

A TOUCH OF THE POET:
A PSYCHOBIOGRAPHY OF
EUGENE O'NEILL'S RECOVERY FROM ALCOHOLISM

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Abstract

This study consists of three parts. First, it critically examines mainstream treatment programs for alcoholism and drug addiction and then proposes the need to incorporate an existential psychology template into treatment. It introduces Viktor Frankl's logotherapy and Paul T.P. Wong's meaning-centred therapy as important examples of existential psychotherapy that increase our understanding of the addictive lifestyle.

Secondly, it is a psychobiography of the playwright Eugene O'Neill's struggle to overcome alcoholism. Through his writings, letters, interviews, and daily activities, it discovers the themes and patterns that inform and motivate O'Neill's addiction and recovery.

Thirdly, it determines whether O'Neill's pattern of recovery matches the existential psychology template.

The results indicate a high 'goodness of fit' between O'Neill's struggle for recovery and an existential framework. O'Neill's early apostasy and lack of meaningful living created an existential vacuum that he filled with booze. In his search to find an alternative to God that would curb his tendency toward nihilism—a tragic vision that would allow him to affirm life in spite of suffering—he had grasped at various ideas that promised salvation: social consciousness, a Sisyphean acceptance of doom, unification of the Dionysian and Apollonian selves, and eternal recurrence. None of these offered him the relief that alcohol provided. He was able to stop drinking only after he had recast his tragic vision to embrace individuation. Although individuation allowed him to accept his situation, it provided no peace of mind or contentment. That would have to wait until his final plays, when he came to believe that only through caring for others could he transcend suffering and affirm that life was worth fighting for.

O'Neill's recovery thus depended not on abstinence or coping skills or harm reduction, but on resolving his personal existential crises. These results suggest the usefulness of an existential orientation in the prevention and treatment of substance dependence and abuse.

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CHAPTER 1: INTRODUCTION: O'NEILL AS ALCOHOLIC AND ARTIST

Coming to Terms with Addiction

Within four blocks of where I work—a residential treatment centre for addicted men—are five ‘drug’ stores, a wine and beer store, and two liquor stores. There is nothing odd in this; throughout history, drug use has been linked to medicine, religious and spiritual traditions, and recreation (White, 1998). The ancient Greek Euripides’ (1981) play, *The Bacchae*, was a cautionary tale to those naïve enough to believe that drunkenness could be defeated; it had, said Euripides, the power of a god. Only when addiction sets in do we condemn drugs. Within four blocks of my treatment centre are also two ‘crack’ houses (that I know of) and two public places that attract addicts and dealers of illicit drugs.

From watching popular movies, such as those by Spike Lee, or reading the popular press on, for example, Vancouver’s notorious drug-infested Downtown Eastside, one might believe that addicts are undereducated, underemployed males, who may or may not have mental health issues. But addicts “are as various as the wide mix of American society” (Singer, 1997, p. 5), and my clients reflect the general population. Some have graduated degrees, others dropped out of grade school. Some depend on social assistance, others command six-figure salaries. Some have worked every day of their lives, others have never worked a day (legally, at least). Some have been star athletes, others have been teased and bullied their whole lives. Some are Christians, others are Buddhists and Hindus, agnostics and atheists. Some are intellectually limber and mentally sound, while others suffer from depressive, bipolar, and other disorders. Some come from stable middle-class families, others from lower-class, broken, and foster homes. Statistically, participants in residential programs tend to be underprivileged, and it has been confirmed

that those attending treatment are a biased sample of the addicted population (Matano, Wanat, Westrup, Koopman, & Whitsell, 2001). But more ‘middle-class’ clients are showing up at the doors of treatment programs, and my clients reflect this trend.

Making sense of addiction has been difficult and confusing. The philosopher Herbert Fingarette (1989) surveyed the evidence of alcoholism and concluded that addiction is a personal choice and has nothing to do with involuntarily succumbing to the substance. Similarly, psychologist Stanton Peele (2000) maintained that addiction is simply a bad habit, and any suggestion that it is a ‘disease’ is misguided. On the other hand, the American Society of Addiction Medicine (2001) is convinced that addiction is an epidemiological disorder, similar to diabetes and other chronic diseases.

Neuroscientists have discovered that some people appear to be predisposed to addiction and that continued drug use leads to structural and chemical changes in the brain (Kalat, 2001; Niehoff, 1999). Sociologist Lee Robbins’s (cited in Gazziniga, 1988) study of Vietnam veterans indicated that giving up drugs is easy, while Alcoholics Anonymous (1939/2001) says that addicts are “powerless” (p. 59) over their addiction. The nineteenth-century writer Charles Baudelaire (1860/1996) likened the drug-induced altered state of consciousness to a religious experience, while the DSM-IV-TR (2000) of the American Psychiatric Association described it as a “maladaptive pattern” (p. 110) of learned behaviour.

Treating addiction has been just as confusing. Researchers and proselytizers have been offering addicts many ways to recover from addiction: through yoga, diet, acupuncture, LSD, methadone, prescribed drugs that block neurotransmitter receptors, 12-step programs, counselling, techniques to prevent relapse, cognitive awareness programs, behaviourist approaches, religion, and various types of self-help groups.

Addiction from the Insider's Perspective

Finding common ground in these theories and treatments is especially difficult. But one common thread running among them is the difference between the insider's and outsider's perspectives. Those who have experienced addiction and recovery offer us themes that are notably different from the objective outsider's view. The outsider takes a more linear, cause-and-effect logic toward addiction; the insider provides a more experiential, expressive account. The outsider keys on biological reductionism, morality issues, drugs as medication for emotional pain, physical addictiveness, maladaptive coping skills, lack of motivation, fear of painful withdrawal, and escapism. The insider keys on spirituality, meaning, fear, loneliness, boredom, and other existential struggles.

Despite the wealth of material commenting on addiction from the inside, current treatment concentrates on the outsider's view. As Kurtz (1999) suggested, this may be a prejudice of modern science. The majority of research effort and funding is directed toward neuroscience studies of addiction. Most psychologists continue to see addiction and treatment from cognitive-behaviourist perspectives and dismiss, for instance, the 12-step programs as unscientific. Although there has been a recent push in psychology to study role of 'spirituality' in recovery from addiction, few studies have thus far been published (Sandoz, 2001; Abeles, Ellison, George, Idler, Krause, Levin, Ory, Pargament, Powell, Underwood, & Williams, 1999; Miller, 1999).

This present study seeks to reconstruct and understand one addict's experience of recovery. It is a psychobiography of the alcoholic American playwright, Eugene O'Neill. Three Pulitzer prizes and a Nobel Prize acknowledged his early efforts that laid the foundation for his masterpieces, *The Iceman Cometh* (1939) and *Long Day's Journey Into Night* (1941). Both plays were O'Neill's final autobiographical explorations into the

nature and meaning of his alcoholism. The intensity of his effort is evidence that it was more than an aesthetic pursuit; it was therapeutic. His production increased when he was most anxious, and his friend and critic, George Jean Nathan, said that his plays “carried you away simply because no other writer ever cared about his work with such desperation” (Linney, 2002, p. 847). But what set O’Neill apart from his alcoholic contemporaries—Faulkner, Fitzgerald, Hemingway, and others—was that he overcame his addiction. His transformation from hopeless alcoholic to productive citizen was the result of creatively coming to terms with his suffering. Without aid of addiction treatment or a 12-step program, he created a tragic vision of himself and his world that reduced his suffering more than alcohol ever could. The nature of this vision and the process by which he achieved it are the subject of this study.

The choice of O’Neill is more than convenience. O’Neill’s reputation as the finest American-born playwright ensured that his life would be put under the scholarly microscope. Most of his biographers are literary critics, such as Gelb and Gelb (2000) and Sheaffer (2002a; 2002b), whose works remain the standards. But psychologists have also written their share, notably the psychoanalyst David Black (2000) and ego psychologist Hans Kohut (Ornstein, 1978). Although his biographers are not addiction experts, the sheer volume of studies provides sufficient detail for us to come to terms with O’Neill’s drinking and his struggles for sobriety.

O’Neill is also a good candidate for study because he was an autobiographical writer, thus allowing us to track his recovery. His 50 published plays (1999), poetry (Gallup, 1980), and short story (1999) offer insight into his changing perceptions of himself and his world.

Finally, O'Neill's dexterity with the English language guarantees a potent and clear portrayal of the addict's thoughts and feelings. Like Baudelaire (1860/1996), De Quincey (1821/1986), Huxley (1956/1990), Lowry (1947/1971), and other drug users who were masters of language, O'Neill provided us with a front row seat to the theatre of the addict's experience.

O'Neill the Alcoholic

Biographers agree that his plays were, with few exceptions, efforts to make sense of personal suffering (see, for example, Black, 2000). Yet they pay inadequate attention to the central fact of addiction in his life. Gelb and Gelb (2000) confessed that they found O'Neill's continued drinking "bizarre" (p. 314). Linney (2002) interpreted his drinking as an adolescent response to suffering. Miliora (2000) viewed it as a minor expression of "self-fragmentation" (p. 252) that resulted from his never having a sense of home. Addiction in these views is hardly more than a developmental behaviour that O'Neill would outgrow, an act of escapism, or a minor symptom of some deeper psychological disturbance.

Those who understand addiction, however, have long observed that the addict's whole life and thinking centered in drugs in one form or another—the getting and using and finding ways and means to get more. We lived to use and used to live. Very simply, an addict is a man or woman whose life is controlled by drugs. (Narcotics Anonymous, n.d.).

As with anyone suffering from substance dependence, O'Neill's addiction informed and preceded his thoughts, feelings, and actions. He was born into the instability, narcissism, and chaos of a drug-addicted family. His father found comfort surrounded by admiring friends in his favourite pubs, his personal denouement after his

daily performance as the Count of Monte Cristo. His mother's morphine addiction was the family's shameful secret. For much of his life, O'Neill had blamed his mother for her drug-induced withdrawal from the family, and his father for giving money a higher priority than family. His older brother dealt with the family's dysfunction by drinking himself into a daily stupor and visiting prostitutes, comforts to which he introduced Eugene shortly after his fifteenth birthday. O'Neill dropped out of Princeton University because academic work interfered with his drinking. Bored with his few attempts to hold a 9-to-5 job, he chose the life of a seaman, in which he could drink free from society's shaming finger. Because of alcohol, he lived a derelict's life on the Buenos Aires beaches between sailings, a lifestyle that he continued on the New York waterfront. His decision to become a writer, to find a more meaningful existence, was inspired in part by his drunken revelation that he was living a meaningless life and his equally drunken suicide attempt.

Typically, biographers report that when O'Neill began writing regularly, he binged on alcohol between plays (see, for example, Bogard, 1999, pp. 973-980). It would, however, be more accurate to say that he stopped drinking only long enough to complete a play. The shift in emphasis is essential to understand that he looked at life through the bottom of a bottle. Like Smitty in *The Moon of the Caribbees* (1918), those who are fully aware of their existential dilemmas are doomed to "thinking—and drinking to stop thinking" (1999, p. 539). In the short story, "Tomorrow" (1917), Jimmy sobers up long enough to realize that 'tomorrow' is possible only under the influence of the narcotic draught. Throughout his plays key characters are drunk, until in his masterpieces almost every character, maid and bartender included, are inebriated. After age 37 O'Neill remained sober save for one extended binge two-and-a-half years later. Without the easy

comfort of alcohol as salve, he was forced to face his past. It was, perhaps, inevitable that O'Neill's finest, most probing plays were his sober efforts to come to terms with his addicted mind.

If biographers have underestimated the addiction in O'Neill's life, disciples of current mainstream addiction approaches help us little in understanding his alcoholism and even less his recovery. Most researchers and clinicians follow cognitive-behavioural, motivational, biological, and family systems conceptions of addiction. A cognitive-behavioural interpretation of O'Neill reduces his lifestyle to maladaptive learned behaviours triggered by environmental cues. According to this conception, once O'Neill became aware of his avoidant coping style and alcohol expectancies, he could substitute new healthy coping skills. For O'Neill, this meant writing plays instead of drinking, a behaviour that he eventually became conditioned to. Environmental cues and emotional triggers to using became less intrusive: he stopped going to bars, stopped chumming about with using buddies, and found a non-alcoholic way of dealing with his feelings. An interpretation of O'Neill from motivational theory argues that O'Neill turned to alcohol to avoid facing personal problems and simply never realized the harm that alcohol was doing to him. His first steps toward sobriety were externally motivated, forced on him by family and friends who complained of his drinking. He succeeded only when his motivation became internalized by realizing that the emotional, physical, social, and financial benefits of sobriety outweighed its costs. A biologically inspired approach says that once he began drinking heavily, then physiological withdrawal and cravings became primary motivations for continued drinking. After attaining some time in sobriety, his body and brain adapted to life without alcohol. In family systems theory, O'Neill is the identified patient and his drinking an act to bring homeostasis to the family.

Such reductionist interpretations of O'Neill are too simplistic to come to terms with the man who reported that "I am interested only in the relationship between man and God" (cited in Krutch, 1941, p. 5). Only a sensitive, systematic reading of addiction and of recovery as O'Neill presented it in his work and letters, and in his personal affairs, can help psychologists better understand a problem that has, as Diamond (2000) reminds us, baffled the best efforts of psychology researchers and clinicians.

O'Neill's Tragic Vision

The key to O'Neill's recovery was his tragic vision. His interviews and letters, and especially his plays, presented a man struggling through crisis. Born in 1888, he was part of Western society that was in transition. That existentialist approaches emerged spontaneously throughout the West in art and philosophy was evidence that individuals were suffering spiritual and emotional upheavals. Young O'Neill found no comfort in his mother's Catholicism or in the accepted mores of society and was drawn to the anarchists' leagues, where he discovered Shaw, Ibsen, and Strindberg, writers who also found conventional answers unsatisfying. But his crisis was not merely the result of being born in a period of transition. It was fundamentally personal. As he described in *Long Day's Journey into Night* (1941), he was "a stranger who never feels at home" (1999, p. 812). His early life was marked by an intensity of action. Whether drinking and whoring his way through school, getting a woman pregnant out of wedlock and then running away to sea, or leading a derelict's life on the beaches of Buenos Aires or the New York waterfront, he was attracted by a lifestyle that made up in intensity what it lacked in purpose. Loneliness was as much a part of his life as the booze was. Typical of alcoholics, he had great difficulty giving and receiving love. His first marriage was a disaster, and his second was little better. Only later in life—after he had creatively

transformed himself through a tragic vision—did he find love in a third marriage and reconciliation with his parents and brother.

O'Neill's early vision—developed while in active addiction—did little more than focus on the self as victim. In the SS Glencairn series (*Bound East for Cardiff* (1916), *The Long Voyage Home* (1917), *In the Zone* (1917), and *The Moon of the Caribbees* (1918)), the self was the product of capricious forces and misguided judgement. Strong young lives are doomed by submerged wrecks, tuberculosis, and poverty. At fault is the social system or some vague, looming deterministic force. In *Beyond the Horizon* (1920), O'Neill's Broadway debut, Robert surrenders to infatuation, giving up his dream of going to sea and encounter with the world beyond the horizon. The choice leads to an existential crisis of meaning and condemns him to unhappiness and a premature death. Far from offering a vision of heroic struggle against an unyielding universe, the early plays portray characters who are doomed by their submission to biological urges, capacity for self-destruction, and impulsive behaviour. Though O'Neill reported that his greatest early influence was Sophocles, his solution to the problem of suffering was closer to the theatre of the absurd than it was to Greek tragedy.

Yet the man who wrote *The Iceman Cometh* (1939) and *Long Day's Journey Into Night* (1941) had developed a sophisticated, mature tragic vision that moved beyond victimization. The mother in *Long Day's Journey Into Night* (1941) desperately searches to find the cause of her suffering. She fondly believes that she could have found happiness as a nun (salvation through religion) or as a dancer (salvation through art). But what she is really yearning for is a return to life that is free from the fear and self-consciousness that define suffering. Incapable of or unwilling to accept herself as the cause of suffering, she blames others. Her only solution is to withdraw from family and

friends through a drug-induced seclusion. Similarly, the father attempts to come to terms with personal suffering. On the surface, his frugality remains problematic, but he is motivated not by money; what is pressing his conscience is the need to make sense of why he gave up his dream of a serious acting career for the security of a paycheck. There is little blame here; rather, it is a sensitive portrayal of each character's existential frustration. The family members are aware that just under the surface of their activities is chaotic reality, that they are one step away degenerating into meaningless existence. What holds them together is love.

Between his early vision and later, mature vision, the lure of alcohol was great. In the character of young Edmund, O'Neill describes the power of alcohol to overcome suffering. Edmund relates one of his most meaningful experiences, while alone at night on the deck of a merchant ship:

I became drunk with the beauty and singing rhythm of [the sea], and for a moment I lost myself...I was set free!...I belonged, without past or future, within peace and unity and a wild joy, within something greater than my own life or the life of Man, to Life itself! To God, if you want to put it that way. (1999, p. 811-812)

As enticing as this vision was, however, it denied individuation. The components of this description—present time, transcendent connection with the other, beyond cognition, and ecstatic emotion—present a vision of life in which the individual melted into a greater reality. O'Neill could not accept this answer, and his finest work would trumpet the greatness of the single human being despite the fact that the individual was doomed from the start.

Aesthetic Influence

In 1925 he announced his mission to critic Arthur Hobson Quinn (cited in Bigsby, 1982):

[T]o see the transfiguring nobility of tragedy, in as near the Greek sense as one can grasp it, in seemingly the most ignoble, debased lives. And just here is where I am a most confirmed mystic, too, for I'm always acutely conscious of the Force behind—fate, God, our biological past creating our present, whatever one calls it—and of the one eternal tragedy of Man in his glorious, self-destructive struggle to make the Force express him instead of being as an animal is, an infinitesimal incident in its expression. And my profound conviction is that this is the only subject worth writing about and that it is possible—or can be—to develop a tragic expression in terms of transfigured modern values and symbols in the theatre which may to some degree bring home to members of a modern audience their ennobling identity with the tragic figures on the stage. (p. 43)

This mission, not yet manifest in his work, aimed at recalling the Greek tragic hero as portrayed in those outcasts who lived on the waterfront or ship, or in his own family, who found no comfort in the trappings of middle-class society. O'Neill found in the tragic art form a method to handle his suffering. Before 1925, when he immersed himself in Nietzsche and Freud (Bogard, 1999, p. 978), his greatest influence was Sophocles. The power of Sophocles, as well as Aeschylus and other Greek tragedians whom O'Neill had read, was their "explicit presentation of the restorative spirit at the denouement" (Krieger, 1971, p. 765), a reconciliation with the cosmos. This final uniting or reuniting was, for O'Neill, the appeal of the ancient Greek tragedy.

The tragic vision, as Krieger (1971) pointed out, was “born inside [the aesthetic form of] tragedy” (p. 763). Without such a form, the tragic vision’s revelation of naked existence would overwhelm those who witnessed it. With it, the frightening revelations became edifying. The formal requirements of the aesthetic form also demanded a restoration of order to the universe threatened by the tragic vision. Krieger (1971) observed:

Aristotle’s cathartic principle, requiring that pity and fear be not merely aroused but purged, is evidence of the need in tragedy to have dissonance exploded, leaving only the serenity of harmony behind. (p. 763)

Art was essential for O’Neill’s recovery for only art could absorb the self-conscious fear of living in a world of societal, family, and personal crisis. As O’Neill reminds us in his plays, when alcoholics faced the stark reality of their situation without a creative framework to absorb their existential pain, they had only two options: suicide or insanity. Parritt in *The Iceman Cometh* (1939) leaps to his death after facing the depth of his failures. Other characters in the play attempt to face cold, sober reality, but it is too much for them, and they retreat quickly to their alcoholic fog.

Philosophical Influence

O’Neill had read *Thus Spoke Zarathustra* (1883/1968) in his teens and *The Birth of Tragedy* (1872/1995) at age 36. Nietzsche, too, had found in ancient Greek tragedy a protection from the awareness that suffering was an inevitable condition of daily life. Tragedy offered the audience a “metaphysical comfort” (1872/1995, p. 22), an experience of the truth about life without falling into despair and hopelessness. Our redemption, Nietzsche maintained, is not to run from life by attempting to find solace in some otherworldly kingdom. It is an acknowledgement that, although we suffer and die, from a

more magnificent perspective we are part of life itself. Participating in those “ecstatic” (p. 12) Dionysian life energies allows us to transcend our false, cruel, contradictory, misleading, and senseless mundane world.

The metaphysical comfort demanded acceptance of inevitable suffering, which allowed the individual to transcend it. Nietzsche (1968) had decreed that the “tragic man affirms even the harshest suffering” (p. 459). By participating in those magnificent Dionysian life energies, we experience the feeling that we have moved beyond our individual finitude and death and become part of something greater. Nietzsche (1968) had written:

The psychology of the orgiastic [Dionysian] as an overflowing feeling of life and strength, where even pain still has the effect of a stimulus, gave me the key to the concept of the tragic feeling.... (p. 562)

Achieving such a consolation requires a transformed consciousness from that of a little struggling and suffering individual to the expanded perspective of universal life energies that are “indestructibly powerful and pleasurable” (1872/1995, p. 22). For O’Neill, it was serendipitous that Nietzsche used the metaphor of drunkenness to describe the feeling that arises from the oceanic blending of the individual with the universe. But it was more instructive for the aspiring writer to learn from Nietzsche that this transformed consciousness could come about through art.

O’Neill was also familiar with Schopenhauer, as, of course, was Nietzsche, who had learned from him the idea that life was fundamentally tragic. Schopenhauer (1956) explained the impossibility of avoiding suffering in daily life:

Do we desire to know what men, morally considered, are worth as a whole and in general, we have only to consider their fate as a whole and in

general. This is want, wretchedness, affliction, misery, and death. Eternal justice reigns; if they were not, as a whole, worthless, their fate, as a whole, would not be so sad. In this sense we may say, the world itself is the judgment of the world. If we could lay all the misery of the world in one scale of the balance, and all the guilt of the world in the other, the needle would certainly point to the centre. (p. 281-282)

Schopenhauer's solution to the problem of suffering was to escape society. For Nietzsche, however, and for O'Neill, such a solution was too ascetic and pessimistic. O'Neill, like Nietzsche, struggled to affirm life. He immersed his characters in the daily toils of everyday living. That some of his plays were set on ships drifting aimlessly or in fogged-in houses was not evidence that they had secluded themselves from the burden of human suffering. Rather, these settings were metaphors for the narrow views of life of the suffering individuals who had never experienced life from that more magnificent perspective.

What O'Neill learned from the ancient Greeks was that the tragic drama provided relief from suffering by allowing the audience to experience—in a controlled way—the individual's struggle against a universe that had lost any absolute meaning. Shortly after his announcement to Nathan, O'Neill sobered up for the first time. Like Schopenhauer and Nietzsche, he had 'a touch of a poet', the recognition that through art he could transform himself creatively and overcome his suffering. Only his tragic vision was powerful enough to replace the booze.

Plan of this Study

Chapter 2 discusses the value of an existential-spiritual approach to understanding addiction and its treatment. Against the simple goals of mainstream therapies to reduce

immediate harm, this chapter argues that an essential motivation for drug use has its roots in our thirst for wholeness, an innate drive toward self-actualization, a response to a lack of meaning and purpose, or a natural desire to transcend our suffering self.

Chapter 3 describes the value of narrative, and particularly psychobiography, as a means of making sense of O'Neill's recovery. As in chapter 2, the focus is on psychology, but narrative has an obvious serendipity for studying a man who made sense of his life through stories. O'Neill was no logical positivist who systematically examined his life and the nature of his suffering. He was an artist. As Bigsby (1982) observed, "His work, his plays, are not only metaphors in themselves. They constitute the history, or a metaphor for the history, of his life" (p. 48).

Chapter 4 describes the methodology and highlights the 'validity' of this study. It compares narrative method with the logico-deductive method of research and argues for the validity of psychobiography.

Chapter 5 listens to O'Neill's interpretation of his suffering, the meaning of alcohol in his life, and how he transformed himself. O'Neill's transformation came in fits and starts; it was a haphazard journey in which he latched onto one idea, found it wanting, and shifted to a new one. Yet throughout his search, he held on to some vestige of his Catholic upbringing. Although he never reversed his apostasy, he clung to the notion that there was some alternative force that would bring meaning to his life. As he said in *The Great God Brown* (1926), "Man is born broken. He lives by mending. The grace of God is glue" (1941, p. 370).

Chapter 6 reconstructs O'Neill's recovery within an existential-spiritual framework. Reading between the lines of O'Neill's narrative, we can discern turning points, themes, and conditions that led him to overcome his alcoholism.

Chapter 7 applies an existential-spiritual framework to treatment. This study makes it clear that O'Neill's recovery did not spring from learning new coping skills or becoming aware of the damage that alcoholism did to him. Neither did it come from a recognition that he grew up in a dysfunctional family. Rather, his recovery demanded a resolution to his existential questions. This chapter describes an adjunct therapy to current mainstream treatments, highlighting theoretical assumptions and offering a brief sequence of how therapy could be conducted.

Chapter 8 concludes the paper, describing limitations, contributions, and implications for treatment.

CHAPTER 2: ADDICTION THROUGH AN EXISTENTIAL LENS

Mainstream addiction treatment focuses on the immediate needs of addicts in early recovery: helping clients become aware of the dynamics of the addicted family, teaching healthy coping skills, supporting clients in their desire for change, and easing symptoms of post-acute withdrawal. Although outcome studies have consistently reported that this treatment reduces harm in various life areas (Miller & Hester, 2003; Roberts & Ogborne, 1999; Project MATCH, 1997), many believe more can be done (see, for example, Singer, 1997). This study offers clinicians and researchers a new pair of glasses from which to view addiction and recovery. It suggests that we can move beyond helping clients attain a measure of emotional and physical stability and toward long-term, productive recovery and personal growth. This goal requires a more holistic and positive perspective. It requires us to view addiction at a deeper, existential level; it requires us to view the addict not as a clinical case but as a human being with the potential to transcend addiction and become a better person.

Effective as mainstream therapies are, they do not address an underlying root cause of drug use: the persistent feeling of being displaced, disconnected from others, and living a meaningless and purposeless existence. Addiction arises as a substitute lifestyle, a doomed attempt to escape the psychological pain of alienation, loneliness, despair, and meaninglessness. An adjunct treatment, based on an existential perspective, seeks to empower addicts in early recovery, give them a reason for getting well, provide them with the support and resources to rediscover passion for living, and find peace of mind. To put it another way, long-term recovery demands a resolution of the addict's personal existential crisis.

An Existential Framework

Existential psychology has its roots in the philosophies of Kierkegaard, Schopenhauer, Nietzsche, and others who opposed the view that human nature can be understood through an appeal to some intangible theory, detached from daily life. Unlike Hegel, who attempted to understand the human condition beginning with an abstract foundation, existential philosophers took as their starting point the fact of existence itself. Existentialism is centrally concerned with *dasein*, or 'being'. It seeks to discover what it means 'to be': the meaning of the human experience of love and loneliness, joy and grief, vitality and boredom. It is thus an ontology, interested in coming to terms with the human individual in all his or her complexity and paradoxes. It seeks to find the most fundamental forces that shape human motivation.

With its roots in philosophy, existential psychology is better understood as a way of approaching the study of human beings rather than as a theoretical school in psychology. As May and Yalom (2000) stated, "Existential therapists... view the patient in human rather than behavioural or mechanistic terms" (p. 288). It is a way of understanding human nature that seeks to cut below traditional scientific psychology. Existentialists condemned traditional approaches as having lost sight of the immediate human being in their efforts to understand constructs and theories: "Are we seeing patients as they really are, or are we simply seeing a projection of our theories about them?" (May & Yalom, 2000, p. 273).

May (1994) was unhappy with the term 'being' and preferred the more descriptive term, "becoming" (p. 7). Every human being grows and develops throughout life. In existentialist thought, we are thrown into the ocean of life and then struggle throughout our lifespan to live life fully. In this sense, the concept of transcendence is central to

existential thought. We are always transcending our immediate selves, growing and evolving as we gain new experiences and integrate them into our consciousness.

Our role is to become aware of our unique potentialities and then realize them. Responsibility for navigating through life rests with each person. As May and Yalom (2000) succinctly put it, “I am the one living, experiencing. I choose my own being” (p. 274). This idea of choice is the necessary complement to responsibility. All of us have the freedom to choose how we respond to the contingencies of life.

Tillich (1952) reminded us that it takes ‘courage to be’. The fighting human spirit struggles to live life fully; it has a ‘never say die’ attitude. But the struggle is often overwhelming. The person may give up responsibility and turn to materialism or follow a path that he or she thinks is approved by society, even though it may be personally unsatisfying. Such a solution leads to an inauthentic life and neurotic anxiety. Other times, the person may retreat into anger, depression, or addiction.

Some existential psychologists have focused on the negative ‘givens’ of human existence, such as alienation and meaninglessness. May (1967) saw in the modern world a deterioration of values, feelings of emptiness and hopelessness, and alienation from what makes life meaningful. Aggressiveness, conventionality, and fragmented personality replaced assertiveness, authentic living, and integrated personality. He lamented that we have lost a tragic vision of ourselves: the idea that we fight for life, despite knowing that in the end we die. Such a vision assumes that to be human is important and worthwhile. The “underlying feeling tone” of modern life is a general feeling of “unsatisfactoriness of our usual human condition” (Walsh, 2001, p. 610).

May (1967) believed that the most terrifying of all givens was the awareness that we will die. We know that we are condemned by the natural order to die; yet we are free

to choose our attitude to death, free to choose what meaning we may give to death.

Yalom (1989) agreed with May that awareness of death created the greatest anxiety, but he broadened this existential anxiety to include three other ‘givens’ of existence: freedom, isolation, and meaninglessness. Freedom anxiety arose with the awareness that we are the authors of our lives. Isolation anxiety was the recognition that we are each fundamentally separate from all others. Meaninglessness anxiety resulted from an awareness of the other three ultimate concerns. If we know that we will die, that we have constructed our lives, and that we are fundamentally alone in an indifferent world, then why bother getting up each morning?

While recognizing these negative ‘givens’, Frankl (1977) focused on the positive ‘givens’ of life: freedom of choice, the will to meaning, and the capacity of the human being to find meaning even in the worst possible circumstances. Condemned by ethnic heritage to Auschwitz and Dachau concentration camps, Frankl (1977) observed that some prisoners were able to survive the camps despite extreme deprivation and suffering. He attributed their survival to a fighting human spirit—a uniquely human capacity to tap into the healthy, spiritual core of the self. Those prisoners who gave up, who felt that their captors had taken control of their lives, who could not find the courage or strength to fight for a better life, would perish. The spiritual dimension provided meaning and purpose, freedom of choice, creativity, and conscience.

The essential motivating force in humanity was, said Frankl (1988), the “will to meaning” (p. vii). Where Freud had argued for a ‘will to pleasure’ (and later a ‘will to death’) and Adler had argued for a ‘will to power’, Frankl (1988) believed that a more accurate and parsimonious explanation of human nature was its need to find a sense of coherence in life.

The will to meaning is a latent force, and we can be distracted from it by turning to materialism or pleasurable activities. The pursuit of money, fame, corporate power, sexual pleasure, and so on can divert us from our need for meaning and purpose in life. Despite satisfying their desires for power or pleasure, people today often experience a nagging feeling of emptiness, chronic boredom, and despair. Frankl (1988) labelled this the “existential vacuum” (p. 83), which arose when the will to meaning was persistently frustrated. Those suffering from this vacuum could develop the tragic triad of aggression-depression-addiction and find themselves seeking professional help from counsellors.

Frankl (1977) developed logotherapy out of his experiences in the Nazi death camps. Logotherapy was designed to help people rise above their circumstances, overcome what was inhibiting the defiant human spirit, and discover a clear sense of meaning and purpose. It was, in essence, a meaning-centred therapy.

Wong (2003) also focused on the positive ‘givens’ of existence to overcome symptoms of the existential vacuum. Like Frankl (1977), he argued that the will to meaning is the essential motivating force in human nature. He developed a model of meaning-centred therapy, which added cognitive-behavioural components to logotherapy (Wong, 2001). Wong also founded the *International Journal of Existential Psychology and Psychotherapy* and stated the journal’s mission: “to address fundamental questions relevant to the survival of humanity and the well-being of every individual” (Wong, 2003, p. 1). The influence of positive psychology is evident in this mission: What does it mean to live a good life? What are the qualities that people need to affirm life in spite of suffering?

Meaning, as Frankl (1988) and Wong (2001) defined it, was linked directly with spirituality and shared similarities with the existentialist theologian Martin Buber’s

(1958) I-Thou relationship. Buber (1958) maintained that meaningful experience was based on an authentic relationship with another, nature, or God. Belief in and experience of something beyond the self provided an inherent meaning and order to life. Unlike existentialists such as Sartre and Camus, who argued that the individual must construct a meaningful existence in an inherently meaningless universe, Buber believed that the individual tapped into an existing life force. One need not even believe in God to find spiritual experience; it could be achieved by connecting with another person or with nature, the manifestations of God in life.

Existential and transpersonal psychologists have also commented on the link between spirituality and meaningful experience. Chandler, Holden, and Kolander (1992) surveyed the psychological literature and discovered that meaning and spirituality were usually considered two sides of the same coin. Maslow (1971) said that transcendent self-actualizers (as opposed to mere self-actualizers) had greater meaning in their lives: a more holistic perspective about the world, awareness of self and of others, and behaviour consciously motivated by good, truth, and beauty. For Opatz (1986), a spiritually well person had “the willingness to seek meaning and purpose in human existence, to question everything, and to appreciate the intangibles which cannot be explained or understood readily” (p. 6). Myers (1990) stated that spirituality comprised “A continuing search for meaning and purpose in life; an appreciation for depth of life, the expanse of the universe, and natural forces which operate; a personal belief system” (p. 11). Chandler, Holden, and Kolander (1992) defined spiritual as “Pertaining to the innate capacity to, and tendency to seek to, transcend one’s current locus of centrality, which transcendence involves increased knowledge and love” (p. 169). In all these definitions is the sense that

living meaningfully means an authentic connection with the self, others, and with something that provides meaning and purpose in life.

Miars (2002) and May and Yalom (2000) lamented that existential psychology has received insufficient attention in graduate schools and is often misinterpreted by psychologists. In spite of this, there is a growing research and clinical practice based on its foundations. Empirical and qualitative studies have indicated the benefits of addressing spiritual-existential issues in geriatric, palliative, traumatized, and other populations that need healing (Miller & Thoresen, 2003; Jankowski, 2002; Wong, 2001; Wong & McDonald, 2001; Yalom, 1989).

Recognizing that many clinicians are likely unfamiliar with the value of 'spirituality' in counselling, the American Psychological Association published 'spiritual' strategies to familiarize clinicians with the theory and practice of raising issues of meaning in sessions (Richards & Bergin, 1997). Psychologists took up the challenge. The Fetzer Institute and the National Institute on Aging have, for example, designed psychometric tests on religiousness and spirituality for use in health research (Abeles, Ellison, George, Idler, Krause, Levin, Ory, Pargament, Powell, Underwood, & Williams, 1999). Peer-reviewed journals have singled out spirituality for special mention. The November/December 1992 issue of the *Journal of Counseling & Development* detailed the relationship between spirituality and the various dimensions of wellness. More recently, the January 2003 edition of *American Psychologist* provided an evidence-based examination of current research into spirituality, religion and health.

Addiction: A Counterfeit Transcendence

Existential psychology seems particularly suited to understanding addiction and recovery. The literature of drug use reveals the pervasive theme that a drug-induced

altered state of consciousness allows users to satisfy a natural tendency toward transcending the immediate self. The philosopher Friedrich Nietzsche (2000, 1883/1968, 1872/1995), for instance, wrote extensively of intoxication as a dissolution of the individual personality, which allowed one to merge with the “Primordial Unity” (1872/1995, p. 4), the life force that underlies our illusory world of order. Drunkenness provided a way to transcend the suffering self by blending with a more magnificent reality. Yet it was a counterfeit transcendence. In the end, the drug-induced transcendence—unrestrained by the tempering influence of order—degenerated into misery and bondage.

The use of drugs was not, in itself, pathological. What was unhealthy was the addictive use of drugs. The etymology of addiction means ‘giving oneself over to’, in the same sense as a slave’s ‘addiction’ is to his or her master. The poet Charles Baudelaire (1860/1996) argued that although drug use was a method to achieve a religious experience, addiction perverted the experience. Trapped in the miasma of addiction, the addict turned narcissistic, seeking out only the experience instead of doing what he should do, which was to share this experience with others. Continued use of drugs as a substitute for transcending the self—a substitute spirituality—was ephemeral and doomed. Yet the initial motivations that led to addiction, the user’s natural urge to transcend the immediate self, were, at least temporarily, satisfied.

Psychologists and non-psychologists have variously described this urge as a desperate attempt to feel vital and complete, a need to overcome a meaningless and boring life, a response to a disturbing revelation of human frailty, or a need to reach a transpersonal dimension. Jung (Jung & Wilson, 1996) interpreted addiction as a misguided attempt to become whole. He had treated an alcoholic who would later become

a founding member of Alcoholics Anonymous. Although he had no success with Rowland H., he maintained that Rowland's craving for alcohol was "the equivalent...of the thirst of our being for wholeness" (p. 2). Humanistic theory described this 'thirst' as the innate motivation toward self-actualization. Maslow (1971) argued that a self-actualizing tendency was inherent in the human being. Once basic needs were met, growth needs became salient; the individual strove toward the realization of his or her unique potential. Though the growth needs could be stymied by fear—what he labelled the Jonah complex—those who attained self-actualization had transcended their fearful, self-conscious lives. Traits of self-actualizers included, among other things, awareness of self and a capacity to go beyond the ego self, a more holistic perspective of the world, and a natural tendency toward synergy. Similarly, Rogers (1961) wrote of the tendency to become a fully functioning person, a movement of the perceived self toward the true self. Under conditions of unconditional positive regard, the individual has no need to repress, deny, or distort actual experience and is free to assimilate experience into the true self. Personal autonomy, self-acceptance, open communication and interaction, and the freedom to make choices were characteristics of a self-actualized person.

If Jung (Jung & Wilson, 1996) noted that Rowland H. drank as a substitute for personal growth, he also recognized the looming disaster that awaited the alcoholic. He was convinced that nothing short of a "spiritual conversion" (p. 4) could save Rowland.

Drugs also provided a substitute for living meaningfully. May (1953), straddling the line between the humanists and existentialists, observed that much of modern humanity was trapped in a meaningless existence: "...the chief problem of people in the middle decade of the twentieth century is emptiness" (p. 13-14). He went on to caution:

The human being cannot live in a condition of emptiness for very long: if he is not growing toward something, he does not merely stagnate; the pent-up potentialities turn into morbidity and despair, and eventually into destructive activities. (p. 22)

May (1953) would likely have included addiction as one these “destructive activities.” Frankl (1977) was more direct. He described addiction as one negative alternative people chose because they did not have the resources to make sense of their lives. “[A]lcoholism...[is] not understandable unless we recognize the existential vacuum underlying [it]” (p. 169-170). Following in Frankl’s footsteps, logotherapists applied his ideas to the treatment of alcoholism and drug addiction (Crumbaugh, Wood, & Wood, 1980; Fraiser, 1979; Holmes, 1979). Singer (1997) similarly concluded that addiction is a problem of meaning. Those suffering from “chronic addiction either had never found sufficient meaning in a sober life or through years of addiction had squandered any meaning they had once possessed” (p. 17). In his attempts to make sense of addicts, Singer (1997) could “not reduce their struggle to the common denominator of a genetic defect or a physiological problem of control” (p. 17) or their psychosocial difficulties to Alcoholic Anonymous’s defects of character. To understand addicts, one had to “take in the full dimensions of their lives—to see them as whole individuals struggling to achieve a sense of identity” (p. 17). This lack of identity “leads to a crisis in meaning” (p. 18). Borrowing Yalom’s (1989) model, he described addicts as turning to the drug to provide some relief from the existential anxieties of death, freedom, loneliness, and meaninglessness.

A drug-induced euphoria was a substitute for spiritual experience. The most influential movement linking drugs with a yearning for spirituality is the 12-step program.

Alcoholics Anonymous (AA) developed a recovery program (followed by Narcotics Anonymous in 1947 and Cocaine Anonymous in 1982) that has had a profound influence helping millions of addicts recover. The AA program has two basic parts: the fellowship and the steps. The fellowship comprises various types of meetings and social activities. At meetings, addicts and interested members (though many meetings welcome only those in recovery) share their stories or discuss the steps and traditions. The social activities are mainly dances and weekend-long celebrations that include speakers and entertainment. The steps are a sequential series of activities that lead to sobriety and serenity. Though the fellowship is important for support, it is through working the steps that recovery emerges.

AA sees alcoholism as an illness “which only a spiritual experience will conquer” (1939/2001, p. 44). Harry Tiebout, a Connecticut psychiatrist who was a “side-line observer” (1953, p. 1) of AA since its inception in 1939 and AA co-founder Bill Wilson’s psychoanalyst for a time, became interested when one of his patients attended AA and found sobriety: “What had happened? My answer is that the patient had had a religious or spiritual experience” (1944, p. 468). Tiebout (1944) assessed the character of the alcoholic in active addiction:

The so-called typical alcoholic is a narcissistic egocentric core, dominated by feelings of omnipotence, intent on maintaining at all costs its inner integrity. (p. 469)

Later, Tiebout (1953) would describe the ego factors as a sense of omnipotence, inability to deal with frustration, and the tendency to do everything quickly. The alcoholic who followed the AA program, he concluded, was able to tame this defiant individuality and grandiosity because the program helped him or her “*truly accept* the presence of a Power greater than himself” (1944, p. 469). The acceptance of a Higher Power confronts the

alcoholic's sense of omnipotence and individuality, forcing a new perspective on life in which he or she is not the centre of his universe. With this new perspective, the alcoholic's negative view of life would melt away, replaced by a positive, empathic view.

Impressed by his reading of Carl Jung's work on man's spiritual yearnings (Tiebout, 1944), AA co-founder Bill Wilson began to exchange correspondence with the Swiss doctor. Jung (Jung & Wilson, 1996) had remarked in one letter:

You see, "alcohol" in Latin is "spiritus" and you use the same word for the highest religious experience as well as for the most depraving poison. The helpful formula therefore is: *spiritus contra spiritum*. (p. 4)

Jung ended this letter with Psalm 42:1: "As the hart panteth after the water brooks, so panteth my soul after thee, O Lord" (p. 4). The human being has a "spiritual need" (p. 3)—a yearning to transcend the self through appeal to a higher power—which, if left unrecognized, would lead to "perdition" (p. 3), one form of which is alcoholism. According to Jung's formula, the spirit of God could provide a more beneficial and salutary response to this yearning than could the alcoholic spirits and was likely the only way to overcome alcoholism. The alcoholic who relied on himself or herself to recover was doomed; recovery required something beyond the alcoholic's conscious effort.

William James (1904/1999) had provided Bill Wilson with a similar intellectual foundation for the 12 steps. James (1904/1999) was the first psychologist to view a drug-induced altered state of consciousness as a "mystic experience" (p. 413), a variety of religious experience. The attraction of alcohol is its power "to stimulate the mystical faculties...[and] makes its votary, for a moment, one with truth" (p. 421). Wilson had read James while detoxifying, and the book influenced him profoundly, giving him hope that he could recover through spirituality.

Psychologically, a personal connection with a higher power led to a transformation of character, an “entire psychic change” (1939/2001, p. xxvii), as Dr. William Silkworth had described it in the AA ‘Big Book’. As Alcoholics Anonymous (p. 569-570) interpreted it, the transformation could be “immediate and overwhelming” (p. 569), but such conversions were rare. Most people “develop [God-consciousness] slowly over a period of years” (p. 569). This slow conversion was often subtle, with little fanfare, and usually first observed by those close to the alcoholic, rather than by the alcoholic himself or herself. Thus, AA maintained that “probably no human power could have relieved our alcoholism...God could and would if He were sought” (p. 60).

Modern thinkers have lent support to AA’s spirituality thesis. Weil (1998) believed that human beings have an innate need for transcendent experience. From his research on marijuana, he concluded that the drug had an “active placebo” (p. 89) effect that led to feelings of transcendence. Although various means could achieve this transcendent state, including mysticism and Yoga, most Westerners turned to drugs because they did not require time-consuming effort.

Drug users, themselves, have reported the experience in spiritual terms. Their influence is evident in the *Interim Report of the Royal Commission on the Use of Non-medical Drugs in Canada* (1971), known as the Le Dain Commission:

Modern drug use would definitely seem to be related in some measure to the collapse of religious values—the ability to find a religious meaning of life. The positive values that young people claim to find in the drug experience bear a striking similarity to traditional religious values, including the concern with the soul, or inner self. The spirit of renunciation, the emphasis on openness and the closely knit community,

are part of it, but there is definitely the sense of identification with something larger, something to which one belongs as part of the human race. (para. 453)

Le Dain (1971) emphasized that such experience became corrupted once addiction took control of the user.

Transpersonal psychology is a natural ally of any framework that focuses on transcendent experience. Assagioli coined the term ‘transpersonal’ to describe the realm of human experience beyond the sense of a separate self and “full of symbols and myths, archetypes and visions, multiplicity and imagination” (cited in Rowan, 2001, p. 4). Groff (1976) observed in studies of LSD users that they often experienced ego-death, a horrifying experience in which the self seems to melt away. The intensity of the crisis opened up “areas of spiritual and religious experiences that appear to be an intrinsic part of the human personality” (p. 95).

Wilbur (1990) has done the most extensive work on a transpersonal model of human consciousness. In his model, a spectrum of consciousness progresses developmentally through three stages: prepersonal, personal, and transpersonal. Suffering arises at each stage if the individual becomes stuck and cannot overcome the challenges of the stage. Each of the first two stages has three sub-stages, but all comprise ‘conventional’ psychological understandings of development (Nixon, 2001). The last stage, ‘transpersonal’, has four sub-stages that move consciousness beyond the boundaries of conventional psychology and has its foundation in Eastern and Western spiritual sources, such as Christian mysticism, Zen, and Yoga. This last stage moves beyond the existential to contemplative development. The final substage, what Wilbur labels “non-dual” (cited in Nixon, 2001, p. 83), is a state informed by a total dissolution

of the self as separate and a letting go of attachment to phenomenal existence, the “ultimate” (cited in Nixon, 2001, p. 86) life. The attainment of a transpersonal consciousness is the natural consequence of transcending the individual’s current view from which suffering springs.

Nixon (2001) applied Wilber’s model to addiction treatment. His client’s drug use, though originally aiding him in finding a connection with others, now mired him in “role confusion” (p. 87), the first level of the personal stage. By helping the client recognize that he was stuck in a peer-based addictive lifestyle, the client became aware that he was acting inauthentically. The client’s narcissism stood out, a typical pathology of this level. The client had developed a “myth” (p. 88) that he was a sports hero and party animal, which allowed him to feel a sense of belonging with his peers but had become so pronounced as to block authentic living. Nixon (2001) helped his client by moving him beyond this level.

These approaches—humanistic, existential, spiritual, transpersonal—offer a common perspective on the motivations for drug use. Those who succumb to drug dependence initially feel trapped by their biology and by their situation. Feelings of emptiness, loneliness, and boredom, so long described in addictions research (see, for example, Diamond, 2000; Singer, 1997; Seeburger, 1993), magnify the attractiveness of what Baudelaire (1860/1996) called an ‘artificial paradise’. The power of this altered state of consciousness cannot be reduced to simplistic descriptions of ‘escapism’ or ‘stoned out of their minds’, with the implication that the drug experience itself is symptomatic, of no more interest than a runny nose that accompanies a flu. The attraction of the drug-induced altered state of consciousness is precisely the experience of transcending the fearful self;

feeling a connection with others and a higher power; and, as James (1904/1999) phrased it, being “for a moment one with truth” (p. 421).

Drugs and alcohol, for the addict, thus provide a substitute for transcendent experience, though ephemeral and doomed. Only in the final stages of addiction does the drug betray the addict and no longer provide relief from the existential crises.

Mainstream Therapies

Although mainstream addiction research and treatment recognizes several alternative approaches—including community reinforcement, interpersonal psychotherapy, and twelve-step facilitation—most work in the addiction treatment field concentrates on motivational therapy, cognitive-behavioural coping skills, pharmacotherapy, and family systems therapy (Fuller & Hiller-Sturmhofel, 1999; Curtis, 1999). These mainstream approaches have a simplicity that makes them appealing for those of us attempting to fathom why addicts repeatedly and willingly engage in behaviour that they know will cause them severe suffering. They are also consistent with the mindset of scientism and modernism. If explanatory constructs are based on empirical research, then the therapy that employs them is immediately embraced as efficacious and trustworthy.

Based on social learning theory (Bandura, 1985), Marlatt and Gordon’s (1985) cognitive-behavioural therapy argued that addiction is the result of learned, maladaptive coping skills. Empirical studies since the 1980s consistently indicated a correlation between drug use and stress (Brady & Sonne, 1999). Many addicts reported childhood abuse and family dysfunction, and, in any case, addictive use of drugs led inevitably to financial, physical, social, occupational, legal, and relationship problems (Sayette, 1999). Worse, addicts were poorly equipped to handle daily stressors. Triggered by

environmental and social cues, they maintained addiction through avoidant coping styles, low self-efficacy, drug expectancies, and depression. Treatment was, thus, a process of substituting healthy coping thoughts and behaviours to replace the unhealthy ones.

Motivational therapies, notably Miller and Rollnick's (Miller, Rollnick, & Conforti, 2002) motivational enhancement therapy, recognized that addicts change behavioural habits in a cycle of predictable stages. Change is a process, not an either-or event, and it is normal and expected that the clients will go through several cycles, including relapse, before they succeed (Prochaska, Norcross, & DiClemente, 1995). Treatment was a matter of motivating addicts through the stages of change by making them cognitively aware of the damage the drugs were causing and supporting new recovery attitudes and sober behaviours.

Medicine is the natural complement of all addiction therapies. Even if one does not accept the 'disease' theory of the American Society of Addiction Medicine (ASAM, 2001), neuroscience has confirmed that addiction has a physical substrate in the brain (Kalat, 2001; Neihoff, 1999). Medications ease withdrawal and cravings, which otherwise would be so overwhelming as to defeat any form of talk therapy. Some enthusiastic advocates of the disease model also hold the belief that, eventually, science will discover the magic bullet and cure addiction (Diamond, 2000).

Family systems therapy concentrates on the addict as the identified patient. Although modern family therapists accepted that addiction is rooted in the individual, they also maintained that the family system becomes maladaptive as it attempts to reach homeostasis in response (Curtis, 1999).

In clinical practice, these four approaches are often combined. After medically supervised detoxification, motivational interviewing encourages addicts to enter the

counselling ‘continuum of care’ (if they are not court-mandated). Clients immediately develop new behavioural habits, thus reducing the power of environmental and emotional triggers. More importantly, however, they become aware cognitively of how irrational it is to use drugs to cope with stress. Once aware, their natural inclination toward healthiness takes over. The counsellor’s role is to provide emotional support and cognitive-behavioural tools for healthy coping. Physicians do their part by easing physical discomfort. Family systems therapists are often involved as an adjunct therapy. Typically, family members are invited into treatment to highlight how the addiction has disrupted the family system.

Cognitive-behavioural coping skills, motivational strategies, pharmacotherapy, and re-structured family systems pay almost no attention to those experiences that James (1904/1999), Jung (Jung & Wilson, 1996), Frankl (1977), Singer (1997), and others believed are the essence of the drug experience. Historically, the mainstream has viewed addiction as pathological. As early as 1784, the American physician Dr. Benjamin Rush catalogued the consequences of chronic drunkenness and argued that alcoholism was a disease (White, 1998). Freud’s (1931/1961) understanding of alcoholism was simply that it was a crude, but effective, method of avoiding suffering. Addiction as pathology remains very strong today in concepts such as maladaptive coping skills (American Psychiatric Association, 2000), disease (American Society of Addiction Medicine, 2001), character defects (Alcoholics Anonymous, 1939/2001), and so on.

Current therapies address only the client’s presenting problems. The typical client enters treatment because his or her maladaptive behaviours—avoidant coping style, non-assertive communication styles, positive drug expectancies, poor affect regulation, and so on—have been crushed by the weight of frustrated family members, credit agencies,

physicians' assessments, and other intrusions. Often malnourished, conditioned by unhealthy patterns of coping with stress, suffering an emotional roller-coaster, overwhelmed with shame and self-pity, and often lacking financial resources, the suffering addict presents clear immediate problems (Gorski & Miller, 1986).

Any notion of helping addicts live a productive, contented life has been discarded as unrealistic and replaced with the more reasonable concept of 'harm reduction'. Outcome studies typically define success as whether treatment helps clients reduce harm in various life areas. Protocols recommend pre- and post-treatment measures of the number of using days, family stressors, absenteeism from work, physical and emotional health problems, and criminal involvement.

Outcomes under harm reduction have proven its value. In terms of reduced number of using days, for instance, one of the most outstanding successes was reported by Project MATCH (1997). One year after treatment, participants reduced their drinking amounts and frequency to 6 days per month from a pre-treatment level of 25 days. About one-third of the outpatient treatment group drank without bingeing, and about one-fifth abstained throughout the year. These outcomes may not, however, be applicable to other settings. Project MATCH (1997) has been criticized for, among other things, its very rigorous selection methods in which only the most stable candidates participated. The Baltimore Drug and Alcohol Treatment Outcomes Study (Johnson, Ahmed, Plemons, Powell, Carrington, Graham, Hill, Schwartz, & Brooner, 2002) may be more representative. One year after treatment, the Baltimore participants in non-methadone treatment reduced the number of days they binged to 3.4 days per month from a pre-treatment level of 5.0, though those participating in the methadone program had slightly

increased using days. Significant reductions were also found in criminal behaviour, HIV-risk behaviours, and depression.

Proponents of harm reduction argue that these results constitute a major step to success not only for clients but also for society. In Canada, for instance, the annual per capita cost to deal with the consequences of addiction (excluding nicotine) was \$313 in 1995 (Single, Robson, Xie, & Rehm, 1996). If one year after treatment, clients use drugs fewer days per month, have fewer health problems per month, engage in fewer criminal activities per month, and so on, this translates into major tax savings and social stability.

In spite of such success, the revolving-door syndrome, high drop-out rate, and resistance to treatment continue to be problems. A percentage of clients seem to have developed a lifestyle of entering treatment, relapsing, returning to treatment, and so on for years. The drop-out rate continues to be very high—as much as 80 percent in some programs (Andersen & Berg, 2001). Andersen and Berg (2001) and Caetano (2001) lamented that little research has been done to discover precisely why this is the case. Most addicts resist entering treatment, and for some populations, such as the highly educated workforce, only about 1 percent seek help (Matano, Wanat, Westrup, Koopman, & Whitsell, 2001). Addicts are uncomfortable with mainstream approaches or remain unconvinced that they will help.

It should be noted that most addiction research is now conducted on pharmacotherapy. Some enthusiastic scientists believe that neuroscience will lead us to a magic bullet for addiction, just as science discovered the cure for syphilis (Diamond, 2000). While less enthusiastic researchers are not so confident in a cure, they do believe that therapy will be dramatically enhanced if clients are not distracted by cravings and post-acute withdrawal symptoms. Outcome research has yet to determine how effective

medication will be. Project COMBINE (2002), the first large-scale effort to study the efficacy of combining talk therapies with medication, is in the early stages and will not report results for some time.

Mainstream therapy thus argues that the salient forces in addiction are family dysfunction, conditioning effects arising from maladaptive coping methods to deal with stress, lack of cognitive awareness of the effects of drugs, or neurological adaptation to the drug. Correlational studies of addicts in treatment confirm these characteristics (see, for example, Sayette, 1999; Finney & Moos, 1995).

But what brings addicts into recovery has little to do with threats from spouses or employers, financial ruin, lost family resources, weak communication skills, or other deficiency. Imminent death is often not sufficient; for most addicts, their first act after being medically revived following an overdose is to phone the dealer. The popular notion that addicts are in denial of their condition—that they do not recognize what the drugs are doing to them—has little reality by the time most ask for help. Almost all clients in treatment have previously been in recovery or have been caught out by family, employers, physicians, or law enforcement officials.

What brings addicts into treatment is ‘hitting bottom’, a term popularized by 12-step programs to describe the extreme emotional pain that seems required to motivate addicts to change. Hitting bottom is an existential crisis that arises when the drug no longer offers relief from suffering (Singer, 1997; Seeburger, 1993; Groff, 1976). Stripped of the protective salve of the drug, the addict is faced with only three options: commit suicide, numb pain until death comes, or ask for help.

Arguably, harm reduction has limited clinicians to helping clients manage drug use. Yet it seems reasonable that any significant enhancement of treatment requires

clinicians to address the issues of this existential crisis: issues of human potential for growth, spirituality, and meaning and purpose in life—the very issues that promise long-term recovery.

A Note on 12-Step Programs

In this study, I have reserved the term ‘mainstream therapy’ for therapies that have developed from a solid basis in scientific research. Although many authors set the 12-step program next to professional treatment, such as coping skills or motivational enhancement therapy, this is a questionable practice. The 12-step program did not emerge from a research base. It was designed in the 1930s by a handful of middle-class, male, Caucasian alcoholics in New York and Ohio, who were eclectically influenced by the conservative-Christian Oxford Group (Kurtz, 1969), Carl Jung’s perceptions on alcoholism (Jung & Wilson, 1996), and William James’s *The Varieties of Religious Experience* (1904/1999). It has no pretence to offering professional help; it simply provides addicts an opportunity to talk about their experiences, work through the steps, and help other addicts.

The professional form of the 12-step program is known as the Minnesota Model, developed at Wilmar State Hospital, the Veterans Administration, and Hazelden treatment centre, all in Minnesota. Taking as its starting point the 12-step notion that the prerequisite to recovery is abstinence, this model adds medical, psychological, and religious components to the first five steps. Although the Minnesota Model has been variously modified in the past 50 years, only recently is it gaining a scientific basis (see, for example, Forcehimes, 2004; Moos & Moos, 2004; Zemore & Kaskutas, 2004; Kelly,

2003; Kurtz & Fisher, 2003; Murry, Malcarne, & Goggin, 2003). The 12-step principle of ‘anonymity’ has made research very difficult.

I have not concentrated on the AA’s conception of spirituality because my topic is O’Neill’s recovery, and spirituality/religion was not a major source of meaning in his life. Spirituality is, however, relevant within an existential framework as one approach that is important because it provides meaning and purpose in life. Existential psychotherapy, in fact, provides a theoretical basis for AA’s spiritual program of recovery. Many of AA’s core components—acceptance, need for community, humility, honesty, transcending the self through volunteering, courage, faith, and so on—have a scientific foundation in existential-phenomenological research (see, for example, Forcehines, 2004; Miller & Thoresen, 2003; Tonnigan, Toscova, & Connors, 1999; Singer, 1997). Though psychiatrist Tiebout (1944), who was closely connected with AA since its inception, interpreted the steps through a psychoanalytical perspective, this paper argues that existential psychology offers a more parsimonious, comprehensive, and depathologized interpretation of the 12-step program.

What both AA and an existential framework highlight is the need for the alcoholic to transcend his or her little narcissistic vision. Living for self only is a recipe for misery; one must step outside of the self and begin living as part of a community.

Both AA and an existential framework deal with ultimate concerns, connection to a larger perspective. Both recognize that the individual is limited and that without some other force—spirituality, love, and so on—remains trapped in suffering.

Summary

Harm reduction treatment has shown success helping addicts find relief from immediate difficulties in various life areas. In spite of its success, however, the revolving-

door syndrome, drop-out rate, and resistance to treatment remain strong. An existential view of addiction suggests that the reason for these continuing challenges is that mainstream therapies do not address the addict's difficulty making sense of suffering and living a life that is personally meaningful. What is required is an adjunct therapy that addresses the client's existential dilemmas.

Because existential therapy focuses on how clients make sense of their lives, it is a dignified and respectful approach to treatment. Recognizing the existentialist principle that each of us is the author of our life, counsellors respect how each person makes sense of suffering.

An existential approach sees one of the root causes of addiction as failure of the addict to find satisfactory answers to personal existential struggles. Addiction is a response to the person's frustrated will to meaning, a weak substitute for spirituality or religion.

Therapy must reawaken the client's sense of responsibility. Many clients entering treatment make sense of their lives by blaming something or someone for their suffering: childhood abuse, family dysfunction, mental health conditions, poverty, lack of education, and so on. Most of all, they blame themselves. Many question their sanity, and most are simply confused why they would so desperately pursue drug use knowing that it leads to misery. Therapy must help clients become aware that they are in charge of their lives and that their irresponsibility has led directly to their suffering.

Many clients have a sense of hopelessness about themselves and that even in recovery the addiction is merely lying in wait. This thinking is particularly powerful for those who have found themselves in and out of treatment for years. An existential

treatment taps into the human capacity to transcend addiction by helping them develop a tragic optimism (Wong & Macdonald, 2001).

Many clients in early recovery have lost dignity and self-respect. Singer (1997) labelled this the “surrender of agency” (p. 38), capitulation to “blind habit” (p. 39), and embrace of “destructive agency” (p.42). Fuelled by shame at their behaviours, they feel they are unworthy of contentment and not worth saving. Existential therapy promotes self-respect and esteem. Through treatment that is non-judgement, non-coercive, and supportive, clients are free to overcome hindrances to their human spirit and discover what makes life meaningful for them.

CHAPTER 3: NARRATIVE AND PSYCHOBIOGRAPHY

Writing in the ‘big book’ of *Alcoholics Anonymous* (1939/2001), physician William Silkworth observed that alcoholics found recovery by making an “entire psychic change” (p. xxvii). Addicts do not merely stop using, overcome maladaptive coping skills, and deal with their issues of anger, depression, grief, abandonment, and so on. Recovery demands that they transform the way they think about themselves and their world. This is a matter of identity, of self-definition. The addict is the outcast, unable to find a satisfactory answer to the questions ‘Who am I?’ and ‘How do I fit in the world?’ (McAdams, 1993).

This study observes O’Neill’s transformation through his narrative. In his work, behaviours, relationships, and daily life we can discover how O’Neill interpreted who he was and his place in the world. This chapter offers a brief introduction to narrative: its power as a way of connecting to another person and as a way of healing. It also examines narrative as the primary tool by which we develop identity. McAdams (1993) was particularly influential in developing this idea. Taking his lead from Erikson—who said the individual’s personality adapts psychosocially across the entire life span in eight life-stages—McAdams (1988, 1993) placed the individual’s evolving and self-constructed story at the centre of the search for identity.

Psychobiography is the form of narrative used to study O’Neill’s transformation over his life span. New theories and methods are earning psychobiography renewed credibility among psychologists, and this chapter provides brief comments on its value for understanding an alcoholic’s life narrative.

Addiction and Narrative

The use of narrative as a way to come to terms with the nature and meaning of addiction has a long history. For two centuries, addicted writers wrote about the experience of intoxication. Some wrote fiction, among the most famous examples of which is Wilkie Collins's *The Moonstone* (1868/1999), the first English 'who-dunnit' novel. At the centre of the novel's plot is the theft of a famous gem by an opium addict. The descriptions of euphoria and the subsequent nightmare of withdrawal betray Collins's intimate experience with the drug. The opium-inspired moodiness of Coleridge's *Rime of the Ancient Mariner* (1798) and the euphoric imaginings of Xanadu in *Kubla-Khan* (1797) provide us with samples of the author's opium experiences. Modern addicted writers continue to describe their personal drug experiences in fiction, such as Malcolm Lowry's *Under the Volcano* (1947/1971), William S. Burroughs's *Naked Lunch* (1969), and John O'Brien's *Leaving Las Vegas* (1990).

Narrative can be intentionally self-conscious, and various addicted writers have offered us the insiders' view of the drug-induced altered state of consciousness. A sample of such works include Thomas De Quincey's *Confessions of an English Opium-Eater* (1821/1986), Charles Baudelaire's *Artificial Paradises* (1860/1996), Burroughs's *Junky* (1985), and Timothy Donohue's *In the open: Diary of a homeless alcoholic* (1996). Still other writers who only experimented or limited themselves to research also described the experience, such as Aldous Huxley's *The Doors of Perception* (1956/1990), Paddy Chayefsky's *Altered States* (1978), and Andrew Weil's *The Natural Mind* (1998).

Narrative is the primary instrument selected by the founders of Alcoholics Anonymous (Alcoholics Anonymous, 1939/2001) to come to terms with alcoholism. Most of the 'textbook' of AA described stories of alcoholics, structured according to the

dictum, “What we used to be like, what happened, and what we are like now” (p. 58). Much of AA’s success has arisen from one alcoholic helping another alcoholic, and narrative is the primary means of achieving this.

Psychologists have also examined the nature of addiction from the stories that addicts tell. In the past 25 years, a handful of psychologists have recognized the importance of these narratives. Thune (1977) was probably the first psychologist to analyze AA stories and concluded that members used the others’ stories as templates to come to terms with their own lives. Denzin (1987) based his descriptions of the alcoholic and recovering selves on the AA model. More recently, Hanninen & Koski-Jannes (1999) provided a taxonomy of recovering narratives that include “the AA story, the growth story, the codependence story, the love story and the mastery story” (p. 1837).

Narrative as Construction of the Self

The broad interest today in narrative as a framework to guide our understanding of human behaviour is common with psychologists of various schools. The existentialist Yalom (1989) told us that it is through narratives that both client and clinician learn how a client confronts existential anxiety. The psychoanalyst Schafer (1978) understood the task of therapy is to work with a client to co-create stories that embody narrative truth. Structural family theorist Minuchin (Minuchin & Nichols, 1993) discovered that listening to the narratives of family members was the way to discern structural anomalies in the family that had led to suffering.

The popularity of narrative psychology is, no doubt, due partly to the dissatisfaction with the mechanistic concepts of positivistic psychology, and due partly to the promise of hermeneutic approaches to understand the human condition. Scholarly journals in literature and social sciences devoted to narrative detect its origins variously in

1920s Russian literary criticism or the American New Criticism, French constructionist thinking, anthropology, and the like (Murray, 1995). These origins give narrative a linguistic heritage; stories are ‘texts’ that can be analyzed linguistically. Sarbin (1986) suggested that “the storied nature of human conduct” (p. 3) can be seen as a metaphor for our coming to terms with human nature, replacing the mechanistic and positivistic metaphors of traditional scientific psychology. Researchers and clinicians ‘deconstruct’ the text; what meanings they find at the core depends on their theoretical perspectives. At one extreme, Gergen (1985), for instance, peels away the layers of narrative and reveals a story that is wholly socially constructed, a reflection of the values and beliefs of the dominant culture. Others, less enthusiastic to embrace a social constructionist perspective, deconstruct a story and find an individual at the core, though in tension with its social construction (see, for example, Rosenwald & Ochsberg, 1992, cited in Murray, 1995).

Narrative psychologists adhere to the notion that what predominates or fundamentally contributes to our consciousness is the understanding of self and the world in story. Storytelling and understanding are “functionally the same thing” (Schank, 1990, p. 24).

A great deal of research has been conducted on the process, content, and influence of narrative on our understanding of ourselves. We have studied the process of creating narrative (Spence, 1986) and the kinds of narrative (Schafer, 1978). Some theorists believed that stories reflect our experiences, that we make sense of our experiences by talking about them and integrating them into our schema. Others believed that our stories play a more fundamental role in our lives than merely making sense of the past. Barthes (1977) observed that “narrative is present in every age, in every place, in every society...

it is simply there, like life itself” (p. 79). Bruner (1991) argued that narrative not only organizes our memories but also our lives as they unfold. He described narrative as an instrument of the mind that constructs our notion of reality and asserts that the experience of life takes on meaning when we interact with it as an ongoing story, as our story.

Narrative is, in fact, the construction of reality.

As Murray (1995) noted, narrative is enmeshed with the concept of identity development. Although influenced by culture, society, and events, the individual’s life narrative shows how he or she, as an individual, has developed and grown. Narrative psychologists focus on the link between identity and interpretation. Identity is developed through the construction of the life story. McAdams (1993) proposed this view in his theory of identity development. He based his theory on the assumption that all of us find meaning, unity, and coherence in our lives through stories we tell about ourselves. Unlike traditional theories of personality development, in which our personalities are developed through fixed, unchanging characteristics or developed through predictable stages, McAdams (1993) proposed that we are constantly writing the story of our lives. The primary tool of this self-definition is the tale that every person creates of his or her own life. Two motivating forces guide this narrative: agency and community. Agency is the need to be self-determining; community, the need to bond with others. According to McAdams (1993):

A life story is a personal myth that an individual begins working on in late adolescence and young adulthood in order to provide his or her life with unity or purpose and in order to articulate a meaningful niche in the psychosocial world. (p. 5)

Consciously and unconsciously, we thus not only arrange the episodes of our lives into stories, but we are constantly revising our stories as we go on living because “we make ourselves through myth” (p. 13). Our lives are our stories.

To explain why narrative is so fundamental to the development of identity, McAdams (1993) looked to the hermeneuticist Ricoeur’s (cited in Yerushalmi, 1998, p. 105) two essential components of identity: unity over time and differentiation. Narrative, for McAdams (1993), provides the vehicle to supply both. Narrative psychologists have generally defined stories as “events linked in sequence across time according to a plot” (Morgan, 2000, p. 2). Stories ensure that when we go to sleep we will wake up the same person the next morning. Though we may change moods or engage in different activities, the self remains constant. Stories also allow us to understand what makes us different from each other. Although we may come from the same species and same culture, even the same family, each of our stories is unique; and thus we construct an identity different from others.

Studying the Whole Person

Edwards (1998) lamented that quantitative group-based methods “failed to do justice to the full complexity and dignity of what it is to be human” (p. 38) and championed studies of individual subjects. More pointedly, Kenyon and Randall (2001) argued that we may actually cause harm in a therapeutic setting “if we view a patient as a set of symptoms instead of a person” (p. 10).

As McAdams (1988) noted, the narrative study of lives “has coincided with the return of the individual, whole person to centre stage in personality psychology” (p. 3). Although Freud had looked to the individual human being as the key to understanding human experience and behaviour, later psychologists in their determination to become

more ‘scientific’ began reducing people to psychological constructs that could be measured from statistical samples. As late as 1988, McAdams could write “Today, personality psychologists seem less ashamed than they did 20 years ago to admit that the subject of their study is human lives” (p. 1). Questioning whether the neo-Freudians, behaviourists, and trait theorists were leading us toward a deeper understanding of human nature, a group of personality psychologists—Murray (1938), Allport (1961), Maslow (1962), Rogers (1961), May (1953), Yalom (1989)—returned to the study of individuals.

Murray (1938) had begun his career by writing a biography of the novelist Herman Melville. He criticized nomothetic research on the grounds that it did not gather sufficient data on subjects. He approached the study of personality by examining the biographies of individual people:

The organism consists of an infinitely complex series of temporally related activities extending from birth to death. Because of the meaningful connection of sequences, the life cycle of a single individual should be taken as a unit, the *long unit* of psychology....The history of the organism is the organism. This proposition calls for biographical studies. (p. 39)

For four decades, as a hobby, he continued his quest to understand the narrative of Melville as presented in the writer’s work and life. Though his contribution to Melville scholarship was limited to an introduction to Melville’s least known work, *Pierre, or the Ambiguities* (1852/1996), his passion reflected his conviction that the individual was the proper subject of psychology.

Allport (1961) believed that personality psychologists would do well to balance their nomothetic generalized approach with an idiographic approach that focused on the functioning of the individual person. He defined personality as “the dynamic organization

within the individual of those psychophysical systems that determine his characteristic behavior and thought” (p. 28). Because personality was a dynamic and interrelated entity, it was pointless to study only one or two of its facets. Allport’s focus was on the uniqueness of the individual: “Each person is an idiom unto himself, an apparent violation of the syntax of the species” (1955, p. 19).

Maslow (1962), like his humanistic counterparts, emphasized the uniqueness of individuals and believed that each person is free to choose the direction of his or her life. Those who abdicated their human potential in order to follow the majority were rather dull and conventional. To understand better the nature of ‘self-actualizers’, he turned to historical figures because he found that biographical sources provided sufficient information about them to permit meaningful conclusions, which was more useful than relying on living figures who “became self-conscious, froze up, laughed off the whole effort, or broke off the relationship” (1970, p. 151).

Like the humanistic psychologists, existential theorists, such as Yalom (1989), emphasized the uniqueness of the individual human being. Existential psychology grew out of the disgruntlement that sometime in psychology’s development, the individual person was lost. As May and Yalom (2000) noted, Freudian drives, behaviourist conditioning, and Jungian archetypes all had their place, but existentialists were dismayed that that the “actual, immediate person to whom these things were happening” (p. 273) seemed to have disappeared. The existentialists began wondering if current psychological theories were seeing people as they really were or whether psychologists were moulding subjects into “a projection of our theories” (p. 273). Yalom (1989) had argued that the way to know the person was by listening to their accounts of their life.

In addiction research, an increasing number of thinkers are concluding that single constructs cannot be simply snatched out of the complex interrelationships of human traits and situations. Dismayed by studies that reduced the alcoholic's misery to depression or stress, Smith (1998) conducted a phenomenological study of the problem drinker's experience of suffering. He concluded that suffering was holistic, affecting the alcoholic physically, psychologically, and spiritually. Loos (2002) similarly condemned such restrictive approaches as preventing "the searching and studying process to be open to 'significant dimensions of experience'" (p. 199). In a heuristic study of depravity and loneliness in alcoholism, he called for a more integrative approach in which a single phenomenon was not separated from the constellation of traits and symptoms that made up the person who suffered from alcoholism. Such thinking agrees with McAdams (1993), Murray (1938), Allport (1961), and others, who argued that the whole person, and not a handful of traits, contributes to an understanding of human nature.

Narrative and Healing

Narrative plays a fundamental role in allowing us to face suffering. Identity provides the greatest protection against existential anxiety. Those who can answer satisfactorily the questions 'Who am I?' and 'How do I fit in the world around me?' are better able to stand naked against existence and prevail.

Though McAdams (1993) developed his narrative theory of identity by studying healthy subjects, he also recognized the healing power of stories. He cites the popularity of Kushner's attempt to make sense of personal suffering in *When Bad Things Happen to Good People* (1983) as an example of how readers, and Kushner, found strength to

overcome grief. Autobiography also has a long and continuing history of helping people re-build shattered lives. Shaw (2001), for example, presented a method of guided autobiography to help clients re-story those parts of their lives, such as war experiences, that were troubling.

Narrative as a way to healing is, of course, the vehicle for narrative therapy, and many counsellors are viewing the counselling session as a fundamentally narrative process that voices and shapes new stories (Levitt, 2002). Narrative has been used to help clients overcome specific emotional and physical problems, as well as for specific populations: victims of trauma (Borden, 1992), depression (Levitt, 2002), grief (Gilbert, 2002), chronic obstructive pulmonary disease (Bailey & Tilley, 2002), alcoholics (Diamond, 2000), and geriatrics (Kenyon, Clark, & de Vries, 2001), to name a handful of examples.

Narrative therapists help clients discover their dominant story, which, though it may have had previous benefits, has now brought them to counselling. The therapist and client work together to first understand the features of the old story that have become problematic. They then construct a new story filled with a richness of detail. With this new, rich story, clients heal. This act of talking about their experiences allows clients to make sense of trauma and suffering, thus easing pain (Gilbert, 2002; Bailey & Tilley, 2002; Levitt, 2002; Etchison & Kleist, 2000).

Psychobiography

Defining Psychobiography

Psychobiography is a natural vehicle to study individual lives. It is traditionally traced directly to Freud's 1910 *Leonardo da Vinci and a Memory of His Childhood* (Runyan, 1984), though, as McAdams (1988) notes, Strachey in 1918 is usually credited

with changing the mission of biography from presenting 'the facts' to interpretation. Psychobiography as a form of study has been presented from many different schools of psychology. Black (2000) has written biography from a psychoanalytic orientation. Runyan (1984) pointed out that Rogers's 1942 study of Herbert Bryan and May's 1972 study of Mercedes established the potential of humanist and existential perspectives of individual cases to deal with a wider range of clients. Eclectic psychologists have borrowed ideas from various schools to account for the behaviours of people (McAdams, 1988; Runyan, 1984). Other researchers whose intention is not to write biography have found its techniques useful (McAdams, 1988).

Defining precisely what psychobiography is, however, has shown little standardization. Several psychologists attempted to define biography too narrowly, and, seemingly, arbitrarily. Creswell (1998) subsumed four forms of life story under the umbrella term, 'biography'. Biography, in his taxonomy, includes biographical study, autobiography, life history, and oral history. Life history derives from a social science and anthropological perspective. This approach relies on the social construction of narrative: details of an individual's life are seen as reflecting cultural, institutional, and social themes. To study an oral history, the researcher collects memories of events, their causes, and their effects from one or more people. The material may be culled from written works of those who have died or through tape recordings and interviews of those still living. Biographical study is written by others, autobiographical by the subject. In any case, the conscious approach to writing biography based on some psychology-based theoretical orientation moves biography into the realm of psychobiography.

Unlike Creswell (1998), Edwards (1998) placed biography under the umbrella term, 'case study', although he used the term, 'case study', in a different sense than

Creswell (1998) did. The latter defined case study as the study of a “bounded system” (p. 61), which tends to focus not on individual life stories but on issues, such as “how men exploit women’s labor” (p. 99). Edwards (1998), on the other hand, included in his definition of case study biographical, phenomenological, grounded theory, and empirical research of single individuals. The eminence that he gave to case study reflects his belief that research is most useful when it has a direct application to clinical practice. Lamenting that theories from quantitative group-based methods “often fail to account for the unique characteristics of individual cases” (p. 37), Edwards (1998) championed the case study as the only approach that does justice to the “complexity and dignity of what it is to be human” (p. 38).

McAdams (1988) defined psychobiography broadly as “the systematic use of psychological (especially personality) theory to transform a life into a coherent and illuminating story” (p. 2). Under this definition the stories of individual lives can be analyzed in many ways. For example, McAdams (1988) argued that Stewart, Franz, and Layton’s (1988) statistical analysis of the themes of identity, intimacy, and generativity in Vera Brittain’s diary and correspondence can stand alongside the work of Edel (1978) and Erikson (1958). Although McAdams’s (1988) definition is valid precisely because he does not arbitrarily limit psychobiography, his definition emphasized psychological theory without reference to the biographical data themselves.

Runyan’s (1984) perspective, on the other hand, argued that biography, not theory, must come first. Although he opened his definition by stating that “psychobiography may be defined as the explicit use of systematic or formal psychology in biography” (p. 202), he followed this statement with three caveats. First, the psychological theories in use may or may not be psychoanalytical. Secondly, the use of psychology must be explicit to

differentiate psychobiography from other types of biography that use psychology implicitly. Finally, “the definition refers not to the application of personality theory but to the use of psychology” (p. 202) in its many forms. Runyan (1984) was, thus, careful to avoid reducing a life to a fit in a theoretical framework. This study also allows O’Neill’s narrative to dictate the development of theory.

The Return of Psychobiography

Freud had told Jung in 1909 that psychoanalysts should “take hold of biography” (cited in Elms, 1994, p. 5). The study of individuals, in whole and in part, through their narratives provides much of the material from which Freud developed his comprehensive theories. And in one of the great ironies of psychology, many have examined the narrative of Freud’s life in terms of his own theories (Elms, 1994). Neo-Freudians heeded the master’s injunction, the most notable of whom were Erickson (1958) and Edel (1978), who also offered pronouncements on the proper method of writing and studying narrative in the form of biography.

Psychobiography is making a comeback. The March 1988 *Journal of Personality* was devoted to biography, narrative, and lives (McAdams, 1988). New methodologies allow more probing into the psychology of the subject, and even personality psychologists are using biographical methods (McAdams, 1988). Runyan (1984) and Elms (1994) have written extensively on its methodology and contributions, textbooks on qualitative research routinely include biography in their taxonomies (see, for example, Creswell, 1998), and journals are devoted to it (see, for example, *Biography: An interdisciplinary quarterly*).

Complexity

Psychobiography has had many detractors. Beginning with Freud's studies of Da Vinci and Goethe, psychoanalytic psychologists established biographical psychology and remain its greatest disciples. Weak and stilted efforts, which bent and twisted the subject to fit a preconceived theory, provided ample ammunition for experimental psychologists, social scientists, historians, and literary critics to dismiss psychobiography as amateurish at best and, at worse, plain silly. In his psychoanalytic study of O'Neill, for example, Black (2000) latched on to a single note by O'Neill about his mother's having a series of abortions while traveling with her thespian husband. Though it is reasonable to postulate activities based on sound theory and tangible evidence, for Black (2000) to make an extensive case on the meaning of the alleged abortions based on a single note is highly questionable (Greer, 2000). Erikson's (1958) analysis of *Young Man Luther* may fit a little too neatly into his stages of development. Kohut's (Ornstein, 1978) fascination with how well O'Neill fits with self psychology and the fragmentation of the modern self seems a little too orchestrated. The grievances against psychoanalytic enthusiasm for theory have been repeated in most discussions of the weakness of the biographical method (see, for example, Elms, 1994).

Edel (1978), whom many credit for the resurgence of biography, saw the biographer's task as interpreting data in order to find or, even, formulate the organizing story of the person. The prescription, then, for formulating a story was to listen to the subject. This is not to say, of course, that researchers merely placed the data under a microscope and discovered the truth. Without some compass to lead them, they would be soon lost in tangled webs of the story.

Elms (1994) emphasized that psychobiography is a particularly powerful tool to deal with human "complexity" (p. 11). Reacting against the psychoanalytic penchant for

reducing individuals to some explanatory variable, he believed that psychologists are increasingly breaking out from their reductionist rut and recognizing that individuals are complex. This is particularly evident for seasoned clinical psychologists who have learned from thousands of hours of individual counselling that the secrets of human behaviour are far from their grasp.

Psychobiography of an Addict

Many phenomenological studies of intoxication are appearing in journals (see, for example, Loos, 2002; Smith, 1998). No doubt, it would be useful to discover in-depth the experiences of O'Neill about the phenomenon of drunkenness and the meaning he ascribes to it. Yet a phenomenology provides only a partial understanding of the alcoholic and even less an understanding of recovery. A psychobiography has the benefit of opening up a person's whole life to inspection. In O'Neill's biography, we are rewarded with the discoveries of events, patterns, and themes that arise throughout the long and twisted journey of his recovery: his need to belong, struggles to overcome narcissism and connect with others, search for a meaning that would give order to his suffering, and his ache to tame his resentments toward his parents and brother. We discover the early influences on O'Neill of the existentialist writers and place him in context in an age of transition when the old verities and conventions were being washed away by an emerging secularism. Psychobiography thus provides a rich, comprehensive perspective of O'Neill's journey to recovery. This is an especially important point for an existential framework, which targets the whole person in all his or her complexity.

The Approach of this Study

This study uses psychobiography because it is the only form of narrative that is sufficiently encompassing to understand the long and winding road of recovery. Unlike

Black's (2001) psychobiography, however, which is a comprehensive examination of O'Neill's entire life, this study limits itself to O'Neill's addiction and his struggle to overcome alcoholism.

The study's approach combines the ideas of Runyan (1984) and McAdams (1993). It heeds Runyan's (1984) advice not to stuff O'Neill's recovery into some preconceived theoretical framework; rather, it allows the alcoholic to speak for himself. And it heeds McAdams's (1993) advice to follow O'Neill's developing narrative of addiction and recovery as O'Neill created it in his works, letters, relationships, and daily life.

Ultimately, this study asks whether it is reasonable to apply existential psychology to addiction treatment. Its method is to offer existential psychology as a possible template for treatment. After listening to O'Neill's developing narrative, we can then determine whether his patterns and themes of addiction and recovery match this template.

CHAPTER 4: METHODOLOGICAL ISSUES

The dominant epistemology today is the traditional ‘scientific’ method, based on an objective reality that exists separate from the observer. We come to know the object by reducing it to component constructs and examining it through quantitative methods. This scientific method has proved its worth in understanding the physical world, but many thinkers have questioned whether its reductionist approach is adequate to come to terms with human beings. The scientific method produces a grand narrative in which depression or intelligence or trauma or drug use are standardized on the normal curve, and individuals are measured against the arithmetical mean. One wonders, with May and Yalom (2000) whether, given this approach, we have lost the very subject that psychology aims to understand—the whole complex person, the local narrative.

Bruner (1986) recognized that the traditional logico-deductive scientific method, which he labelled as paradigmatic reasoning, has often been accepted unquestioningly as the sole source of valid truth. While recognizing the validity of paradigmatic reasoning, he also made a case for a second ‘mode’ of knowing, which he called narrative reasoning. In narrative terms, the traditional scientific method is only one metaphor for the way we know the world; an equally valid metaphor is, however, narrative. In paradigmatic reasoning, N is of a size to ensure adequate power, and a statistical analysis results in a mean, median, or mode. In narrative reasoning, on the other hand, $N=1$ and the concept of central tendency has no meaning.

In psychology, this expanded view of how we can know the world is often traced to the philosophical foundation of Edmund Husserl. Husserl reasoned that if consciousness is our window on the world, then we ought to look to consciousness for an understanding of human knowledge (Osborne, 1990). He argued that that there was no

separation between subject and object; “we are *of* this world rather than in it” (Osborne, 1990, p. 80). He framed this idea through the concept of ‘intentionality’, by which he maintained that consciousness always has an object; the two are an interdependent unity. If all knowledge is human knowledge, apprehended through our phenomenal experience, then researchers ought to look to understanding a person’s experiences of his or her world and not to some universal law that governs an objective reality.

May (1958) found the same insight in the existentialist philosopher Kierkegaard. Recognizing that reality cannot be detached from human experience, Kierkegaard argued that to know truth we must start with the person’s perception of it as it relates to natural phenomenon. Truth was relational: “the *subject*, man, can never be separated from the *object* which he observes” (May, 1958, p. 26). May (1958) believed that the traditional scientific view has “bedevilled Western thought and science” (p. 11) because it treated people as objects. From May’s (1958) existential perspective, we are people first and science should emerge from this primary contingency. Researchers must bring the inner world of experiences into their view of science.

Eliminating the categorization between subject and object has major ramifications for research methodology. First, it is clearly an affront to those who had doggedly distanced psychology itself from speculative philosophy. It forces the recognition that other methods are needed to adequately understand people and their world. More than this, however, it means that the individual perception of experience is a valid way of knowing the world.

Method

The methodology derived from eliminating the separateness of subject and object is qualitative research. Since the notion of objective truth depends on the detached observer, qualitative researchers see ‘truth’ as a rather meaningless concept and prefer to study the meaning that individuals give to their experience.

Data in qualitative research are verbal descriptions of experience: diaries, letters, autobiography, and personal narrative (Osborne, 1990). Data may also be in non-verbal forms such as behaviours, gestures, music, and dance, though these forms are necessarily transcribed into language for research. In a study of a man who struggles toward recovery from alcoholism, the data comprise his narrative of his life, how he makes sense of his suffering, and how he makes sense of his redemption. O’Neill provides this information in his letters, plays, poems, interviews, and public commentary on the meaning of his work. He also provides this information through his behaviours. We learn how he makes sense of his world through the nature of his personal and public relationships, work routines, and daily interactions in society. Listening to O’Neill is chapter 5 in this study.

As Osborne (1990) asserted, data analysis in qualitative research has no orthodoxy but depends on the nature of the study. Although the researcher’s interpretation of the verbal descriptions may take the form of content analysis, it is more usual for the researcher to focus upon the deep structure of meaning. In effect, the researcher ‘reads between the lines’. The key point in any interpretation is that the underlying structures that emerge from this analysis come from the data themselves, not from some preconceived theoretical view that the researcher attempts to impose on the verbal descriptions. The researcher thus teases out the meaning that is already given in the data. In this study of O’Neill’s recovery my interpretation of the data is in chapter 6. O’Neill’s

narrative provides the data from which I tease out the events and themes that mark milestones in his journey.

Of course, the orientation that the researcher brings to the analysis necessarily shapes the interpretation. Creswell (1998) called this the “axiological assumption” (p. 75) in research, the assumption that all researchers bring bias to their research, even if they use logical-deductive methods. Understanding how individuals make sense of their lives means that researchers are co-creators of life stories. Dismissing the natural science conception that investigators are potential sources of bias in ‘objective’ studies, Rogers (1965) argued that science exists only in people. Each scientific study has its inception, process, and tentative conclusions in people:

Knowledge—even scientific knowledge—is that which is subjectively acceptable. Scientific knowledge can be communicated only to those who are subjectively ready to receive its communication. The utilization of science also occurs only through people who are in pursuit of values which have meaning for them. (p. 165)

The presence of the researcher is unavoidable in the determination of what constitute data, how data are collected, and how they are interpreted. The researcher has no interest in avoiding or ignoring that he or she brings bias to the study. In fact, any attempt by the researcher to distance himself or herself from the study threatens its validity (Osborne, 1990). I have used two techniques to deal openly with this contingency. First, in collecting the data, I have done my best to put aside my own ideas on addiction and recovery and listen to O’Neill. Secondly, I have laid my theoretical perspective on the table and articulated my understanding of an existential approach. Readers are free to determine if my position has, in fact, shed light on how O’Neill transformed himself.

In much phenomenological-existential research, there is a give-and-take between co-researchers, that is, between the researcher and the participant. The researcher teases out the deep structure of meaning and presents it to the participants for comment. This interplay means constantly revising the analysis, a shared structure that both researcher and co-researcher are in agreement with. In a psychobiography of a deceased person, however, such dialogue is not possible. The method I use in this study is to lay before the reader the data and the analysis and allow the reader to judge whether the structures of meaning coincide with the data.

Validity

Expanding the way we know the world to include narrative reasoning necessitates a similar expansion in the concept of validity. Although the term, ‘validity’, is technically reserved for quantitative studies, many analysts of qualitative research have used it for convenience and to compare the two research methods (see, for instance, Heppner, Kivlighan, Jr., & Wampold, 1999). An expanded view of validity requires that we appreciate that the different modes of knowing have different aims. The goal of natural science is to discover the objective reality through controlling variables, separating researcher from the phenomenon of study, and achieving a measure of predictability; narrative research, on the other hand, aims at illuminating the meaning of experience as the individual perceives it. According to Osborne (1990), “Natural science methodology looks for statistical generalizability while phenomenological research strives for empathic generalizability” (p. 86). In narrative research, it is the human-lived experience that takes centre stage and not ‘reality-in-itself’. The goal of narrative is, thus, meaning, not ‘truth’.

Validity in a narrative method has to do with whether the interpretations presented resonate with the reader. The concept of validity in qualitative research recognizes that

human perception is perspectival and contextual. A different author conducting this examination of O'Neill would never, of course, duplicate my interpretation, but this multiple perspective can lead to a richness of understanding and to a unified description of O'Neill's recovery. It is important to bear in mind that narrative reasoning is interested in meaning, not facts, and meaning can transcend the variable facts. Osborne (1990) cautions us to remember that phenomenological research provides no absolutes:

The best the researcher can do is to argue a particular interpretation as persuasively as possible, supported by references to the data, and leave the final judgement to the reader (p. 87).

How valid this study is depends on the readers' judgement of four elements: (1) how well I have bracketed my biases; (2) the goodness of fit between the data and the meaning structures teased out of them; (3) how coherent and convincing my arguments are; and (4) whether mainstream theories provide sufficient explanatory power over the data to make sense of O'Neill's life or whether an existential template provides a more cogent and convincing explanation.

Therapeutic Application

The ultimate purpose of this study is to develop an adjunct therapy that will significantly increase the success of addiction treatment outcomes. Chapter 7 comments very briefly on such an adjunct therapy. The chapter is not intended as a systematic examination of the logic and nuanced progression of an existential therapy; rather it offers merely a handful of factors that would be considered in such a treatment. An existential approach seems particularly important, given the dominance of the grand narrative that comprises most mainstream therapies. Narrative has the advantage of helping psychologists understand how the individual person makes sense of his or her life. It is an

insider's view and not the result of some imposed theory. As Lensen (1999) and Diamond (2000) observed, greater success in treatment demands that we understand addiction and recovery from the insider's perspective; when we listen to how individual addicts make sense of their experiences, we can then contribute significantly to treatment.

CHAPTER 5: LISTENING TO O'NEILL

Sources and Caveats

O'Neill's life can be pieced together from his own commentary in letters and interviews and from the commentary of schoolmates, friends, wives, and contemporary drama critics. Unlike many public figures, however, the result of such commentary in O'Neill's case is a description of factual events and public behaviours, with little deep understanding of the workings of O'Neill's mind or the specifics of his emotional states. Many of O'Neill's biographers have noted the conflicting reports of various acquaintances and friends on his personality, and most conclude that very few knew much about him. Russel Crouse, head of publicity for New York's Theatre Guild, was typical of those who doubted they would ever know the man behind the mask:

Gene reminded me of the stories you read in newspapers about someone who'd been chained up for years and fed in a closet or a tiny room, until freed eventually. For a long while, every time we'd meet, Gene would hold back like a wary animal; then he would warm up and start to wag his tail. (cited in Sheaffer, 2002b, p. 419-420)

The reason for this lack of awareness of the man is in part due to his fame. The story of any public figure, but especially one who was famous and led a wild life as O'Neill did, will tend toward myth. But we also know that O'Neill was shy and especially uncomfortable at public functions. He was a private person, who took great care to protect that privacy. And there is a side of O'Neill that was intensely concerned with posterity. He deliberately gave the public an image of himself that was poetically appealing, even if the facade had only a tenuous connection with fact. Because of these factors, his biographers rely heavily on his plays to fill in the emotional and intellectual

details of his outward life. This is not, however, mere expedience. What Sheaffer (2002a) learned from 15 years of research on O'Neill's life is typical of what other biographers discovered:

Since his plays originated not only in outward circumstance, in things that had happened to him, but in his inner self, the plays tell more about the man than his personal history tells us about the plays (p. 79).

Perhaps no other dramatist, with the possible exception of August Strindberg, whom O'Neill praised, wrote more autobiographical plays than the man who would be considered the finest American-born playwright. He had, on several occasions, declared that his characters were wholly works of fiction, but Sheaffer (2002a) suggests that this was simply to protect himself from scrutiny. In private, O'Neill had confessed that his works were based on his life and the people whom he knew. He had also been adamant to ensure that the public would not be privileged to this knowledge. After the first production of *Exorcism* (1919) the story of a young man's suicide, he collected all the manuscripts and destroyed them. It was simply too nakedly autobiographical. Similarly, when he wrote *Long Day's Journey into Night* (1941)—an honest description of his family life in 1912—he hid it from the public, instructing in his will that it should not be published until 25 years after his death.

This chapter relies heavily on six sources of information. The two scholarly biographies considered standards are Gelb and Gelb's *O'Neill: Life with Monte Cristo* (2000) and Sheaffer's two-volume set *O'Neill: Son and Playwright* (2002a) and *O'Neill: Son and Artist* (2002b). Both the Gelbs and Sheaffer are theatre critics, though Sheaffer has a clear psychoanalytical interest and states with conviction such Freudian ideas as O'Neill's "writing and personal history reflect a strong death-wish" (2002a, p. 14). Both

biographies are based on primary sources and include a great deal of material that is otherwise unavailable, such as interviews with school mates, workers at the sanatorium where O'Neill spent six months, and material held confidential by Carlotta, his third wife, and the O'Neill estate. Supplementing these two biographies are King's "*A Wind is Rising*": *The correspondence of Agnes Boulton and Eugene O'Neill* (2000), Bogard & Bryer's *Selected Letters of Eugene O'Neill* (1988), and biographical material found in Cargill's *O'Neill and his plays* (1961) and Bogard's *O'Neill: Complete Plays* (1999). Page references for the plays refer either to the 1999 edition of his collected works or to O'Neill's 1941 selection of nine plays.

A note must be included on the biographers' understanding of addiction. Almost all of O'Neill's biographers are either literary scholars or neo-Freudian psychologists, such as Black (2000) and Kohut (Miliora, 2000). It is thus not surprising that their understanding of addiction is rather limited and dated. The traditional view assumes addiction is a bad habit, an escape from reality, an irresponsible act of youth, or medical malpractice. Sheaffer (2002a), for instance, blamed O'Neill's mother's morphine addiction on the physicians of the day, who dispensed the opiate as if it were the panacea for all human woes. He makes the statement: "As to his part in Ella's drug addiction, James in all probability was guiltless" (p. 22). The implication here is that the mother would never have succumbed to a physical addiction had her doctors been more responsible. Such a distinction takes no account of the neurological research which demonstrates that concepts of physical addiction and psychological addiction are misleading (Kalat, 2001; Leshner, 2000). Kalat (2001) emphasized that "addiction is not in the drug, it's in the addict" (p. 326), and Leshner (2000) dismissed the notion that anyone can be an addict simply by doing enough of the drug. Neurological evidence

showed that only those predisposed to addiction can become addicted. Gelb and Gelb (2000) confess that they cannot make sense of why O'Neill continued to drink after the writing bug bit him, stating that they find his dipsomania "bizarre" (p. 314). Cargill (1961) and Bogard (1988) pay attention to his drinking only when it is impossible not to do so because of O'Neill's behaviour. No biographer states that O'Neill's father was alcoholic, presumably because he went to work every day. The assumption is that those who drink heavily cannot hold down a job, a typical misunderstanding of the nature of addiction. That O'Neill was prescribed barbiturates or paraldehyde does not seem to have struck his biographers as particularly important, presumably because the drugs were not alcohol, one more misunderstanding of the neurological effects of drugs.

In O'Neill's biographies, then, we find stretches with no mention of drinking, not because O'Neill was sober or because it was unimportant, but because biographers did not fully understand the dynamics of addiction. Only when his drunkenness led to extreme behaviours—waving a gun about, physically abusing his wives, publicly disgracing himself, or seeking psychiatric help—do his biographers focus on his alcoholism.

O'Neill's Tragic Vision

After 1912, a year in which O'Neill attempted suicide and later was diagnosed with tuberculosis, he made the decision to become a playwright. Influenced by Schopenhauer and Nietzsche's conviction that through art one could achieve peace of mind, O'Neill began searching for a tragic vision by which he could creatively transform himself and overcome suffering. He made the first declaration of his tragic vision in 1922:

A man wills his own defeat when he pursues the unattainable. But his struggle is his success! He is an example of the spiritual significance which life attains when it aims high enough, when the individual fights all the hostile forces within and without himself to achieve a future of nobler values. Such a figure is necessarily tragic. But to me he is not depressing; he is exhilarating! He may be a failure in our materialistic sense. His treasures are in other kingdoms. Yet isn't he the most inspiring of all successes? (cited in Tornquist, 1968, p. 14)

The statement was clear—the individual could overcome suffering through a tragic vision—but his early work and personal life hardly lived up to it. His marriage was a mess, he viewed his children as nuisances, and he repeatedly returned to the bottle as a salve for suffering. Only when his tragic vision matured in his plays did he find something more powerful than booze to ease his suffering.

Alcoholism

To Live is to Suffer

In *Long Day's Journey Into Night* (1941)—based on a day in the O'Neill family's life from 1912—Eugene, as 23-year-old Edmund, summarizes the nature of his suffering in a single sentence: “I will always be a stranger who never feels at home...who can never belong...” (1999, p. 812). To ease his feeling of being an outcast, O'Neill first turned to alcohol. Later, he would look to writing. His plays were not only metaphors in themselves, they were metaphors for his own life experiences. For three decades he described how drunks, misfits, and social pariahs—outcasts who were stripped of the protection of middle-class respectability—faced the dilemma of being a stranger in the world. Although O'Neill would transform himself through writing, the solutions that he

found in his early work were insufficient to allow him to transcend his suffering, and he returned repeatedly to the narcotic draught.

O'Neill was born into the instability, narcissism, and chaos of a drug-addicted family. His father, a famous actor, found comfort surrounded by admiring friends in his favourite pubs, and his mother succumbed to morphine addiction after a difficult childbirth. His older brother comforted himself from the family's dysfunction by drinking himself into a daily stupor and visiting prostitutes. Eugene's discovery of his mother's addiction at age 13 "made everything in life seem rotten!" (1999, p. 787), and within two years he would follow his brother's example.

Neither school nor work provided personal meaning. He dropped out of Princeton University because, as he told an interviewer in 1920, "I think I felt there [Princeton], instinctively, that we were not in touch with life or on the trail of the real things" (cited in Sheaffer, 2002a, p. 115). Bored with his few attempts to hold a nine-to-five job, he chose the life of a seaman, in which he felt free from the pressures of society. He lived a derelict's life on the Buenos Aires beaches between sailings, a lifestyle that he continued on the New York waterfront. His decision to become a writer, to find a more meaningful existence, was inspired in part by his revelation that he was "just drifting" (cited in Sheaffer, 2002a, p. 135) and by a bout with tuberculosis that spurred him to "digest and value the impressions of many past years in which one experience had crowded on another with never a second's reflection" (cited in Sheaffer, 2002a, p. 252). The forced reflection on his life, past and future, that he went through during his six-month stay at Gaylord Farm sanatorium was a re-birth:

I am looking forward to some fine spring day when I shall be able to pay the Farm a visit.... If, as they say, it is sweet to visit the place one was

born in, then it will be doubly sweet for me to visit the place I was reborn in—for my second birth was the only one which had my full approval.

(cited in Gelb & Gelb, 2000, p. 389)

O'Neill's imagination was stirred by those writers who affirmed his own disgruntlement with religion and society. Between days at boarding school and weekends in saloons and brothels, O'Neill found refuge in the Unique Book Shop, run by anarchist journalist Benjamin Tucker. At 50, Tucker was a father-figure to many disgruntled youths in New York City, and he introduced O'Neill to thinkers who condemned the arbitrariness of accepted absolutes, maxims, and mores. Shaw's *The Quintessence of Ibsenism* made an early impression on him, with its denunciations of organized religion as an affront to rational progress and of the economic order as an affront to human dignity (Sheaffer, 2002a, p. 105). Later, he would absorb Tolstoy, Strindberg, and Swinburne, writers who pinned suffering directly on social pressures that repressed natural tendencies and warped personality.

The "Force behind" as a Cause of Suffering

But it was in the works of Schopenhauer and, especially, Nietzsche that O'Neill found a deeper, more probing analysis of the nature of suffering. Schopenhauer opened his eyes to the power of instinct, the 'will', that was the real motivating force behind the illusions of middle-class mores. It was the will that was the cause of suffering and that could be overcome through art. But Schopenhauer's was a pessimistic philosophy, and, although O'Neill would explore this philosophy in *Strange Interlude* (1927), he was more excited by Nietzsche. He told critic Benjamin de Casseres that *Thus Spoke Zarathustra*

has influenced me more than any book I've ever read. I ran into it when I was eighteen and I've always possessed a copy since then and every year I reread it and am never disappointed. (cited in Sheaffer, 2002a, p. 123)

A year later, when asked if he had a literary idol, O'Neill replied, "The answer to that is in one word—Nietzsche" (cited in Sheaffer, 2002a, p. 122).

Nietzsche's appeal for the troubled young man is obvious. Not only was *Thus Spoke Zarathustra* (1883/1968) rich in thought, psychological insight, and poetic imagery, it also railed against the traditional Christian Church and its promise of salvation beyond this life. For Nietzsche, the Christian interpretation of the nature of reality was weak. Starting from Schopenhauer's idea of reality as 'will', Nietzsche described reality as a vital, chaotic unity that existed independently of human beings:

This world: a monster of energy, without beginning, without end, a solid, iron measure of force, which becomes neither more nor less, that does not use itself up, but only transforms; as a whole, of unchanging size, a household without costs and losses, but also without growth, without revenues; surrounded by "nothingness," as a boundary...: this, my Dionysian world of the eternally self-creating, of the eternally self-destroying, this mystery-world of dual-sensuality, this, my "beyond good and evil"—without purpose, unless there is a purpose in the joy of a circle, without will, unless a ring has good will towards itself. (Notebook entry, Section 1067, from 1885, cited in Wicks, 2002, p. 74)

Like a ship adrift on the sea, Nietzsche's universe had no direction; more importantly, it was indifferent to human values and qualities. In O'Neill's early plays the self is the victim of arbitrary forces: ships are destroyed by submerged wrecks or

icebergs, sure-footed sailors fall off masts, lovers waste away from tuberculosis, and a man's loss of hearing leads to death and destruction of others. Aspirations and natural inclinations are cut short by some vaguely defined force that he described to critic Arthur Hobson Quinn in 1925:

I am a most confirmed mystic, too, for I'm always acutely conscious of the Force behind—fate, God, our biological past creating our present, whatever one calls it—Mystery certainly—and of the one external tragedy of Man in his glorious, self-destructive struggle to make the force express him instead of being, as an animal is, an infinitesimal incident in its expression. (cited in Bigsby, 1982, p. 45)

Whatever the Force was, there is a brutal determinism in O'Neill's work that subjugates the individual.

The Shadow of God as a Cause of Suffering

Nietzsche had developed his idea of reality as an answer to the traditional Christian revelation. He had described the spiritual sickness of his own world as the shadow of God, a sort of reaction of grief to the death of an absolute father, and a grieving process that was far from reaching a level of acceptance. Nietzsche's Madman wonders why his listeners fall silent and stare at him in astonishment when he tells them that "we have killed" (1968, p. 96) God. He soon realizes that "deeds require time even after they are done, before they can be seen and heard" (1968, p. 96). For O'Neill, the death of God was not easily accepted. According to Sheaffer (2002a), O'Neill's rejection of his faith was the result of his questioning the all-powerful God of love and compassion: "If for all her [O'Neill's mother] faith and piety, Jesus would not or could not save her [from madness], what good was Catholicism, what sort of God was this?" (p.

87). His apostasy would haunt him, and O'Neill was acutely aware that his works were a search for some other faith that would prevent his tendency toward nihilism: "Modern drama is concerned with the relationship between man and man. I have no interest in this. I am interested only in the relation of man and God" (cited in Krutch, 1941, p. 5).

Like Nietzsche, however, he saw the shadow of God in those around him and in himself. His early work made fun of the facile answers that religion provided. He wrote about the irony of futile prayer in *The Sniper* (1915) and mocked religious explanations of suffering. A local priest chastises a man for wanting revenge on German soldiers after they murder civilians:

You must not brood over your misfortunes. Many, a great many, have suffered even more than you. You must learn to bear the burdens as they come, at such a dreadful time as this, and pray to God for strength. We must all bow ourselves to His will. (1999, p. 296)

But O'Neill also saw the shadow of God in more ominous terms, arguing, in line with Nietzsche, that religion was in large part the cause of suffering. Christianity was debilitating because it refused to accept life as it was. Those who looked to the hereafter as reward for suffering gave up all chance of saying 'yes' to life on earth. His father's death provided the exclamation mark for this idea. After the writer's Broadway success in 1920, his father suffered a series of strokes and was diagnosed with intestinal cancer. Eugene wrote to Agnes, his second wife, about being with his dying Catholic father:

...Then he woke up and called me over. He made a dreadful effort to speak clearly and I understood a part of what he said. 'Glad to go, boy—a better sort of life—another sort—somewhere'—and then he mumbled. He appeared to be trying to tell me what sort—and although I tried my

damndest I couldn't understand!...Then he became clear again: 'This sort of life—froth!—rotten—all of it—no good!' There was a bitter expression on his poor, sunken face. And there you have it—the verdict of a *good* man looking back over seventy-six years: 'Froth! Rotten!' (cited in King, 2000, p. 151)

O'Neill rejected the "life-denying" (1941, p. 343) spirit of Christianity, as he called it in his 1925 play, *The Great God Brown*. Like Nietzsche, he saw this positive faith in the traditional God as spiritually debilitating because it said 'no' to this life.

Others, who outrightly rejected faith in the traditional God, were also under the shadow of God, which forced them to find some other faith to make sense of their lives. O'Neill examined substitute faiths in several plays. In *The Hairy Ape* (1922) he condemned the new faith in technology. An older sailor recalls the days of sail before steam power when "a ship was part of the sea, and a man was part of a ship, and the sea joined all together and made it one" (1941, p. 46). But Yank, the central character, cannot comprehend; his only conviction is "I'm part of the engines" (1941, p. 47). Technology has alienated him from the past and from nature. His aspirations for harmony and order cannot be met by the new world: "I ain't got no past to tink in, nor nothin' dat's comin', on'y what's now—and dat don't belong" (1941, p. 86). Yank can ask only, "Where do I fit in?" (1941, p. 87). O'Neill's final stage direction at Yank's death emphasizes his theme: "perhaps, the Hairy Ape at last belongs" (1941, p. 88). Only death provides consonance.

O'Neill dramatized the technology god directly in his play, *Dynamo* (1927), which was to be the first of a trilogy of plays on religious problems, but which was the only one he wrote. In the first act, two neighbours, the believer and non-believer, are desperate to

find the source of energy behind the mask of daily existence. Borrowing the metaphor of the dynamo from Henry Adams, O'Neill presents it as the life source. Both the believer, Reverend Light, who becomes mentally unstable, and the Darwinian, Reuben, are drawn toward the giant dynamo in their search for the source of life. Reuben falls into the dynamo, and his electrical crucifixion appears ironically as a triumphant return to the source of life. But the dynamo is a sterile substitute. Both characters live under the shadow of God; each has a deep psychological need to believe in a higher power. Yet, as O'Neill wrote to critic Joseph Wood Crush, the play is concerned mainly with "the general spiritual futility of the substitute God search" (cited in Bigsby, 1982, p. 75)

O'Neill was no more impressed with those who held up social mores as a substitute faith. In his early plays, he portrayed a coarse view that pitted the worst of commercialism against a respect for human dignity. In *Fog* (1914), the Businessman and Poet accidentally end up in the same life-raft after their passenger ship hits an iceberg. The Businessman is cowardly and self-centred; the Poet, heroic and selfless. O'Neill presented a sophisticated version of the same theme in later work. In *The Great God Brown* (1925) he condemned imperialism, with its emphasis on money over human needs. He took a more mature perspective in *Strange Interlude* (1927), in which he dramatized the idea that culture is deceit. As in *The Great God Brown* (1925), language represents culture, and O'Neill is unmerciful in attacking it. Marsden is a hack novelist whose books maintain the lie by presenting life at the level of a soap opera, Nina's father is a scholar in dead languages, and Sam writes advertising copy. Nina sums up O'Neill's thesis by lamenting, "How we poor monkeys hide from ourselves behind the sounds called words" (1941, p. 521). Human beings were the thespians of the world, inventing a fiction that appears to provide comfort, but in reality traps them in misery.

The Fragmented Self as a Cause of Suffering

For O'Neill, the death of God resulted in a fragmented self. One of the more debilitating effects of the shadow of God was guilt. In *Thus Spoke Zarathustra* (1883/1968), the “ugliest man”—the murderer of God—defends his actions:

But he *had* to die: he saw with eyes that saw everything; he saw man's depths and ultimate grounds, all his concealed disgrace and ugliness. His pity knew no shame: he crawled into my dirtiest nooks. This most curious, overobtrusive, overpitying one had to die. He always saw me: on such a witness I wanted to have revenge or not live myself. The god who saw everything, *even man*—this god had to die! Man cannot bear it that such a witness should live. (p. 378-379)

Guilt plagued O'Neill throughout his life, and the greatest guilt of all revolved around his sexuality. His older brother, Jamie, introduced him to brothels in his mid-teens, and the impact of this forced intercourse was graphically recalled by his third wife, Carlotta. She described a night in 1943 when O'Neill had become emotionally drained by writing two plays about his family. While making love, O'Neill suddenly jumped out of bed and screamed at her, “You goddam whore!” Carlotta continued:

I wondered if he was going to come back and kill me. A few minutes later I heard a noise in his room. I went in and there he was on the floor stretched out, face down, crying. I knelt down beside him. ‘Forgive me, forgive me, I didn't mean it, I can't help myself,’ he said. And then he went on to tell me that Jamie [his older brother] had introduced him to sex before he was ready for it, at a whorehouse, and ever since then he'd never been able to rid himself of a dirty feeling about sex, even with someone he

loved, a feeling that all women were whores. (cited in Sheaffer, 2002b, p. 531)

O'Neill suffered from more than guilt over sexuality. *Beyond the Horizon* (1918) is a self-portrait of O'Neill's own conflicting desires. Robert is a dreamer who yearns to reach beyond the horizon, while Andrew is practical and finds contentment in farming. Both love the same woman, and when she chooses Robert, the dreamer marries on impulse and stays on the farm. Andrew, bitter, goes to sea. Both have gone against their natural inclinations. Robert's marriage fails at the same time that he abandons his dreams. The result is that he feels imprisoned by the land, which prevents him from finding his dreams beyond the horizon. When Andrew destroys his harmonious relationship with the land by becoming a land speculator, his brother says, "You used to be a creator when you loved the farm....And now...you—a farmer—to gamble in a wheat pit with scraps of paper. There's spiritual significance in that picture" (1941, p. 646).

The individual could also be fragmented by the conflict between the external and internal selves. Although O'Neill's critics and biographers have highlighted the influence of Freud on the writer, O'Neill himself dismissed these observations. His play, *Strange Interlude* (1927), used the dramatic aside to present the characters' inner selves, a stark contrast to their dialogue. Critics immediately saw the aside as a Freudian unconsciousness in conflict with the conscious dialogue. O'Neill's response was typical:

[*Strange Interlude*] is undoubtedly full of psycho-analytic ideas, still those same ideas are age-old to the artist and...any artist who was a good psychologist and had had a varied and sensitive experience with life and all sorts of people could have written "the play" without ever having heard of Freud, Jung, Adler and Co. (cited in Bigsby, 1982, p. 72)

Bigsby (1982) rightly pointed out that the play was, in fact, more influenced by Schopenhauer than by Freud. Schopenhauer accused the individual human being of fragmenting reality and thus as the cause of suffering. His was not the traditional Christian-based philosophy in which the individual unwisely used God's gift of free will. Schopenhauer began with the Kantian argument that individuation was only a feature of how the human consciousness connected with what existed 'out there' independently of human existence. Reality was, to Schopenhauer (1956), a single light that shone through the "magic lantern" of the mind:

As a magic lantern shows many different pictures, which are all made visible by one and the same light, so in all the multifarious phenomena which fill the world together or throng after each other as events, only *one will* manifests itself, of which everything is the visibility, the objectivity, and which remains unmoved in the midst of this change; it alone is the thing-in-itself; all objects are manifestations, or...phenomena. (p. 119)

The mind apprehends and expresses the 'one will' as innumerable objects. It organizes the raw sensory perceptions of reality and constructs them into a world that differentiates objects and individuals across space and time. Human consciousness thus creates a sort of grand theatre of life in which individuals play out the human drama. This drama was an unhappy one, filled with conflict, mischief, and misery. The act of our knowing anything at all—that cursed human ability to organize sensory data into individual things—is the act of fragmenting reality, which is the source of suffering. It is a terrifying vision: the world itself is 'will', which is then divided against itself by the presence of the human rational mind in its quest for knowledge.

To dramatize the dynamics of the fragmented self, O'Neill looked to Schopenhauer's ideas on the immutability of character and on sexuality. The philosopher had written that

since a man does not alter, and his moral character remains absolutely the same all through his life...since he must play out the part which he has received, without the least deviation from the character; since neither experience, nor philosophy, nor religion can effect an improvement in him, the question arises, what is the meaning of life at all? (1942, p. 75)

Characters in *Strange Interlude* (1927) obey Schopenhauer's (1942) ideas on character and do not change during the play. Far from facing a tension between id and ego, they are trapped in a world where they have fragmented the 'will'. O'Neill used sexuality to portray this dynamic. Schopenhauer (1942) had written that procreation was the 'will' of the species to maintain life. But this natural urge was too demeaning to human sensibility, which used the cultural notion of romance to make the urge more appealing. In *Strange Interlude* (1927) culture is thus not a way to discern truth, but a way to evade it. The cultural notion of romance and love were merely so much fluff to dress up sexuality in a way that was acceptable to people. The characters suffer in large part because their socially derived notions of propriety and romance have perverted their natural inclinations.

The Past as a Cause of Suffering

O'Neill's memories of his family haunted him. The evidence is to be found throughout his work, which is crowded with fathers who are miserly and drunk, and mothers who are ghosts. The most disturbing expression of his familial obsession is laid bare in *Long Day's Journey Into Night* (1941), a play that, according to his wife at the

time, aged him 10 years for every day he worked on it. Sheaffer (2002a) observed that O'Neill cannot be understood without recognizing that "he never really 'left' his mother and father" (p. ix), and Gelb and Gelb (2000) concluded he "had, in fact, been writing disguised versions of his family mythology since the beginning..." (p. 5).

O'Neill described a hereditary determinism, whose expression was a divided self. Madness can be passed on to the future generations. In *More Stately Mansions* (1967), a fragile mother protects herself from reality by willing herself into insanity, a fate that her troubled son nearly succumbs to. In *Strange Interlude* (1927) a pregnant young woman procures an abortion out of fear that her child might inherit her husband's family mental illness. In searching for the source of these characters, Sheaffer (2002a) emphasized that

What made the situation [his mother's odd behaviour] particularly hard on Eugene was that he harbored not only suspicions about his mother but fears...that he might have inherited her weakness. (p. 80)

Asserting the Self as a Cause of Suffering

O'Neill was aware that in a Nietzschean universe the attempt of the individual to assert the self was doomed. Those who surrender their individuality to the mass, such as the Businessman in *Fog* (1914), Marsden in *Strange Interlude* (1927), or Parritt in *The Iceman Cometh* (1939), were weak and pitiable. O'Neill's heroes are those who refuse to accept they are insignificant and assert their individuality though it means suffering. He wrote to critic Arthur Hobson Quinn:

The noblest is eternally the most tragic. The people who succeed and do not push on to greater failure are the spiritual middle classes. Their stopping at success is proof of their compromising insignificance. How petty their dreams must have been. (cited in Gelb & Gelb, 2000, p. 423)

O'Neill's characters who refuse to accept their insignificance are doomed. In *The Emperor Jones* (1920), Brutus Jones, Negro and escaped murderer, lands on a primitive island and assumes the role of emperor by proclaiming that he is invincible, except against a silver bullet. Arrogant and self-centred, he wakes one day to find that his people have planned to kill him. He escapes into the forest, but the primeval forest brings out his fears, giving rise to a primordial self. He experiences a sort of Jungian personal and collective unconsciousness, envisioning Negroes wailing with agony on board slave ships. It is an unconscious which his conscious self has been repressing. Language, the expression of the conscious world, obscures the truth that non-verbal communication makes available, like the Witch-Doctor's voice which "rises and falls in a weird, monotonous croon, without articulate word divisions" (1999, p. 1058). The unconscious overwhelms Jones, and he falls victim to his Jungian reality.

The Hairy Ape (1922) opens on a passenger ship sailing aimlessly, whose only purpose is to provide pleasure to the rich guests. Juxtaposed to the passengers are the sailors for whom "this 'ere stinkin' ship is our 'ome" (1941, p. 43). Yank, leader of the stokers, has his world come undone when a debutante calls him "a hairy ape" (1941, p. 63). He finds succour only outside of human relationships: "I'm part of the engines" (1941, p. 47). The principal metaphor is a perverted sexual relationship. Those stokers who sentimentally sing "There's a lass who fondly waits/ Making a home for me" (1941, p. 43) are deluded. Women "double-cross yuh for a nickel... To hell wit 'em. Tarts, dat's what, de whole bunch of 'em" (1941, p. 43). The only real relationship is with the machine. "Sling it into her! Let her ride! Shoot de piece now!" (1941, p. 56). Yank shouts as the stokers service the boiler. The modern world has also alienated him from the past, and his aspirations for harmony cannot be met by the new world. "I ain't got no past to

tink in, nor nothin' dat's comin', on'y what's now—and dat don't belong” (1941, p. 86). After the voyage he seeks out a union hall to rectify the injustice done to him by the debutante, but his attempt to assert himself leads only to death.

In *Desire Under the Elms* (1924) O'Neill showed that the attempt to assert the self could be an act against nature. The coarse and puritanical father arrives home to his farm with a new, much younger, wife, Abbie. Wilfully defying the natural order, the son, Eben, and step-mother are attracted to each other and secretly have an affair. Nature, as Schopenhauer and Nietzsche had said, was often insensitive to human yearnings and could be immoral, exploitive, invading, appropriative, and violent. The two giant elms smothering the house symbolize the natural world crushing the individuals within who have been true to their feelings of love.

In each of these plays there is a wilful defiance that O'Neill holds up as the individual's refusal to be reduced to an infinitesimal speck in existence. Suffering was a means to meaning. “Life is hard to bear,” says Zarathustra. “But if it were otherwise why would you have your pride in the morning and your resignation in the evening” (1883/1968, p. 153). Jones attempts to assert the self despite a more powerful unconscious that overwhelms him in the end. Yank is doomed by the gulf between the self, others, and nature, yet his refusal to give up the search for belonging gives primacy to a fighting human spirit. Eben and Abbie celebrate their imprisonment as the only way to create meaning.

Alcohol as Medicine and Hope

Although O'Neill tried to give up booze several times throughout active addiction, he was only able to sober up for good in 1928. The timing coincided with the writing of *Mourning Becomes Electra* (1931), which would signal a dramatic change in

his thinking on the nature of suffering and on the nature of his alcoholism. Before then, however, he saw alcohol as a salve for physical and emotional suffering.

Alcohol was medicine for his constant physical complaints. His letters to his father during his seafaring days are remarkable for their griping about poor food, illness, and general physical discomfort. His letters to Agnes, his second wife, have as a major theme his continuing gastro-intestinal problems, colds, and his always fragile nerves. In February 1920 after a coughing fit, he wrote to Agnes that only alcohol could make him feel “alive at all” (cited in King, 2000, p. 130). Resurfacing from his illness 11 days later, O’Neill took refuge at the Hell Hole, a local dive, and wrote to her: “Failed to write you yesterday because, to tell you the truth, I was too ‘pickled’ to write anyone.” He went on:

I lost my neuralgia and also my cough. I feel 100% better—except for my nerves which are somewhat tattered as an after effect. But what would any doctor say was the cause of my being cured of my cough and the pain in my chest, I wonder, after all medicines had failed. Alcoholic Christian Science is my only dope! (cited in King, 2000, p. 130) [Note: According to Sheaffer, 2002b, p. 7, the final word is “hope!”]

Agnes was complicit in her response:

Well,—honey—you found the real cure, did you? Terry and I were wondering if a few good drinks wouldn’t help....The spree will do you more good than anything—just as long as you didn’t get worse cold. (cited in King, 2000, p. 131)

The fragmented self can be consoled through alcohol. The characters in the SS Glencairn series fill the void of their lives with alcohol, sex, fighting, dreams, and reminiscences. Stokers in *The Hairy Ape* (1921) drink to deal with their feelings of

disconnection with nature, others, and selves. “Drink, don’t think!” (1941, p. 43) they sing, for booze can ease the feelings of alienation. And for some, such as self-aware Smitty, drunkenness is the only respite from loneliness, boredom, and his unrelenting dwelling on personal failures.

But alcohol’s greatest blessing was that it provided hope. O’Neill recognized that hope was what held suicide at bay. He had survived “a lengthy period of complete destitution” (Gelb & Gelb, 2000, p. 288) which had led to a suicide attempt, and five years later was in the same situation. For most of 1916 he lived in vacant rooms, drinking all day and usually all night. Although he attempted to sober up, he was soon begging a friend for more booze. O’Neill would later write about this experience in his short story, “Tomorrow” (1907), about a drunken character in a flophouse who survives by clinging to the idea that ‘tomorrow’ he will sober up and everything will be all right.

O’Neill expressed the need for hope most clearly in *The Iceman Cometh* (1939). A group of outcasts inhabit Harry Hope’s saloon, a barrier against the real world where they can avoid facing the depths of their failures. They survive by their pipe-dreams: “The lie of the pipe dream is what gives life to the whole misbegotten mad lot of us” (1999, p. 569-570). As long as all conspire to maintain the illusions, they are safe. Jimmy Tomorrow recounts what the shattering of the pipe-dream means:

(More than any of them, his face has a wax-figure blankness that makes it look embalmed....) Yes. Quite right. It was all a stupid lie—my nonsense about tomorrow. Naturally, they [his previous employer] would never give me my position back.... I was fired for drunkenness. And it was absurd of me to excuse my drunkenness by pretending it was my wife’s adultery that ruined my life. As Hickey guessed, I was a drunkard before that. Long

before. I discovered early in life that living frightened me when I was sober. (1999, p. 692)

Reality is too much, and the bar owner speaks for them all when he says, “Who the hell cares?...All we want is to pass out and get drunk and a little peace!” The patrons “pound with their glasses...and shout in chorus, ‘Who the hell cares? We want to pass out!’” (1999, p. 691)

The play also highlights the power of alcohol to overcome loneliness by creating a sense of consolation. The patrons of Hope’s bar—failed political activists, failed lovers, failed professionals, failed citizens—find consolation in their shared situation.

His solution to the problem of suffering at this time was to accept one’s fate. And by accepting this, the resistant self would be free to rise above it. Life is a Sisyphean task, which the heroic individual accepts. Although failure is assumed from the start because, as O’Neill learned from Nietzsche, the deck was stacked against the individual, the self could fight the good fight by keeping hope alive through dreams. The dream, a pipe-dream, was given life under the influence of the narcotic draught. O’Neill personally held to the credo: If life was rotten, why not get drunk?

Recovery

O’Neill planned to recreate himself through art by imposing an aesthetic order on his suffering. His preference for drama was, in part, the influence of his thespian father, but it also reflects the influence of Schopenhauer and Nietzsche. Schopenhauer (1968) considered the tragic drama as “the summit of the poetical arts” (p. 196) and that “the end of this highest poetical achievement is the representation of the terrible side of life” (p. 196). It is capable of transforming the self: “Deeply moved, we are either directly prompted to disengage our will from the struggle of life, or else a chord is struck in us

which echoes a similar feeling (1942, p. 560). Like Schopenhauer, Nietzsche had found in ancient Greek tragedy an expression of human duality, but he pushed past Schopenhauer's pessimism and expressed the life-affirming concept that existence is still beautiful, however grim and depressing it may sometimes be. Speaking as Zarathustra, Nietzsche (1883/1968) had identified his art and his aim as "to compose into one and bring together what is fragment and riddle and dreadful chance in man" (p. 216). It was "as poet, reader of riddles, and redeemer of chance" that he identified the need "to create the future, and to redeem by creating all that was past" (p. 216).

O'Neill imposed a tragic vision on almost all of his work. He outlined his sense of the tragic as early as 1922:

But tragedy, I think, has the meaning the Greeks gave it. To them it brought exaltation, an urge toward life and ever more life. It raised them to deeper spiritual understandings and released them from the petty greeds of everyday existence. When they saw tragedy on the stage they felt their own hopeless hopes ennobled in art....

The point is that life in itself is nothing. It is the *dream* that keeps us fighting, willing—living! (cited in Tornquist, 1968, p. 13)

The creative imagination could overcome suffering. The chaos of life could be transfigured by a tragic vision, an imposed order, which life did not inherently possess.

Uniting the Dionysian and Apollonian Selves

The year 1925 was a milestone in O'Neill's life. A deteriorating marriage with his second wife and an extended binge led him to reassess his life. He arose from his misery with a new mission, which he proclaimed in a letter to critic Arthur Hobson Quinn:

And my profound conviction is that this [the struggle of Man against fate] is the only subject worth writing about and that it is possible—or can be—to develop a tragic expression in terms of transfigured modern values and symbols in the theatre which may to some degree bring home to members of a modern audience their ennobling identity with the tragic figures on the stage. (cited in Bigsby, 1982, p. 45)

This new mission seems to have been inspired by his reading of Nietzsche's *The Birth of Tragedy* (1872/1995). Nietzsche outlined a dual nature of humanity that he had discovered in the tragedies of the ancient Greeks. He labelled the yearning toward decency, physical health, and good order as our Apollonian impulse. Set against this was the innate yearning of the Dionysian impulse. He used the metaphor of the drunken dancers of St. Vitus to describe this impulse. To Apollonian observers, the dancers are irrational and immoral. Yet the dancers, in their trance-like state, were transcending their dull or suffering lives and blending with the ecstatic life energies of the Dionysian. Any attempt to suppress the Dionysian, said Nietzsche, led to life that was stagnant, impotent, emotionless, and superficial. Though Nietzsche recognized that the Dionysian impulse left to itself would soon degenerate to chaos, he concluded that it was the very aspect of our nature that provides passion, creativity, and vitality.

O'Neill's next play, *The Great God Brown* (1925), written immediately after reading *The Birth of Tragedy* (1872/1995), marked a shift in his thinking on the nature of suffering. In his early work he had replaced God with a Sisyphean acceptance of fate. He now would provide a more sophisticated framework based on the tension that Nietzsche described between the Apollonian sense of order and beauty and the Dionysian chaotic life energies.

The Great God Brown (1925) was a Nietzschean drama based on *The Birth of Tragedy* (1872/1995). O'Neill literally split the main character into two selves: the Apollonian Billy Brown and the Dionysian Dion Anthony. The play's backdrops reinforce the duality. The Dionysian world is pictured with "brilliant, stunning wall-paper, on which crimson and purple flowers and fruits tumble over one another in a riotously profane lack of any apparent design" (1941, p. 335). The Apollonian backdrop, on the other hand, is "painted with the intolerable realistic lifeless detail of the stereotyped painting..." (1941, p. 320). Brown is an architect who designs sterile unimaginative structures, to which Dion adds vitality. The two together complete the artist.

Drunkenness in *The Great God Brown* (1925) has moved beyond O'Neill's early formulation as merely an analgesic for the pain of existence. In the new play it had become an attempt to satisfy the human yearning for transcendent experience. In the spirit of Nietzsche's Dionysian urge, Dion goes on benders, not to escape life but to join with the drunken dancers of St. Vitus in their oceanic blending with life energies. When the drunken Dion makes a mild deprecating remark about his wife in her absence, the Apollonian Billy Brown reprimands him:

I won't listen to you talk that way about Margaret! And you wouldn't if you weren't drunk!...What in hell has come over you, anyway!...What the devil are you going to do with yourself—sink into the gutter and drag Margaret with you? (1941, p. 332)

Though there is no reported evidence that O'Neill read James' *The Varieties of Religious Experience* (1904/1999), it seems likely that he would have in his voracious reading. James' views on alcohol were certainly amenable to the O'Neill of this time:

The sway of alcohol over mankind is unquestionably due to its power to stimulate the mystical faculties of human nature usually crushed to earth by the cold facts and dry criticisms of the sober hour. Sobriety diminishes, discriminates, and says no; drunkenness expands, unites, and says yes. It is in fact the great exciter of the Yes function in man. It brings its votary from the chill periphery of things to the radiant core. It makes him for a moment one with truth. Not through mere perversity do men run after it. To the poor and unlettered it stands in the place of symphony concerts and literature; and it is part of the deeper mystery and tragedy of life that whiffs and gleams of something that we immediately recognize as excellent....” (p. 421)

Within a few months, O’Neill sobered up for more than two-and-a-half years. Although he finished no plays in 1926, the time seems to have brought him some peace and brought him closer emotionally with his wife. He wrote to Agnes, his second wife, in 1927:

I love Spithead [their home in Bermuda, which Agnes looked after]—and not with my old jealous, bitter possessiveness...but as ours, not mine except as mine is included in ours. The thought of the place is indissolubly intermingled with my love for you,...where we may rest and live toward our dreams...that here we belong....Perhaps a lot of this feeling is due to the change in me. In the old—and how really far distant and improbable those days seem to me now! alcoholic times there could be no confidence in the security of anything. Perhaps we should rechristen Spithead Water

Wagon Manor! It is certainly connected in my mind with sobriety and sane living....

I love you so damned much! (cited in King, 2002, p. 239)

“Eternal recurrence”

By 1927, sober and more at peace with himself, he wrote *Lazarus Laughed* (1927). The play is O’Neill’s most forceful attempt to dramatize Nietzsche. He saw the individual in context with “eternal recurrence” (1883/1968, p. 332), a concept that Nietzsche had borrowed from Schopenhauer:

Death announces itself frankly as the end of the individual, but in this individual there lies the germ of a new being. Thus nothing that dies *dies* for ever, but nothing that is born receives a fundamentally new existence. (1970, p. 72)

Lazarus is the only character in the play who does not wear a mask because he—raised from the dead—now knows this truth. He asks his fellows

Are you a speck of dust danced in the wind? Then laugh, dancing! Laugh yes to your insignificance. Thereby will be born your new greatness! As Man...you are a bubble pricked by death into a void and a mocking silence! But as dust, you are eternal change, and everlasting growth, and a high note of laughter soaring through chaos from the deep heart of God! (1941, p. 417)

Suffering could be overcome by eternal recurrence. Our redemption is not to run from life by attempting to find solace in some otherworldly kingdom. It is an acknowledgement that although individuals suffer and die, from a more magnificent perspective we are part of life itself. Suffering is, thus, overcome by transcending it, not

by eliminating it. Nietzsche had written, “Man...does not negate suffering...he *wants* it, even seeks it out, provided one shows him some *meaning* in it, some *wherefore* of suffering” (1883/1968, p. 453). By participating in the greater drama of life, we experience the feeling that we have moved beyond our individual finitude and death and become part of something greater. Under eternal recurrence the struggling human being transcends the individual self and becomes part of the universal life energies.

It is eternal recurrence that allows us to say ‘yes’ to life. O’Neill has Lazarus proclaim: “...there is hope for Man: Love is Man’s hope—love for his life on earth” (1941, p. 460-461). Alcohol is no longer needed to overcome suffering.

Individuation

Lazarus Laughed (1927) was an abstract, intellectual exploration set in the fantastic world of Biblical characters. That his next play, *Strange Interlude* (1927), focused on the individual at the level of realism was not accident. The doctrine of eternal recurrence necessarily brings one’s attitude down to earth. Christianity had posited a perfect and tranquil otherworldly place that bore little resemblance to life on earth. Eternal recurrence, on the other hand, offered hope for this life because it brought with it the idea of living for life itself; the meaning of life is nothing beyond the experience of life as it is lived right now. Once Nina, the protagonist, is able to accept her fate (in the form of a hereditary determinism) and recognize that the cultural mores she lives by are illusions, she is able to find some peace. She is able to transcend her suffering through acceptance of it and a recognition that she is a part of the greater drama of the universe.

The idea that seeded *Strange Interlude* (1927) was brought to full expression in the next three years with the writing of *Mourning Becomes Electra* (1931). O’Neill had declared in 1925 that he would bring to the American stage a theatre that would allow

audiences “to see the transfiguring nobility of tragedy, in as near the Greek sense as one can grasp it, in seemingly the most ignoble, debased lives” (cited in Bigsby, 1982, p. 43). This promise would be fulfilled with *Mourning Becomes Electra* (1931).

O’Neill’s tragic vision matured with this play. The misguided illusions that protected the individual from an indifferent universe were now seen as part of a heroic refusal to accept that life was meaningless. The Mannons, three generations of the family at the core of the epic, are trapped by a hereditary determinism. Upon her mother’s death, the maturing Christine suddenly becomes full-bodied—an obvious reference that she is taking over from her mother. Yet the hereditary fate is also willingly assumed by the generations. They had doomed themselves through their family vengeance, their way of challenging the world as it is. They moulded reality to fit their actions and took full responsibility for their behaviour. Their fate was determined by the Apollonian life-lie they needed to assert their uniqueness against the threat of meaninglessness. O’Neill contrasts the Mannons with the townspeople, whose mundane lives are insignificant compared with the heroic battle of the Mannons.

The play deliberately highlights Melville’s famous novel, *Typee* (1846/1996) *Typee* (1846/1996) was acclaimed in its time for showing how ‘primitive’ South Sea islanders lived in harmony with nature, which resulted in an idyllic experience. But such an idyllic experience, said O’Neill in a contrast of the Mannons with the natives, comes at too high a cost. The harmonious blending with nature denies individuation. The self is necessarily lost, swallowed up in the whole. The South Sea islanders are not individuals but nameless parts of a whole. O’Neill refuses to accept that the individual self is unimportant. But the individual’s declaration that his or her life is important comes at the cost of suffering, of disconnection from nature, a prisoner of time that is entropic. The

prelapsarian world of the natives is ultimately sterile; the Fall is the source of meaning. The Mannons accept their hereditary imperative even though it dooms them, because the alternative would trap them in the world of the nameless, mundane townspeople. For the Mannons, the struggle is no longer social as it was in his earlier works. It is within. As O'Neill had said earlier in his career, the individual's "struggle used to be with the gods, but is now with himself, his own past" (cited in Cargill, 1961, p. 111).

Caring Versus Narcissism

By 1939, however, it was clear to O'Neill that his failing health—particularly the tremor in his hands—would upset his plans for writing a cycle of seven (later, 11) plays, for which he had been writing sketches. He chose instead to concentrate on two very personal ideas that he had been harbouring. The first was *The Iceman Cometh* (1939) and the second *Long Day's Journey Into Night* (1941). Both plays were autobiographical explorations into the nature of his alcoholism and his suffering in the fateful year of 1912.

The Iceman Cometh (1939) looked directly at a group of drunks inhabiting a flophouse saloon with a compassion unmatched in his previous work. Prostitutes, drunks, disillusioned anarchists, a corrupt cop, and other failures found a way to face daily their existential anxieties. O'Neill said of the play:

There are moments in it that suddenly strip the secret world 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. (cited in Raleigh, 1968, p. 20)

Each character survives through a pipe-dream, and as long as they tolerate each other's dreams they do not have to face the reality of their condition. Each of the group thus leads two lives: an external one holding to an Apollonian life-lie and an internal

reality of shame and loneliness. When the play opens, the patrons are hung over and anxiously awaiting the arrival of Hickey, one of their own who appears each year to celebrate the birthday of the bar's owner, Harry Hope. But this year Hickey shows up stone cold sober. He tells the patrons the obvious: trapped in their drunken pipe-dreams, their lives are meaningless, monotonous, and boring. If they are to have any hope of happiness, Hickey tells them, they must give up the booze and face the reality of their situation. Only then can they pursue their dreams. The pimp and his prostitute girlfriend, whose pipe-dream is to get married, decide to tie the knot. But on their way to the justice of the peace, they are drawn into the first bar they past. The owner, whose pipe-dream is to run for office, ventures out of his bar for the first time in 17 years, but it is too overwhelming and he retreats before making it across the street. For Parritt, who betrayed his mother to the police, facing his guilt is too much, and he leaps to his death from his second-storey room.

The choice the characters face is not, however, between their public and private lives, as O'Neill had suggested in earlier works. In *The Iceman Cometh* (1939) he shifts the perspective to a choice between narcissism and a concern for others. It is love that allows the individual to transcend his fearful, self-conscious self. While under the influence of the narcotic draught, the patrons find consolation in a community spirit borne of shared misery. Hickey's prescription for happiness does not lead to their salvation; rather, it leads to a destructive egotism. Encouraged by Hickey to sober up and follow their dreams, the characters begin bickering and defending themselves against those who scoff at their dreams. But the loss of consolation is too much. Pressed by Hickey, the patrons fall victim to "vindictiveness...sneering taunts, punctuated by jeering laughter" (1999, p. 648).

After searching for the answer to his suffering through religion, a Sisyphean acceptance of fate, eternal recurrence, and individuation, O'Neill concludes that the solution to suffering goes beyond an acknowledgement of paradox. The suffering self can find transcendence only through caring for others.

For O'Neill in *The Iceman Cometh* (1939) this meant coming to terms with his feelings toward women. His personal relationships with women had always been founded on a tension between love and hatred. He loved Agnes, but she was too weak in character to satisfy his needs. He loved Carlotta but was incensed at her controlling him. His feelings toward his mother were equally ambivalent. He may have realized that her falling into addiction was not of her own making, but he could never forgive her for not being there for him.

The Iceman Cometh (1939) reflects this ambivalence. Almost all of the patrons have troubled relationships with their past lovers. Hickey, especially, harbours a hatred of his wife that he could not bring himself to acknowledge. He has to view his murder of her as an act of love that would free her. And Parritt, a central character in the play, is overwhelmed with guilt for betraying his mother, whom he both loves and hates. These conflicting impulses, brought into the light through O'Neill's creative imagination, seemed to have had a salutary effect on him. Once before, in January 1926, he had stayed sober for almost two years after a searching examination of his relationship with his mother and with Agnes under the guidance Dr. Hamilton.

After confessing his ambivalence toward women, he could dedicate his next play, *Long Day's Journey into Night* (1941), to Carlotta, his third wife:

For Carlotta, on our 12th Wedding Anniversary

Dearest: I give you the original script of this play of old sorrow written in tears and blood. A sadly inappropriate gift, it would seem, for a day celebrating happiness. But you will understand. I mean it as a tribute to your love and tenderness which gave me the faith in love that enabled me to face my dead at last and write this play—write it with deep pity and understanding and forgiveness for all the four haunted Tyrones.

These twelve years, Beloved One, have been a Journey into Light—into love. You know my gratitude. And my love! (1999, p. 714)

O'Neill could now look directly at his own family. The play covers 24 hours in the life of the Tyrone family in the summer of 1912. Isolated by geography and by fog, the four Tyrones interact without any authentic connection. Recalling O'Neill's feelings that his mother abandoned him, the story revolves around the mother's retreat from reality through morphine. Trapped in the family, she can only dream of lost opportunities to find meaning and contentment by becoming a nun or pursuing her love of artistic dance. Sure of her own blamelessness, she can find peace only through the drug. One of the core themes in the play is the idea that relationships are ambiguous: they are the source of suffering but they are also, at the same time, the source of consolation (Biggsby, 1982, p. 98).

In 1956, Carlotta recalled the play's origins:

[Eugene] told me he was going to write a play about his family. It was a thing that haunted him. He was bedevilled into writing it....He had to get it out of his system, he had to forgive whatever it was that caused this tragedy between himself and his mother and father. (cited in Berlin, 1989, p. 143)

The compassion that he had brought to the characters in *The Iceman Cometh* (1939), he now brought to his own family. In his portrait of the Tyrones, O'Neill recognized "the hell that every member of the family went through—separately" (cited in Berlin, 1989, p. 143). In one of her more lucid moments, the mother tells her husband, "We've loved each other!...Let's remember only that, and not try to understand what we cannot understand" (1999, p. 764). For her, salvation through religion (nun) and art (dancer) are pipe-dreams; only love is constant, despite its pains.

Alcohol in the play is not an analgesic or attempt to join with Nietzsche's Dionysian life energies as it was in previous works; it is a surrender of the self. Transcendence of the suffering self through alcohol is achieved only through a loss of self. Twenty-three year old Edmund tells his father about the greatest feeling he has ever experienced. He is alone at night on the deck of a square rigger, "facing astern":

I became drunk with the beauty and singing rhythm of it [the sea], and for a moment I lost myself—actually lost my life. I was set free! I dissolved in the sea, became white sails and flying spray, became beauty and rhythm, became moonlight and the ship and the high dim-starred sky! I belonged, without past or future, within peace and unity and a wild joy, within something greater than my own life, or the life of Man, to Life itself! To God, if you want to put it that way. (1999, p. 811-812)

The oceanic blending of the self with Life remains only a temporary solution:

For a second you see—and seeing the secret, are the secret. For a second there is meaning! Then the hand lets the veil fall and you are alone, lost in the fog again, and you stumble on toward nowhere, for no good reason! (1999, p. 812)

Drunkenness cannot address the individual alive in this world. Alcohol is not only a temporary solution, it is harmful to the individual who refuses to accept that he or she is merely a speck in the universe. Only a tragic vision that accepts suffering and reaches beyond a narcissistic concern with the self to a state of caring for others can achieve transcendence.

A Note on O'Neill's Final 12 Years

O'Neill's health deteriorated to the point where he could no longer write. The war affected him deeply—a large-scale example of inhumanity. He also rejected his children. His daughter emerged as a celebrity during the war, which O'Neill thought was an inexcusable act of egotism; both sons became addicts. Because of his degenerative brain disease and numerous physical maladies, he was often prescribed bromide medication, and it appears as if he developed bromide poisoning, a condition that affects cognitive functioning. In spite of this, he remained sober, save for a single incident late in his life, but this was likely linked to bromide poisoning.

CHAPTER 6: O'NEILL'S JOURNEY TO RECOVERY

O'Neill's transformation from alcoholism to recovery was hardly a matter of putting the cork in the bottle and 'naturally' finding a healthy lifestyle to replace his alcoholic one. It was a tortuous psychological journey to achieve a tragic vision that would affirm that life was worth living in spite of suffering. The starting point was a depressed, lonely, and self-conscious outcast; the destination was a self-aware man who transcended suffering through caring for others. The journey did not follow any compass point, nor was it smooth sailing toward sobriety. O'Neill transformed in fits and starts, hitting many emotional low points along the way. But his work and life show a steady progression toward peace of mind. This chapter provides the alcoholic baseline from which O'Neill began his journey and identifies the various ingredients of his psychological transformation that emerge from his life and work.

The Alcoholic

In *Long Day's Journey into Night* (1941), set in the year that O'Neill made the decision to become a writer, his alter-ego, Edmund, describes himself as a "stranger who can never feel at home...who can never belong" (1999, p. 812). It was an apt description of O'Neill the alcoholic in 1912, who felt no close connection with others or with any purpose in life beyond that of staying drunk. He had become a stranger to himself, preferring an alcohol-induced altered state of consciousness to living sober in daily existence.

The most important relationship in O'Neill's life was with alcohol. Alcoholics Anonymous (1939/2001) describes this phenomenon as "self-centredness" (p. 62); all other relationships take second-place. His 'marriage' to Kathleen Jenkins was inspired not by love but by guilt because he got her pregnant, and within two weeks he ran away to

Honduras never to see her again. He satisfied any yearnings for companionship with prostitutes and drinking buddies, and, apart from his family, he viewed others mainly as they could help him maintain his addiction or interrupt it. Whether attending university, working for his father, hanging out on the New York City waterfront, or chumming about in Greenwich Village, he sought out others with a fondness for the bottle.

O'Neill claimed publicly that he felt a kinship with sailors, which he never found with his peers. Yet he gave up his sailor acquaintances easily and without remorse. They were not friends, but characters in a lifestyle that eschewed convention:

I hated a life ruled by the conventions and traditions of society. Sailors' lives, too, were ruled by conventions and traditions; but they were of a sort I liked and that had a meaning which appealed to me. (cited in Sheaffer, 2002b, p. 275)

If O'Neill was disconnected from others, he was also disconnected from any sense of meaning and purpose in his life. To the addict, the world is "meaningless, monotonous, and boring" (Narcotics Anonymous, 1982, p. 75). Life stretches out before the addict like an ocean, offering no island where the addict can look back and find progress in his journey. There is no productivity or accomplishment other than another drunken night. Life is hollow, without substance. Existence is charged only by an unrelenting force to just keep getting high, and so the addict's life revolves around the getting and using and waiting to get more.

O'Neill worked desperately to sustain himself in this existence. Gelb and Gelb (2000) described O'Neill's life before 1912 as one of "violent motion" (p. 388). These years were as intense as anything he would write about: drinking continually, seducing a parade of women, having affairs with married women, visiting brothels, living in

waterfront flophouses, working on merchant and passenger ships, flipping through a variety of jobs including reporter and salesman, partying his way through university, dabbling in anarchy, playing practical jokes on his father, and writing poems that gushed with sentimentalism. He preferred the emotional intensity of living on the edge of society rather than accept any role that society urged upon him.

In all this motion there were no discernable life goals. Despite his protests that Princeton was out of step with contemporary society, it seems more likely that he forced the university to expel him because classes and homework interfered with drinking. Work held little personal meaning, and he soon quit or was fired from the various jobs he managed to acquire with his father help. It was as if he had substituted living intensely for living meaningfully, and O'Neill described himself as "just drifting" (cited in Sheaffer, 2002a, p. 135).

In his alcoholic haze, he attempted to deny his feelings of loneliness and meaninglessness. In *The Iceman Cometh* (1939) he would look back at this period of his life and remark on the alcoholic's foggy sense of reality and illusion. When the sober Hickey shows up and tells the drunken patrons that their lives are meaningless, monotonous, and boring, it is too much for them, and they quickly retreat to their drug-induced pipe-dreams. O'Neill tells us if the patrons truly faced the reality of their existence, they would, like Parritt, commit suicide. Their strategy is to lie, to convince themselves that things are not as bad as they might appear, to deny feelings that cause suffering, to pretend that tomorrow everything will be all right.

Such a strategy worked only temporarily, and in the spring of 1912 after a living a life of destitution, the iceman came for O'Neill. Convinced that his life had no future, he went on "a brain-numbing drunk" (cited in Gelb & Gelb, 2000, p. 329) supplemented

with a lethal dose of barbiturates. He was saved only by his drinking buddies who rushed him to the hospital. Although O'Neill would later laugh off the incident—"We all thought it was the biggest joke in the whole damn world" (cited in Sheaffer, 2002b, p. 331)—his brush with death sobered him for a few months and even convinced him to attempt nine-to-five work with his father and then as a cub-reporter for a small newspaper.

Hope

A second crisis hit at the end of 1912 when he was diagnosed with tuberculosis. The revelation of his fragility in the face of disease brought on a crisis that the suicide attempt could not. His six-month convalescence in a sanatorium provided a forced reconsideration of his life, past and future. What emerged from this reflection—and the imposed healthy lifestyle at Gaylord Farm sanatorium—was hope.

While at Gaylord Farm, O'Neill immersed himself in books. He had been most influenced by autobiographical writers, as critic Jean Chothia (1981) observed, "in which he found his own condition figured" (p. 44) and took from them those "ideas and perceptions that [met] his own psychological needs" (p. 47). During his convalescence, he read plays by Synge, Yeats, Lady Gregory, Strindberg, Brieux, Hauptmann, and others with an urgency that would characterize O'Neill's mission as writer.

People place their hope 'in' some thing or some act. At Gaylord, he decided to become a writer, no doubt influenced in part by his thespian father. But the decision was more inspired by identifying with the struggles of Nietzsche, Strindberg, and others who had used writing to overcome personal adversity. He had also likely learned from Nietzsche that "Those who suffer must be sustained by...hope" (1968, p. 591). After

Gaylord, O'Neill did not consider suicide an option, and he would write about hope as the key to survival (see, for example, *The Iceman Cometh*, 1939).

O'Neill's decision to change also implies that he felt life was worth fighting for, that there was a goal to his suffering. Though he did not at this time have a solution to suffering, he had enough hope to struggle through the search.

Commitment

In all of his writings, O'Neill displayed an intensity of will to make sense of his life. He seems to have taken literally Schopenhauer and Nietzsche's decree that through art one could transform one's self. His early literary efforts and voluminous letters were, in large part, an attempt to deal with life through words. Gelb and Gelb (2000) summed up his early career: "Without writing he had no life" (p. 410). O'Neill said much same thing when asked in 1922 by the physician at Gaylord Farm sanatorium, "How much [working] time have you lost from vacation?" He responded, "Writing is my vacation from living—so I don't need vacations" (cited in Gelb & Gelb, 2000, p. 410).

His commitment to use writing as a 'way' to make sense of and deal with life was evident from the start. His writing was, to borrow May's (1988) term, a form of "healthy addiction" (p. 42). From 1913 to 1920, he wrote 31 plays, a remarkable output by any standard. Similarly, O'Neill seems to have dealt with life through letter-writing. Bogard and Bryer (1988), who edited a selection of his letters, reported:

What is most remarkable about the bulk of O'Neill's correspondence is that a man forced by his genius to seek undisturbed solitude should reach forth so continually to maintain contacts with the exterior world...By the letters, O'Neill managed to live in the outer world without entering it

deeply, and by their means, he generally kept the outer and inner planes of his being in balance.... (p. 4)

The editors may have pinned O'Neill's reclusiveness on genius, but for an addict this effort was almost equal to his pursuit of drunkenness. In his two-year relationship with Beatrice Ashe between 1914 and 1916, for example, he poured out a torrent of feelings in 60 love letters and 30 poems. The following excerpt presents a typical O'Neill love poem:

Upon Our Beach we two lie, side by side—together!...

We are in each other's arms. We are kissing each other.

Lip to lip and limb to limb we lie.

It is indiscreet. That dreary old fisherman might turn-around. But what do

Love and youth care for Mrs. Grundy's and life-sick old fishermen?

Your body clings to mine,—your beautiful body firm and supple as a tigress'. (cited in Gelb & Gelb, 2000, p. 438)

This was O'Neill's imagination; Beatrice kept him at bay, and their relationship was never consummated. Before Beatrice he wrote more than 200 letters and dozens of sentimental poems to Maibelle Scott (Sheaffer, 2002a, p. 289); after Beatrice, he turned to his next-door neighbour, Jessica Ripplin, to rescue him from loneliness. During his marriage to Agnes Boulton, whom he married in 1918, O'Neill was often separated due to his work in the New York theatre. He maintained contact through correspondence, through which he re-created intimate love, conducted business, kept abreast of how their children were faring, and, in the end, finalized details of the divorce. Agnes recalled later that her husband was much more passionate in his letters than he ever was in real life (Sheaffer, 2002b, p. 58).

Much of O'Neill's recovery depended on his breaking out of the alcoholic's narcissistic lifestyle and thinking. Before 1912 he had little interest in anything other than his own mission to stay drunk and in anyone other than those who could help him achieve this.

His decision to become a writer led him to a community who shared more than a fondness for drink. His early years with the Provincetown Players surrounded him with kindred spirits who were inspired to give birth to a new American theatre. True, O'Neill was at least as much attracted by the Players' regular drinking sprees and their practice of free love as he was by their dramatic ambitions, and he even placed a sign reading "Go to Hell" (Gelb & Gelb, 2000, p. 561) on his door to prevent interruptions while he wrote. But his attachment to the players held a sense of intimacy that he had never known with sailors, colleagues at work, or classmates.

After 1920, in Greenwich Village and later on Broadway, he formed friendships that would last him the rest of his life. Although many of his theatre friends were of the throwaway variety, he formed close bonds with critics Kenneth Macgowan and George Jean Nathan, stage designer Robert Edmond Jones, and a handful of others in the theatre community. He trusted and respected them sufficiently to ask them for feedback on the drafts of his plays and invited them to his home for social gatherings.

The home life that he never had growing up in an addicted family emerged when he married Agnes Boulton and had two children with her. His early letters to Agnes show a loving husband and concerned father. Unlike his titular marriage to Kathleen Jenkins, his marriage to Agnes provided, in the beginning, love. The marriage also seems to have provided the impetus to reconnect with Eugene, Jr., his son by Kathleen.

Several people in his new community and family made serious efforts to prevent his drowning in alcohol. Unlike his companions before 1912 who invited him to get drunk, at least one member of the Provincetown Players, Louise Bryant (journalist John Reed's lover), made Herculean attempts to keep him on the wagon. O'Neill had become emotionally entangled with Louise, and she doggedly kept watch over his drinking. Though she managed only to convince him to reduce his consumption, she succeeded at a level where his parents and previous girlfriends had failed totally. Others had similar concerns for O'Neill. Jones recommended he see psychoanalyst Dr. Smith Ely Jelliffe, a move greatly encouraged by his wife, Agnes. His brief visit to Jelliffe had no lasting effects, but O'Neill's effort is evidence that he recognized others were worried about his alcoholism.

His writing led him out of narcissism in a less tangible, though, perhaps, more potent way. The alcoholic was wrapped in a blanket of his own misery, focused solely on the self. The writer-artist focused on the human condition: the individual character represented more than a single entity, and the story was a metaphor for life. This shift to a broader perspective prevented degeneration into self-pity by affirming that he was already embedded in the world.

Mission

His 1912 decision to become a writer was a response to what Yalom (1989) had described as the existential anxiety of death. But despite reading Nietzsche and Strindberg, his early works are interesting mainly for discovering the seeds of his later work. *Before Breakfast* (1916) was closer to the theatre of the absurd than to tragedy, *Beyond the Horizon* (1918) showed two brothers doomed more by impulsiveness than by fate, and most of the others were mainly an odd combination of attempts at tragic art

combined with conventional melodrama. Gelb and Gelb (2000) described the fledgling writer: “It was as though, when he first began to write, he was suffering from a sort of multiple-personality disorder” (p. 387).

Not until 1922 was O’Neill sufficiently mature to formalize a mission to develop a tragic vision of life. That year he described his plays as ‘tragedy’ and confidently asserted that tragedy for him, as for the ancient Greeks, “brought exaltation, an urge toward life and ever more life. . . . A man wills his own defeat when he pursues the unattainable. But his *struggle* is his success!” (cited in Bigsby, 1982, p. 43). Again, in 1923, he declared that behind that superficial pessimism of his work, he portrayed life “as a gorgeously-ironical, beautifully-indifferent, splendidly suffering bit of chaos, the tragedy of which gives Man a tremendous significance” (cited in Bigsby, 1982, p. 46).

In 1925 he made his clearest proclamation in a letter to George Jean Nathan: To see the transfiguring nobility of tragedy, in as near the Greek sense as one can grasp it, in seemingly the most ignoble, debased lives. . . . And my profound conviction is that this is the only subject worth writing about and that it is possible—or can be—to develop a tragic expression in terms of transfigured modern values and symbols in the theatre which may to some degree bring home to members of a modern audience their ennobling identity with the tragic figures on the stage. (cited in Bigsby, 1982, p. 45)

Publicly, he claimed his mission was to bring a psychological depth to the American theatre, but privately his goal was to make sense of his suffering. He looked directly to Nietzsche for this tragic vision of humanity. Like Nietzsche, O’Neill had been influenced by Schopenhauer’s vision of humanity as tragic, although he denied the latter’s tendency toward life negation, or denial of the ‘will’. And, like Nietzsche, he felt

that society was sick and needed rejuvenating. Organized Christianity seemed uninspired, technology disconnected people from nature, and capitalism condemned human effort and spirit to the service of money-making machines.

But O'Neill's mission aimed more at discovering a deeper psychological element beyond mere social disgust. Schopenhauer (1942) had said of drama that

[W]e are brought face to face with great suffering and the storm and stress of existence: and the outcome of it is to show the vanity of all human effort. Deeply moved, we are either directly prompted to disengage our will from the struggle of life, or else a chord is struck in us which echoes a similar feeling. (p. 560)

Nietzsche looked to ancient Greek tragedy as the way to transcend suffering. Ancient Greek tragedy typically took place in the springtime and in connection with the life-celebrating festival of the god, Dionysus. The genius of their tragic vision was that in spite of suffering, it affirmed life.

O'Neill found in this vision a tangible direction to progress. It offered an opposing force to his tendency toward nihilism.

Acceptance of Suffering

Nietzsche maintained that people could transcend their suffering. By imposing an Apollonian life-lie on the instinctual Dionysian energies, we are offered a "metaphysical comfort" (1872/1995, p. 22). The consolation came not by avoiding suffering but by embracing it. Suffering was a natural part of life, and one could grow by bearing it. "Life is hard to bear," says Zarathustra, "But if it were otherwise why would you have your pride in the morning and your resignation in the evening" (1883/1968, p. 153).

The struggle to affirm life directly in the face of its pains permeates O'Neill's writing. His work before 1928 offered progressive answers to the problem of suffering: a naïve appeal to conscience (*The Fog*, 1914), a romantic Sisyphean acceptance of fate (*Beyond the Horizon*, 1918; *Anna Christie*, 1920; *Desire Under the Elms*, 1924), a uniting of the Apollonian and Dionysian urges (*The Great God Brown*, 1925), and eternal recurrence (*Lazarus Laughed*, 1927). These plays had in common a recognition of the psychological need to accept suffering as a natural and inevitable part of life.

Yet acceptance of suffering was not enough, and in the end, if suffering is inevitable, why not drink? His characters who turned to drink were not irresponsible drunks; they were survivors.

After a series of severe binges, O'Neill went on the wagon in January 1926. In his first few months of freedom from alcohol (and from work), he spent time getting closer with Agnes and with his children. By August, however, he wrote to Macgowan of the void left by the absence of alcohol:

[M]y days of rum being, I am quite confident, over forever in this world, I rather feel the void left by those companionable or (even when most horrible) intensely dramatic phantoms and obsessions, which, with caressing claws in my heart and brain, used to lead me for weeks at a time, otherwise lonely, down the ever-changing vistas of that No-Man's-Land lying between the D.T.s [delirium tremens] and Reality as we suppose it. But I reckon that, having now been 'on the wagon' for a longer time... than ever before since I started drinking at fifteen, I have a vague feeling of maladjustment to this 'cleaner, greener land' somewhere inside me. (cited in Sheaffer, 2002b, p. 215)

O'Neill seems to have recognized his need to move beyond mere acceptance of suffering to an affirmation of life, though he had not yet found it. His two-and-a-half years of sobriety also coincided with his next two plays, *Lazarus Laughed* (1927) and *Strange Interlude* (1927). Both were attempts to affirm life by addressing directly the individual's need to belong. In *Lazarus Laughed* (1927) he dramatized a purely Nietzschean conception of eternal recurrence, a belief that in spite of the individual's suffering and death, from a more magnificent perspective, the individual was part of the greater drama of unfolding life in the cosmos. Yet he found it necessary to set the play in the fantastical setting of a Biblical story, and Lazarus represented, as Sheaffer (2002b) rightly pointed out, "a spiritual state the author longed to attain" (p. 200). O'Neill's statement in the play that "Love is Man's hope" (1941, p. 460-461) was an intellectual statement only, and the only response that he could then provide for suffering. The destination may have been in sight, but the territory remained unmapped. He would have to experience more personal pain and an extended relapse before he would ultimately present the same idea in his final plays, but this time brought alive with compassion through forgiveness.

In his next play he came down to earth. If *Lazarus Laughed* (1927) took an intellectual look at eternal recurrence, *Strange Interlude* (1927) used realism to examine how the individual could answer Schopenhauer's puzzle:

[W]e see the glances of two lovers meet longingly: yet why so secretly, fearfully, and stealthily? Because these lovers are the traitors who seek to perpetuate the whole want and drudgery, which would otherwise speedily reach an end; this they wish to frustrate, as others like them have frustrated it before. (1956, p. 376)

Although *Strange Interlude* (1927) won him another Pulitzer Prize, it was really an admission of complicity and a confession that he had no satisfactory answer to the problem of suffering. Schopenhauer's version of the nature of humanity was too reductive, too demeaning to humanity. Listening to O'Neill in this play, one has the impression that individuals are reduced to accepting the arbitrary and baseless values of culture. This acceptance allowed one to survive against the repugnant reality in which the 'will'—the instinct to preserve the species—was the motivating force of human behaviour. Yet O'Neill mercilessly attacked culture through its expression in language: "How we poor monkeys hide from ourselves behind the sounds called words" (1941, p. 521).

The irony could not have been lost on O'Neill, playwright and master of language, that he was one of the guilty. But what was the individual to do, caught between a world that has no inherent meaning and the need to find a better answer than the one provided by Schopenhauer? It was an impossible situation. His work had yet to provide a satisfactory solution to the problem of suffering.

The years 1927-28 were not happy ones for O'Neill personally. Letters to Agnes were becoming more vituperative. On September 11, 1927, for instance, he accused Agnes of having a lover, and thus deliberately causing him worry and loneliness and aggravating his health:

I sit and try to figure out why all this should be happening to me. What have I done to you that I should be treated this way? There's no reason I can figure out except that you must have a lover down there as I suspected before!...Oh hell again! What sort of a game is this you're playing, Agnes?

Either I'm crazy or you are! Probably I am, anyway.” (cited in King, 2000, p. 259)

Agnes' response was equally vindictive. She knew that O'Neill had met the beautiful actress Carlotta Monterey, whom he was falling in love with. A few days later, O'Neill retracted his accusation, and he sounded sincere. As King (2000) observed, the tension he described in *Strange Interlude* (1927) between the inner and outer self was summed up in a letter: “Darling, I do wish you were here! But don't come!” (p. 269). He was outwardly faithful to Agnes and may have hoped to rekindle their passion, yet he willingly allowed himself to follow his desire for Carlotta.

This was a time of anger for O'Neill. His divorce with Agnes was bitter and finally ended in 1928, after Agnes embarrassed him by agreeing to a newspaper interview on their separation. He was diagnosed with depression, prostate problems, and a thyroid deficiency and weighed only 130 pounds. He wrote *Dynamo* (1929) during 1927-1928—a depressing work about the futile search for a substitute God—but he later dismissed the weak play as a product of his depression and bitterness over the divorce. He blamed his unhappiness on those who would not leave him in peace, including Carlotta, who, he complained, was too controlling. His expectations to find peace of mind in the Orient in 1928 were dashed, and while there he succumbed to an extended binge after he struck Carlotta in a drunken rage.

Responsibility

Before O'Neill sobered up for good after his disastrous 1928 binge at the age of 39, he had blamed people and things for his suffering: religion, parents, capitalist values, deterministic heredity, fate, his wife, or a Nietzschean reality that was indifferent to

human values and desires. He presented his protagonists as victims, almost always innocent, who heroically struggled against that which would deny their significance.

Remorseful for striking Carlotta and fearing that he would lose her, O'Neill changed his ways. The transformation is evident in his next work, *Mourning Becomes Electra* (1931). The most striking feature of the play is its theme of responsibility, that the individual is the author of his or her life.

Mourning Becomes Electra (1931) was a recognition that in spite of any metaphysical argument on the place of people in the great cosmic drama of life, in the end the individual has only himself or herself living in this world. For O'Neill after 1928, one could not transcend the self with such ethereal notions as eternal recurrence. Experience is all there really is, not some metaphysical conception of truth. No matter how reasoned his judgement he could not overcome his suffering, and no amount of metaphysical intellectualization helped him transcend it. With *Mourning Becomes Electra* (1931) he had moved, with Nietzsche, to the conception that individuation was not Schopenhauer's illusory life-lie meant to make demeaning reality more palatable, but to the conception that individuation was all that really mattered. The characters in *Mourning Becomes Electra* (1931) make choices.

In his personal life, O'Neill seems to have given up blaming and accepted that he had made poor choices in his life. He had reunited with Carlotta. What he previously viewed as her controlling attitude, he was now able to accept as her desire to protect him from outside world. He also had extended visits with all his children in 1931. His next play, *Ah, Wilderness!* (1932), surprised even his closest friends because it was a humorous, positive, and upbeat version of what his childhood might have been like.

O'Neill's apotheosis was his recognition that individual suffering can be transcended only through caring for others. He had known this intellectually since *Lazarus Laughed* (1927), but now he could appreciate emotionally the importance of love. Shortly after finishing *Long Day's Journey into Night* (1941), he wrote a birthday note to Carlotta in which he wrote that after all the hopes and dreams have died, his love for her remained. Such love could be attained only through a compassion borne of forgiveness for past hurt. Once understanding this transcendence, he later applied it to overcome his troubling feelings for his brother (*A Moon for the Misbegotten*, 1943) and for others (*Hughie*, 1942).

The years between 1932 and 1938 were filled with physical suffering for O'Neill. Continuing prostate problems, attacks of appendicitis, nervous exhaustion, a growing tremor (later misdiagnosed as Parkinson's Disease), and various other medical problems led to repeated visits to physicians and an extended stay in hospital. In spite of these problems, however, he did not seek out alcohol. His relationships with his children and with Carlotta solidified, though he had a falling out with his daughter. Professionally, his reputation had grown to such an extent that he was awarded the 1936 Nobel Prize for literature. His more positive attitude is reflected in the plays of this period.

A Touch of the Poet (1942) is a compassionate and dignified examination of an old drunk who rigidly held to his dream of being a gentleman. But it is in *Days Without End* (1933) that we already see O'Neill beginning to affirm life with conviction. John Loving has lost his faith and, drifting, commits adultery. He cannot hide his guilt, and his already ill wife discovers the betrayal. She worsens her health by deliberately taking a long walk in the rain. With his wife gravely ill, he faces an existential crisis of how to

affirm that life is worth fighting for. The play ends with John on his knees before a large crucifix—only the reaffirmation of his faith can provide peace.

Some critics, such as the Catholic Richard Dana Skinner, believed that the play signalled O’Neill’s desire to return to the Church. And Skinner had remarked that “his wife [Carlotta] is working very hard to bring about his definite return to the Catholic Church” (cited in Sheaffer, 2002b, p. 424). Though not particularly spiritual herself, Carlotta was convinced that if her husband could return to his ancestral faith it would give him peace of mind. But O’Neill vehemently denied the charge that he was reversing his apostasy. He disliked his publisher’s marketing idea of attaining advance endorsements from high Church officials. For O’Neill, such a move

... was the very last thing I would want done! It would throw my whole intention in writing the play into a misleading, false emphasis. It is a play about a Catholic. It is an attempt to express what I feel are the life-preserving depths in Catholic mysticism—to be fair to a side of life I have dismissed with scorn in other plays. *But* it is also a psychological study whose psychological truth would be the same, essentially, if a Buddhist or a Greek Orthodox hero were involved. *It is not Catholic propaganda!*
(cited in Sheaffer, 2002b, p. 426)

What Skinner failed to recognize is that the play is O’Neill’s first effort to reach beyond a narcissistic attempt to make sense of personal suffering. In the play’s opening act John’s uncle, a priest, maintains that the “Hound of Heaven” (1999, p. 126) has been nipping at his nephew’s heels ever since the younger man left the Church. The reference is to Francis Thompson’s poem, *The Hound of Heaven*. Thompson had nearly died of

opium addiction before a priest rescued him, and a nurse at Gaylord Farm sanatorium had presented O'Neill with a copy of the poem hoping to return him to the faith.

O'Neill had spent most of his creative life attempting to find the causes of his own suffering: his past, his family, his environment, a hereditary determinism. His reference to the hound of Heaven was his need to find something, some alternative faith that would offer him a branch to arrest his slide into an existential vacuum. What he recognized in the play was that there could be an end to days—a goal—through belief in a loving Force. That he dramatized this idea through a Catholic God was in keeping with his other work that presented a metaphorical account of his personal life.

He would modify this idea only slightly by the time he wrote *The Iceman Cometh* (1939) and *Long Day's Journey Into Night* (1941). By establishing that the choice for the patrons in Harry Hope's saloon was not between their internal and external selves but between Hickey's messianic message of egotism and the act of caring for others, he had made clear in *The Iceman Cometh* (1939) that narcissism led to suffering. It was as if he had to write this play before he could tackle the same issue in his own family in *Long Day's Journey Into Night* (1941).

There is a particularly instructive progression from *The Iceman Cometh* (1939) to *Long Day's Journey Into Night* (1941) that offers insight into O'Neill's psychological transformation. In *The Iceman Cometh* (1939), Larry Slade is the sole character to be fully aware of the depth of his failures and of what lies beyond the veil. He exists on stage isolated from the others, on the periphery of their little drunken community, and on the periphery of life. In *Long Day's Journey into Night* (1941), all four Tyrones are aware of the Nietzschean chaos and aloneness that lie behind the veil. This conscious effort to shift

focus from a single outcast to an entire family's awareness is a clear indication that O'Neill had come to terms with the importance of caring for the other.

Long Day's Journey Into Night (1941) was a "deeply tragic play, but without any violent dramatic action" (cited in Gelb & Gelb, 2000, p. 10). It quietly presented ...a day in which things occur which evoke the whole past of the family and reveal every aspect of its interrelationships....At the final curtain, there they still are, trapped within each other by the past, each guilty and at the same time innocent, scorning, loving, pitying each other, understanding and yet not understanding at all, forgiving but still doomed never to be able to forget. (cited in Gelb & Gelb, 2000, p. 10)

O'Neill told Carlotta that he had to write the play because he had "to forgive his family and himself" (cited in Gelb & Gelb, 2000, p. 8). The play's dedication to Carlotta was his confession that by dwelling narcissistically on his own personal suffering, he had lost what he had really wanted all along: a deep connection with her. Despite the suffering that each character endures, in the end they have each other. As part of the human condition they are trapped inside the veil of Maya, but at least they are trapped together.

In a letter to Carlotta in December 1941, after he finished the play but with reference to Pearl Harbor, he told her, "'To hell with the torpedoes!' Love marches on!" (cited in Sheaffer, 2002b, p. 529). Three weeks later, on her birthday, he wrote, "In this time of chaos, when all old dreams and hopes are blown to dust, there remains for me—as ever, but now so much more than ever!—only you! I love you, Darling" (cited in Sheaffer, 2002b, p. 529). Love transcends even lost dreams and hope.

His next play, *A Moon for the Misbegotten* (1943), was written immediately after Pearl Harbor, and it was, in essence, the fifth act of *Long Day's Journey Into Night*

(1941). The story is O'Neill's coming to terms with the ghost of his brother who also haunted his memories. Jamie and Josie are attracted to each other, and each sees through the other's mask. Josie claims to have slept with all the men in the community even though she is, in truth, a virgin. Jamie is drinking himself to death. He is drawn to her not for love but for confession and absolution. She is "the only woman I've ever met who understand the lousy rotten things a man can do when he's crazy drunk" (1999, p. 929). He confesses that while on a train carrying his dead mother's body back home, he slept with "a blonde pig who looked more like a whore than twenty-five whores.... It was as if I wanted revenge—because I'd been left alone—because I knew I was lost" (1999, p. 931). This was, of course, precisely what happened in real life, and the profane memory haunted O'Neill. As Josie, the author offers absolution to the dying Jamie: "May you rest forever in forgiveness and peace" (1999, p. 946).

Sartor Resartus

Although O'Neill stayed sober after 1928 and had found some peace of mind, his recovery was not as ideal as he had written about it in *Long Day's Journey Into Night* (1941). He concluded that it was through caring for others that we transcend the suffering self. But the compassion and forgiveness that he found for his parents, brother, and Carlotta did not appear to extend to his own children. During his struggle for recovery, he had slowly rebuilt his relationships with Oona, Shane, and Eugene, Jr., but he eventually gave up his attempts at reconciliation. In 1941 Oona had been appearing in public and had won distinction as 'Debutante No. 1' at New York's Stork Club. For O'Neill such frivolous activity was inappropriate in time of war, and he broke off contact with her. A year later, after Oona married the comic actor Charlie Chaplin, she attempted reconciliation, but her father would have none of it. Shane's progression from alcoholism

to heroin addiction eventually led to his arrest on heroin charges in 1948, and O'Neill broke off relations with him. Eugene, Jr., his son by Kathleen Jenkins, was a classical scholar at Yale but had left his university post in 1942 to try his hand at television writing. He had been alcoholic for some years and his failed attempt at writing ended with his suicide in 1949.

To help understand this situation, it is important to understand the context of O'Neill's life in his waning years. His growing inability to write due to degenerative disease troubled him. For a man who creatively transformed himself through creative writing, the loss seems to have devastated him. He had been misdiagnosed with Parkinson's Disease, and by 1942 he was suffering severely from the medication he was prescribed: "Tough game—take sedatives and feel a dull dope—don't take, and feel as if maggots were crawling all over inside your skin" (1999, p. 986-987). These health problems also affected his marriage after 1945. The most serious discord occurred in the Spring of 1951, when he tried to have Carlotta declared insane. Yet the incident seems related directly to the fact that both he and Carlotta had fallen victim to bromide poisoning, a common consequence of over-medication. He weighed less than 100 pounds at the time, and after hospitalization O'Neill retracted his allegation that his wife was insane, and the two reconciled.

Taking stock of O'Neill's recovery, we can say that he found peace with his parents and brother. After two troubled marriages, with Kathleen Jenkins and Agnes Boulton, he finally found love with Carlotta Monterey. His attempts to reunite with his sons seemed to have been arrested only when they were in severe active addiction, a situation that makes reconciliation almost an impossible task (Patterson-Sterling, 2004; Curtis, 1999). His disagreement with Oona seems almost trivial by comparison, but the

devastating effect on O'Neill of the war, his degenerative brain disease, his medication regimen based on a misdiagnosis of Parkinson's Disease, and his inability to write created an instability in his emotional and mental life.

In spite of these difficulties, O'Neill had only a single slip into active addiction between 1928 and his death in 1952. In 1945, after he quarrelled with Carlotta, he drank for a single evening. Whatever difficulties he may have had with his children, he did finally connect at a deep level of compassion and understanding with his own family and with Carlotta.

O'Neill's pattern of recovery was, first, to come to terms cognitively with what he felt. The intellectual statement of his tragic vision in 1922 and again in 1925 laid the basis for his progression from a Sisyphean acceptance of life, to eternal recurrence, to trumpeting the individual as more than a speck of dust in the cosmos, to compassion and caring. As his work became increasingly more artistic and psychologically deeper, he formed stronger connections with himself, others, and with a sense that life was worth living in spite of its suffering. One can only guess, but it seems reasonable that had O'Neill been able to continue writing he may have come to terms with his children, just as he had with his parents, brother, and Carlotta.

This was the power of the tragic vision for O'Neill: a transformation of self through art. Sheaffer (2002a; 2002b) astutely divided his two-volume biography between O'Neill the playwright and O'Neill the artist. The young playwright was learning the technical aspects of his craft; the mature artist was expressing deep psychological insight that would earn him the Nobel Prize for literature and help him find, in caring for others, a way to affirm life in spite of his suffering. The tragic artist is a therapist to himself and to others, and commentators on the tragic vision have long understood the art as a means

of coming to terms with human suffering. Budd (1995) echoed many aesthetics theorists when he claimed that the experience of artistic tragedy unites art and the moral sense:

In addition to the qualities of intellect, understanding, imagination and artistry that are needed by dramatists of whatever kind, the specific requirement for the tragic artist is the ability to recognize and contemplate the most painful facts of human life without giving way to despair or pessimism...the intrinsic value of the experience of great tragedy is a product of this ability. (p. 122)

Tragedy has a similarity to the spiritual or religious, offering a way to come to terms with suffering by helping us make sense of it. It is a public vision; the artist presents a specific tragic character, but the protagonist expresses what is common in each of us. In only a shallow sense was O'Neill fully conscious and responsible for his achievements. His recovery was not the product of locking himself away in solitary effort; it was as an artist, concerned with the relationship between man and God and as a man who was able to reach out to others, that his recovery came. To restate the point: O'Neill's recovery cannot be reduced to his conscious awareness of self only, but relied on a spiritual experience—a connection with self, others, and meaning.

CHAPTER 7: MEANING-CENTRED TREATMENT

I work in a large, residential, addiction treatment centre. Our program follows a ‘harm reduction’ approach that offers pharmacological, motivational, coping skills, and family-systems therapies. I have challenged my colleagues with this question: If Eugene O’Neill (or Margaret Laurence or Dylan Thomas or Charles Baudelaire, and so on) were to walk in the front door asking for help, would our treatment help him?

This is a very difficult question for those steeped in mainstream therapies. Most of my colleagues admit that, other than medication, our therapy would benefit O’Neill little. His works are flooded with characters drowning in alcohol, so he is clearly aware of the consequences of alcoholism, the first requirement of motivation therapy. For a man who provided nuanced descriptions of psychological and environmental cues that led to drinking, it is almost embarrassing to suggest that communication and other coping skills would be valuable. O’Neill’s understanding of family dynamics was very sophisticated, and family therapists, such as Murray Bowen (1985), would later formalize conceptions similar to O’Neill’s hereditary determinism and triangulation in the addicted family.

What would help O’Neill is an adjunct therapy that addressed his desperate effort to affirm that life is worth living. Such a therapy focuses on the crisis of meaning and purpose that underlies addiction, and it provides a direction that helps the addict to find a satisfactory answer to why he should wake up each morning.

The Limits of Mainstream Therapy

The embrace of harm reduction approaches is, arguably, an admission that we do not do a very good job helping people recover. Roberts and Ogborne (1999) in a meta-analysis of various addiction therapies concluded that each mainstream therapy resulted in significant improvement in the client’s quality of life. Miller and Hester (2003) found

similar results in their meta-analysis. Yet ‘significant improvement’ is not equated with living a drug-free, productive, and contented life; for counsellors today, such a goal is unrealistic. Although the occasional client may abstain from drugs and find peace of mind, most clients who benefit from treatment merely reduce the amount of harm in various areas. One major study (Johnson, Ahmed, Plemons, Powell, Carrington, Graham, Hill, Schwartz, & Brooner, 2002) reported success because, for instance, participants in the non-methadone treatment reduced heroin use from 8.3 days in the month preceding assessment to 5.7 days one year after starting treatment, and criminal arrests were reduced from a pre-treatment level of 289 to 179 (see also, Project MATCH, 1997).

The strength of mainstream therapies—their focus on immediate, achievable gains—is also their weakness. It seems reasonable to suggest outcomes are limited because treatment does not address those existential forces of meaning, loneliness, freedom, and death (Yalom, 1989) that underlie the addict’s cognitions and behaviours. Marlatt and Gordon’s (1985) relapse prevention therapy is the only mainstream treatment that deals with issues of meaning, but it does not give it any special emphasis. In their model, the feeling of “emptiness” (p. 39) is one of several negative emotions that comprise one of eight components their therapy. Other mainstream therapies are mute on this issue.

The Need to Move Beyond Linear Thinking

Lensen (1999) argued that mainstream treatment approaches were misguided because their imposed theoretical frameworks misinterpreted the addicts’ experiences. He used the example of a construction worker whose lunch is a six-pack or marijuana joint. Most therapists, he said, reduce this activity to a matter of being irresponsible, avoiding work, or escaping emotional pain. This is not the case; rather, the worker is using the drug to survive at a job that has little personal meaning. Without the drug the worker

would suffer unrelenting boredom and quit. Treatment, he proposed, would be revolutionized if clinicians discarded their imported assumptions and began examining a phenomenology of drugs and consciousness.

A shift from mainstream therapy to one that addresses the addict's "meaningless, monotonous, and boring" (Narcotics Anonymous, 1982, p. 75) life demands a cognitive shift away from, what Diamond (2000) labelled, the linear thinking that underlies mainstream therapy. Diamond (2000) argued that many mainstream therapists are reduced to pathologizing addiction because they are trapped by a cause-and-effect thinking. Social learning and motivational theories are derived from empirical evidence of rational people making rational choices. As applied to addiction, so the thinking goes, if addicts could be extricated from the vicious whirlpool of physical and psychological addiction, then their natural inclinations toward physical and emotional healthiness would take over. The same rational logic informs the spate of studies attempting to make sense of addiction using economic theory. Becker (Becker & Murphy, 1988) was the first of the mainstream economists to argue that addiction can be understood as rational economic behaviour. Since an addict uses drugs, he or she follows the same principles of any consumer using a commodity.

Such linear thinking leads ultimately to unsatisfactory explanations. When clinicians measure a client's *Addiction Severity Index* (University of Pennsylvania, 1990), explain how excessive alcohol use damages the liver, or point out that addiction breaks up families, they are missing the point. Diamond (2000) insisted that we hang up our white coats in the closet, pull up a chair, and listen closely to how addicted clients make sense of their lives in addiction and in recovery.

Assumptions of a Meaning-centred Therapy

O'Neill helps us understand that an existential framework is more in tune with the addict's experience. It moves us from the outside to the inside, no longer attempting to make sense of a phenomenon from the outsider's linear perspective. Given the emphasis that addicts place on drugs as a means of transcending existential crises, including O'Neill and 12-step programs, it seems odd that treatment has paid little attention to an existential perspective. Miars (2002) pointed out that existential theory has received little attention in the general mental health literature, which he blamed on inadequate training and on the subsequent misunderstanding of the existentialist perspective. We could add to Miars' (2002) list that empirical and phenomenological studies in existential psychology are in their infancy.

A shift away from linear thinking to an existential framework carries with it several assumptions. The core assumption is that the ultimate motivating force in human beings is a need for meaning and purpose in life. Maslow's (1962) model of human needs describes this force as secondary to what he considered the powerful basic needs. But an existential model turns Maslow's (1962) model upside-down, suggesting that a latent need for meaning is primary. Frankl (1977) described this phenomenon as the 'will to meaning'. Extending Frankl's work, and reframing it in terms of cognitive-behavioural processes, Wong (1997) described the 'will' to meaning as a "latent motivation, which is often suppressed by survival instinct, the pleasure principle, and the will to power" (p. 89). Those who do not appear to be motivated by meaning have merely diverted it by distractions. Similarly, Wilber (1980) described this substitute search as the "Atman project" (Walsh, 2001, p. 611), a doomed effort to find enduring satisfaction through gratification and aggrandizement. Fabry (1979) encouraged counsellors to help their

clients become aware that “life does not owe us pleasures but offers us meanings” (p. 167).

Finding meaning—recovery—is, of course, a choice. Those addicts who do not enter recovery are, as Singer (1997) pointed out, “a symbol of the victory of nihilism over our efforts at constructing a story that gives meaning to our lives” (p. 288). For those who do seek meaning, how they overcome nihilism is a matter of debate. Existentialists, such as Nietzsche (1883/1999), have suggested that we must *create* meaning in the face of an inherently absurd universe; others, such as Buber (1958), May (1956), and Frankl (1984), have argued that a meaningful force pervades the universe and, thus, our task is to *discover* meaning. McAdams (1993) sides with the latter, citing the benefit of attaching our stories to a transcendent state:

The stories we live by are enhanced by our faith and our fidelity to something larger and nobler than the self—be that something God, the human spirit, progress through technology, or some other transcendent end. (p. 174)

The discovery of meaning seems particularly powerful for recovering addicts. O’Neill was able to overcome nihilism through appeal to a transcendent reality. As one of the characters in *The Great God Brown* (1925) remarked: “Man is broken. He lives by healing. The grace of God is glue” (1941, p. 370).

Addicts require a reason for practicing new coping skills and leading a balanced life. Recovery demands taking risks, changing habits, and facing uncomfortable feelings. Recidivism often results when clients are too frightened to change or become bored. Chandler, Holden, and Kolander (1992) were among the earliest clinicians to argue that underlying any conception of wellness was a spiritual dimension. They broadly defined

spirituality to include existential-humanistic and transpersonal models and suggested that spirituality allowed a person to transcend the immediate suffering self, whether through personal growth or through identification with some transpersonal force. In their view, only spirituality was sufficiently potent to sustain well being; without it, clients were especially vulnerable to recidivism because they had no incentive to continue practicing skills and thinking to achieve wellness, go to work every day, and take care of physical health. Wellness sprang not from satisfying the various components of, for instance, Hettler's (1979) wellness model but from having a reason to pursue wellness.

A second assumption of meaning-centred therapy is that treatment follows the humanistic-existential thesis—proclaimed by Murray (1938), Allport (1961), Rogers (1961), Maslow (1962), May (1953), Yalom (1989)—that the whole, individual person is the proper focus of effort. Treatment deals with the whole human being in his or her complexity. The focus of treatment is not an 'addict' or the construct of 'substance dependence' but a complex human being who suffers from addiction.

A third assumption is that recovery demands self-determination. Therapists help clients recognize that they are free to make choices. In fact, it is precisely by recognizing they are free to choose that "clients find meaning" (Fabry, 1979, p. 164). Making choices often leads to anxiety, but this anxiety is a natural consequence of change. Personal growth brings with it, as Maslow (1971) remarked, responsibilities and duties, the unknown, and accompanying fears, which he called the Jonah complex. Unlike psychoanalytic or behavioural approaches, with their deterministic view of people, the counsellor in an existential therapy encourages and supports clients to become responsible for themselves.

This point is particularly important for addiction treatment. Although motivation therapy has moved beyond a behaviourist approach, much of what passes for mainstream therapy in the field too often denies self-determination. Clients in recovery are coerced into following an imposed set of healthy activities under threats of reprimand, behaviour contracts, and discharge. Self-determination theory (Ryan & Deci, 2000), a meta-theory in motivation, has shown that behaviourist approaches actively prohibit the development of intrinsic motivation. Addicts have been coerced by physical withdrawal, jails, threats from family, and other forces that have buffeted them throughout their addiction. Treatment can help them recognize that they have options and the freedom to choose their attitude, cognitive schemas, and behaviour in pursuit of personal growth and needs for meaningful existence.

Self-determination does not mean that the autonomous person lives in isolation. A fourth assumption is that people and experiences are embedded within a greater context. Alexander (2001) pinned the problem of addiction to “dislocation” (p. 2), by which he meant that addicts have been unable to develop psychosocial integration. People are relational beings. As Fromm (1956) remarked, the most common characteristic of mental illness is a turning inward and away from others. Frankl (1984) likewise asserted that the search for meaning demanded a sense of belonging and community. Singer (1997) proposed a method to achieve this. He suggested that attaching a meaningful story to a transcendent power obviated the danger of relying solely on the self as the primary means of knowing the world:

To be in the world is to be part of a story that our own story can never fully represent or capture. When we substitute our representations of the world for the world itself, we blind ourselves to the full range of

connections and relationships that actually exist between ourselves and the world. (p. 290)

Singer's (1997) commentary reminds us that recovery requires addicts to overcome their self-centredness and recognize that they are part of the world.

A fifth assumption is that treatment is more successful if addiction is de-pathologized. It is true that coping skills and motivational therapies were developed as an alternative to abstinence frameworks, which have their roots in concepts of 'disease' or 'defects of character'. Given this, however, they remain deficit approaches. Addicts have maladaptive learned behaviours, are unaware of the damage that drug use has produced, and have become neurologically adapted to drugs. With the recent amalgamation of addiction treatment and mental health services under managed care, addiction has increasingly being defined by the *Diagnostic and Statistical Manual, Fourth Edition, Text Revision* (American Psychiatric Association, 2000), which lists substance dependence on the same axis as schizophrenia and bipolar disorders. Singer (1997) rightly argued that the stigma of addiction works against recovery because it tars the addict with the label of "diseased" (p. 295) or "different" (p. 295). He argued that society must recognize that addicts are not outcasts but neighbours.

In contrast, a meaning-centred therapy follows a narrative framework that emphasizes that addicts do not have deficits but have merely written a story of their lives that is no longer working for them. Addicts have the capacity to become stronger, to become better than addicts. They can choose to live purposefully and grow beyond their addiction, their biological psychology, and their situation. Of course, they also have the choice to remain inauthentic, to choose a life that is dictated by others, to choose a life that is dictated by the drug.

Treatment Content

Frankl (1984) introduced the idea in psychology that the essential motivating force in human nature was the will to meaning. Unlike the psychoanalyst's will to pleasure and the Adlerian's will to power, he proposed that underlying our cognitions and behaviours was the need to make sense of our lives. Those who persistently failed to satisfy this need could distract themselves by pursuing money, power, and so on. The frustrated will to meaning, the existential vacuum, resulted in the tragic triad of aggression-depression-addiction. Frankl (1982) developed logotherapy, which is healing through meaning, or meaning-centred therapy, to address directly the frustrated will to meaning.

Psychologists have refined Frankl's (1977) ideas. Crumbaugh, Wood, and Wood (1980) developed a program for alcoholics based on the idea that addicts' problems are tied to a lack of meaning, Frankl's (1977) theory of existential frustration. The goal of treatment was to catalyze the addicts' discovery of meaning in patterns of past experiences. Their treatment helped clients discover this meaning through a sequential series of seven exercises ranging from self-evaluation of goals and personality (exercise one) to exploring values (exercise four) to making a commitment to pursue meaning (exercise seven). After becoming aware of meaning, the client made a decision to "fight to achieve a meaningful life or to give up" (p. 16).

Wong (2001; Wong & McDonald, 2001) proposed a more sophisticated approach, which he called "tragic optimism." Tragic optimism comprises five components: acceptance, affirmation, courage, faith, and self-transcendence. Acceptance is the foundation for the other components. It requires us to recognize the reality of our condition, no matter how bleak or painful. Affirmation says 'yes' to life; it is a belief that

life is valuable in spite of suffering. Courage is a defiant human spirit, necessary to meet suffering head on once one has affirmed that life is worth fighting for. Faith is often the only source of strength in a hopeless situation. We have *faith in* something, whether a faith in a higher power or in other people (Wong, 2001). Self-transcendence is the manifestation of affirmation, courage, and faith.

Wong (2001) developed his model to help those whose assumptions had been shattered in extreme situations. People make sense of their lives by believing that they have control over their destinies, the world is benevolent, and so on. Faced with trauma or disaster, however, these beliefs can fall apart, leaving the individual vulnerable to depression, suicide, post-traumatic stress disorder, and so on. Tragic optimism aims to heal this lost sense of coherence and restore hope and serenity.

Tragic optimism thus offers a basic framework that we can modify slightly to account for the peculiarities of addiction. In this modified version, treatment consists of helping addicts develop acceptance and then affirmation. Infused in this two-part approach are the qualities of faith, courage, and motivation.

Acceptance

Acceptance has two major components: acceptance of suffering and acceptance that we have the freedom to choose.

As O'Neill's transformation highlighted, those in recovery must accept that suffering is a natural and inevitable fact of existence, which is also the first concern of existential philosophy and of existential psychotherapies. Transcending the suffering self demands—as Schopenhauer (1956), Nietzsche (1872/1995), Frankl (1977), and Wong (2001) remind us—not the avoidance of suffering but its embrace. Clients too often

believe that recovery means the absence of disease, accidental death, disrespect, legal entanglements, depression, conflict, and other difficult realities of life.

Although there are unavoidable contingencies of life, such as suffering, we can still choose how we respond to them. Freedom to choose is the second component of acceptance. Clients in early recovery are often trapped in learned helplessness. Like the early O'Neill, they blame any number of people and events for their suffering: dysfunctional upbringing, fate, poor marriage, frustrating employers, depression, neurological predisposition to addiction, co-occurring mental disorders, and so on. In some cases, the situation is unavoidable—such as a diagnosis of fatal disease—but even here, as Frankl (1984) pointed out, the person has the choice to be victim or to make the best of the situation. Helping clients accept that they are capable of changing despite their past or their situation is a first step treatment.

Affirmation

Acceptance of suffering does not lead to contentment, although it is a necessary step to eliminate the self-pity and wasted energy that comes from blaming or from 'wishing' life were free from misery. By embracing suffering, the addict is prepared to transcend it. O'Neill's later work, and life, tells us that a Sisyphean acceptance of suffering or eternal recurrence was not sufficient to experience contentment.

Affirmation carries with it two components: an individual solution and a sense of belonging. O'Neill's personal solution was to develop caring through forgiveness. Frankl (1984) argued that meaning and purpose were unique to the individual. In therapy, the individual is the chief focus of the story, although therapists can join with the recovering client and aid in writing a new story that expresses the client's discovery of meaning.

Yet O'Neill maintained, at the end, that self-awareness was insufficient to achieve serenity. It is instructive that Alcoholics Anonymous (1939/2001) recognized that alcoholics share the same dilemma. Its basic text states that the addict's problem is "self-centredness.... Above everything alcoholics must be rid of this selfishness. We must, or else it kills us!" (p. 62). AA advocates surrendering to a higher power, a strategy that allows the addict to give up trying to control people, places, and things (Alcoholics Anonymous, 1939/2001, p. 60). Recovering addicts are also invited to volunteer helping other addicts recover, that is, help others with no expectation of tangible reward. Similarly, O'Neill's personal affirmation of life centred on love. Caring for the other was, ultimately, how we transcended our suffering, not how we avoided suffering. *The Iceman Cometh* (1939) and *Long Day's Journey Into Night* (1941) tell us that a focus on the suffering self is a narcissistic pursuit that denied our relationship with others and with nature. In O'Neill's metaphor, all of us are in the same boat surrounded by the inscrutable ocean of reality. Recognizing this does not make us content, but we do have a choice. Like the Businessman in *Fog* (1914) we can cling desperately to self-centred behaviours that subordinate human values or, like the Poet, we can find some dignity and consolation in knowing that we have each other.

O'Neill also recognized that developing a sense of belonging required one to broaden one's perspective of life from the single suffering human to the shared suffering of all people. His plays were not about a single central protagonist but, like all art, represented the human condition. Singer (1997) described this sense of belonging as "embeddedness" (p. 293) and believed that it was its lack that was ultimately the cause of the addict's suffering.

Motivation, Hope, and Courage

If acceptance and affirmation are the steps to overcome suffering, the personal qualities that allow addicts to continue this journey are motivation, faith, and courage. Treatment must provide support and the tools to help clients achieve these qualities.

In Wong's model, motivation is implied by affirmation and courage. Addiction research and treatment has, however, brought the concept of motivation into focus. An addict entering recovery needs to make the decision to change, what Prochaska, Norcross, and DiClemente (1995) described as moving from a precontemplative to a contemplative stage. Many addicts come into recovery with what motivation theory labels as extrinsic motivation (Marlatt, 2000). Typical examples are the client who is caught using drugs at work and is coerced into treatment by the threat of being fired, the husband who is threatened with divorce, the alcoholic who is threatened with alcoholic hepatitis or cirrhosis.

Clients with external motivation do not want to stop using drugs. Many, if not most, have their relapses planned before entering treatment, and Prochaska, Norcross, and DiClemente's (1995) model tells us that almost all will soon return to drug use. What externally motivated clients desire is to overcome misery. Extreme emotional pain is what brings people into treatment, a phenomenon that 12-step programs describe as 'hitting bottom'. Clients in early recovery are, essentially, running from misery.

Extrinsic motivation is weak and provides only temporary behavioural change. Long-term change demands intrinsic motivation (Ryan & Deci, 2000). O'Neill's story bears witness to this conclusion. Threats from family, friends, and physicians had little impact on him; even his near-death experience from suicide could keep him sober for only a few months. What kept O'Neill from falling into despair was an intrinsic motivation to find a better life.

Counsellors can play a pivotal role in encouraging and supporting the development of intrinsic motivation that they will require for long-term success (Miller, Rollnick, & Conforti, 2002). In essence, the counsellor helps the client shift their recovery strategy away from escaping misery to running toward a life that is worth living.

Faith is also needed to maintain the journey. In tragic optimism, faith is a comprehensive idea that includes hope. O'Neill understood the importance of hope, though he equated it with the positive illusion of a pipe-dream. The idea of hope has received scholarly attention recently. Yahne and Miller (1999) argued that hope was an essential first step to recovering from addiction, and they described three of its qualities. First, hope was "willpower or will, as in the will to live, to survive, to recover, or to learn" (p. 220). A second quality of hope is "way" (p. 220). People place their hope 'in' something. A third quality is action: "acting in spite of current circumstances, 'against all hope', is perhaps the deepest expression of hope" (p. 221). Hope may exist even when there is no cure or answer, as in having hope despite being told that one's disease is fatal.

Faith accounts for these qualities of hope and extends them to include a deep sense of personal meaning. Tillich (1952) said that such hope comes from faith in an ultimate higher power because God was an overarching force that provided meaning and order to life. Yet others have said that hope is available to all people. Buber (1958), for instance, maintained that a meaningful existence came from an authentic connection with the other, what he described as the I-Thou connection. Although such a connection with God could provide a deep sense of satisfaction, even an atheist could find comfort in connecting with others. Examining how spirituality can lead to recovery from addiction, Tonnigan, Toscova, and Conners (1999) similarly observed that trust in others can provide hope.

Courage is the third personal quality that is required for long-term recovery. Addicts spend their lives attempting to control people, places, and things. This is the strategy that they use to protect themselves from emotional hurt and to continue using. Acceptance demands that addicts face their fears. In essence, treatment pulls the rug out from under them, asking them to give up the very strategy that they have relied on.

Support and Self-determination

As well as providing thematic subjects for treatment, O'Neill's narrative helps us appreciate the need for support. Recovery is not for the faint of heart; it is reserved for addicts willing to struggle to find meaning and take emotional risks. What makes this step particularly hard is that, due to the drug lifestyle, the addict's experience of being emotional vulnerable has usually been disastrous.

Supporting clients in their recovery is essential, and the therapeutic relationship is a catalyst for change. Miller (1999) observed that research on mainstream addiction therapy formats and theoretical approaches has thus far concluded that there is no significant difference in treatment success. Miller's (1999) conclusion was that the key feature of treatment must be what all the formats and approaches shared: the therapeutic relationship. Motivational studies have clearly shown that a supportive, non-judgemental, and non-coercive approach is most effective for long-term recovery (Deci & Ryan, 1999). This supportive approach is more compassionate, and more respectful, than the traditional behaviourist approaches.

The theme of responsibility also informs the treatment format. The behaviourist methods of abstinence models are problematic because they deny that clients are responsible for themselves. A typical abstinence-based program imposes a rulebook on clients governing their behaviour during treatment. Clinicians care for addicts until they

learn to care for themselves. Any infraction of the rules results in reprimand, behavioural contract, or discharge. If clients cannot follow the rulebook, then it is assumed that they are not ready for treatment. Motivation research for the past three decades has shown that imposing a framework of external rewards and punishments prohibits the development of internal motivation. Clients change behaviour not because of internal motivation but because of the fear of punishment. Under abstinence, clinicians take over the responsibility for the client under the assumption that clients are incapable of making their own decisions.

Existential treatment, thus, assumes that clients are fully self-determining. Clinicians do not take responsibility for clients by pre-determining where they should be in the stages of change or by imposing a set of rules that coerce clients into new behaviours that are determined by clinicians. Rather, certain expectations are clarified, and any infringement is a therapeutic opportunity.

CHAPTER 8: CONCLUSION

Those of us who work in addiction treatment have long recognized that our results are less than inspiring. In spite of popular misunderstanding of what treatment accomplishes and the exaggerated claims of some treatment providers, the reality is that only a handful of clients transform their lives and find serenity. The mainstream response to this dismal situation has been to adopt the idea of ‘harm reduction’, arguably a confession that treatment is limited to achieving small, attainable goals that reduce the level of harm in various life areas. Because harm reduction therapies are easy to deliver in counselling and have shown some success, commentators, such as Singer (1997), are concerned that researchers and clinicians will not pursue new ideas.

This paper argues that the poor success rate in treatment is better understood as a misinterpretation of the nature of addiction and the subsequent lack of a therapeutic treatment in tune with the addict’s experience. Such a treatment could, as Lensen (1999) maintained, revolutionize treatment by addressing the existential factors that initiate and maintain drug use.

Contributions

Although addiction studies cluster around biological, coping skills, motivational, and family therapies, glimpses of a more positive, holistic, and depathologizing approach are appearing in publications: spirituality (Abeles, et. al, 1999; Miller, 1999), narrative (Diamond, 2000), transpersonal psychology (Nixon, 2001), self-identity and narrative (Singer, 1997), and phenomenology (Loos, 2002; Smith, 1998; Lensen, 1997).

This study follows this trend, navigating through the miasma of addiction with a compass set on personal growth, meaning, and the human spirit.

It is also the first psychobiography of a recovering alcoholic, and the results confirm the arguments of Elms (1994), McAdams (1988), and Runyan (1984) that psychobiography can offer psychologists insight into the motivations of the individual. Its most powerful asset is that it allows us to see the complexity of a single addict. Diamond (2000) had observed that addiction has baffled the best of our scientific minds because they observed it from the outside looking in. The most that the outsider could conclude was that addiction was a disease no different in kind from diabetes or other chronic diseases, an act of irresponsibility, a conditioning effect brought on by the reinforcing effects of the drug on the limbic system, a lack of awareness of how the addiction hurts the addict, a way of medicating mental health disorders, and so on.

Psychobiography refuses to reduce addiction and recovery to mere constructs. The focus is necessarily on the whole person, not on an addict or drug use or coping skills. In a completed life, we can look back and discern the themes and patterns, nuclear episodes, and revelations that informed and ordered O'Neill's life as it evolved. For O'Neill, it was a preoccupation with existential questions of how to feel embedded in his family and in society. In active addiction, he turned to alcohol for this feeling; recovery demanded a transformation of how he perceived himself and his place in the world. His works and life provide a map to how he learned to accept his situation and find in love an affirmation that life is worth fighting for.

O'Neill's journey to recovery shows the power of an existential approach to understanding addiction and its treatment. We cannot come to terms with his transformation from the perspectives of current mainstream therapies. Abstinence, maladaptive coping skills, lack of awareness of the consequences of addiction, or family dysfunction hardly do justice to a man who pulled himself out of the morass of addiction

by accepting his condition and by finding a way to affirm that life was worth living in spite of suffering. We can only come to terms with O'Neill's recovery by recognizing that it depended on a resolution of his existential questions.

This study also makes clear that an adjunct therapy based on an existential framework carries with it certain principles. A major principle is that treatment must be supportive, non-judgemental, and non-coercive. Current treatment programs often reject this principle, arguing that addicts in early recovery are so fragile that they need, in essence, babysitters who impose rules of conduct. Self-determination theory (Ryan & Deci, 2000) has shown that a behaviourist approach is problematic because it obviates the development of intrinsic motivation. The only mainstream therapy that supports a non-coercive counselling style is motivational enhancement therapy (Miller, Rollnick, & Conforti, 2002). In agreement with this therapy, an existential framework assumes that each person has an inherently powerful potential for change. The counsellor's role to catalyze this potential. This is accomplished initially by accepting clients where they are at in their motivation for change and not demanding clients be at some predetermined level.

An existential framework to treatment also provides evidence that recovery is a process in which recidivism is a natural part of the stages of change. By an abstinence standard, O'Neill's recovery did not begin until he was 39, an idea that this study shows is indefensible.

The goal of meaning-centred therapy is to help people not merely overcome their addiction but live productive, contented lives. Unlike harm reduction approaches, an existential approach offers new hope that we can do more than merely ease suffering.

To implement such a treatment requires trained counsellors and a supportive environment. Most addiction counsellors are trained in either abstinence or mainstream harm reduction models. Miars (2001) pointed out that few counselling programs offer courses devoted to existential therapy, with the result that most counsellors have a jaundiced and naïve understanding of its power. This lack may be problematic. Brooks and Matthews (2000) concluded that addiction counsellors who scored high on measures of spiritual well-being, values, and self-actualizing characteristics had a significantly greater impact on their clients' spiritual well-being than did those counsellors with lower scores. This study serves as an invitation to addictions counsellors to broaden their psychology training so that they can offer greater help to their clients.

This study also contributes to the study of positive psychology. May (1953) argued that the disintegration of values in today's society has left us "without a sense of the tragic significance of life" (p. 75). The modern sense of alienation, of helplessness to control our own destinies, works against the belief that in spite of inevitable death and suffering, we have dignity and worth. O'Neill recognized this modern alienation, but his vision was more comprehensive, encompassing what he considered the nature of the human condition. O'Neill was able to restore a tragic vision through his art. In his work, he would eventually escape his focus on deficiencies or disease, and mould and nurture a subjective sense of hope and optimism, and personal qualities of courage, perseverance, forgiveness, spirituality, and creativity.

O'Neill's journey to recovery supports Seligman and Csikszentmihalyi's (2000) prediction that the psychology of the new millennium is positive psychology. Psychology since World War II "concentrates on repairing damage within a disease model of human functioning" (p. 6). The perspective of positive psychology, on the other hand, focuses on

“positive experience” (p. 10), views “human beings as self-organizing, self-directed, adaptive entities” (p. 10), and recognizes that “people and experiences are embedded in social context” (p. 10). It deals with what makes life worth living, and O’Neill’s narrative suggests that this approach leads to wellness.

Limitations

As a matter of expediency, I have been limited to many secondary sources for the O’Neill material. The primary sources are newspaper interviews from the 1920s and 1930s, private correspondence that exists only in archives, and conversations with those who knew O’Neill. I can defend the research only by declaring that I have relied on material accepted as standard by O’Neill scholars.

A study of a single alcoholic’s journey to recovery is, of course, limited. As psychobiography this study has methodological limitations. We cannot question O’Neill and so must rely on extant information and on the memories of those who knew him. Carlotta, his third wife and executor, was very protective of her husband’s reputation, and we can only guess what papers and whisperings died along with her. O’Neill, himself, was obsessively mindful of his reputation, and we have evidence that he invented ‘facts’ to put himself in a more positive light. We do not know, for instance, what happened precisely the night that he attempted suicide, and recollections of the events trip over themselves. Was it a serious attempt, a call for help, or “the biggest joke in the world” (cited in Sheaffer, 2002a, p. 331)? O’Neill wrote about the incident in *Exorcism* (1919), but he destroyed all copies of the play.

This study makes only a single contribution toward the application of an existential approach to recovery. We can glean insight into recovery from an idiographic study, but replicating this study with other addicts would provide a more powerful

argument that long-term recovery demands addressing issues of meaning and human growth potential.

There are many candidates for this work: Thomas De Quincey, William S. Burroughs, John O'Brien, Antoine Artaud, Caroline Knapp, and other writers set down their experiences of addiction and recovery. Although each journey was unique, all involve a resolution to existential questions. Nineteenth-century poet Charles Baudelaire (1860/1996), in *Artificial Paradises*, observed that drugs provided a religious experience. Baudelaire's recovery was his recognition that addiction perverted the experience. Rather than share with others his divine revelations, he merely wallowed narcissistically in the experience.

The diary of twentieth-century poet Evelyn Lau (1989) described how she found recovery through her writing. Lau ran away to the streets and the drug lifestyle at age 14 to escape conservative Chinese parents who stifled her growth to an extent where she felt life on the street preferable to the rigidity imposed at home. She distracted herself with drugs and prostitution from facing her boredom and loneliness, developed a narcissistic personality, and found a sense of belonging with others trapped in the drug lifestyle. Through writing a diary and poetry that addressed her existential vacuum, she grew to accept her situation and then to transcend her suffering. As with O'Neill, she displayed commitment, courage, and hope; and she was supported by those at Covenant House and, later, by literary patrons.

An existential approach to recovery would be broadened by studying those who never recovered. Malcolm Lowry was another writer who turned to alcohol early, and in his single-minded pursuit to stay drunk lost his wife and career. His most famous novel, *Under the Volcano* (1947/1971) repeats the theme that the alcoholic is disconnected from

others, nature, and self. O'Neill was the only addicted, Nobel-prize winning American writer who recovered. A useful study would be to examine how the narratives of Fitzgerald, Hemingway, and Faulkner differed from that of O'Neill.

It also seems reasonable to suggest that any creative endeavour could provide the transformation from addiction to recovery. Insight could likely be gained from studying the life of painters, such as Rossetti, or musicians, such as Eric Clapton.

Implications for Treatment

The ancient Greek dramatist, Euripides (1981), warned of taking a simpleminded stance toward addiction in his alcohol-drenched play, *The Bacchae*. The young king, Pentheus, lover of decency and good order, is appalled that the god, Dionysus, is whipping up the city's women into a drunken orgiastic ecstasy. The consequence of the king's attempt to restore a healthy-mindedness to his kingdom is his being torn limb from limb by the drunken women. The lesson, teaches Euripides, is that only a naïve understanding of human nature supposes that we can banish the spontaneous, ecstatic, non-rational aspect of our nature. Two millennia later, Nietzsche (1872/1996), in *The Birth of Tragedy*, labelled the yearning toward decency, physical health, and good order as our Apollonian impulse. Set against this was the innate yearning of the Dionysian impulse. He used the metaphor of the drunken dancers of St. Vitus to describe this impulse. To Apollonian observers, the dancers are irrational and immoral. Yet the dancers, in their trance-like state, were transcending their dull or suffering lives and blending with the ecstatic life energies of the Dionysian. Any attempt to suppress the Dionysian, said Nietzsche, led to life that was stagnant, impotent, emotionless, and superficial. Though Nietzsche recognized that the Dionysian impulse left to itself would

soon degenerate to chaos, like Euripides, he concluded that it was the very aspect of our nature that provides passion, creativity, and vitality.

Mainstream treatments for addiction are, in essence, Apollonian healthy-minded attempts to deal with the problem. What they do not address is the addicts' Dionysian urge, the need to transcend their meaningless, monotonous, and boring lives and feel, for a moment, one with truth.

The present study of O'Neill's struggle with alcoholism has shown the viability of the existential approach to drug treatment. More specifically, Viktor Frankl's logotherapy and Paul T.P. Wong's meaning-centred counselling seem particularly relevant in view of their emphasis on the human potential to transcend addiction through the discovery of personal meaning. In the final analysis, O'Neill's recovery cannot be attributed to coping skills, medication, or awareness of the harm of addiction. Rather, his redemption came primarily from affirming that life was worth fighting for in spite of its pain and suffering. As he wrote in *The Great God Brown* (1925), "Man is born broken. He lives by mending. The grace of God is glue" (1941, p. 370).

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