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Samuel Taylor Coleridge and Opium.

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Samuel Taylor Coleridge and Opium,
with an Annotated Bibliography

A thesis
presented to
the faculty of the Department of English
East Tennessee State University

In partial fulfillment
of the requirements for the degree
Master of Arts in English

by
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May, 2006

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Keywords: Coleridge, Opium, Imagination, Emotions
ABSTRACT

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Coleridge’s usual use of opium was through laudanum, a mixture of opium and alcohol. This thesis presents the history of and criticism regarding the poet’s use of laudanum and the physical and emotional consequences the drug held for him and his writing career.
DEDICATION

To my father, Thomas J. Marotta, a pharmacist for fifty years and then an encouraging writer.
ACKNOWLEDGEMENTS

To Michael Cody, who guided the thesis, edited it carefully several times, and was outstanding in kind support of it.

To Judith Slagle, who carefully edited the thesis and provided many fresh insights.

To Styron Harris, who inspired the beginnings of the thesis in his course, Romantic British Writers.
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CHAPTER 1

INTRODUCTION

Coleridge and Opium

Samuel Taylor Coleridge (1772-1834) was a poet, literary critic, journalist, philosopher, and religious thinker instrumental in the Romantic movement in England during the years following the American and French Revolutions. Coleridge produced more than twenty volumes of diverse literature, including new poetry, considerably enabled through his friendships, especially with William Wordsworth and his family. He exercised a great writing willpower—in his case the desire to create profoundly meaningful works, especially his unfinished Opus Maximum, which he wanted to be his supreme achievement furthering idealism and the imagination in literature and philosophy. Biographia Literaria, which he did complete, along with many other prose works and a series of poems, including Rime of the Ancient Mariner and “Kubla Khan,” are Coleridge’s most important accomplishments. Coleridge today is not appreciated to the extent of his great worth by the general reading public, although Romanticists often revere him. Balanced statements about his work should include the immense value of his literary criticism, his political writings, and his philosophical and religious speculations.

Some of his writing was enabled by opium and other substances to relieve a number of illnesses he experienced, but there were dangerous effects, including nightmares of guilt and horror his drug abuse helped create. Opium was in wide use because it obliterated pain quickly. William Wordsworth, Coleridge’s close friend, regarded the substance as a stimulant, and psycho-biologically it had that effect. Wordsworth seemed to see Coleridge in depths of depression and passivity; however, this
view probably resulted from the combination of drug-induced indolence with work and other pressures. Although he might have interpreted this as a sign of weak character, Wordsworth and his family, with whom Coleridge lived sporadically, often responded compassionately. This can be concluded from the relationship they maintained with him for many years.

This thesis will present the effects of opium on Coleridge’s imagination and, to some extent, his health. These will be viewed through various sources given in Chapter Two, “The Annotated Bibliography.” Whether or not Coleridge’s use was ethically defensible has been the subject of debate, with some biographers insisting that he was morally wrong and used the drug as an artificial stimulus. An ethics summary will concern his use of opium and obsession with writing in terms of traditional and situational ethics. This first chapter will present Coleridge’s life related to his drug use.

Coleridge was greatly taken with his literary role and its demands and with philosophical abstraction. The opium brought confusion and sickness, according to Molly Lefebure, who, in *Samuel Taylor Coleridge: A Bondage of Opium*, writes most extensively about his use of the drug. She says, “S.T.C.’s imaginative powers and concentration were literally destroyed by the drug: his intellectual capacity was fearfully eroded, his . . . truth hopelessly distorted . . .” (14).

His use of opium occurred in a time when it had no legal restrictions and was largely used cautiously for minor aches and illnesses. In Coleridge’s case, it was sometimes resorted to for euphoria, in addition to being taken as an analgesic and tranquilizer to relieve physical pain and considerable stress. There is a wealth of evidence that opium use led to his physical downfall, and there are reports in his letters to friends of frequent uses of the drug.
He apparently began using opium to relieve pain from gout, rheumatism, and other ailments, but found it greatly elating and moved into drug dependency.

At the height of his addiction, Coleridge was seriously ill. Instead of giving opium up, Lefebure emphasizes, he lived with guilt and rationalizations about his use. He may not have had a choice, assuming the addiction was irreversible, something difficult to assess, but his abuse of laudanum is evident: “At one time S.T.C., so he told [a benefactor], was taking four to five ounces of laudanum a day; once he, himself, said, he took nearly a pint” (Lefebure 60). Robert Southey, in a biography of Coleridge, reported similar excesses in Coleridge’s use. Lefebure says Coleridge appeased opium’s between-dose and withdrawal anguishes by repeated doses. She stresses that he had several physical ailments soothed by opium.

Coleridge’s opium use was supported by doctors he sought who, through ignorance or neglect, chose to abandon existing common sense that may have prevented the addiction. According to Rosemary Ashton in her biography The Life Of Samuel Taylor Coleridge, one doctor, Thomas Beddoes, formed an opium clique, and Coleridge was tempted by the group’s drug reverie. One of its members gave Coleridge a yearly annuity of 150 pounds, enough to provide entire living expenses for his family (119). He received this for several years until it was partially withdrawn, and he had to work more decidedly for money.

Coleridge used opium in the form of laudanum, a opium-alcohol mixture freely available for pain from local apothecaries. Alcohol was the solvent for raw opium. Lefebure says, during his physical downfall in 1813, Coleridge was resorting to “great quantities of liquor,” besides laudanum (475). She says that while in Italy, “at weekends he regularly closeted himself with opiates, spirits, dreams, his notebook and remorse” (432).
Berridge and Edwards, in their *Opium and the People: Opium Use in Nineteenth Century England*, say that “the conjunction of opium [with] alcohol in popular usage was more extensive than its orthodox use, and to compound things, it was popularly used to counteract the effect of too much drink” (33). According to the authors, one professor of medicine contended, about the time of Coleridge’s use, that opium was best used in small doses when combined with alcohol (71). The two authors also state that opium was often added in the nineteenth century as a means of sobering up (105). Berridge and Edwards, in summarizing the relative effects of opium and alcohol, say that it was “the sobering and not the ‘stimulant’ effect of the drug [opium] which most consumers expected.” Furthermore,

[t]he distinction between “medical” and “non-medical” use was impossible to draw, and it was easy enough for observers to substitute moral judgment (the “bad use” of opium) for cultural sensibility. The use of the drug in the working class, whether for children or by adults, was nevertheless considered at this time as part of the “opium problem.” (109)

According to Berridge and Edwards, at the beginning of the nineteenth century, opium was not thought dangerous by many and, in fact, was included in most families’ medicine cabinets (xxv).

But as the century matured, a furor against opium, alcohol, and other stimulants began as part of increasing social awareness in England. Included at the heart of the protest was the sweeping movement of industrialization, which helped broaden education and brought a rise of social responsibility. A strong temperance movement originating in England accompanied the rise in conscience, brought on in part by Romantic idealism.
and altruism and a dread of drug consequences. An increased press attention focusing on opium deaths was a basis for legal restrictions to begin with the Pharmacy Act of 1868, placed into law years after Coleridge’s own death in 1834 (Berridge and Edwards xxviii). But earlier opium beliefs maintained that opium could cure nearly anything, including tetanus and typhoid, cancer and cholera, rheumatism and small pox, malaria and venereal disease, violent hysteria and gout (Hayter 29). Coleridge probably was aware of these beliefs and may have subscribed to them, or at least a semblance of them. With opium, Coleridge was a victim, but also possibly benefited from small doses.

Coleridge’s laudanum use, which eventually grew into severe abuse, possibly began during his childhood to soothe minor pains, including teething. His use of it occurred at a time when opium had no legal restrictions and was freely available. In the nineteenth century it was found particularly useful for alleviating toothache, indigestion, insomnia, anxiety, and hangover, among many other applications as an analgesic. As a euphoric, opium was reported, especially by Thomas DeQuincey in his writings in his Confessions of an English Opium Eater, to enable exquisite sensations. At the start of Coleridge’s use, when he was plagued by physical illnesses, it must have seemed to him a salvation, not unlike a religious deliverance he may have sought.

DeQuincey, who romanticized opium use in his book published at the time of his friendship with Coleridge, wrote the following:

Opium . . . communicates serenity and equipoise to all the faculties, active or passive: and with respect to the temper and moral feelings in general, it gives simply that sort of vital warmth which is approved by the judgment,
and which would probably always accompany a bodily constitution of primeval or antediluvian health. (76)

DeQuincey and Coleridge seemed to have been friends, believing—at least at the start of it—in opium as a universal remedy. They exchanged notes and were delighted in a substance that was not forbidden by the society (Hayter 26).

Coleridge himself had, while at Cambridge University, briefly described his own opium felicities in a letter to his brother George, a minister. Coleridge had this early close ministerial connection, one basis for writing philosophical and religious works later. He also preached in the Unitarian church, and continued with sermons after the height of his writing poetry. He was, in later years, to write documents highly regarded by some in the Anglican church (Harris). Some of them, too, might not have been written without the tranquilizing effect of the opium, or rather laudanum, the mixture.

Much was said of drug revelry by DeQuincey; any downsides were less emphasized. Dr. John Jones, writing at the end of the seventeenth century in his Mysteries of Opium Reveal’d, had listed as very serious dangers of opium a “mopish disposition, decay of parts, and a weakness of memory” (qtd. in Hayter 24). These symptoms point to problems with opium that Coleridge ignored until confronted by great despair and exhaustion in his use of it. He became sufficiently aware only after the agonies forced him to seek better medical help. Before this occurred, he often was fascinated with the imagination laudanum quantitatively helped to enable. According to Lefebure, Coleridge sought emotional care and advice from friends and from medical personnel who furthered his use of the drug. The difficulties resulting from opium withdrawal, especially between doses, increased his pleas for help. The evidence is
compelling that he turned to the drug for a multitude of both psychological and physical conditions. She says he continued until guilt and agony from violent symptoms of withdrawal and sickness forced him to seek direct medical supervision in the home of James Gillman. Gilman was an apothecary-surgeon, a common form of English physician at the time, who probably helped maintain Coleridge’s opium levels, enabling him to continue writing (Lefebure 48). Under Gilman's care, Coleridge began a rehabilitation that was more than a moderation of the drug.

Lefebure writes partially in reaction to earlier Coleridge sympathizers and possibly to Elisabeth Schneider, who was more tolerant of his drug usage in Coleridge, Opium, and Kubla Khan in 1953. Lefebure may have reacted, in part, to Schneider’s giving Coleridge latitude with opium use. Lefebure’s writing is largely a grave biography based on Coleridge’s letters, and one might disagree with her conclusions of his absolute moral guilt. Her biography was written during a period of heightened alarm about drug use. Her concern is valid, although in Coleridge’s case, seeing him as a victim of human frailty is also constructive.

Coleridge and William Wordsworth, the poet-authors of Lyrical Ballads, published in 1798, furthered the art of the imagination in literature, a turn that had social, psychological, and linguistic impact through its new poetry of idealism and sensate lyrical content. The eighteenth-century emphasis in poetry had mainly been one of prescribed form, intellect, and wit. Coleridge and the Romantics in the nineteenth-century built on the former time’s intelligence but departed from an emphasis on reason and rigid adherence to discipline and experimented liberally, Coleridge with opium as well as with writing.
Coleridge was sometimes a popular lecturer on the classics and on Milton and Shakespeare, and in his written work he was one of Romanticism’s chief exponents in English literary theory. The following passage from *Biographia Literaria II* describes his concept of imagination and demonstrates his abstract writing in a way that reconciles seemingly conflicting opposites, and which may have been facilitated by his using laudanum:

The poet . . . brings the whole soul of man into activity, with the subordination of its faculties to each other, according to their relative worth and dignity. He diffuses a tone and spirit of unity, that blends, and (as it were) fuses, each into each, by that synthetic and magical power, to which we have exclusively appropriated the name of imagination. This power . . . reveals itself in the balance or reconciliation of opposite or discordant qualities: of sameness, with difference; of the general, with the concrete; the idea, with the image; the individual, with the representative; the sense of novelty and freshness, with old and familiar objects; a more than usual state of emotion, with more than usual order; judgement [sic] ever awake and steady self-possession, with enthusiasm and feeling profound or vehement; and while it blends and harmonizes the natural and the artificial, still subordinates art to nature; the manner to the matter; and our admiration of the poet to our sympathy with the poetry. (16)

Coleridge’s elaboration on imagination reflected, in part, his literary theory developed with Wordsworth and helped expand imaginative writing and increased literature reading in both England and America.
The subject of the imagination in Coleridge’s poem “Kubla Khan” is the focus of John Livingston Lowes’s work The Road to Xanadu: A Study in the Ways of the Imagination in 1927. Further, M.L. Abrams, writing in 1934 in The Milk of Paradise, inadvertently implies that opium use, by itself, leads directly to increased imagination. This helped set off a controversy in Britain and America, leading to further discussions and literary biographies, including several that deal with Coleridge, DeQuincey, and other Romantics’ laudanum use. Abrams says in later conclusions published in 1970 that when reports, including his, were originally given, “in a very short time DeQuincey’s pleasures of opium became merely negative, the assuagement of a savage craving, and the drug is recognized, in Coleridge’s bitter words, as this dirty business of Laudanum . . . this free-agency-annihilating Poison” (xi). Some of the findings of Elisabeth Schneider in her Coleridge, Opium, and Kubla Khan, published in 1953, do, on the other hand, support opium as often beneficial but insists that imagination is not a direct result. Applied to Coleridge, this both detracts from opium’s reputation as harmful and attests to Coleridge’s powers aside from his use of the drug. Finally, Alethea Hayter, in Opium and the Romantic Imagination (1968), summarizes the mood created by drug addiction in general terms in telling of a hypothetical patient’s enthusiasms: “It puts an end to my despair: it makes me feel happy; it restores my self-confidence; and it does all that in a moment, without any effort on my part. The drug is a miracle. I cannot live without it” (Hayter 42). Coleridge, who sometimes had insight even at times of severe addiction, may have said things similar. Hayter greatly elaborates on Coleridge and other romantic writers’ feelings linked to laudanum use.
Coleridge’s Career and Drug Use

Coleridge’s first reference to opium in his collected letters was in 1791, when he wrote to his brother George: “Opium never used to have any disagreeable effects on me—but it has upon many” (Coleridge 10). He had, therefore, some notice of the drug’s harm. He probably was too caught up in study and exuberance to realize its harm. Indifference was part of Coleridge’s addiction problem, and opium may have caused the indifference.

After the start of idealist political interests at Cambridge, culminating in his plans with other students to form a commune, the Pantisocracy, in Pennsylvania, he met Sara Fricker, Robert Southey’s sister-in-law, whom he was to marry out of not fully revealed motives. One of them seems to have been a sense of duty to Southey. He had perhaps been more in love with Mary Evans, his first serious infatuation, but she soon married another. According to Rosemary Ashton in The Life of Samuel Taylor Coleridge, Coleridge had several affairs with prostitutes while at Cambridge. She concludes that these occasions were to bring guilt and shame that haunted him for years (37). However, it was, according to Ashton and Molly Lefebure, his marriage that became a greater source of anxiety to him because of his neglect and abandonment and a primary reason for his opium consumption.

Sometime during 1796 (Coleridge's letters are not always correctly dated), when his wife was about to deliver their child, he wrote to a friend the following:

Since I last saw you, I have been tottering on the edge of madness—my mind overbalanced on the e contra [sic] side of Happiness—the repeated blunders of the printer, the forgetfulness and blunders of my associate etc.
etc. abroad, and at home Mrs. Coleridge dangerously ill, and expected hourly to miscarry. Such has been my situation for the last fortnight—I have been obliged to take laudanum almost every night. (Coleridge 108)

This shows that Coleridge took the drug for intense stress of multiple causes.

His son David Hartley was born then, and during the same year Coleridge and the family moved to Nether Stowey. Very significant is that he met Wordsworth while living there and, due to his pain and stress, increased his use of opium. At a time of torment two months after the child was born, Coleridge wrote the following to Thomas Cottle, his publisher: “A devil, a very devil, has got possession of my left temple, eye, cheek, jaw, throat, and shoulder. I cannot see you this evening. I write in agony” (Coleridge 148). Two days later, he wrote to Cottle again:

. . . I am seriously ill. The complaint, my medical attendant says, is nervous—and originating in mental causes. I have a Blister under my right-ear—& I take laudanum every four hours, 25 drops each dose. —God be praised for all things! A faith in goodness makes all Nature good! (Coleridge 150)

If taken alone, this dramatization, which is consistent in his letters, is what some call hypochondria today, and perhaps it also indicates illnesses which may have had part of their origins in lack of self-direction and passivity (Wallen 562). The expression of hypochondria in Coleridge’s letters seems at times accompanied by some ease, in addition to fear, and the fear was probably often realistic.

In December of 1796, Coleridge wrote the following to Thomas Poole: “I am very poorly; not to say ill. My face monstrously swoln; my recondite Eye sits quaintly behind
the flesh-hill; and looks a little, as a Tomtit’s. And I have a sore throat that prevents me from eating aught but spoon-meat without great pain—and I have a rheumatic complaint in the back of my head & Shoulders. . .” (Coleridge 166). Perhaps any ease in this reflects a tranquility provided by laudanum.

In March of 1798, he wrote of another physical complaint to his brother George: “My indisposition originated in the stump of a tooth over which some matter had formed: this affected my eye, my eye my stomach, my stomach my head; and the consequence was a general fever . . .” In the same letter he praised opium to George, who also seemed to have tried laudanum: “laudanum gave me repose, not sleep: but YOU, I believe, know how divine that repose is-- what a spot of enchantment [sic], a green spot of fountain and flowers & trees in the very heart of a waste of Sands!” (Coleridge 238). This shows Coleridge’s elation with the drug. It is not clear what the rheumatic complaint represented. It may have been arthritis or a lesser ailment, such as writer’s cramp brought by England’s cold, damp weather.

In 1797, while close to Wordsworth, Coleridge began his notable poetic years which, according to some critics, were his best period of writing. During that time he wrote “Frost at Midnight,” “Kubla Khan,” The Rime of the Ancient Mariner, and others. “Kubla Khan” was the poem with the clearest connection to opium. He had collaborated considerably with Wordsworth on The Ancient Mariner for its inclusion in Lyrical Ballads, their joint effort at poetry published in 1798.

Following the publication of the Lyrical Ballads, apparently desperate financially, Coleridge received what was to be for a while the yearly annuity of 150 pounds from Josiah and Thomas Wedgwood of the Wedgwood Pottery, providing he would devote
himself entirely to philosophy and poetry. The connection with Tom Wedgwood, who
was a member of Thomas Beddoe’s opium clique, reinforced an extravagant use of
opium (Ashton 215). The financial independence was also instrumental in his leaving his
family and taking up a life of journalism in London (119). It also furthered his career of
writing, which was compelling to him. After the annuity was partially withdrawn, he
later contributed to his family from his wages and royalties.

According to Alethea Hayter in Opium and the Romantic Imagination, several
friends of Coleridge were patients of Dr. Thomas Beddoes, a follower of Dr. John Brown
of Edinburgh, who told patients that opium was a proper means to gaining stimulation
and health. Beddoes’s Pneumatic Institute seemed to open as a sincere venture in 1799 to
aid his medical practice (Lefebure 298). He hired Humphrey Davy to help him use gases
to cure ailments presented by his patients, and Davy was almost killed when inhaling one
of them. Coleridge tried another of them, nitrous oxide (Ashton 166), as he did initially
opium and other stimulants. A sometimes careless experimenting, therefore, seems to
have been part of the opium group’s activities.

Davy was a member of the Lunar Society, which included Erasmus Darwin,
James Watt, inventor of the steam engine, Joseph Priestly, who discovered oxygen and
carbon monoxide as a chemist, Beddoes, the Wedgwoods, and other participants in the
developing technology of the time (Ashton 117). These scientifically active and
innovative men contributed to Coleridge’s use of the drug to the extent that they favored
it. Coleridge probably prized the excitement and activities of the group.

Coleridge continued with opium following his use with the circle of friends. He
apparently took opium in Germany, where he later went to study the language and the
idealistic philosophy that influenced British Romanticism; opium was widely available in
Germany as well as in England. While there, his second son, Berkley, died in England.
Coleridge remained in Germany for a long time before he returned to his wife and other
son at Nether Stowey, then apparently impetuously left to see the Wordsworths. This set
of decisions prompted Lefebure’s censure of Coleridge as a “bolter” from marital
responsibility (73, 304, 406).

During this visit with the Wordsworths, he met Sara Hutchinson, the “Asra” in
some of his poems, who was Wordsworth’s future sister-in-law, and with whom
Coleridge fell in love. According to evidence summarized by Ashton and highlighted by
other biographers, he began a longing for her that lasted for much of a decade and helped
ruin his marriage. Rejected by her, he apparently left for London instead of home and
took a job as an editorial writer. Lefebure and another biographer, Stephen Weissman,
attribute some of Coleridge’s opium use to Coleridge’s affection for Sara Hutchinson and
her rejection of him, neglecting the tranquilizing effect and seeing the use as just a crutch.
It may be that opium was part of the romance.

Somehow, despite seemingly displaced loyalties, Coleridge’s family joined him in
moving to London. He achieved a prominent reputation as a journalist with a negative
account of William Pitt, the Tory prime minister (Ashton 172-73), but seemed to miss
Wordsworth’s company. After a time, Coleridge left London and briefly returned to
Wordsworth so that they might plan a revision of Lyrical Ballads (Ashton 175-180). But
their relationship became increasingly difficult. Coleridge was more heavily addicted to
laudanum by this time, and Wordsworth apparently resented both the drug usage and
Coleridge’s play of affection for his sister-in-law. Although rejected by Sara Hutchinson
and Wordsworth and, at the same time, continuing with laudanum, he began his
*Biographia Literaria*, which contained his often abstract literary theory, and continued in journalism.

Coleridge and Wordsworth decided not to print Coleridge’s unfinished “Christabel” in the second edition, an event that may have dealt a serious blow to Coleridge’s poetic spirit. Also, the new edition of *Lyrical Ballads* appeared in 1801 without Coleridge’s name on the title page. At one point, he decided to give up poetry altogether, leaving it to Wordsworth and Southey. He also increasingly wanted to publish his work of criticism, *Biographia Literaria*. In 1799, he wrote to Southey: “[I] am resolved to publish nothing with my name till my Great Work” (qtd. in Fruman 9).

According to Paul Youngquist in “Rehabilitating Coleridge: Poetry, Philosophy, Excess,” these turns were the beginning of Coleridge’s departure from poetic Dionysus. Youngquist says further that while “it is a commonplace of Coleridge criticism that he turns from poetry to philosophy and morals about the time he tries finally to kick his ‘accursed habit,’” his turn to philosophy is what mainly brought rehabilitation (10).

Seemingly removed from the heights of poetic inspiration, Coleridge experienced ills, including conflicts with his wife, that became traumatic for multiple reasons. He reported rheumatism, swellings, boils, and gout. “Treacherous bowels” began to appear as a result of his frustrations about his failed marriage, for which he at times blamed his wife, and he experienced anguishes revealed in his poem “Dejection: an Ode.”

His physical ills mounted and became even more severe. On September 16, 1803, he wrote to Thomas Wedgwood:
Night is my Hell, Sleep my tormenting Angel. Three Nights out of four I fall asleep, struggling to lie awake & my frequent Night-screams have almost made me a nuisance in my own House. Dreams with me are no Shadows, but the very Substance & foot-thick Calamities of my Life. Beddoes, who has been to me ever a very kind man, suspects that my Stomach “brews Vinegar”—it may be so—but I have no other symptom but that of Flatulence / shewing itself by an asthmatic Puffing, & transient paralytic Affections. . . . (Coleridge 520)

This description relates a withdrawal nightmare experience, according to Lefebure and Hayter, in their discussing Coleridge’s imagination. Elisabeth Schneider, in *Coleridge, Opium, and Kubla Khan*, distinguishes between withdrawal symptoms and dose discomfort. With massive doses, Coleridge experienced withdrawal, both in attempts to leave laudanum and also between doses. Drug-interval withdrawal was a threat since the effects of the opium and alcohol lessened after a few hours. The large doses he sometimes took made the withdrawal emotionally intense.

In 1804, Coleridge, having what was thought to be scrofula, a form of tuberculosis, upon the advice of one or more physicians left his family with Robert Southey and sailed for Malta, hoping to cure both the disease and his opium addiction. He obtained a position in Malta with the governor of the British colony, but his health did not improve. He eventually returned to his family, still an opium user, and then to the Wordsworths, who were concerned about his shambled appearance and manners. Coleridge soon separated from his wife and lived with them. Wordsworth wrote *The Prelude*, a very long poem which he dedicated to Coleridge, and Coleridge answered with
“To William Wordsworth.” The two were nearly at the height of their association in terms of esteem for each other (Lefebure 228, 451).

Coleridge became friends with Thomas DeQuincey soon thereafter and the two encouraged each other in further opium use. They possibly first met at the Wordsworths, where DeQuincey was also apparently a longtime literary follower and associate. The association with DeQuincey was another of Coleridge’s connections with Romantic writers, and he was to have some correspondence with Byron and Shelley while still with his wife and four children.

Coleridge, after leaving his family, according to Ashton, returned to London to make a new independent life and alternately was ill (264) and lived as a bon vivant—an Epicurean (269)—and was a continuing hedonist in his laudanum use. Finding new friends, he continued in journalism, again writing for a London paper, and began his series of lectures on Shakespeare and Milton, for which he became somewhat famous. He then traveled to the Lake District again to try to collect his work on The Friend, but he and Wordsworth had again grown apart. Coleridge’s departure from Wordsworth is regarded by some as a difficulty furthering his use of laudanum, and the lack of self-direction brought a separation anxiety, according to Steven Weissman (xiv-xv).

Coleridge lectured more and gathered further recognition; old and new literary works were published. He continued his Biographia Literaria and a drama, Zapolya; and in 1816, Byron helped him publish the popular works “Kubla Khan,” “Cristabel,” and “The Pains of Sleep” in Sibylline Leaves. According to Lefebure, it was during this time in London that his opium use reached its worst pitch as indicated in “The Pains of Sleep,” which reveals bewildering nightmares (372-73).
In 1817, Coleridge began preparations for the production of the play *Zapolya* but suffered an exhaustion-collapse, partly from having continued with opium. He was treated by a doctor who referred him to Dr. James Gillman, in whose house and care he was to remain the rest of his life. Gillman’s guidance and his family’s devotion to Coleridge brought the laudanum use under control, though the control may have been moderation rather than abstinence. Coleridge was, however, very productive during his last years. At Highgate, he wrote incessantly, dictating much of his work to the Gillmans. He wrote several sermons, many philosophical works, *The Theory of Life* (with James Gillman), and published some earlier writings. He continued to give lectures and sermons and wrote literary histories. He gained the attention and admiration of many from near and far, including Ralph Waldo Emerson, who visited him at Highgate; James Fennimore Cooper met with him also.

Coleridge accompanied the Wordsworths on a tour of Germany in 1828 and in 1833 revisited Cambridge and gave an eloquent oratory, but soon his health deteriorated, and he succumbed to heart failure on July 25, 1834. The autopsy, which he requested while critically ill, was done to uncover the source of his illnesses and revealed a greatly enlarged heart and collapsed lungs. The exact causes were not known.

Coleridge’s work amounted to over twenty volumes. In addition, scholars have collected six volumes each of his letters and notes. He was not always able to foresee his work’s consequences, but some of it contributed enormously, especially as idealism. According to some critics, it will continue to do so (Rorty 3). Perkins writes about Coleridge as a great intellectual, saying, “he is the Shakespeare of ideas” (395).

Abrams’s book was the first to assess the patterns of imagery in writers using opium. It presents similarities in Crabbe, Coleridge, DeQuincey, and Francis Thompson. Abrams inadvertently furthered the notion that opium directly caused imaginative inventions by arguing that opium leads directly to “abnormal light perception” and “extraordinary mutations of space.” Many readers of the first edition concluded that opium itself created fantasies qualitatively different from reality, fantasies that became transcribed into the work of these authors. Abrams believed that there are patterns of illusion in opium fantasies and applied this to Coleridge and the others. Abrams was the first to suggest this, and the role of opium in literary work became a subject of interest and controversy.

In a 1970 reprinting of *The Milk of Paradise*, Abrams says that opium use was not the same in the 1800s as it was in the latter half of the twentieth century. Instead, users of opium in Coleridge's time believed in its efficacy. Abrams was among the first to state that opium’s questionable pleasures are largely the result of hopeful expectations.


Adair explores Coleridge’s sources for “Kubla Khan,” primarily in travel books such as William Bartram’s *Travels in Carolina* (1791), published shortly before Coleridge’s poem, and in several classics, especially ones concerned with the Greek god of poets, Orpheus. The exotic quality of some suggested sources makes them likely influences on
Coleridge (although other suggested sources seem less so), although there is no verbatim use of their materials in “Kubla Khan.” Adair sees “Kubla Khan” as an expression of Coleridge’s Dionysian impulses.


This is a collection of women’s Romantic poems that should not be neglected in any study of Romanticism. The editor-author says that there were over 1400 women who published in the romantic period he delineates. He highlights works by Anna Barbauld, Hannah Moore, Charlotte Smith, and others, some of whom influenced male Romanticists. One of the women, Charlotte Smith, wrote a poem telling of effects of opium. Opium was so widespread in use, if we accept the facts presented by Berridge and Edwards, that it is probable that many, if not most, Romantic writers used opium, at least for a time. Although some women Romanticists probably used laudanum, the influence of women in terms of their laudanum use affecting Coleridge is not known.


This is a chronologically structured biography of Coleridge that contains some basics. It highlights the marital conflicts, the friendships, and the dreams and nightmares, and refers to the opium use as highly problematic. Ashton regards Coleridge, with little indulgence, as consistently “passive” and says he was often unable to act on his own accord (lacking self-direction, as Martin Wallen says) and unable to defeat his use of the drug because of lack of self-determination. Ashton reports on Coleridge’s sex life without
sympathy, ignoring that a lack of virility probably compounded Coleridge’s frustrations, including laudanum indolence affecting his sex life and causing other difficulties. Sexuality was not openly discussed in Coleridge’s time.


This is a work focusing on the history and social, biological, legal, and medical dimensions of the use of opium, beginning in ancient cultures and ending at the present with special focus on opium in the 1800s, including the decades that brought its use in England to a close. The self-medication which was the resort of many addicts, such as Coleridge, is detailed. Opium is elaborated in its pharmacology, its comparison with other drugs, and its inclusion in the class of opiates as a pain killer. Some of the report presents the debate about opium’s effects on imagination as the authors summarize the works of the primary critics concerned with opium and literature.


This description of the work of Edmund Burke emphasizes his moderate reform philosophy in British parliament and his contributions to a gradual process of change. Burke was a tempering influence on Coleridge and possibly helped him mitigate an extravagance with opium and to turn to a more conservative political and religious path in his later years. Some critics say Coleridge was always religious.

Cammer outlines psychological compulsion, or rigid work and thinking, especially a matter of being driven to extravagance, which was part of Coleridge’s writing work inclination. It is an oversimplification, however, to conclude that the abundance of Coleridge’s work was wasted in obsession-compulsion because of its value in many realms. Coleridge is not mentioned in Cammer’s analysis, and little attention is paid to the value of normal obsessive-compulsive behavior as often benign.


This states that Coleridge was a “wanderer off into contemplation” and found “spiritual appeasement” in its escapes but that doing so was to “haunt” him all of his life. This beautiful account presents Coleridge’s sensitivity as a poet from childhood to death. The author theorizes that at the onset of his taking the drug, Coleridge’s already keen powers acquired an even freer divination. The accuracy of some of the claims must be questioned, but perhaps they describe Coleridge as a poet well. The author says that Coleridge refrained from physical exercise early and became a seeker of the sublime. Other authors make it clear that Coleridge sought sublimity through his use of laudanum.


This is the definitive collection of Coleridge’s letters to friends, family, publishers, and many others throughout his career. It is often quoted by biographers. An earlier edition
varied significantly from this, and the most recent one contains a different numbering of the letters. Some references to his letters by biographers pertain to the older edition and promote some confusion, though the reader can often locate them in the new one by noticing the date written and the addressee. A few letters apparently have mistaken dates, but overall there seems a general accuracy in Coleridge’s reporting and in Griggs’s latter collection.


This is the complete American set of Coleridge’s published works, some individual writings of which are referred to in this thesis. The volumes are generally large and are divided into twenty works originally published by Coleridge. The printing in most of them is small and shows the enormity of his manual handwriting endurance.


Cousins presents his recovery from a severe spinal illness, for which he was hospitalized for several months. He attributes the recovery to his several uses of humor, friendship, hope, and tenacity. This is an often quoted work in presenting the role of hope and expectation in illness and recovery. This "expectation" was cited by M.H. Abrams in his last edition of *The Milk of Paradise* as a dominant component in opium imagination and a favorable belief about the drug’s outcomes, part of Coleridge’s motivation for taking opium. Cousins was among the first to formalize the role of hope in contemporary medical recovery, and was followed by many, including Herbert Benson, M.D., in his book, *Timeless Healing*. Both works present exceptions to a strict biological
determinism, are essentially psychological in importance, and are now given a strong role in medicine by many physicians. Coleridge was probably aware of this as a teaching of Jesus, and aimed against the empiricist’s determinism that neglected it.


DeQuincey reports the exhilaration of opium consumption he experienced, though the attribution of “eater” is a misnomer as opium was generally consumed in a drinking of laudanum, a mixture of grains of opium and some form of alcohol. DeQuincey had an early friendship with Coleridge and Wordsworth in his own role as a Romanticist. He was an opium consumer until his death, and the association of Coleridge and him intensified their use of the drug, and in some who favorably read DeQuincey’s work. Confessions was widely read in British society and helped set off a controversy leading to the temperance movement and the eventual outlawing of the drug.


This book is the seminal work in rational-emotive psychotherapy. It offers the belief that absolutes of "should," "must," and "ought" dominate much disturbed thinking and contribute to personal problems such as drug addiction and most other maladies. It essentially critiques perfectionism, but the author maintains that perfectionist striving is good in attempting to achieve quality in work, though it can never be accomplished totally. Ellis and Harper’s theory can explain some of Coleridge’s writing behavior as
obsessive. Such a view, though, is simplistic and neglects the personal factors of friendship, Coleridge’s early education, and other living circumstances, such as his devotion to philosophical and religious ideals, and the value of his work seen as contributions to society.


This work analyzes dejection in Coleridge as revealed in some of his letters and in the poems “Christabel,” *The Rime of the Ancient Mariner*, “Kubla Khan,” and “Dejection: an Ode.” The last of these is most of an entire chapter in the work. Part of the examination looks at Coleridge’s opium and its effects on imagination in the poems. This is perhaps the most detailed of the works on Coleridge’s depression through his poems.


In a lengthy fashion, and often with great erudition, this author examines whether, and in what ways, Coleridge plagiarized various sources, particularly from German writers. Fruman says it was often due to Coleridge’s poor memory of his reading. It is likely that the poor memory was occasioned by laudanum use. Asserting respect for Coleridge through his research findings, the author says that Coleridge is all the more an “absorbing figure, after the analysis of his faults.” Fruman’s book is also biographical, and points to Coleridge’s problems with women, and incidentally to Coleridge’s meticulous cleanliness necessary for his writing achievement. Fruman does not state that assumptions of needing an absolute memory capability require the impossible.

A work nearly entirely concerned with opium and its effects on creativity and fantasy in many British and European writers, especially the Romanticists. The greatest in length, it summarizes the history of opium use earlier and presents case histories detailing physical and mental effects. Hayter’s chapter of case histories presents a theory supported by some research and the view of Dr. D.P. Ansubel, who wrote of opium addiction and the “inadequate personality” who is essentially dependent, unrealistic, passive, unreliable, and self-indulgent.” The theory does not apply well to Coleridge because he worked in mammoth proportions, including with continual deadlines, and was somewhat responsible to his family financially, as well as contributed much of value. An analysis of opium regarding dreams, imagination, and imagery is extensive and important as scholarship. Hayter’s chapter on Coleridge, opium, and imagination summarizes his use in his lifetime, and focuses on his dreams and nightmares related to several of the poems. It sees the opium experience in its extremes as departing from, according to Coleridge, a “normal experience of Time and Space,” as a “Limbo of a ‘growthless dull privation.’”


This journal article presents a practical view of the effects of narcotics on addicts in several domains, with a special focus on their inability to care for themselves and protect against harm. Applied to Coleridge, it partly explains his addiction to opium in
its overdose effects, particularly emotional ones at the height of abuse. The author tells of several other characteristics of narcotics users, most of which seem to apply to Coleridge to a lesser extent throughout his addiction.


This work is largely a moral consideration of Coleridge’s use of opium. Lefebure’s extensive research concludes that Coleridge was a “junkie” in terms of drug use, and a “bolter” from responsibility because he left his family at the height of marital and opium difficulties. The writing attempts a balanced account, including respect for Coleridge in his effort to leave opium, pointing to “his unquenchable spirit of faith and endeavor . . . .” It is not comprehensive, however, in presenting Coleridge’s circumstances as would situational ethics evaluations from a more compassionate point of view. The emphasis throughout the biography is on Coleridge’s use of opium and other drugs, and details the causes of his use extensively, reaching into much of his literary and family life. Lefebure had worked as a secretary to the head of the department of forensic medicine at Guy’s Hospital in London and witnessed many cases of addiction. Lefebure’s argument that Coleridge was an addict and irresponsible is compelling in terms of absolute ethics alone, and simply from a criminal investigator and pathologist’s point of view. The reporting is totally against opium consumption, partly, it seems, because its use was rampant at Lefebure’s time of writing in terms of morphine and heroin use. Lefebure’s work contains psychological explanations of opium addiction with much focus on Coleridge’s cycle of guilt, depression, and further use to relieve it. In Coleridge’s case, the guilt, she
contends, had much to do with his bolting irresponsibility. The work largely neglects a
direct, specific examination of Coleridge’s behavior from a point of view emphasizing
human frailty.

Lowes, John Livingston. *The Road to Xanadu: A Study in the Ways of the Imagination*

This work attempts to explain the currents of imagination in *The Rime of the Ancient
Mariner* and “Kubla Khan.” E.S. Shaffer, for one, said in 1975 that “The Road to Xanadu
has for forty years stood in the way of comprehension of Coleridge’s poetry” (8). He calls
the analysis “wrong, as it egregiously is . . . .” Shaffer’s remarks further condemn the
work as “jocose antiquarianism,” belonging to the “‘needle-work class’ of literary
criticism” (8-9). Still, further attention to imagination in Coleridge’s poems might not
have developed without *The Road to Xanadu* and its concerns. Despite Shaffer’s negative
comments, Lowes presents the evidence of Coleridge’s use of opium connected with his
letters (377-388), and this was to provide a beginning of scholarship in Coleridge’s use of
the drug. While opium use is not the dominant theme in Lowes’s book, his attention to
the poem led to further opium evaluations, especially the works of Elisabeth Schneider
and Alethea Hayter, which are more thorough.

Longitudinal Study.” *Opioids in Mental Illness*. Ed. Karl Verebey. New York:
This study concludes that endorphins found in the cerebral-spinal fluid of subjects addicted to morphine-related drugs were higher than in normal subjects. This seems to support Elisabeth Schneider’s findings in *Coleridge, Opium and Kubla Khan* that opium use is beneficial for some, but the connection is not a direct correlation because opium itself was not used in the study nor was its mixing with alcohol. There also is no questioning of the self-fulfilling prophesy—the placebo effect—inherent in offering medical subjects tranquilizing drugs, increasing their hopes.


This text, which contains the major Romantic poems, presents Coleridge in his literary role without much attention to his opium use, although he mentions that Coleridge was “able [in living with the Gillmans] to greatly reduce the amount he consumed.” The author has some reverence for Coleridge, presumably having read many of his works, and calls him “The Shakespeare of Ideas.” Perkins, perhaps unfairly, criticizes Coleridge’s wife as a “scold.” The thesis used Perkins’s text as the source book for Coleridge’s poetry.


This is one of two studies that focus on “Kubla Khan” as representing a Coleridge vision of paradise. This one maintains that Coleridge was always a Christian, though not an orthodox one, and examines various Christian symbols in the poem.

Rorty is a present-day philosopher of pragmatism who looks at consequences of actions more than idealist principles such as Plato’s. He feels that Romantic poetry was as formidable in cultural evolution as the Enlightenment, which fostered science, and the philosophy and religion in earlier centuries in terms of theology and ethics. He sees Romanticism as the basis of creative thought beginning in the late eighteenth century and coming forward into the present in all of the arts. The work is somewhat difficult to read in its abstraction, but its introduction is worth reading more than once. It should be compared with guiding principles from religion and philosophy which greatly influenced Coleridge as an idealist and, also, the creativity in the Bible.


This work is an elaborate analysis of Coleridge as a poet, the effects of opium, and the poem “Kubla Khan.” It examines the critical evaluation of John Livingston Lowes and other early critics. Part of the interpretation by Schneider sees the poem as symbolic, especially in terms of psychoanalytic thought, Freudian and Jungian. The psychoanalytic analysis is extensive. The author focuses on opium as a therapeutic drug and contends, with some research, that taken in moderation it is beneficial for some. The book attempts to review clinical findings about opium’s use and consequences and concludes that it does not, by itself, produce imagination; rather it is a catalyst setting the stage for imagination to flourish in those already so inclined. This set of views, supported by some early research on opium effects, was a shift away from earlier ones and a popular one even now: that opium induces imaginative fantasy. Schneider’s views seem not
concerned with moral issues but emphasize “Kubla Khan” as an escape from the harshness of some of Coleridge’s relationships. The analysis is never lighthearted and views the poem in its serious aspects. It describes the poem, however, as “a new tune” on the literary scene. The erudition gives multiple interpretations stemming in part from early critics’ reasonings, adding to them psychoanalytic and other literary interpretations.

This interprets “Kubla Khan” as a biblically based vision of paradise while looking at influences from German Idealism, Romantic Hellenism, Orientalism, and specific works. The introduction, while considering many European critics’ works, proposes a unification of literary criticism. Shaffer advocates the “higher criticism”—presumably transcendentalism—which was developing, and says that Coleridge was one of its exponents. Modern views from Barthes, Sartre, Foucault, and Goldmann are presented in an attempt to unify them in a discussion of “Kubla Khan.”

This article traces Coleridge’s incidence of scrofula, a form of tuberculosis which was diagnosed by his doctors and brought about his voyage from his family in 1804 and his stay in Malta and later Italy. Wallen contends that the disease was not real and that, instead, Coleridge suffered from dejection in connection with rejection by the Wordsworths and Sara Hutchinson, along with a lack of self-direction—passivity. This is both a physical and psychological analysis and argues that Coleridge was not able
to leave laudanum during or after his voyage.


Weissman presents psychoanalytic and psychiatric explanations of Coleridge’s depression. He points to his early life and says the writer tried to stab his brother Frank, while he also felt like murdering another brother, William. He speculates that Coleridge’s rheumatism symptoms were part of “a subconscious warning about the anger he was feeling toward William.” This, he argues, was a feeling of guilt that helped precipitate Coleridge’s addiction. Weissman also presents a “loss-restitution hypothesis” to account for the addiction and also Coleridge’s drive toward literary mastery. Weissman’s theory holds that Coleridge experienced a separation syndrome when he left the company of Wordsworth and never recovered. Weissman feels that Coleridge also attempted to compensate for losses in his childhood as well: the death of his father, his mother’s real or inferred rejection, the failure of his early romance with Mary Evans, and other disappointments. He says, too, that the poem “Dejection: an Ode” helped Coleridge recapture his self-esteem lost in the crisis of his relationships with the Wordsworths and with Sara Hutchinson. Weissman suggests, though, that Coleridge’s opium use intensified depression in the poet and that he had “an underlying mood disorder.” This view neglects the “pull” of Coleridge’s religious motivation and the value of it.
This book chapter says that Coleridge’s quest for truth and a vindication of Christian faith as the only true philosophy were the “master currents” of his life. All else was tangential to these. The author adds that Coleridge set for himself a monumental task in refuting the firmly entrenched scientific conceptions of his time affecting philosophy and religion. Willey says that the task was impossible and that it is a “wonder . . . he achieved so much.” He says that Coleridge’s religious and philosophical campaign was inseparable from his theorizing about imagination.

In this passage Wordsworth seems to declare, with some skepticism, that “Wonder is the natural product of Ignorance . . . so far does vanity assist men in acts of self-deception . . . many would often fancy they recognized a likeness when they knew nothing of the original.” This quote from Wordsworth’s critique of the work of an earlier writer describes wonder that has little footing, something Wordsworth distinguishes from a valuable kind of imaginative work, which, he says, includes the “presence” of the mind acting well in viewing nature. Not all imagination, then, has value, according to him. He may have felt that with opium Coleridge sometimes fantasized beyond reality.
This internet article, like Patricia Adair’s interpretations, sees “Kubla Khan,” Coleridge’s opium poem, as an expression of Coleridge’s Dionysian or poetic impulse, which Youngquist says is a natural one. He contrasts it with the Apollonian impulse, which he feels Coleridge needed for discipline in order to survive opium and gain rehabilitation. The rehabilitation, he says, came at the price of the Dionysian, and Coleridge became less of a poet.
Opium and Imagination: The Criticism

Alethea Hayter, who published *Opium and the Romantic Imagination* in 1968, summarizes the prevailing views of opium’s effects, including those of M.H. Abrams and Elisabeth Schneider. She states that M.H. Abrams in *The Milk of Paradise* concludes that an opium reverie placed the user in a dream world qualitatively different from common experience. Abrams introduces the idea of consistent patterns in opium imagination. Elisabeth Schneider, on the other hand, Hayter says, concludes “that the opium habit does not of itself confer either imaginative stimulus fantastic dreams or visions; all the effects attributed to it are in fact due to the previous mental and emotional make-up of the opium addict” (13).

Abrams amends his remarks in a later edition, but for many, the notion persists that opium directly enhances imagination. Although, through Schneider and other scholars’ work, the causation seems largely clarified, there remains the public notion that opium acts to create imagination by itself. Schneider’s work, in particular, refutes this belief. This is not to say that opium is not harmful for other reasons.

In contending with the idea that opium is dream-inducing, Schneider discounts it as a myth. She asserts that opium users do not dream any more than anyone else and offers the evidence that visitors from China, where opium use was presumably rampant, reported no notice of dreaming as a result of the drug (49). Opium, she says, simply takes users to a state verging on sleep where dreams take place, but the substance does not
cause dreams, she insists, in disputing the public’s stereotyped notion concluded from reading “Kubla Khan” that opium alone created the dream. She asserts that it merely presented the opportunity chemically and that many opium users do not have the depths of imagination of Coleridge. Her conclusions about China do not consider more recent reflections about opium and imagination, including Hayter’s, and do not sample English and American populations.

Hayter concludes that opium provides a pattern of a “rapid unfolding and linking of associations, the idiosyncrasies of memory” that can lead to “cosmic flights and vast precarious constructions, secret refuges and inescapable eyes, creatures of craving disgust, dead memories, icy footsteps” (65-66). In simpler terms, laudanum can lead to grand illusions and nightmares. Hayter thoroughly analyzes these feelings, omitting a focus on humor that laudanum may have facilitated.

In a note issued with a new printing of The Milk of Paradise in 1970, Abrams says that modern studies, such as many done in prior decades on dire addiction in urban slums,

deal mainly with confirmed addicts who inject into the bloodstream morphine or heroin . . . the authors I deal with all drank laudanum, which is raw or partially refined opium dissolved in alcohol, and some of the experience they represent occurred in an early stage of their resort to the drug. The social and psychological ambiance—which undoubtedly affects the nature of the experience with drugs—has also undergone a drastic change. Indulgence in opium is now . . . a criminal activity . . . Through much of the nineteenth century, however, opium was not only readily and
legally available, but was recommended by reigning medical opinion for an enormous variety of ailments from earliest infancy on; opium-taking was subject to no sanction outside of the judgment and conscience of the taker; and those who indulged often had extravagant expectations about the psychic effects of the drug . . . Anyone who investigates the effects of opium must take into account the differences—in sensory endowment, the tendency to fantasy, the proclivity to subtle self-analysis, the wealth of available literary memories, and the power of the trained imagination—between the representative addict who turns up in a modern clinic and Crabbe, Coleridge, De Quincy, and Francis Thomson. . . . (note xii-xiii)

Abrams’s argument agrees with the conclusions of others writing on expectation greatly influencing medical outcomes, as reported in the work of Norman Cousins. Coleridge was an imagist in much of his poetry. Abrams states that opium “tends to effect characteristic patterns of imagery which are recognizable in a number of works of literary imagination” (xiv).

Many of Schneider’s reported results that claimed opium benefits—and this was not the case entirely in her book—were drawn from hospital settings, where there is some discipline and the availability of food, bedding, and reliably obtainable other resources, compared with living as Coleridge did in London, working very hard and, at times, taking laudanum desperately. Schneider’s samples are biased, but perhaps point to some possible opium benefits—likely to occur only in a hospital or other health setting with dosages controlled.
Abrams’s idea that an imaginative reaction is governed largely by expectation partly explains some of the variations in opium user experience. His ideas, in this respect, were written before the work of Norman Cousins, Herbert Benson, and others—that belief, positive or negative, especially contributes much to the response to medication or other medical practices. For a long while, Coleridge believed in the laudanum, and his faith governed much of his use. His belief possibly also contributed to his abuse of the substance, and it was likely brought on in part by his association with various laudanum supporters and their and his own expectations.

Lefebure’s reports some of the pain, and financial and domestic difficulties Coleridge faced, and these matters of stress bear on an examination of Coleridge’s continued and excessive use. Lefebure says that Coleridge’s expectation that laudanum would prevent nightmares, rather than increase them, furthered his use at the height of his addiction. Also, she says, “He became convinced that if he continued without recourse to the drug, he would die . . .” (384).

Further addiction was encouraged by the euphoric imagination Coleridge believed enabled through laudanum usage. Schneider quotes Thomas DeQuincey’s report of fine sensate feelings derived from opium, claiming even the power with which “one can hear the walk of an insect on the ground, the bruising of a flower.” Evidence Schneider presented suggests that the effects DeQuincey reported were imagined rather than witnessed visually in nature (43-44). Coleridge and DeQuincey, she concluded well before Abrams’s later statement, were especially poets with unusual imaginative personalities (72). Both men were able to experience marked euphoria using the drug and
through their creative writing. Laudanum’s anxiety difficulties apparently had the imagination sometimes telling of tragedies, such as in Coleridge’s “The Pains of Sleep.”

John Charpentier theorized in *Coleridge: The Sublime Somnambulist*, also published in 1970, that at the outset of Coleridge’s taking the drug, “His faculties, exceptionally subtle as they were, acquired a power of perception or of divination that became freer than ever under the influence of the drug . . . this swift flashing of humor roused the admiration of his friends” (202). Charpentier emphasized, with a focus on the spiritual, the serene qualities of Coleridge as a poet, especially the quiet sensitivity. With opium, he could, perhaps, turn on hope and tranquility with the swallowing of grains of the substance taken as a liquid elixir, and could entertain dynamically.

Hayter’s 1968 study elaborately defines, but may not accurately describe, a general opium experience in writers. She says first, and this seems to apply somewhat to Coleridge, that there is “a restless mental curiosity about strange and novel mental experiences” (39). She presents some clinical evidence, and says that it “is not likely to be found in many minds” and, like Schneider, that Coleridge was an exception. The second feature Hayter identifies, in the same passage, is that opium addiction results from “the longing for peace and freedom from anxiety” (40). A third trait she concludes is a delight in “secret rites and hidden fellowships” (41). This applies more to opium use today, rather than in Coleridge’s time when opium was openly available. Hayter says, apparently referring more to other writers in her study, that the effects of opium can give an illusion of tranquility—creating illusion without substance—making the emotional experience one of grandeur without an attendant sense of reality. Sometimes, though, she says, with the tranquility opium provided, objectivity was possible.
This is an expansion of the views of Schneider and Abrams into the realm of feelings that can happen with the use of opium. It is important to question, however, whether the experiences are universal. Schneider contends that they are not, that Coleridge was an unusual personality, and that opium in some instances was benign. This is questionable as well, and particular attention needs to be paid to the degree of dosage used, including ones of great excess by dramatically depraved individuals. During excessive use, she says Coleridge wrote “The Pains of Sleep,” which represented his drug nightmares:

. . . the fiendish Crowd
Of Shapes and Thoughts that tortur’d me!
A lurid light, a trampling throng, . . .
Thirst of revenge, the powerless will
Still baffled, and yet burning still! (from lines 16-22)

Hayter admits to some generalizations about opium fantasy and other behavior. Her analysis of opium feelings appears the most thorough, however, and importantly sees opium as a mood altering drug capable of transforming consciousness as well and resulting in sickness. She points to Coleridge’s imaginative histrionics as possibly resulting from laudanum use and presents a poem Coleridge wrote about his presumed gout, one illness for which he initially took opium. It, too, points to his nightmare fantasy life:

Here sleeps at length poor Col., and without screaming,
Who died, as he had always lived, a dreaming:
Shot dead, while sleeping, by the Gout within,
Alone, and all unknown, at E’nbro’ in an Inn’ (Coleridge 520)

This attention to histrionics neglects the realities of the physical pain and possible loneliness, and also the component of objective capacity.

Positive indifference and objectivity are feelings that some laudanum addicts seem to experience, according to Hayter. Such benefits from tranquility also seem one of the results of alcohol use—if the amount does not produce chronic intoxication or drunkenness. Resorting to it also presents dangers. Hayter says that other poets, including Keats, were “tortured by the dilemma that either too much or too little feeling [of tranquility] might damage . . . poetic power.”

After expounding at length about Coleridge’s poems popularly connected with his opium use, especially “Kubla Khan,” Hayter discusses a poem fragment he wrote—“All Work and Likeness Caught from Earth.” She says this tells best of the horrors of advanced opium addiction and is about purgatory or limbo, “a state in which souls shrink, and cower underground away from Light, ‘the natural alien of their negative eye,’ and an enemy which they can synaesthetically hear as well as see.” “This Limbo,” Hayter quotes Coleridge as saying, “is a condition of ‘growthless dull Privation,’ and its only way out is downwards, into absolute and endless fear” (225). This extreme attests to the severe and objectively described dejection in some of Coleridge’s poetry and the far reaches of unreality, perhaps a matter of psychosis as Lefebure reports.

Laudanum, in one or more stages of use, perhaps ones aligned with fatigue or boredom, Hayter says, brought Coleridge a deadening effect. It may have entirely been a narcotizing dullness, the result of over-dosage. When the dosage created pleasant feelings, however, according to Hayter, it brought calm passivity and indifference, with
which Coleridge could delight in his writing, the imaginative content lucid, his energy keen. At other times, according to Beverly Fields, in a psychoanalytic interpretation of “Dejection: an Ode,” in its first draft, there is an expression of a “general paralysis of feeling,” which she says was deadening of Coleridge’s sexual power (126):

A stifling, drowsy, unimpassioned Grief
That finds no natural Outlet, no Relief
In word or sign or tear.

The reveries from opium use are not obvious in “Dejection: an Ode,” but are reflected throughout much of “Kubla Khan,” as in the poem’s end:

For he on honey-dew hath fed,
And drunk the milk of paradise.

In contrast to the reveries, Coleridge often expressed depression, despair, or dejection in his poetry. These are considered by several of the biographers and critics. According to Beverly Fields in Reality’s Dark Dream, Coleridge wrote a poem as a boy called “Pain.” She says it was written while he was in the sick ward of Christ’s Hospital, and says it is a sad reminiscence of a better time when

Once could the Morn’s first beams, the healthful breeze,
All Nature charm, and gay was every hour.

Fields says that “Pain” was an early precursor to “Dejection: an Ode.” She says about “Dejection” that the main thing is that Coleridge claimed he lost his poetic power. She says furthermore, in her psychoanalytic interpretation, that Coleridge had lost his virility and that is his real object of mourning throughout his dejection poems (4). While the physical pain is mainly reflected in his letters, his psychological ones, she concludes, are
woven in the content of his greatest poems. Fields presents a Coleridge quote of unknown source telling of the depth of pains, both mental and physical:

Unspoken Grief is a misty medley, of which the
Real affliction only plays the first fiddle—blows
the Horn, to a scattered mob of obscure feeling &c.
Perhaps, at certain moments a single almost
Insignificant Sorrow may, by association, bring
together all the little relics of pain & discomfort,
bodily & mental, that we have endured even from
Infancy. (qtd. in Fields 119)

Coleridge seemed to use laudanum to soothe the plethora of pains he summarized here.

Suggestions for Further Research

In many passages of their biographies, both Ashton and Lefebure show no sympathy for Coleridge. While this attitude might apply according to absolute traditional ethics, which may seem necessary insofar as they work for the survival of society as a whole, another consideration is a reasoned, proportioned appreciation of Coleridge as an artist in his focus on idealism and creativity, including during the last years of his life in which he apparently sought recovery from drug overuse. This helps clarify his various roles.

In this light, Lefebure’s views are often moralistic in the sense of absolutism and nearly omit his lightheartedness and humor. The work Coleridge performed may have been something of drug-induced fantasy and sentiment in his early years, and perhaps
somewhat later in his stay with the Gillmans. On the other hand, perhaps opium helped him to write and write well in that particular context. Despite excesses in disdaining Coleridge, the biographers’ criticisms are valid, however, as to necessary cautions about drug use, and the substance seen as addicting, and leading to personal downfall in conventional society with its multiple pressures, including the threats and ravages of war.

The criticisms, however, do not focus enough on Coleridge’s pain, including his physical "conversion reactions" from the anxiety of his guilt and work frustrations, including as the product of tension or stress. The pain may have been a partial result of the often damp, cold climate in England and other physical circumstances.

Coleridge apparently used laudanum for the relief of the pain of gout, rheumatism, and other physical problems. He did not have the means of modern analgesics for pain relief, which might have brought some remedy for his sleeping problems as well. Glucosamine sulfate, chondroitin, and other substances had not been compounded for osteoarthritis, if that was his form of rheumatism. Nor was there a modern gout treatment. If he had rheumatic arthritis, it was even more debilitating, according to descriptions of it, and further compassion is needed in any assessment.

There was a great conflict between his desire to write a magnum opus reflecting genuine religious and philosophical concerns threatened by rampant empiricism, and his having four children, a society of friends, and a need for money to be obtained through writing. He achieved some of his ministerial ambitions through his literature and his later works, but for years, these necessitated the application of energies sometimes needed elsewhere—a common human condition. A value judgment against his writing as mere obsession does not make sense, however, as the work was greatly valuable at the
time as defense against the part of empiricism that neglected ideals.

James Gillman, who is sympathetic to Coleridge, argues against his critics who defined him as morally corrupt:

Some of these might be well meaning enough to believe that in giving publicity to what they erroneously considered moral infirmities, (not possessing the knowledge to discriminate between moral and physical infirmities), they were performing a religious duty—were displaying a beacon to deter others from the same course. But in the case of Coleridge, this was a sad misconception. Neither morally or physically was he understood. He did all that in his state duty could exact: and had he been more favoured in his bodily constitution, he would not have been censured for frailties which did not attach to him. (qtd. in Lefebure 42)

Gillman’s estimation of Coleridge’s lack of real physical strengths is based on some degree of medical scrutiny and reflects Coleridge’s living with him and his family and the care it gave to him. It is a situational ethics evaluation, one that assesses largely on the basis of Coleridge’s efforts and other considerations. It does not account for Coleridge’s possible overwork, however.

Coleridge wrote many books and helped further creativity in literature (and in thinking and action), an inescapable fact of much merit if we are to have a good sense of proportion about his life and work. His attention to religious ideals was compelling and valid as a life’s work, though it seemed to neglect some non-religious considerations such as sexually related happiness, perhaps a minor concern for him with the nobility of his work.
Coleridge could not have written the great quantity of it without the reduction of pain and stress anxiety the laudanum provided. The emotional content of his poems, including the distress conveyed from over-dosage, also, would probably not have occurred in his writing without it. His feelings from laudanum are inseparable from the poetry, except as carefully analyzed in works such as the authors presented. Hayter seems to best emphasize the times of over-dosage, Abrams the overall circumstances of opium affecting the imagination. Both versions seem appropriately succinct.

Coleridge’s use of laudanum as a valid medical treatment is only credible if we assume that, as a person of excesses and lacking in information—as many are under pressure—he necessarily resorted to substances whose questionable benefits were tainted with severe consequences. Only then, resigned to ill effects, can we conclude that his use was tolerable. Repeating Coleridge’s mistake should not be tried, however, as the dangers can lead to rapid deterioration and death, because laudanum is, even to begin with, quite possibly and irreversibly addicting. We can guess that laudanum contributed to Coleridge’s death at age 62, even without knowing the exact physical circumstances.

As with any pain remedies—even today—laudanum then was prescribed by medical authorities who offered some apparent good will, leaving the patient the necessity of regulating the dosage, avoiding excess use. Coleridge apparently did not have all the facts about opium—only the conventional—with which he made his decisions.

Further research should present more information of importance for a situational ethics consideration. More evidence from many facets of his life and opium use would need to be emphasized, including such matters as his ministerial liberalism, his
frustrations with his publishing, his sexual relations with his wife, and friendship
difficulties.

More can be examined to assess Coleridge’s ethical responsibility, without
drawing the conclusion that we should follow his example in his opium use. Such work
should be done at length, going far beyond a look at the surface circumstances.

It would also be a large task to assemble all the facts pertaining to Coleridge’s use
of laudanum as it affected his imagination in writing. The reading for this thesis was
necessarily incomplete and could not uncover all of the existing information that is
relevant. Further study would reveal several considerations of interest. A comprehensive
combining of the works of the various critics attempting to describe opium’s effects on
the imagination would be valuable. As it stands, Abrams last edition seems to best
convey the overall importance of opium affecting literature but it is not sufficient. More
recently written comprehensive treatments may exist in other texts. The ones in the thesis
seemed the most relevant of the ones available.

Coleridge’s relationships need more study. Looking closely at his work with his
magazine, The Friend, and his Theory of Life, written with Gillman, might give further
insight into the nature of his friendships as they affected his opium use and writing.

A study of possible authors’ psychological defense mechanisms operating in the
biographies might shed light on their projections. Much more examination of the
relationship between Coleridge and his wife, including in the inception of the marriage,
would possibly disclose the differing personalities involved and the clashes leading to
further laudanum use as a psychological relief. Likewise, a closer sympathetic look at his
sexuality in his marriage would be of great value. With the biographies cited, it is not
possible to know much about his sex life. The influence of religious and other
proscriptions against sex was not part of the investigations, nor the ethos or lore
concerning sexuality in Coleridge’s time. Similarly, questions about the sexual ambiance
present in Coleridge’s stays with the Wordsworths might reveal what surely must have
been a complex matter, because of the presence, at times, of several women in the
household, and the probability that Coleridge was frustrated sexually during some of his
times with them. A focus on opium and its combination with sexuality might tell more of
the ingredients, both in his relationships with the Wordsworths and with others. The
effects of depression stemming from laudanum and alcohol use influencing sexual
response is another matter of importance.

Further analyses of Coleridge’s life and works need to focus more on other
aspects of his relationships with the Wordworths, in their particulars, and of the impact of
Dorothy Wordsworth on Coleridge and the types of regard she and other women in the
Wordsworth household had for him.

As to the causes of Coleridge’s laudanum consumption, increased attention to the
frustrations of Coleridge’s writing career and their adding to his addiction would help
clarify those things that seem as important as his relationships, much because writing was
a large part of his life.

There is a need to further consider the biological and chemical aspects of
addiction as well. There seems to be little information about the chemistry of laudanum
and the relative effects of the opium per se and the alcohol content. Apparently
laudanum becomes a different substance in its effects than opium and alcohol taken
separately. More definite studies need to be attempted of the physical addiction properties
of laudanum. Lefebure’s study lumps opium under a general category of morphine addiction without referring to laudanum in its important particulars—as it is opium mixed with alcohol. A study considering the alcohol content alone as chemically addicting would be valuable.

A large examination of Coleridge’s humor in his relationships and works should be done and would give a better sense of proportion to the quality of them. A complete study of his humor related to his laudanum use might determine the role of his humor amid the serious conflicts. A better definition of histrionics related to laudanum and his interests in dramatic art would help in the understanding of it, and perhaps his total personality related to laudanum use. Attention needs to be given to the healing powers of humor for Coleridge and his friends, with special focus on his relationship with Charles Lamb as a humorist. Coleridge’s connections with Lord Byron would be a matter of other great interest inasmuch as Byron was his benefactor for a time as well as a humorist.

The consumption of laudanum by other Romanticists needs more elaboration, including its effects on their humor. An appreciation of Coleridge’s humor to cope with frustrations and to entertain affirms that humor and other actions are requirements to deal with the difficulties of life, and Coleridge’s humor, although it at times may appear to have been one of dallying, was much needed with his frustrations. A close look at Coleridge’s humor might reveal it as aided by opium. Lefebure says that Coleridge fortunately had “an inextinguishable sense of the comic.” Coleridge seems to have been sparked with humor often. Voltaire said of sickness, that “the role of the physician is to amuse the patient while the body cures the illness.” This is probably so, and Coleridge
benefited enormously through his humor, possibly including his histrionics which were lighthearted. This is greatly neglected in studies of him.

More information about Coleridge’s life alone in London would help spell out the long period after his leaving his wife and family and might tell more of his sex life biographically. Beverly Fields attends to his lack of virility psychoanalytically with regard to his poetry. Rosemary Ashton vehemently claims he was thoroughly passive sexually. Perhaps there is too much valuing of sexuality with the psychoanalysts and not enough on the value of art and humor, though they have a point. It is likely that laudanum dulled Coleridge’s sexual appetite as possibly did his passion for religious matters to the extent that these created austerity with regard to sex.

A closer view of England’s climate and Coleridge’s heating and other facilities might well reveal the environmental impact on him when taken together with a look at his efforts to maintain adequate control over these elements. Little of this is regarded in the life histories.

Despite the lengthy exploration of Coleridge’s biographers devoted to his work and relationships, it is important to stress that what Coleridge left unsaid in his publications, notes, and letters are very important for a final assessment, something that cannot be concluded entirely, though further and accurate sympathetic examinations would offer much.
WORKS CITED


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