madness to AIDS (Ithaca: Cornell UP, 1988). Literary people aren't the only researchers delving into creativity and the abnormal. The psychiatrist Nancy C. Andreasen has examined an entire cohort (and their families) from the University of Iowa School of Letters in an attempt to establish a causal link between artistic creativity and deviance, including alcoholism ("Creativity and Mental Illness: Prevalence Rates in Writers and Their First-Degree Relatives," American Journal of Psychiatry 144 (1987): 1288-92).

⁷ Mark Edward Lender and James Kirby Martin, Drinking in America: A History (New York: Free, 1987); Harry Gene Levine, "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America," Journal of Studies on Alcohol 39 (1978): 143-74; David F. Musto, The American Disease: Origins of Narcotic Control, expanded ed. (New York: Oxford UP, 1987); Robin Room, "A 'Reverence for Strong Drink': The Lost Generation and the Elevation of Alcohol in American Culture," Journal of Studies on Alcohol 45 (1984): 540-546; George E. Vaillant, The Natural History of Alcoholism: Causes, Patterns, and Paths to Recovery (Cambridge: Harvard UP, 1983).

⁸ For the background of this definition see Roger Forseth, "Alcohol and the Writer: Some Biographical and Critical Issues (Hemingway)," Contemporary Drug Problems 13 (1986): 361-86.

⁹ O'Neill's own addiction, as well as that of his family, has been thoroughly documented elsewhere (Steven F. Bloom, "Alcoholic Drama"; Arthur and Barbara Gelb, O'Neill [New York: Harper, 1974]; Goodwin; Stephen R. Grecco, "High Hopes: Eugene O'Neill and Alcohol," Yale French Studies 50 [1974]: 142-49; Louis Sheaffer, O'Neill: Son and Playwright [Boston: Little, 1968] and his O'Neill: Son and Artist [Boston: Little, 1973]). See also Louis Sheaffer, "Eugene O'Neill and 'The Practitioner,'" The Practitioner 205 [July 1970]: 106-110). I wish here to make

only one point, but a point I believe crucial: O'Neill resolved his alcoholism: he moved from a state of victimization to one of understanding and acceptance in the profoundest sense of these words. The primary evidence for this conclusion is his artistic achievement in the plays beginning with Mourning Becomes Electra (1931). His claim to being America's greatest playwright rests on the works he created after he achieved sobriety, sobriety in the full clinical and spiritual senses of the word. One need only compare his last plays with the last novels of Sinclair Lewis or the last poems of John Berryman to be struck by the difference in quality. The latter two alcoholic authors never resolved their alcoholism--though they stopped drinking innumerable times--and, at least in Lewis's case, continued to write, not because he had more essentially to say, but as a form of therapy (Roger Forseth, "'Alcoholite at the Altar': Sinclair Lewis, Drink, and the Literary Imagination," Modern Fiction Studies 31 [1985]: 581-607; John Haffenden, The Life of John Berryman [London: Routledge, 1982]). O'Neill, by coming to terms with his affliction, understood it, resolved it, and objectified it definitively in Iceman and Long Day's Journey. "Alone among the alcoholic writers of his generation, O'Neill was able to confront directly in his art the disease that came close to destroying his talent. He was the only American writer to write at his best when dealing primarily with addiction. . . . It took O'Neill thirteen years to discover the subject about which he could speak with an authority that none of his contemporaries could match. His ventures into the hitherto closed world of addiction have no equal in our literature, and it is possible to claim they could have been achieved only by a writer who had traversed the long corridor of alcoholism but returned to tell his story" (Dardis 250).

¹⁰ Briefly co-dependence may be defined as "'a specific condition that is characterized by preoccupation and extreme dependence (emotionally, socially, and sometimes physically) on a person or object. Eventually, this dependence on another person becomes a pathological condition that affects the co-dependent in all relationships.' The condition of co-dependence . . . is characterized by delusions/denial, compulsions, frozen feelings, low self-esteem, and stress-related medical complications" (Timmen L. Cermak, Diagnosing and Treating Co-Dependence (Minneapolis: Johnson Institute, 1986) 6).

¹¹ For O'Neill and kinship, see Michael Manheim, Eugene O'Neill's New Language of Kinship (Syracuse: Syracuse UP, 1982); for alcohol and the family, see Carol Ghinger and Marcus Grant, "Alcohol and the Family in Literature," Alcohol and the Family ed. Jim Orford and Judith Harwin (New York: St. Martin's, 1982) 255-55; for alcohol and women, see Sheila B. Blume, "Women and Alcohol," Journal of the American Medical Association 256 (1986): 1467-70; and Annette R. Smith, "Alcoholism and Gender: Patterns of Diagnosis and Response," Journal of Drug Issues 16 (1986):

407-20; for adult children of alcoholics, see Ruth Maxwell, Breakthrough: What to Do When Alcoholism or Chemical Dependency Hits Close to Home (New York: Ballantine, 1986); for specific applications to O'Neill, see Stephen A. Black, "Ella O'Neill's Addiction," The Eugene O'Neill Newsletter 9.1 (1985): 24-26; and Gloria Dibble Pond, "A Family Disease," The Eugene O'Neill Newsletter 9.1 (1985): 12-14.

12 "The infantile ego was capable of suddenly revolting against the outside world and of allying itself with the id to obtain instinctual gratification, but, if the ego of the adolescent does this, it becomes involved in conflicts with the superego. Its firmly established relation to the id on the one hand and the superego on the other--that which we call character--makes the ego unyielding. It can know but one wish: to preserve the character developed during the latency period, to re-establish the former relation between its own forces and those of the id, and to reply to the greater urgency of the instinctual demands with redoubled efforts to defend itself. In this struggle to preserve its own existence unchanged the ego is motivated equally by objective anxiety and anxiety of conscience and employs indiscriminately all methods of defense to which it has ever had recourse in infancy and during the latency period. It represses, displaces, denies, and reverses the instincts and turns them against the self; it produces phobias and hysterical symptoms and binds anxiety by means of obsessional thinking and behavior" (Anna Freud, The Ego and the Mechanisms of Defense, rev. ed., vol. 2 of The Writings of Anna Freud [New York: International UP, 1966] 146-47). Compare this passage with the following from Sigmund Freud's An Outline of Psycho-Analysis: "[T]he childish ego, under the domination of the real world, gets rid of undesirable instinctual demands by what are called repressions. We will now supplement this by further asserting that, during the same period of life, the ego often enough finds itself in the position of fending off [i.e., denying] some demand from the external world which it feels distressing and that is effected by means of a disavowal [denial] of the perceptions which bring to knowledge this demand from reality" (The Standard Edition, vol. 23 [London: Hogarth, 1964] 203-4). The "mechanism" of both Freuds is explored at length in Burness E. Moore and David L. Rubinfine, The Mechanism of Denial (New York: International Universities Press, 1969). See also Margaret A. Boden, "Freudian Mechanisms of Defense: A Programming Perspective," Freud: A Collection of Critical Essays, ed. Richard Wollheim (Garden City, NY: Anchor, 1974) 242-70; Uwe Henrik Peters, Anna Freud (New York: Schocken, 1985); Ralph E. Tarter, et al., "Alcoholic Denial: A Biopsychological Interpretation," Journal of Studies on Alcohol 45 (1984): 214-18; Elisabeth Young-Bruehl, Anna Freud: A Biography (New York: Summit, 1988). See also George F. Wedge, "Mixing Memory with Desire: The Family of the Alcoholic in Three Mid-Western Plays," Dionysos: The Literature and Intoxication TriQuarterly 1.1 (Spring 1989): 10-

13 George R. Carlson, "Aristotle and Alcoholism: Understanding the Nicomachean Ethics," Teaching Philosophy 9 (1986): 97-102.

14 There is much in psychoanalysis that is of dubious value for the understanding of literature in general (see, e.g., Frederick Crews, "The Freudian Temptation," Skeptical Engagements [New York: Oxford UP, 1986] 1-111) and literature and addiction in particular, but Anna Freud's work, in my judgment, is strikingly the exception.

15 The layman hesitates at this time to use the term "neurotic," since the specialists can't seem to agree either on its meaning or application (see American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 3rd ed. [Washington: APA, 1980], especially 9-10). For that matter, they can't seem to agree on a definitive description of alcoholism either (see Fingarette *passim*; Marc A. Schuckit, Sidney Zisook, and Joseph Mortola, "Clinical Implications of DSM-III Diagnoses of Alcohol Abuse and Alcohol Dependence," American Journal of Psychiatry 142 [1985]: 1403-8).

16 Thomas Hobbes, Leviathan. ed. C. B. MacPherson (Baltimore: Penguin, 1968) 113.

17 Arnold Goldman, "The Vanity of Personality: The Development of Eugene O'Neill," Eugene O'Neill: Modern Critical Views. ed. Harold Bloom (New York: Chelsea, 1987) 39.

18 Grecco 145. Perhaps this judgment is, at least in part, connected to Harold Bloom's complaint that "[f]or sheer bad writing, O'Neill's only rival among significant American authors is Theodore Dreiser" (Harold Bloom, "Introduction," Eugene O'Neill: Modern Critical Views. ed. Harold Bloom [New York: Chelsea, 1987] 5).

19 Virginia Floyd, Eugene O'Neill at Work (New York: Ungar, 1981) 269.

20 Sheaffer, Son and Artist 577-78.

21 Shaeffer, Son and Artist 504.

22 Vernon E. Johnson, I'll Quit Tomorrow. rev. ed. (San Francisco: Harper, 1980) 2-3; Gilmore 3-17.

23 Eugene O'Neill, The Iceman Cometh. Complete Plays: 1932-1943. ed. Travis Bogard (New York: The Library of America, 1988) 570. All quotations from O'Neill's plays are from this edition.

24 Joseph Epstein, "True Virtue," The New York Times Magazine (24 Nov. 1985): 65.

25 Steven Bloom, "Empty Bottles, Empty Dreams: O'Neill's Use of Drinking and Alcoholism in Long Day's Journey into Night," Critical Essays on Eugene O'Neill. James J. Martine, ed. (Boston: Hall, 1984) 159.

26 John Donne, "Holy Sonnet 5," John Donne's Poetry. ed. A. L. Clements (New York: Norton, 1966) 87-88.

27 Aristotle 1452^a.

28 Musto 1.

29 Musto 2, 5.

30 Stephen A. Black, "The War Among the Tyrones," The Eugene O'Neill Newsletter 11.2 (1987): 29.

31 F. R. Leavis, "Tragedy and the 'Medium': Note on Mr. Santayana's 'Tragic Philosophy.'" Scrutiny 12 (1944): 260.

32 William James, The Principles of Psychology. 1890 authorized edition, 2 vol. (New York: Dover, 1950) 2: 628n.

33 Joseph Conrad, Heart of Darkness. ed. Robert Kimbrough (New York: Norton, 1971) 71.

34 "Whatsoever therefore is consequent to a time of Warre, where every man is Enemy to every man; the same is consequent to the time, wherein men live without other security, than what their own strength, and their own invention shall furnish them withall. In such condition, there is no place for Industry; because the fruit thereof is uncertain: and consequently no Culture of the Earth; no Navigation, nor use of the commodities that may be imported by Sea; no commodious Building; no Instruments of moving, and removing such things as require much force; no Knowledge of the face of the Earth; no account of Time; no Arts; no Letters; no Society; and which is worst of all, continuall feare, and danger of violent death; And the life of man, solitary, poore, nasty, brutish, and short" (Hobbes 186).

35 Harold Bloom, 12.

36 An earlier version of this essay was read at the Centennial Symposium on Eugene O'Neill and T. S. Eliot, University of Wisconsin-Oshkosh, 24 September 1988. I would like to thank Anthony Bukoski, Grace Forseth, Thomas Gilmore, and George Wedge for their comments and suggestions.

Review Article

THE CRITIC CRITICIZED

Thomas B. Gilmore

Herbert Fingarette. Heavy Drinking: The Myth of Alcoholism as a Disease. Berkeley: University of California Press, 1988.

The book under review is one of those that seem to come along approximately once every decade and cause a stir beyond the limited audience of professional "alcoholologists." The difference between Heavy Drinking and other such books is that Herbert Fingarette perceived (in some respects correctly) that the still relatively new field of the study and treatment of alcoholism is now sufficiently advanced to have developed, as his subtitle puts it, certain myths in need of correction. Fingarette writes with an unusual clarity well suited to reach the broad audience he aims at and equally well suited as a vehicle for the sharp, sometimes satirical attacks that occupy about two-thirds of this short book. Readable as it is, however, on the whole it is a disappointing book, superficial and even rather dangerous because the audience for whom the book is intended is unlikely to be able to detect its distortions and omissions. I shall begin by commenting on the book's strengths and usefulness, but must reserve the bulk of my attention for its weaknesses.

1) Perhaps the greatest virtue of Fingarette's book lies in its remarkably succinct gathering of some of the best scientific thinking about alcoholism from the past ten to twenty years. Furthermore, where certain views are still in dispute, Fingarette consistently seems careful to cite studies on both sides. This praise being offered, however, I must qualify it by adding that Fingarette's bibliography is more commendable than his unreliable use of at least one of the more important works it contains.

2) Certainly one of Fingarette's key arguments is correct: that there have been major advances in thinking about alcoholism in the past two decades, that we now, for example, know alcoholism to be a phenomenon with a far more variable and unpredictable pattern than we had previously thought. In fact, the variables are so great that Fingarette is fully justified in questioning whether a single term, "alcoholism," should be used for all of them. His corollary is that some important milestones in the development of modern thinking about alcoholism--the views of such writers as Marty Mann and E. M. Jellinek, and also the views of Alcoholics Anonymous--are now largely if not wholly obsolete, even if the general public and paraprofessionals treating alcoholics may still cling to those views. But one can accept Fingarette's idea that progress has occurred and that this has exposed some faults or inadequacies of older views without necessarily sharing his sometimes excessive impatience with these

views and his desire to consign them to the scrap heap. In particular, I shall demonstrate below that there are major distortions and omissions in Fingarette's comments on Alcoholics Anonymous.

3) Fingarette's chapters 5 and 7 are, each in a different way, quite valuable. Though extremely short, chapter 7 presents a number of ideas, most already being tried at least in a limited way, to reduce the incidence of heavy drinking and its concomitant dangers: shorter hours for taverns and package stores, holding bar owners legally responsible for the results of serving intoxicated customers, taxing alcoholic beverages more steeply, even using ignition-lock devices to prevent cars from being started by drivers who fail to pass a breathalyzer test. To the reader who might object that such measures, individually or collectively, will not curtail heavy drinking in any major way, Fingarette responds, in this chapter and elsewhere, with the persuasive argument that because of the variety of reasons behind the manifestations of heavy drinking, no single measure or even series of measures is likely to result in a sudden, large reduction of the number of heavy drinkers; we must therefore learn to be content with small, undramatic, but nevertheless worthwhile steps that will gradually diminish their number.

The purpose of chapter 5 can perhaps best be described as an attempt to demystify alcoholism and thus to rob it of its paralyzing terror both for its victim and for those close to him. Especially useful in this attempt are several analogies Fingarette discovers between the development of heavy drinking and the development of other habits, including some regarded as harmless or even beneficial. I am inclined to think that Fingarette may go a little too far in this attempt to depict alcoholics as ordinary: "Heavy drinkers are people who have over time made a long and complex series of decisions, judgments, and choices of commission and omission that have coalesced into a central activity" (102). Anyone who has had intimate and extended association with an alcoholic will, I think, find this characterization excessively bland and rationalistic; instead of being reassuring, it smacks of the social scientist commenting from the comfort of his office or carrel. But the purpose of this chapter is still admirable; and the following comment better represents the chapter as a more sensitive account of both the complex development of the alcoholic and his likeness to many other people: ". . . There is no one reason that motivates all our self-defeating conduct. The general truth is this: Human beings do not always respond wisely and with foresight; we often drift, unwitting, into a tangled web of decisions, expectations, habits, tastes, fears, and dreams. The chronic heavy drinker is no exception--no more mysterious, no less vulnerable" (103). There is also in these remarks a hint of compassion too much lacking in other sections of Fingarette's book, a sense that, as one of the most incisive students of alcoholism once said to me,

people are human beings first and alcoholics second.

The fact that two of Fingarette's best chapters are in the last one-third of his book, in the part entitled "New Approaches to Heavy Drinking," makes me wish that he had spent more time on this section and less time on the much longer first part in which he debunks misguided notions about and treatments of alcoholism, necessary though he doubtless considered this task to be. For had he given more attention to his second part, he probably would either have reconsidered or purged his idea of matching heavy drinkers with treatment programs by "the creation of a vast database" which would include much complex information and "would be statistically analyzed to produce a menu of probabilities indicating which treatment programs best achieve which outcomes with which kinds of drinkers" (116). Not to mince words, and quite apart from the bizarre image of a "menu of probabilities," this idea seems altogether as ridiculous as Reagan's Star Wars. How could any computer useably systematize all these data? Who would build and operate it? Most important, in an era in which any new money for socially constructive purposes is exceedingly hard to come by, who would fund it? In the first section of his book, Fingarette is critical of the cost and ineffectiveness of most existing alcohol treatment programs; but it would be hard to imagine any proposal more costly to implement and less likely to be effective than this one. He himself seems skeptical of this proposal, and cites one study of attempts at matching that concludes that common sense would have worked as well. If Fingarette were less ignorant of and hostile toward Alcoholics Anonymous, he might have learned that a natural and often highly successful matching process occurs in AA when the newcomer chooses a "sponsor" and also when he gravitates in informal discussions toward those members whose remarks reveal them to have backgrounds, experiences, and values similar to his own.

If Fingarette's book contained only occasional aberrations such as the one described above, my review could end here. But it contains much more damaging faults, and I now turn to the one which, it seems to me, is of the gravest and most immediate practical danger. Fingarette is inadequately aware that especially with a book like his, consciously addressed to a large audience, many will be motivated to read it by a fear that they have a drinking problem and by a strong, even a desperate, desire to find help for it in Fingarette's pages. They are likely instead to reach one of two conclusions: either that their problem is a "myth" (a hasty, mistaken conclusion for which Fingarette could not fairly be held responsible) or that, because of Fingarette's emphasis on the ineffectiveness of virtually all existing treatments, their problem is hopeless except in their exercise of a will power and their assumption of a responsibility for their behavior (109) which so persistently elude many alcoholics that their absence may be a major reason for their desperation. Fingarette might well contend that he was not

writing for the reader in search of immediate help. But judging from the frequency with which books on alcoholism like Fingarette's are checked out or missing from my university library, many readers do not peruse them merely for knowledge of the subject. Fingarette's disclaimer would thus be at best naive.

I want briefly to enumerate the other major problems of Fingarette's book before I illustrate and elaborate on them. 1) Fingarette demonstrably misrepresents one major book, George Vaillant's The Natural History of Alcoholism (1983), and thus raises doubts about his accuracy and reliability in treating other sources. 2) Although a few of his remarks about Alcoholics Anonymous are just, Fingarette for the most part evinces an appalling ignorance of it and consistently attempts to minimize or discredit its achievements. 3) Perhaps unconsciously, Fingarette exhibits such an uncritical admiration for science that I think it would embarrass most scientists, and at the same time so manipulates his definition of science as to make it the exclusive property of people with advanced degrees in the field. Empiricism, close observation of and reporting on experience (AA on the experience of problem drinking, for example), is generally and, in my opinion, unwarrantably excluded. 4) Fingarette sometimes seems to play capricious semantic games. For example, alcoholism cannot be a disease because that term, for Fingarette, should be used only in a restricted, rigorously scientific way; yet Fingarette allows that heavy drinking is a problem. The question is whether there is a real gain in thus limiting the use of the term disease, in attempting to prohibit all senses not strictly medical. 5) Fingarette's book contains several faults of logic or reasoning.

1) Evidently recognizing the importance of Vaillant's book, Fingarette seeks to enlist its support for his own views, but at least twice egregiously misrepresents it by oversimplifying or omitting key passages. This distortion first occurs when Fingarette quotes Vaillant that "alcoholics can be successfully taught to return to social drinking in the community" (43). But Fingarette removes this from a context that is far more complex, cautionary, and carefully qualified than he indicates. In the second paragraph after the quotation, Vaillant adds that "what such alcoholics return to is not carefree or social drinking but controlled or asymptomatic drinking. It is possible for some alcoholics to drink again in safety just as it is possible for some diabetics and some obese people to eat sweets--just so long as they observe numerous safeguards" (218). That this possibility is, Fingarette notwithstanding, not a desirable or prudent end to work for is demonstrated by Vaillant's noting that in the view of people who actually work with alcoholics abstinence continues to be "the only goal" and that, in several studies of former patients of alcoholism clinics, only five or ten percent seem to have achieved a stable return to asymptomatic

drinking (218, 220). Thus what Fingarette wants us to regard as a similarity is really a marked divergence of Vaillant's views from his on the subject of the alcoholic's return to "social" drinking.

Fingarette nowhere makes clear why he regards as desirable the achievement of a goal so fraught with peril to the problem drinker and so essentially trivial in itself as social drinking. Fingarette's attraction to this goal--he observes that more than eighty studies in the past decade "report on alcoholics who return to some moderated form of drinking" (39)--is as puzzling as his satisfaction that "many drinkers with numerous and severe problems 'mature out' of trouble" (21)--that is, experience a kind of spontaneous remission without any form of treatment or help. What is remarkable about such passages is that Fingarette shows no awareness of and no apparent concern for the rather awkward fact that millions of problem drinkers die before they reach the stage of "maturing out" or because they are unable to master social drinking. So that every problem drinker should have the freedom to choose these options, it is apparently all right with Fingarette that millions who do choose them should die. These freedoms may be worth debating, but I should hesitate to be on Fingarette's side.

His second major misrepresentation of Vaillant comes in his fourth chapter, in which Fingarette seeks to establish the ineffectiveness of all existing treatments of alcoholism. Here he twice cites Vaillant, first that "the results" of a particular program of treatment "were no better than the natural history of the disease," the second time to deliver Vaillant's pessimistic conclusion, on treatment programs generally, that at least they "didn't make matters worse" (77). One is not reassured of Fingarette's reliability by failing to find the first comment where Fingarette says it is in Vaillant; but again, the more grievous offense lies in what Fingarette omits. He ignores, for example, several pages (289-93) in which Vaillant discusses successful treatments for alcoholics that utilize "natural healing forces."

2) He also ignores an even longer section (194, 197-208) in which Vaillant generously praises AA, an attitude at marked variance with Fingarette's. Despite a few words of praise, Fingarette's remarks on AA are largely a compound of ignorance, prejudice, and hostility--outrageous from a man who is a social scientist and prides himself on fairness and objectivity.

The completeness of the ignorance is astonishing. Although Fingarette quotes step one (31) of AA's twelve-step program for recovery, there is no reason to believe that he has read any of AA's major literature. Nor is there any evidence that Fingarette has attended even one AA meeting, although many of these are open to nonmembers. Fingarette might contend that his book did not

require or call for first-hand research; but attendance at even a few meetings would almost certainly have saved him and his readers from several of his most blatant misconceptions.

Fingarette's comments on AA come mainly in two sections of the book: where he gives a reasonably accurate but superficial history of its development (18-21), and where he evaluates AA as a mode of treatment (87-91). The earlier section, however, contains hints of the biases reflected in the later section. The statements that AA grew out of "a then popular religious sect, the Oxford movement" and that "for a decade or so, A.A. . . . remained a relatively small sectarian movement" (18-19) anticipate Fingarette's description of AA therapy as being "rather like what critics of sects would call ideological re-education or a modest form of elective brainwashing" (88). This insistence on AA as a "sect," from a man who places such a high value on science, is of course meant to be highly derogatory. And, for a scientist, Fingarette knows surprisingly well how to use innuendo: the last statement, in spite of "elective," is meant to conjure up the picture of an innocent victim in the clutches of some reprehensible Commie ideologue. This is by no means the only innuendo slanted against AA. In claiming that it "has long been reluctant to gather or publish statistics" (88), he is obviously suggesting that AA is trying to conceal or falsify its poor rate of success, whereas in reality AA wishes to maintain maximum freedom for its members and therefore refuses to require records of group membership.

The victims of AA's "elective brainwashing" will, according to Fingarette, lead a life "as intensely focused on abstinence as their former lives had been focused on alcohol" (88). If Fingarette really thinks this is the ultimate goal of AA, he owes it to himself to become better informed. After a period--longer for some than others--during which the AA member does concentrate on abstinence and the principles which will help him maintain it, AA explicitly encourages him to reenter the larger world strengthened by these principles. In no case is he encouraged to spend year after year fanatically concentrating on abstinence as his single goal, and none except the most precarious of AA members would do so.

As he distorts the achievements of AA through loaded language or ignorance, so Fingarette seeks to minimize these achievements through statistics. "Estimates made in 1974," he notes, "put A.A. membership in Canada and the U.S. at no more than about 5 percent of all alcoholics" (88-89). Only in a subordinate clause does he note the main point, that this "represents a sizable number of people"; and it is curious that he does not question this figure, given his emphasis in much of the rest of the book on the great difficulty of determining who is alcoholic--so great, according to him, that the term is virtually useless. In quoting the same source to the effect that

AA is not "acceptable or attractive" to most people with drinking problems, he fails to note even in a subordinate clause that no program of treatment is attractive to this majority, if only because, at any given time, they wish to keep drinking. And if the five percent figure is introduced, as it probably is, to belittle AA, why is Fingarette far more generous in describing other measures that may help a much smaller number (1%) of problem drinkers, emphasizing that these would "save thousands of lives and prevent countless episodes of alcohol-related personal, medical, and social distress" (134)? I can see only one reason: Fingarette likes these measures, but is determined to denigrate AA even though its record is objectively far better than all the prospects combined of the several measures that he advocates.

Another strange use of statistics against AA occurs when we compare a figure Fingarette accepts as AA's success rate--34%, "much lower than some of the earlier figures"--with the similar figure of 30 to 35% for the success rate of a hospital's program of therapy for problem drinkers, a figure that, says Fingarette, is "within the range of natural improvement" (90, 82). Fingarette seems to imply, then, that since AA's rate of success is no better than the percentage of alcoholics who get sober with no treatment at all, AA therapy is essentially worthless. But there is a serious error of reasoning here: the similar percentages do not necessarily mean, as Fingarette appears to suppose, that the same people who get sober with AA's help would get sober without it. This is possible, of course, but highly unlikely; and since human lives are at stake, perhaps millions of them over a period of time, Fingarette's confusion with numbers is deplorable.

Fingarette's misrepresentation and ignorance of AA damage his book not only in sections dealing explicitly with it but elsewhere as well. In chapter 5, Fingarette views "a reconstruction" (110) of the problem drinker's life as necessary; but he fails to recognize the similarity of the "new way of life" offered to the alcoholic by AA because to him this is "brainwashing" or sectarianism. Again in chapter 5, Fingarette remarks that "also important are changes in others' attitudes and responses to the drinker" (110); and again, in his ignorance, Fingarette fails to realize that AA has anticipated him in the chapters entitled "To Wives," "The Family Afterward," and "To Employers" of its major text, Alcoholics Anonymous (3rd ed., 104-150), and in its formation of the cognate organization called Al-Anon. Indeed, to anyone acquainted with AA, much if not most of the thinking in Fingarette's fifth chapter will look familiar; but Fingarette gives AA no credit for any of it.

That scientists need not take such a hostile, prejudiced attitude toward AA is proved by the striking contrast between Fingarette's book and Vaillant's in this respect. Fingarette tries to downplay this difference in the following sentence:

"Vaillant, one of the leading researchers most sympathetic to A.A., nevertheless acknowledges that 'at present the actual effectiveness of A.A. has not been adequately assessed'" (89-90). Their supposedly mutual skepticism is here in the main clause, their difference reduced to a subordinate construction. But the truth about this difference is exactly the opposite of how Fingarette represents it; though Vaillant has some reservations, his main thrust is strong and generous praise of AA. His moving story of the AA member Fred (201-02) could scarcely be more different in tone from Fingarette's account of AA as a sect; and in contrast with Fingarette's niggardly five percent we find the following in Vaillant: "Throughout the English-speaking world, Alcoholics Anonymous is now acknowledged to be one of the most effective therapies for alcoholism"; in this country AA reaches "an estimated 650,000 individuals in a given year, . . . twice as many alcoholics as do clinics and medical practitioners combined" (194,199).

3) Fingarette's attitude toward science is not uniformly reverent; at one point he actually ridicules the jargon of social science (106-07). On the whole, however, he persistently displays a kind of awed respect toward science; and this involves an excessively rigid distinction between and separation of what Fingarette regards as the truly scientific from what he calls "experiential" (24)--a distinction that would seem to bar most if not all empirical data from the sacred realms of science, unless it is gathered and duly certified by the holder of some advanced degree. Thus the rich fund of experience recorded by AA and others who work with alcoholics is merely "anecdotal" (23): unscientific and of no value.

Yet these are the kinds of data, Fingarette argues, that for a long time have dominated the study and treatment of alcoholism, resulting in a "disease concept" of the problem that is only pseudoscientific. So thoroughly entrenched is this view, Fingarette adds, that genuine science must wage a heroic and dangerous struggle against it: ". . . anyone who publicly doubts or challenges the disease concept is likely to be ignored, dismissed, or ostracized. In this version of the emperor's new clothes, truthfulness can threaten, block, or ruin the truth-teller's career" (24). This is a highly dramatic picture, to be sure, but unfortunately not convincing, for Fingarette's book abounds in these "truth-tellers" who, instead of suffering, hold respected positions in respected universities or institutes and have published their work in reputable journals and presses. Many have received federal grants to conduct their research; almost all of them, it is safe to say, earn a good deal more money than this reviewer. None of this even comes close to martyrdom in the cause of truth. The one credible thing that emerges from this passage is the evidence it affords of Fingarette's veneration for his restricted kind of science.

There appears, however, to be a duality in Fingarette's representation of science, perhaps best accounted for by his shifting forensic purposes. As long as he needs it as a means to discredit empirical, "anecdotal" modes of treating alcoholism such as AA, Fingarette accords science the highest admiration. But, this purpose having been served, Fingarette becomes willing to admit the shortcomings of science or medicine in the treatment of "chronic drinking behavior," going so far as to acknowledge that it has "little or nothing to contribute in this regard" (75).

4) The concept that Fingarette attacks most insistently is the one that alcoholism is a disease. In some respects these attacks are effective and convincing. At times in its history, as Fingarette points out, this concept has been used in ways that limit its meaning and have thus excluded or discouraged many problem drinkers who need help from seeking it (92). Where I think Fingarette's objections go astray is a) in his failure to provide a more acceptable and equally convenient substitute for this concept, and b) in his contention that the term disease ought to be strictly medical. Most people, it seems to me, who regard alcoholism as an illness are aware that they are using the concept in an expanded and even a metaphorical sense. AA, for example, calls alcoholism a three-fold illness, physical, mental, and spiritual. In wanting to proscribe all but the first usage, Fingarette seems dogmatic and slightly ridiculous. "If," he argues at one point, "we heard a person frequently discussing business over breakfast, we would not call this activity a 'symptom' of an ambitious commitment to business" (107). Perhaps not; but with perfect legitimacy we might speak of such a person as manifesting an unhealthy obsession with business; and if he were consistent, Fingarette would object to unhealthy as an unwarranted extension of a medical term. For the idea that alcoholism is a disease, Fingarette would substitute the idea of alcohol abuse or problem drinking. But these terms have their own difficulties, perhaps the chief of which is vagueness; for those aware that alcoholism is in some ways unlike strictly physical illnesses, Fingarette's substitutes are not clearly and indisputably superior. This is why, finally, much of his criticism of the disease concept of alcoholism seems to be semantic fussiness or quibbling.

Much the same problems arise with some of Fingarette's objections to other language used to characterize alcoholism: with the concept, for instance, that the alcoholic's drinking involves loss of control. Fingarette is amusing about the logical fallacy here: if the claim were absolutely true, he observes, there would be no need for any attempts to curb or cure alcoholic drinking because none could possibly succeed. He also cites numerous experiments demonstrating both that alcoholics can refuse to take the first drink and that they can, having taken it, stop short of getting drunk. Yet Fingarette seems to concede

some truth to the idea of uncontrollable drinking in the following sentence: "In some way the inclination to down another drink seems to escape the full reach of rational judgment and of cool and deliberate free choice" by the problem drinker (32). If I understand it correctly, this statement admits that the alcoholic has trouble controlling his drinking; but it is so guarded and obscure that its meaning is uncertain. In the following passage Fingarette seems to come even closer to accepting the validity of the idea that the alcoholic suffers from loss of control: "And yet when we look beyond any one particular occasion and contemplate the heavy drinker's long-term pattern of conduct, we see that he or she chooses to engage, again and again, in drinking conduct that to most of us seems irrational, imprudent, harmful, and disruptive. We also see that some of these drinkers acknowledge the harm and are plainly in inner conflict; yet they repeatedly choose to drink"(45). Although even here Fingarette stresses the idea of choosing to drink, the disastrous results sound more like loss of control. If, then, Fingarette's position is in reality not far removed from the one he opposes, it would be better and clearer to continue to speak of the problem drinker's difficulty with controlling his drinking, even though it would be wise to add that some problem drinkers some of the time can practice control. Again, Fingarette has no substitute to offer for the concept of uncontrollability that would be equally clear and straightforward.

5) Fingarette's book is also weakened at times by problems with logic or, more simply, with common sense. Fingarette appears to regard the variety of therapies available for treating alcoholism as both a sign of confusion and a source of ineffectiveness (71). Yet he has already characterized problem drinkers as "a diverse group of people who for diverse reasons are caught up in a particularly destructive way of life" (66). Logically, such a diverse group of treatments as Fingarette enumerates on p.71 should have a good chance of successfully treating the diversity of alcohol's victims. But not according to Fingarette: with something less than plausibility, he argues that all the therapies he discusses in chapter 4, being based on false or inadequate thinking about problem drinkers, are essentially worthless.

In the course of this chapter, Fingarette suggests asking "proponents of the disease theory to explain why elaborate treatment programs are needed to enable or teach alcoholics to abstain from the first drink. Why, once sober, would an alcoholic take a drink" (73-74)? Admittedly, the questions here may represent less a genuine incredulity on Fingarette's part than a rhetorical weapon, useful for demolishing the therapies he is attacking. Elsewhere, Fingarette refers to the "reconstruction" required for the heavy drinker's way of life (110), a massive undertaking which AA (a therapy which Fingarette

attacks) certainly believes to be essential and with which other forms of therapy might surely be helpful. But even if one tries to keep in mind only the immediate purpose of Fingarette's questions on p. 74, they seem astonishingly naive. Has he never observed the dreadful power of a deep-seated habit or addiction: never known, for example, a cigaret smoker who continues his habit in spite of the absolute certainty that it is ruining his health? If not, he must lead an extraordinarily cloistered life. And immediately after these questions, he makes a statement whose naiveté is equal to theirs: "After all, people who are seriously allergic to some food need only to be informed of what triggers the allergic reaction in order to be motivated to avoid eating that food" (74). A friend of mine since childhood, highly allergic to chocolate and knowing of its consequences (it brought on life-threatening attacks of asthma), nevertheless ate it several times and had to be rushed to a hospital; even today, he informs me, it is a powerful if less frequent temptation. I also knew a severe diabetic who for years jeopardized her health by eating sweets on an almost daily basis. His apparently total inexperience with such people causes me to wonder whether Fingarette and I inhabit the same world. In making these observations, I am not denying that there are some shortcomings in the therapies Fingarette criticizes; but to exhibit such naiveté about human nature in attempting to discredit these therapies is, to say the least, misguided. Just knowing "the facts" is not nearly enough for many people, except perhaps in a utopia, to overcome a powerful, long-standing craving or addiction.

Another attempt to discredit current therapies is found in this sentence: "All the scientific evidence suggests that clients' improvement is not due to the treatment program nearly so much as to natural influences and background forces (socioeconomic status, social stability, motivation, family setting)" (77). No one would deny the importance, perhaps even the primacy, of these forces in successful recovery from alcoholism. If a wealthy man's wife is making his life miserable, he can divorce her rather than resort to escapist drinking; if a poor man is in similar circumstances, he may feel that he cannot afford divorce and that heavy drinking is his only recourse. Probably one reason why AA is most successful with the middle class is that the poor, especially those at the bottom of society, see no real hope of improving their lot and therefore may well regard heavy drinking as their only means of alleviating otherwise intolerable misery. But to agree with Fingarette thus far does not require one to share his extreme pessimism about the benefits of therapy. Nearly everyone knows people with the advantages Fingarette mentions who nevertheless fail as completely as the skid-row derelict to overcome their addiction to drinking. They possess all these advantages, that is, except one: an ability to find their way out of the maze of self-destructive drinking. This is where therapy may make a great

difference, for if the drinker has been drinking destructively for many years, his whole thinking and system of values may require extensive reshaping (as Fingarette himself admits in a more lucid moment); and this, obviously, takes time and outside intervention.

In conclusion, the reader will suspect from my earlier remarks that I recommend George Vaillant's Natural History of Alcoholism more strongly than I can recommend Heavy Drinking: The Myth of Alcoholism as a Disease. Fingarette pays too high a price--indeed, several prices--for his brevity. While not quite as up-to-date as Heavy Drinking, Vaillant's book is more impressive in its range and depth; and it makes an original and highly important contribution to research on the subject of alcoholism, whereas Fingarette's book is largely, and by his own admission, a synthesis of the findings of others. Perhaps because of its brevity, Heavy Drinking seems at times captious, dogmatic, and shallow; in contrast, Vaillant's capaciousness allows plenty of room for essential distinction, qualification, and explanation. Not the easy read that Fingarette's book is, Vaillant's at times presents more detail than can be easily digested; but The Natural History of Alcoholism, just as accessible as Heavy Drinking is to the intelligent lay reader, will even more amply repay his time and effort.



Reviews

MAKING USE
THE LAST POEMS OF RAYMOND CARVER

Hamilton Cochrane

Raymond Carver. A New Path to the Waterfall. Introduction by Tess Gallagher. New York: The Atlantic Monthly Press, 1989.

In the poem "Sunday Night," Raymond Carver offers his own version of Henry James's famous advice to writers--"Be someone on whom nothing is wasted." Carver's advice is characteristically simple and direct, but just as worthy to be typed on notecards and posted above the desks of aspiring writers: "Make use of the things around you." The poet enumerates the things around him that night--the rain outside the window, the cigarette in his hand, the sound of rock and roll, the woman bumping drunkenly around in the kitchen--and he concludes simply: "Put it all in, / Make use." In A New Path to the Waterfall, a collection of poems Carver completed shortly before his death in August 1988, edited and introduced by Tess Gallagher, he follows his own advice. He makes use of everything: not just the drunk woman in the kitchen, not just the miseries of alcoholism so familiar to readers of his fiction--hangovers, bankruptcies, resentful sons--but also the miraculous possibility of change, of transformation--of recovery. In this last volume, Carver puts it all in, from poems found among the stories of Chekhov and notes toward his own unwritten stories to his own struggle with cancer and confrontation with death. He makes use.

Carver knew the symptoms of alcoholism firsthand and ten years after he quit drinking, records what it was like with frightening accuracy and brutal honesty. In "Miracle," a couple rides a one-way flight from San Francisco to Los Angeles, "both of them drunk and strung out," having just gone through their second bankruptcy in seven years. Suddenly she turns to him and without explanation "drills him," punches him again and again, and, though bloodied, he takes it, "knowing deep down he deserves it ten times over." And then, this telling detail:

All the while his head is pummeled,
buffeted back and forth, her fists falling
against his ear, his lips, his jaw, he protects
his whiskey. Grips that plastic glass as if, yes,
it's the long-sought treasure right there
on the tray in front of him.

In this poem, the miracle never occurs. The couple is left, drunk and isolated, to contemplate the lives in the houses below them, where "decent" people "live and eat, pray / and pull together." As if to underscore the alcoholic's spiritual

craving--a longing for community, for the divine--Carver reprints a number of earlier poems that express an unsatisfied desire to be made new. In the aptly titled "Transformation," for example, the speaker confesses, "Lord, I tell you / I am without purpose here / in the Holy Land." He pleads to no avail: "Come Lord. Shrive me."

Carver likewise reveals a profound understanding of why so many researchers and counselors insist on calling alcoholism a "family disease." In a section introduced by Charles Wright's observation that "What lasts is what you start with," a series of poems about childhood, fishing, and his father, memories "surface" and are "reeled in": the boy returns home to find his father drunk in the kitchen, a strange woman with a broken tooth on his lap; instructed by his mother to bring his hung-over father a glass of water, the second grader brings him instead a glass of dishwater but then drinks two glasses of soapy water himself to prove his love for his father. Elsewhere, Carver recalls the disintegration of his own family. The manic voice of his ex-wife on the telephone answering machine reminds him that:

they would die in separate lives and far from each
other,
despite oaths exchanged when they were young.
One or the other of them--she, he felt with dread
certainty--might even die raving, completely
gone off.

The face of his son in an old photograph--"the contemptuous expression of the wise guy, / the petty tyrant"--opens an old wound: "Honestly, I feel like reaching for a drink." But in the end, perspective and distance are restored: "The pages turn, my son. We all / do better in the future."

The last poems in the collection trace Carver's illness, his marriage to Tess Gallagher in a Reno ceremony, his final days. Powerfully and un sentimentally, Carver tells us "what the doctor said," records his marriage proposal, imagines his empty place at the table, savors an old photograph of himself in the afterglow of the setting sun, instructs Tess to kiss him once more and to let go. Even here, though, Carver can consider his death only in light of what he'd always spoken of as a kind of resurrection--his stopping drinking--and a rebirth into his "second" life. Thus in "Gravy," a memorable celebration of sobriety, he refuses to indulge in self-pity and instead sounds a note of gratitude:

No other word will do. For that's what it was. Gravy.
Gravy, these past ten years.
Alive, sober, working, loving and
being loved by a good woman.

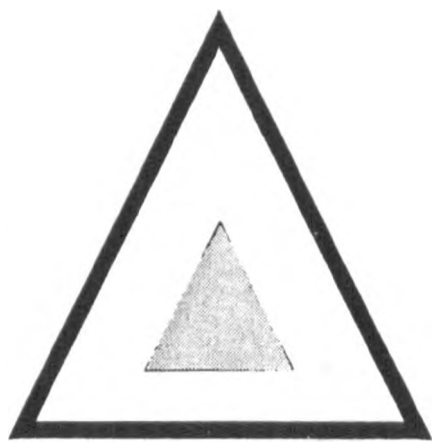
With a disarmingly sincere exclamation, he expresses an attitude

of wonder and surprise--still fresh after ten years--at the mysterious power of life to grant such an unexpected and undeserved reprieve:

Eleven years
ago he was told he had six months to live
at the rate he was going. And he was going
nowhere but down. So he changed his way
somehow. He quit drinking!

To focus exclusively on a single preoccupation, however central it is, of course, is to slight the considerable scope and variety of Carver's poems. He is not merely a singer of alcoholic tales but a remarkably versatile writer whose poems stand alongside his fiction, an independent and equally astounding body of work. In A New Path to the Waterfall, Carver examines not just alcoholism but also questions of identity, memory, history, family, nature, and art in forms ranging from long colloquial narratives to clipped, surreal lyrics. In these poems, as in the stories, there is the same care and respect for language--what Jay McInerney has called a "humility bordering on dread"--and the same voice, speaking more urgently now, rendering even more vividly the strangeness of life and the mystery of death.





HALLUCINATIONS

E. Nelson Hayes

Ronald K. Siegel. Intoxication: Life in Pursuit of Artificial Paradise. New York: Dutton, 1989.

Intoxication by Ronald Siegel is one of the season's most spellbinding books. It may also prove to be one of the most harmful.

The author, associate research professor of psychopharmacology at UCLA, is reputed to be one of the world's foremost experts on intoxicants. He does not define exactly what he means by intoxicants, although he does include among them nicotine and caffeine, as well as cocaine, heroin, marijuana, and of course alcohol.

He certainly displays an extraordinary knowledge of the use of drugs by animals and the often bizarre effects on them. His information comes from the considerable literature on the subject and from his own study of and experiments with pigeons, rats, insects, and other creatures, and especially primates.

He reports that many animals in their natural habitats feed on intoxicants, become "high," and sometimes die from the effects. Birds love poppy seeds, cattle get "drunk" on locoweed and often overdose, elephants rampage after eating rotting fruit. "The mere browsing on wild tobacco has poisoned cattle, sheep, and rabbits" (85); death may follow in minutes. And "waterborne mosquito larvae that ingested caffeine became so confused that they drowned" (31). However, most animals are protected from lethal consequences because they eat foods other than drugs, because supplies of intoxicants are limited by season, and because the animals usually know when they have had enough.

In captivity, these limitations are less important. For example, "captured and caged primates are willing to ingest plant drugs they might otherwise walk away from in the wild" (90). If offered the chance, many easily become addicted and will choose the intoxicant over their natural diet. Siegel suggests they may do so out of the "depression and suffering brought on by confinement" (89). Surely an unwarranted projection of human feelings onto other creatures.

Interwoven with these observations are accounts of the effects of intoxicants on men and women, including several writers and artists. He surely misleads us in calling Keats "a doctor." Of Coleridge's statement that the poem Kubla Khan was born of an opium dream, Siegel remarks innocently that the images the poet described "actually reflected images of real things" (126); he fails to take into account the extraordinary literary

sources of those images, as shown in The Road to Xanadu by John Livingstone Lowes. In commenting on Baudelaire's reaction to hashish, Siegel does not consider that the poet's response was probably as much influenced by tertiary syphilis as by the drug.

Siegel labels alcohol "the universal intoxicant. . . the single most important selected by primates, creatures plagued with the pains of consciousness" (100). How he knows that primates other than man are "afflicted" by consciousness he does not explain.

Siegel establishes that virtually every society has tolerated some drugs and that the need for them is the fourth basic drive of all animals--after hunger, thirst, and sex. In trying to justify that conclusion, he involves himself in a series of illogical and contradictory statements. In a mere two pages he asserts "The motivation to use drugs . . . is not innate but acquired" (209), "yet also it is not unnatural" (209); the drive to use them is "biologically inevitable" (210). Yet the very subtitle of the book, "Life in Pursuit of Artificial Paradise," belies the argument. Worse, the author does not sufficiently analyze the obvious fact that the three other drives contribute to the survival of the individual and the species, but that the urge to take drugs does not.

Recognizing the terrible damage, psychological and physical, that abuse of drugs among humans can cause, Siegel proposes that we design laboratory drugs that have no negative side effects, although he offers no reasonable basis for believing that possible.

The danger here is that users and abusers alike will readily rationalize that it is only natural for them to take intoxicants and that they cannot help themselves if they become dependent on them.

According to Siegel, people take drugs in order to experience "pleasure, relief from pain, mystical revelations, stimulation, relaxation, joy, ecstasy, self-understanding, escape, altered states of consciousness, or just a different feeling" (209). He does not consider that those desired effects can be achieved by other and quite safe means--meditation, exercise, travel to wholly new places, loving sex, music and the other arts, and especially through one's own creativity, whether of a cake, a piece of furniture, a watercolor sketch, or the solution to a mathematical problem.

THE GREAT AMERICAN "RUMMIES"
OUR CENTURY'S WRITERS AND ALCOHOLISM

Constance M. Perry

Tom Dardis. The Thirsty Muse: Alcohol and the American Writer. New York: Ticknor & Fields, 1989.

No scholar of twentieth-century American literature should overlook Tom Dardis's new book. Dardis believes one cannot adequately assess the literary careers of authors such as Faulkner, Fitzgerald, Hemingway, and O'Neill apart from the disease of alcoholism that wrenched their lives physically, socially, and emotionally. Earlier comprehensive biographies have typically avoided or moralized about these subjects' alcoholism. And without the understanding of alcoholism that Dardis provides, one may be tempted to feel disgust at the enormous folly of their drinking and its ugly repercussions, amply chronicled in Dardis's study. As background for his book, Dardis surveyed recent research on alcoholism and attended Alcoholics Anonymous meetings in New York and California, crediting the AA Fellowship first among his acknowledgments. Tom Dardis approaches his four authors with candor and a generous humanity; he can be unflinching in his criticism of their work and awed in his view of their achievement.

Like Donald Goodwin in Alcohol and the Writer,¹ Dardis sees the bonding of alcoholism and literature as an American phenomenon. The author typically provides the genetic predisposition while American culture provides the "environmental trigger" that encourages heavy drinking for artists as a natural posture, a stimulus to creativity. Unlike Goodwin, however, Dardis undertakes literary criticism along with the new biographical profiles both scholars provide. Dardis covers some of the same ground as Goodwin, uses less medical jargon than the author/psychiatrist (Goodwin's Hemingway is described as hypomanic, possibly agoraphobic and counterphobic, and ultimately suffering from chronic alcoholic hallucinosis), and manages to supply still more relevant biographical material. Dardis reports, for example, that Hemingway read several books published by AA while undergoing psychiatric treatment at the Mayo Clinic and may have begun to acknowledge his disease. Goodwin takes pains to define each writer in his study as an alcoholic in medical terms and describes drinking habits in detail. Dardis avoids clinical definitions of the disease, reviewing his authors' family backgrounds as well as current research on alcoholism to substantiate their illness. Goodwin makes few literary evaluations of his authors while Dardis convincingly traces the premature loss of literary talent in the cases of Faulkner, Fitzgerald, and Hemingway in comparison to their European counterparts. In the case of the recovering O'Neill, the dramatist spent his sober years in the thirties composing a

unique contribution to American literature, and perhaps world literature, two masterpieces on addiction: The Iceman Cometh and Long Day's Journey into Night. Finally, Dardis's study is eminently written while Goodwin's sometimes colloquial style and his medical terminology may lessen his book's appeal for literary scholars.

Dardis evaluates the personal and literary deterioration of each writer. A look at his assessment of Hemingway will illustrate. Dardis believes, unlike other biographers, that Hemingway's alcoholism began early in life and profoundly affected his writing career. Although Hemingway's health did not decline as rapidly as Fitzgerald's or Faulkner's (a fact that leads the uninformed to deny his alcoholism), his writing suffered as readily owing to the personality changes accompanying the chemical changes in an alcoholic individual. In Hemingway's case, these personality changes revealed a "growing combativeness and megalomania" in response to negative reviews of Winner Take Nothing, Death in the Afternoon, and Green Hills of Africa. He began to use drink to bolster his threatened ego.

Two signs of Hemingway's alcoholic deterioration likely remained hidden to him. Dardis notes the steady multiplication of references to drinking in the novels, probably unconsciously inspired by Hemingway's lifestyle which led him to find it normal to consume one or two quarts of liquor daily. Also, he became unduly fascinated with the alcoholism of colleagues he saw as "rummies," first Fitzgerald and later Faulkner, probably as an unconscious distraction from his similar woes.

Dardis fixes the beginning of Hemingway's literary decline with To Have and Have Not, distinguishing the fine magazine material written earlier from the inferior style of the remaining two-thirds of the novel. In Hemingway's last twenty four years, Dardis reminds us, the author published only three books, "each either flawed in design or weakened by a prose that increasingly tended to be on the edge of self parody." Dardis's citation of flaws in these later works is embarrassingly convincing, summed up by the comment that Hemingway "became a writer of novels about people we don't care much about and whose activities bore us." Dardis examines Thomas Hudson of the posthumously published Islands in the Stream as typical of the troubled yet ultimately shallow hero of the later works, a character whose psychological frame is warped because he is largely modeled on the weary author: "Since Thomas Hudson and his creator are much the same, it is not surprising that Hemingway does not tell us why Hudson is such a troubled man: Hemingway just doesn't know."

Dardis fairly praises Hemingway, however, and not only for early achievements. Unlike most of us, having read the original manuscript of The Garden of Eden, unpublished in Hemingway's lifetime, Dardis finds this novel a "tribute" to the author's

"courage as a writer" in its attempt to explore sexuality and the psyche. Though ultimately Hemingway failed to achieve a convincing work, at least he seemed to recognize failure this time. Dardis also notes Hemingway's enduring ability to create landscapes, a quality which never failed him, though his talent in characterization steadily weakened. Dardis finds a similar lapse in believable characterization marring the works of all his authors under the influence, a predictable outcome for alcoholic writers considering the inevitable solipsism of the alcoholic and their eventual failures in love and friendship.² Finally, Dardis admires Hemingway's work in A Moveable Feast, much of it harkening back to his early greatness and stimulated perhaps by the author finally being forced by illness to curtail his drinking.

Similarly, Dardis praises other achievements among his group of alcoholic writers such as the "great courage" of Fitzgerald in starting The Last Tycoon after the battery of rejections for his short stories and his creative compromises in script writing. Dardis also praises The Crack-Up as a "superb account of . . . alcoholic depression." Finally, he sees the often pitied author as a "man undefeated" in his Hollywood years, an alcoholic trying finally to face his life and art without alcohol. Dardis shows similar esteem for Faulkner at points in the discussion. Since Dardis reserves highest praise for O'Neill's dramas on addiction, one would like to see more analysis of these pieces and what constitutes the singularity of their portrayals of addiction. Perhaps others can now undertake this analysis as Thomas Gilmore has already begun to do in his interpretation of The Iceman Cometh in Equivocal Spirits.³

Tom Dardis's insights in The Thirsty Muse give us essential biographical and literary perspectives on the alcoholism of his group of authors, a subject overlooked for decades in otherwise helpful biographies. This new material is central to the evaluation of their literary achievement and will give us wisdom in reviewing the work and reputations of the many other alcoholic American writers from the first half of the twentieth century.

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NOTES

¹ Donald W. Goodwin, Alcohol and the Writer (Kansas City: Andrews and McNeel, 1988). Reviewed in Dionysos 1.1 (Spring 1989): 25-27.

² Roger Forseth has noticed the same problem of flaccid, unrealistic characterization in Sinclair Lewis's later works. See "'Alcoholite at the Altar': Sinclair Lewis, Drink, and the Literary Imagination," Modern Fiction Studies, 31 (1985), 581-607.

³ Thomas B. Gilmore, Equivocal Spirits: Alcoholism and Drinking in Twentieth-Century Literature (Chapel Hill: U of N Carolina P, 1987).



Brief Reviews

Heather Kirk Thomas. "Emily Dickinson's 'Renunciation' and Anorexia Nervosa." American Literature 60 (1988): 205-25.

Was she the nineteenth-century's Karen Carpenter? Heather Thomas's interpretation of Emily Dickinson's poetry as the inspirations of an anorexic proposes the most recent contribution to a long tradition of biographical criticism of the poet's work. In the absence of medical confirmation, Thomas's theory remains speculation, of course. Still, the evidence she offers from remembrances, letters and the poems themselves gives a credible look at how chronic disease may shape personality and the perspectives of art. Thomas is especially persuasive in suggesting that Dickinson's childlike behavior and persona in her poems reflect a female anorexic's fear of growing up to face the diminished roles of women in her era. Thomas's article suggests another idea worth further exploration. If diseases like alcoholism most frequently affect male artists while different diseases, like anorexia, usually shape the lives of creative women, how is the resulting art determined by such a consideration of gender?

Further, Thomas asserts that Dickinson's family and then her critics cooperated in her denial of the disease, accepting Dickinson on her own terms and refusing to examine the dynamics of her nature as symptoms of illness. This habit of "enmeshment" among critics is similar to the co-dependency often practiced by critics of alcoholic writers. The danger in such a theory of illness affecting art may be in its solipsism. If one follows Thomas's thinking, the critic gets to label Dickinson's sickness and then preclude controversy by also labeling the sickness of any critics who refuse to see the disease pattern. This seems to place a stigma of ignorance if not illness on those who dare to challenge the theory.

--Constance M. Perry

Julie M. Irwin. "F. Scott Fitzgerald's Little Drinking Problem." The American Scholar 56 (1987): 415-27.

Published soon after Ms. Irwin's graduation from Northwestern University, this essay is remarkably more expert than the undergraduate writing I am accustomed to grading. Still its approach to F. Scott Fitzgerald's alcoholism by way of

several (mostly minor) stories seems, finally, too mechanical a working out of too limited a thesis. Having noted that Fitzgerald's biographers often see his drinking "as a symptom of his problems rather than a problem in and of itself," Irwin argues that stories from different periods of his career may be read as "the progressive case history of a classic alcoholic": a case that follows the familiar medical model of three-stage "progression" from (1) "relief drinking" to (2) "physical dependence," increasing capacity and denial to (3) a terminal state of deterioration. The proof texts for these stages are respectively: (1) "The Camel's Back" (1921), (2) "The Rough Crossing" (1929), "A New Leaf" (1930), (3) "The Lost Decade" (1939). Irwin also discusses "Babylon Revisited," "Family in the Wind," "An Alcoholic Case," and Tender Is the Night.

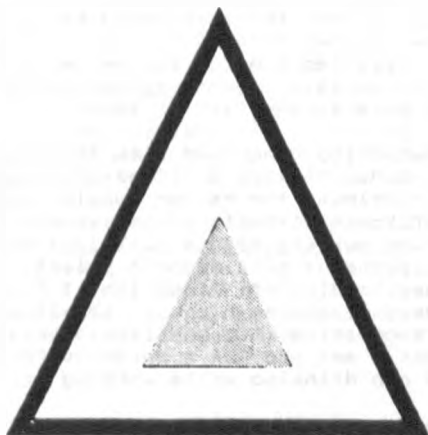
In general she finds that despite Fitzgerald's denial of his problem, his fiction at least was honest in its representation of the stages of alcoholism. Nevertheless, she concludes, "Fitzgerald's alcoholism cannot--ought not--be pressed into service to shoulder all the blame for his downfall. . . . Until some of the basic questions about alcoholism are answered, one cannot know for sure whether, in Fitzgerald's case, the disease was solely to blame or whether it was a combination of the disease and his own weakness of character that brought him down." She goes on, admiringly, to say that, given "this considerable handicap, his literary production becomes all the more impressive."

Here Irwin seems to fall for the same "Fitzgerald mystique" she earlier critiques, and she seems to contradict the logic of her essay, which leads to a soberer judgment of the literary consequences of Fitzgerald's drinking--as may be found in Scott Donaldson's Fool for Love (1983), Thomas Gilmore's Equivocal Spirits (1987), or in the late Kenneth E. Eble's pioneering article (evidently unread by Irwin), "Touches of Disaster: Alcoholism and Mental Illness in Fitzgerald's Short Stories" (in The Short Stories of F. Scott Fitzgerald: New Approaches in Criticism, ed. Jackson R. Bryer [1982]). Although it would be reductive to use Fitzgerald's alcoholism as a single-cause explanation for his decline, his "little" drinking problem was undoubtedly the efficient cause, with results more multifarious than Irwin apprehends. She tends, for example, to read the fiction too literally, as if it were uncomplicated by Fitzgerald's need to excuse his drinking at the same time he pretended to face up to it. As Gilmore suggests, the most honest depiction of alcoholism is not to be found in Fitzgerald's apparently more explicit late stories, where his own denial interferes, but in the early Beautiful and Damned (192), written when he was still capable of some detachment.

As for his "literary production," one can only wonder how "impressive" it would have been if Fitzgerald's life had not been

blighted by the bottle. There is the instructive counter-example of his worshipful disciple, John O'Hara, who stopped drinking in his forties (at about the same age Fitzgerald died) and thereafter turned out a book or more a year for many years. Of course, O'Hara was a different sort of writer, one naturally more prolific than Fitzgerald could ever have been. But O'Hara's later career shows what is possible for the alcoholic writer who sobers up at the height of his or her powers.

--John W. Crowley



BIBLIOGRAPHICAL NOTES

This is the first in what will be a regular column in Dionysos. In it I will mention resources which I think might be of interest to readers. In taking up this task, I'm willing to serve as a clearinghouse for readers of Dionysos who wish to share their newest discoveries. So please send me references (or preferably copies) of items you think should be included.

I have also agreed to serve as book review coordinator. Books briefly mentioned in this column will frequently be available for review. If you wish to review books, articles, or other materials on literature and alcohol/drug use or abuse, please let me know your areas of interest.

Currently I am coordinating a bibliography project at Guest House, Inc. concerning spiritual issues in recovery. We now have over 2,000 annotated references in our data base, which can be searched by key word or subject. I'll write more about this project in the next issue, but please feel free to contact me directly if you or your students could use Guest House reference services.

Do you know which works of fiction have attempted to deal with Alcoholics Anonymous? Or have you ever been frustrated trying to locate references on AA to strengthen a publication? Charles Bishop, Jr. and Bill Pittman have made it easier for researchers by compiling over 1,400 references for books, articles, pamphlets, and brochures in The Annotated Bibliography of Alcoholics Anonymous, 1939-1989. Seventy-five percent of the references are annotated; the book is indexed by subject but not by author or title. The \$12.00 price (which includes postage and handling) might suggest that this bibliography is superficial, but nothing could be further from the truth. I'd say that the book is a must for libraries and for the personal library of any researcher interested in AA. Copies can be ordered from the Bishop of Books, 46 Eureka, Wheeling WV 26003.

Three works of fiction concerned with alcoholism have recently been published. William X. Kienzie's Marked for Murder (Ballantine, 1988) continues the Father Koesler mystery series. Koesler is a Detroit Roman Catholic priest who "reluctantly" helps the police solve murders with a religious angle. In this book, one of the suspects is an alcoholic priest. While Kienzie demonstrates an understanding of alcoholism, I found it curious that Fr. Koesler never questions his own ritualized drinking patterns. I'm not suggesting that Koesler is an alcoholic, but it is surprising that a man who has a tendency to introspection doesn't look at his own drinking while working with an alcoholic.

No Kidding (Harper and Row, 1989) by Bruce Brooks shows the plight of America in the middle of the twenty-first century. (We

learn the date by reading the cover jacket.) Sam, the main character, is a 14 year old child of an alcoholic. Brooks does a convincing job of demonstrating some of the characteristics of children of alcoholics. He does not, however, produce a strong plot line for his characters. After reading the book I kept wondering why Washington, DC was known as a factory town and not as a capital city, how an epidemic could make 68% of the adult population alcoholic, and what happened to AA.

Miriam Dow and Jennifer Reagan edited The Invisible Enemy: Alcoholism and the Modern Short Story (Graywolf, 1989). This fine collection is divided into sections on the family and alcoholism, children, progression, delusions, and attempts to stop. The book would be a natural for a course in which the instructor wanted students to discuss alcohol and the effects of alcoholism.

A collection of non-fiction stories called Adult Children of alcoholics Remember (Harmony, 1989) has been edited by E. Nelson Hayes, a writer whose own story introduces the book.

Poetry can also be used to explore the alcoholic experience. Gene Quinn's From Suffering to Serenity: Poetic Reflections on Addictions and Recovery (Merlin, 1989) and Judith McDaniel's Metamorphosis: Reflections on Recovery (Firebrand, 1989) are both worth noting. Quinn's book reflects his experience through recovery and also as a counselor. McDaniel's book opens with a long introductory essay in which she sets her work in the context of a debate in the lesbian/gay press concerning the nature of twelve step recovery groups. (McDaniel finds such groups liberating.) Those interested in poetry might also be fascinated by Leonce Chabernaud's "Drugs, AIDS, and a Higher Power" (PWA Coalition Newslines, 44 [May, 1989]).

The musically inclined might be interested in Stevie Ray Vaughan's new album, in Step. This is the first album that Vaughan has recorded since he stopped drinking and using drugs, and several of the songs reflect his new found sobriety. When I learned of Vaughan's album I couldn't help remembering Meg Christian's "Turning It Over," a song about AA's third step.

I recently came across Stanley Krippner's "Psychedelic Drugs and Creativity" (Journal of Psychoactive Drugs 17 [1985] 235-244) in which he reviews studies of psychedelic drugs used by artists. It's an interesting article with a good bibliography. Please send me a stamped (\$.45), self-addressed envelope if you'd like a copy. My address is Guest House, 1840 W. Scripps Road, Lake Orion, MI 48035.

NOTES AND COMMENT

Dan Wakefield's Returning: A Spiritual Journey has been issued in paperback by Penguin. Dell has published the paperback edition of Barnaby Conrad's Time Is All We Have: Four Weeks at the Betty Ford Center. . . . The special Intoxication and Literature issue of Yale French Studies (Number 50, 1974) is still available (\$3.50 plus postage). Write to YFS, 323 William L. Harkness Hall, Yale University, New Haven, CT 06520 (203/432-4910). . . . Contemporary Drug Problems: An Interdisciplinary Quarterly, edited by Robin Room, is published by Federal Legal Publications, 157 Chambers Street, New York, NY 10007 (\$30 US subscribers; \$10 per issue). Its special Alcohol in Literature: Studies in Five Cultures number (Summer 1986) will be reviewed in Dionysos, along with the Mosaic double issue Literature and Altered States of Consciousness (Summer/Fall 1986). . . . This past summer George Wedge taped a conversation with Donald Goodwin; we taped one with Alan Marlatt. These dialogues will be printed in upcoming issues of Dionysos. . . . Thomas Gilmore's article "Boswell's Drinking" will appear in Eighteenth-Century Studies. . . . "Distilled Genius," an interview with Donald Goodwin by Ellen Walterscheid, appears in the April 1989 issue of Kansas Alumni Magazine. . . . The August 1989 issue of Changes is devoted largely to articles on alcohol and the writer, including "Feeding the Muse" by Nelson Hayes. . . . The Wall Street Journal recently ran an excellent series, "Addiction: America's Drug Crisis" (31 July-2 August 1989). Reporter Ronald G. Shafer's account of his son's drug-related tragedy (31 July) is especially moving (see WSJ "Letters," 22 August). "Reprints can be obtained by writing to Dow Jones & Co., Department RC, 200 Burnett Road, Chicopee, Mass. 01020. Single copies will be supplied free of charge. Orders in excess of 25 copies will be filled at cost." . . . We were interviewed twice in June concerning Dionysos on Wisconsin Public Radio, including an hour-long, live, call-in show.

Conferences

"Addiction and Dependency in Literature" is on the program of the Midwest Modern Language Association annual meeting in Minneapolis (8:30 am, 3 November; Hyatt Regency Hotel). The papers are: "James Boswell's Drinking," by Thomas Gilmore, "Addiction and Emma Bovary," by Paul Schmidt, and "Alcoholism and Recovery in the Fiction of Raymond Carver," by Hamilton Cochrane. . . . Dan Wakefield will participate in a symposium, "Message in the Bottle: Alcohol and the American Writer," sponsored by the Boston Local of the National Writer's Union on October 19 (Central Square Library, Cambridge, Mass.). Other panelists are poet Thomas Lux, screenwriter Sherry Sonnett, and journalist Nancy Waring. Dan will also speak at Indiana University/Purdue University-Indianapolis on October 17, during National Alcohol

Awareness Week. His talk is titled "Returning from Alcohol."

Research Notes

Those interested in contributing to an annotated bibliography of literature and intoxication should write to Steven L. Berg, Guest House, 1840 West Scripps Road, Lake Orion, MI 48035; or George Wedge, Department of English, University of Kansas, Lawrence, KS 66045.

A survey of courses on alcohol and/or drugs and literature, the arts, or film is planned for a future issue of Dionysos. Please send course syllabi, descriptions, and other relevant materials to the editor.

CORRECTION

In some of the first issues of Dionysos, the following sentence was inadvertently omitted from Nicholas O. Warner's "The Drunken Wife in Defoe's Colonel Jack" (Dionysos 1.1, p. 3): "As we shall see, Defoe's depiction of this character raises interesting questions not only about Defoe's attitudes toward drinking, but toward women as well." The sentence should follow the last sentence of paragraph two.



ABOUT THE CONTRIBUTORS TO DIONYSOS

Thomas B. Gilmore is the author of Equivocal Spirits: Alcoholism and Drinking in Twentieth-Century Literature (Chapel Hill: University of North Carolina Press, 1987) and of a study of James Boswell's drinking.

John W. Crowley is Professor and Chairman of English at Syracuse University. He is the author of The Black Heart's Truth: The Early Career of W. D. Howells (1985) and of The Mask of Fiction: Essays on W. D. Howells (1989).

Constance M. Perry is associate professor of English at St. Cloud State University, and is working on a book about the culture of alcohol created among American expatriate writers.

Steven Berg, who recently lectured on bibliography at the University of Rochester, is coordinator of the Bibliography Project on Spiritual Issues of Recovery at Guest House, Lake Orion, Michigan. He received his Ph.D. in American Studies from Michigan State University.

Nelson Hayes is an editor of and contributor to Adult Children of Alcoholics Remember (Harmony Books, June 1989).

Hamilton Cochrane is an assistant professor of English at Canisius College, where he teaches courses in literature and creative writing. His essay "Alcoholism and Recovery in the Fiction of Raymond Carver" is forthcoming in the University of Dayton Review.

Roger Forseth is Professor of English at the University of Wisconsin-Superior. He has published articles on the writer and alcohol in Modern Fiction Studies and Contemporary Drug Problems, and is currently working on a biography of Sinclair Lewis and a book on co-dependency and literary biography.