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"THE PRISONHOUSE OF MY DISPOSITION":
A STUDY OF THE PSYCHOLOGY OF ADDICTION
IN DR. JEKYLL AND MR. HYDE

DANIEL L. WRIGHT

Robert Louis Stevenson’s gothic novel, Dr. Jekyll and Mr. Hyde, often has been classified as a literary study in divided or “split” personality. Indeed, given Jekyll’s own profession that his life is one best defined by “commit[ment] to a profound duplicity” (p. 122),1 such subsequent readings of the character of Dr. Jekyll ought not much surprise us. The reduction of Jekyll’s character to one of simple duality, however, is to oversimplify and misapprehend the enormity of the psychological affliction of Stevenson’s tortured physician, for Dr. Jekyll is not so much a man of conflicted personality as a man suffering from the ravages of addiction. He is a man of “destructive attachments,”2 a man victimized by a chemical dependency that is aggravated both by a pre-existing psychopathology and maladaptive behaviors which follow his repeated consumption of the undisclosed psychoactive substance that turns him into Edward Hyde.

Stevenson’s short novel does not reveal much to us of Jekyll’s character history, but that Jekyll is a tormented man long before he becomes captive to his novel drug is evident from the doctor’s own narrative;3 indeed, when we discover that Jekyll is but the public persona of a man who is much more—and other—than he appears to be, we realize that it is the doctor’s addiction that offers the means by which the character of Henry Jekyll is to be definitively understood, for Henry Jekyll, apart from whatever else he may be, is an addict. The history of Jekyll and Hyde criticism suggests, however, that many readers of the novel have seen in the tale little more than a simple exposition of two-sidedness in the human condition. Andrew Lang, for example, one of the first reviewers of Stevenson’s story, announced to the audience of the Saturday Review in 1886 that “Mr. Stevenson’s idea . . . is that of the double personality in every man,”4 and Richard Gaughan, over a century later, has attested that such a conclusion among readers remains common even today; he reminds us, for example, that even in the late twentieth century, “we
use the term Jekyll and Hyde casually to suggest a split personality or some conflict between someone’s good and evil sides.” Similarly, for David Daiches, *Dr. Jekyll and Mr. Hyde* is one of Stevenson’s “fascinating experiments in the ambivalence of character,” and to Irving Saposnik, the novel is a “colloquial metaphor for the good-evil antithesis that lurks in all men.”9

“Hyde . . . is in fact merely Jekyll’s unpressed spontaneous existence,”10 contends Victorian scholar Masao Miyoshi, and to Ralph Tymms, Stevenson’s exposition of Henry Jekyll is typical of many writers’ reliance on the concept of the Doppelgänger to express a conviction of “moral dualism” in men,11 a thesis with which Douglas Thorpe, too, substantially concurs.12

Doubtless, as Joyce Carol Oates points out, *Dr. Jekyll and Mr. Hyde* “will strike contemporary readers as a characteristically Victorian moral parable”—a conclusion first articulated by reviewers in the years immediately following the publication of Stevenson’s novel—but any assumption of easy identification attending such broad, culturally-normed, and morally ambiguous qualities as those that ostensibly define good and evil (and which, presumably, too, are separate and distinctly evident in the persons of Jekyll and Hyde) presumptively reduces highly equivocal categories of value to easy division and classification according to specific categories of behavior. In any case, to assume that Jekyll represents human “good” while Hyde embodies that which is “evil” is to forget that Hyde is but the consequence of Jekyll’s experiments in forbidden science; he exists only by the will of *Jekyll*; he has no independent being. Hyde is not *other* than Jekyll; he is Jekyll.

The assumption, however, that one possesses a darker side that somehow is *other* than what one really is is not just an exercise in simplistic moralism; it is characteristic of the flawed appraisal and unnatural division of human personality that an addict indulges in the attempt to excuse his addiction or mistakenly regard himself as one who is not addicted. Such indulgence is symptomatic of denial.

Denial of the addiction is illustrative of the addict who cannot confront his illness. Such inability frequently is attributable to the addict’s belief that his disability is not physiological but moral. To acknowledge addiction is to acknowledge that one is dependent rather than self-reliant, and addicts “fiercely resist admitting dependency.”15 To the extent that the addict cannot comprehend his behavior in terms divorced from the rhetoric of personal and moral failure, the addict likely will refuse to admit that he cannot govern his condition. Jekyll’s reaction to Hyde, the emblem of his addiction, is typical; as he proclaims to Utterson, “to put your good heart at rest, I will tell you one thing: the moment I choose, I can be rid of Mr. Hyde” (p. 40). The addict untutored in the pathology of addiction will always so mistakenly suppose that he can regulate the use and effects of his intoxicant. Of course, he cannot—no more than a similar exertion of will can spontaneously heal a compound fracture, reverse the aging process, or eradicate genetic deformity.16 Jekyll’s
erroneous but stubborn conviction that he, at “the moment [he] choose[s] . . . can be rid of Mr. Hyde,” is but one prominent sign that he who is controlled by his addiction, regrettably, is one wrongly convinced that he is in control of it.

The illusion of self-control perpetuates and reinforces the addict’s dependence on his intoxicating substance or behavior because reliance on such self-misrepresentation never compels the addict to address the addiction as an integral part of his being; as long as he can nurture the convenient fantasy that his addiction can be arrested and dismissed as though it were a feature distinct and separable from his “true” nature (“It was Hyde, after all, and Hyde alone, that was guilty,” Jekyll protests [p. 134]), the addict can pretend that he has foregone his addiction even while he is mortifyingly captive to it.

Only in the abyss of despair can the addict achieve authentic recognition of the immensity of his sujection to his intoxicant. It is only in Jekyll’s final moments, forever deprived of the elixir which both feeds and destroys his life, that we witness Jekyll approach some small measure of truth in assessing his condition; yet even in the extremity of his dejection, anticipating either suicide or the horror of arrest and execution, Henry Jekyll clings to an unrepentant fondness for his monstrous self. As he apologetically rhapsodizes of Hyde in his last minutes, “his love of life is wonderful; I go further: . . . I find it in my heart to pity him” (p. 154). Jekyll’s inability fully to renounce and take responsibility for Hyde, even on the brink of death, is indicative of the magnitude of his dependence. His belligerent refusal to surrender to self-recognition reveals that, for all his protests to the contrary, he loves being Edward Hyde. Even when he attempts to convince us that he has bid “a resolute farewell to the . . . leaping impulses and secret pleasures that [he] ha[s] enjoyed in the disguise of Hyde,” Jekyll discloses that he has neither “g[i]ve[n] up the house in Soho nor destroy[ed] . . . the clothes of Edward Hyde” (p. 140). He attributes to the work of his “unconscious” self this reluctance to dispossess himself of Hyde’s effects (p. 140), but the informed reader or therapist recognizes that such a “lapse” and its attendant excuse actually are the results of very deliberate, if delusional, thought processes that addicts like Jekyll engage to shield themselves from reality and uphold impaired patterns of thinking that service their addiction.17

Jekyll’s declaration of sympathy and affection for Hyde—whom he otherwise regards as an avatar of “pure evil” (p.128) and “[t]hat child of Hell” (p. 150)—points not only to the enormity of the distorted value system which Jekyll adopts to protect and rationalize his addiction but reveals that, like all addicts, Jekyll pursues his addiction with a madman’s ardor not so much because he likes the drug which he consumes but because he cannot resist the state of intoxication which the drug produces. As Mark Judge reminds us, the addict is formed not just by his consumption of an intoxicant; the consumer of an intoxicant becomes an addict in his reaction to the intoxicant,18 for if
mere consumption of alcohol alone caused addiction to alcohol, every drinker would become an alcoholic.\textsuperscript{19} Jekyll, similarly, is not enamored of the drug that turns him into Edward Hyde; he is enamored of \textit{Hyde}, for Hyde is representative of the intoxicated state of sadistic desire\textsuperscript{20} after which Jekyll strives. As Jekyll himself puts it, “I knew myself, at the first breath of this new life, to be more wicked, tenfold more wicked, sold a slave to my original evil; and the thought, in that moment, \textit{braced and delighted me like wine}” (p. 126, emphasis added). He continues: “I was the first that could plod in the public eye with a load of genial respectability, and in a moment, like a schoolboy, strip off these lendings (a probable allusion to Lear’s exclamation at the moment of \textit{his} transformation [\textit{King Lear} III.iv.108]) and spring headlong into the sea of liberty” (p. 133).

One can only theorize about the patterns of addictive behaviors and latent disorders that are aroused by the drug and pursued by Hyde, for though we see something of the horrors that Hyde performs in the novel, and to some extent, may discern, if given enough information \textit{to} discern, why he does what he does, Hyde’s motivational psychology, like Hyde himself, is always at least partially concealed. We certainly cannot accept Jekyll’s own account or explanations of his conduct at face value, for he speaks through the voice of one whose reason and objectivity have been compromised by addiction. Indeed, he often is an apologist for his addiction. One particular discovery by modern psychotherapy of cyclical activity in addictive behaviors, however, merits investigation, for it suggests answers that may account for the behavioral disorders unleashed by Jekyll’s consumption of his potent, inflammatory narcotic.

Patrick Carnes’ identification of the addict’s pursuit of the intoxicated state within a four-step cycle—preoccupation, ritualization, compulsive behavior, and despair\textsuperscript{21}—is directly applicable to Jekyll. Jekyll’s unregenerate drive to satisfy that which his addictive nature craves demonstrates the unfortunate doctor’s captivity to the first step of the cycle. “Frantic mad with evermore unrest”—as Shakespeare might say of the bedeviled practitioner of forbidden science—Jekyll sends his butler, Poole, and his colleague, Lanyon, on fevered searches, “flying to all the wholesale chemists in town” (p. 87) for his pernicious powder, heedless of all other calls and obligations. Withdrawn and isolated, utterly preoccupied with his single obsession, Jekyll is willing to divorce himself from all responsibilities and associations save those which attend the quest for his drug.

One also sees in Jekyll’s susceptibility to ritualized behaviors the second feature of the addiction cycle. The victim’s preoccupation with his addiction leads the addict to create a ritual world by which the psychological strength of his addiction is magnified. Jekyll’s egomaniacal pride of accomplishment in his miracle of chemistry is indulged before his horrified colleague in anaphoric erotemae (“Will you be wise? will you be guided? will you suffer
me to take this glass?”) mingled with a florid, anachronistic diction meant to evoke the sense of one’s presence before the *mysterium tremendum*. Jekyll’s god-like, pretentious speech—the unregenerate addict’s ironically inflated, stentorian rhetoric of omnipotence and invulnerability—would persuade Lanyon to an attitude of awe-struck terror by convincing him that he stands in the presence of one prepared to dispense, before a mere mortal, secrets “to stagger the unbelief of Satan” (p. 116).22

The compulsive behavior which succeeds the enactment of the addict’s ritual forms the third step of the addiction cycle. In this step, the addict consumes his intoxicant and completes that which the preparatory episodes of preoccupation and ritualization have enabled. Lanyon recalls his midnight witness to the wretched drama of Jekyll’s transformation:

> He put the glass to his lips and drank at one gulp. A cry followed; he reeled, staggered, clutched at the table and held on, staring with injected eyes, gasping with open mouth; and as I looked there came, I thought, a change—he seemed to swell—his face became suddenly black and the features seemed to melt and alter—and the next moment, I had sprung to my feet and leaped back against the wall, my arm raised to shield me from that prodigy, my mind submerged in terror. (pp. 116, 119)

The fourth step in the addiction cycle—despair—marks the momentary conclusion of the addict’s journey through the ritual universe of compulsive dependency. Following the addict’s exhaustion of the tiresome routines of his methodical habit and emergence from his state of intoxication, he often suffers extended periods of intense remorse, shame, self-pity, and self-hatred. In his sobriety, he is appalled at the things he has done; he has violated his fundamental values; he is astonished at his capacity for vicious action: “The pleasures which I made haste to seek in my disguise were, as I have said, unregenerate,” Jekyll writes in his confession. “When I would come back from these excursions, I was often plunged into a kind of wonder at my vicarious depravity . . . [E]very act and thought centered on self . . . [I] stood . . . aghast before the acts of Edward Hyde . . . [T]hus . . . conscience slumbered” (p. 134).

Disstraught and tormented by his captivity to base desires and actions, the addict, in his sobriety and shame, solemnly resolves to forego his perverse pleasures and promises to persevere in abstinence and improved conduct.

> “Utterson, I swear to God,” cried the doctor, “I swear to God I will never set eyes on him again. I bind my honour to you that I am done with him in this world. It is all at an end . . . [M]ark my words, he will never more be heard of . . . I am quite done with him . . . I have had a lesson—O God, Utterson, what a lesson I have had!” And he covered his face for a moment with his hands. (pp. 55, 56, 59)
The addict’s despair sometimes animates thoughts of suicide, however, especially if he is compelled to confront public ridicule, social humiliation, loss of his job, divorce, or other catastrophic consequences of his addiction. In such cases, earlier vows of restoration and amended behavior frequently succumb to the crushing realization of addiction’s power over its victim, and the addict acknowledges his insufficiency before the enemy that holds him captive (“I chose the better part,” Jekyll records in his dying testament, “and was found wanting in the strength to keep it” [p. 140]). Resignation and sorrow overwhelm the suicide-prone addict, and he separates himself from relationships as he begins the process of final withdrawal: “You must suffer me to go my own dark way,” Jekyll warns Utterson. “I have brought on myself a punishment and a danger that I cannot name. If I am the chief of sinners, I am the chief of sufferers also” (p. 69); “I am very low, Utterson,” Jekyll continues, “very low. It will not last long, thank God” (p. 76). And, for Doctor Jekyll, as with all too many addicts seized by despair, it doesn’t. When, shortly thereafter, Utterson gazes upon the dying form of his old friend, his twisted body racked by convulsions on the floor of the surgery, the narrator of the painful episode reports that “Utterson knew that he was looking on the body of a self-destroyer” (p. 98).

If the addict does not choose death, the shame and degradation evoked by the addict’s despair usually will drive the victim into patterns of vile relationships or isolation. The cycle of self-abuse over which the victim of addiction can exert no control shatters the addict’s ability to participate with confidence among members of his sober association. His self-respect annihilated, the addict retreats into a dark, pathological underworld of co-addicted desperates; he consoles his battered sense of individual self by diffusing it among others of like self-contempt. In Stevenson’s novel, one witnesses such a retreat into the shadows of anonymity in Edward Hyde’s descent into the sinister underworld of London—much in the manner of Oscar Wilde’s Dorian Gray (a literary emblem of his creator’s own disordered sense of identity)23 who, in response to his more sordid instincts, prowls about the remote and ominous precincts of the city in search of forbidden pleasures.

Jekyll, too, in characteristic addictive custom, seeks refuge from others in reclusiveness, as well as by concealment. Grief-stricken, dysphoric, overcome by shame, anxiety, and the dissolution of resolve (“I wish you to judge for me entirely . . . I have lost confidence in myself,” Jekyll confides to Utterson [p. 56]), the addict withdraws from his accustomed society and recedes into an unhealthy solitude. Similarly, Jekyll declares, “I mean from henceforth to lead a life of extreme seclusion” (p.69); consequently, according to the narrator, “The doctor, it appeared . . . more than ever confined himself to the cabinet over the laboratory . . . he was out of spirits, he had grown very silent, he did not read” (pp. 73-74). Jekyll, however, barricading himself
behind the walls of his home, sequesters himself even from those from whom he otherwise might hope for sympathy and support.

In his retreat from those who do not share his addiction or from those who may discover the addiction he would not have them detect, the victim of addiction may, in such manner as Jekyll, abandon his usual contacts and distance himself from the observation and scrutiny of others in order—unlike Jekyll—to pursue his addiction without interference. In other circumstances, however, the victim, in his deranged, guilt-suffused reasoning, overcome by an aggravated sense of his unworthiness to participate in the lives of those not contaminated or corrupted by a moral weakness or failing such as his, may desert those of his usual acquaintance out of shame and seek, of his own capacity, to restore himself to health and sanity. As Jekyll discloses in his final “Statement,” upon the day following the murder of Sir Danvers Carew, “I resolved in my future conduct to redeem the past; and I can say with honesty that my resolve was fruitful of some good” (p. 144). Unaware, however, of the vulnerability of the addict’s lofty intentions over time—especially when he chooses to sustain isolation rather than strive to “reverse . . . the alienation that is integral to the addiction [by] establish[ing] roots in a caring community”—the unassisted victim, like Jekyll, more often than not, will fail in his efforts and return to active addiction.

Jekyll’s misplaced confidence in his ability to expel Hyde, as though Hyde were but an unwanted guest rather than an integral part of Jekyll’s being, contributes to Jekyll’s failure to sustain the arrest of his addiction. Stevenson’s description of Jekyll’s reformation during his hiatus from self-abuse reads colloquially like a case study’s post-interventionist history:

Now that that evil influence had been withdrawn, a new life began for Dr. Jekyll. He came out of his seclusion, renewed relations with his friends, became once more their familiar guest and entertainer; and whilst he had always been known for his charities, he was now no less distinguished for religion. He was busy, he was much in the open air, he did good; his face seemed to open and brighten, as if with an inward consciousness of service; and for more than two months, the doctor was at peace. (p. 66)

But few addicts can maintain their sobriety without the supportive therapy that is so vital to an addict’s renewal. Mistakenly convinced that he can defeat his addiction rather than arrest and govern it, the unsupervised or uneducated addict risks personal breakdown and restoration of the addictive pattern. Even Jekyll, during the tenure of his heroic perseverance against the resurgence of his habit, foresees the imminent triumph of his addiction and his conquest by Edward Hyde:

For two months . . . I was true to my determination; for two months, I led a life of such severity as I had never before attained to, and enjoyed
the compensations of an approving conscience. But time began at last to obliterate the freshness of my alarm; the praises of conscience began to grow into a thing of course; I began to be tortured with throes and longings, as of Hyde struggling for freedom; and in an hour of moral weakness, I once again compounded and swallowed the transforming draught. (p. 140)

Jekyll’s apprehension of “the Babylonian finger on the wall . . . spelling out the letters of [his] judgement” (p. 137) illustrates the enormous fear of personal unmanageability that is a characteristic defect in the inventory of disorders that define an addict’s corrupted psychology. As Patrick Carnes attests, “This unending struggle to manage two lives . . . takes its toll . . . The impaired mental processes result in faulty problem-solving in all areas of the addict’s life.”26 But the victim of addiction confronts and struggles with the unmanageability of more than his psyche. Particularly if he is a chemical abuser, like Jekyll, he faces the demands of an increasing physiological tolerance for his drug that reduces him to a state of artless puppetry, for the intoxicant that commands him requires that he consume ever-increasing doses of his narcotic,27 and his will, no longer free, subordinates his every need to the maintenance of his addiction. This domination of the individual by his narcotic, the relentless escalation of his craving for larger measures of the drug, and his involuntary subservience to the effects of that consumption are concentrated and perhaps most dramatically illustrated in Stevenson’s novel by the protagonist’s terrifying revelation that he, even without ingesting his fantastic substance, has once been overcome by its terrible potency. Jekyll recollects the horror attending his loss of personal control: “I had gone to bed Henry Jekyll, [but] I had awakened Edward Hyde. How was this to be explained? I asked myself; and then, with another bound of terror—how was it to be remedied?” (pp. 136-37)

Prior, however, to Jekyll’s stunning revelation of the magnitude and consequences of his loss of personal control, he, in the manner of the typical addict, manifests some of the more alarming signals of addiction in his facile attempt to discount his problem by easy dismissal of the severity of its effects (“[I]t isn’t what you fancy,” he assures Utterson; “it is not as bad as that” [p. 39-40]). Not only, though, does Jekyll at first strive to rationalize and trivialize his addiction by diminishing the severity of the affliction, but he enlists others, such as his butler and the housekeeper of his Soho residence, as enablers in the maintenance of his addiction. And Jekyll, of course, when need insists, extends that circle of enablers. He exploits Utterson’s “approved tolerance for others” (p. 2), for example, in support of his addiction by securing Utterson’s assurance that he will assist Hyde and keep that assistance secret (pp. 40-41). And in yet another paradigmatic example—in a demonstration of one of the more egregious violations of another person occasioned by addictive abuse—Jekyll draws Lanyon into his community of enablers by persuading Lanyon
that if he will but serve him in his distress by procuring his drugs for him, his “troubles will roll away like a story that is told” (p. 108).

Jekyll’s appeal to Lanyon is characteristic of the victim of addiction who, in turn, victimizes others by manipulating their loyalty, affection, or sense of obligation and duty to personal advantage. To bring others under his control, the addict calculatingly casts coercive spells to arrest his victims’ attention and leave them with no apparent alternative but compliance with the addict’s demands. Jekyll, in like manner, first appeals to Lanyon’s friendship and affection to encourage his colleague’s cooperation, but fearing failure therein, he terrifies Lanyon with threats of non-compliance with his orders: “[B]y the neglect of one of them, fantastic as they must appear, you might . . . charge . . . your conscience with my death or the shipwreck of my reason” (pp. 107-08).

Defective reason in the addict, especially when coupled with impaired sensory function, not only inclines the addict to misdiagnosis and denial of his condition but effectively negates the possibility that the addict can, without assistance, identify and confront the conditions of his character that predispose him to addictive behavior. The addict cannot free himself from his systematic abuse of himself and others until he can overcome the convictions which emanate from what professionals in the field of addiction recovery refer to as “the addict’s belief system.”

Nurturing that distorted belief system are disordered perceptions that often make an individual subject to the captivity of addiction. A likely candidate for addiction, for example, frequently will regard himself as one for whom ordinary human happiness is impossible, and he may seek to compensate for that loss by indulging dark desires that seem to promise the happiness and self-satisfaction that he otherwise thinks himself denied. Recall, in this context, Jekyll’s account of his lonely life, “nine tenths a life of effort, virtue and control” (p.128), his lament of the burden of his “bonds of obligation” (p.126), and his complaint of the unrewarded, “self-denying toils of [his] professional life” (p. 142) to which Jekyll attributes the despondency that prompts him to seek euphoric liberation, and therein the joie de vivre, that he so long has foregone. Combine that record, then, with Jekyll’s subsequent account of the psychologically transfiguring effect which his metamorphosis into Edward Hyde achieves (“There was something strange in my sensations, something indescribably new and, from its very novelty, indescribably sweet. I felt younger, lighter, happier in body” [p. 126]); add to that, in turn, his near-death admission that his reveries as Hyde are but the deserving recreation of one who long has sought a means by which he might become other than he is—and it is not difficult to see the ease with which Jekyll could become addicted. Jekyll was prepared to become an addict; he had only to introduce the agent that would effect his enslavement: Revealingly, Jekyll acknowledges this: “The drug had no discriminating action; it was neither diabolical nor divine;
it but shook the doors of the prisonhouse of my disposition” (p. 131, emphasis added).

Stevenson’s portrait of a subject whose aggregate pre-addictive personality disorders reveal a substantial number of risk factors associated with high receptivity to addictive behavior—compounded by that subject’s later exhibition of a similarly extraordinary number of symptoms associated with habitual self-abuse—provides us with more than enough clinical evidence (brevity of the novel notwithstanding) to justify a diagnosis of chemical addiction in Henry Jekyll. The unresolved question of whether the disclosure of the character and quantity of such astonishing detail in the novel means that Stevenson, as one obviously intimately familiar with the symptomology and psychopathology of addiction, could have been himself an addict of some kind, may provoke additional research into Stevenson’s life by some interested literary scholars who are inclined to see direct relationships between author and text, but such inquiry will ever only be speculative in its conclusions, whatever its results. In any case, irrespective of one’s critical inclinations, it would, of course, be less than prudent to argue that Stevenson himself was necessarily an addict just because he composed a gothic novel that happens to be a frighteningly accurate study in addictive psychopathology. As Oscar Wilde rightly contends, “To call an artist morbid because he deals with morbidity as his subject-matter is as silly as if one called Shakespeare mad because he wrote King Lear.”

Whatever The Strange Case of Dr. Jekyll and Mr. Hyde has meant, means, or will come to mean to others, given our recognition of the discoveries of modern psychology, this novel can no longer be for us a tragedy without meaning, a narrative of suffering without cause, a story of psycho- and sociopathology in search of a name. Stevenson’s strange case of Henry Jekyll and Edward Hyde is not just a quaint experiment in gothic terror but Victorian literature’s premiere revelation, intended or not, of the etiology of chronic chemical addiction, its character and effects. As such, it merits our scrutiny and our regard, lest we, like Utterson, in this, our own culture of addiction, “incline to Cain’s heresy . . . [and] let [our] brother[s] go to the devil in [their] own way[s]” (p. 2).

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NOTES

1 All quotations are taken from The Strange Case of Dr. Jekyll and Mr. Hyde (Lincoln: Univ. of Nebraska, 1990). All citations from this edition are parenthetically inserted in the text.

As Henry Jekyll testifies in his “Statement,” “To cast in my lot with Jekyll, was to die to those appetites which I had long secretly indulged and had of late begun to pamper,” p. 139.

And Henry Jekyll may indeed be several other discernable things as well as an addict. Heretofore, absent the analysis of Jekyll as addict, a number of provocative and insightful theories have been proposed to explain something of the personal mystery that is Henry Jekyll. Jerrold Hogle, for example, observes that Jekyll, by denying (or obscuring from recognition) any more significant malignancy or disorder in his person, misguidedly interprets his nature according to some rather simple diagnostic codes of Christian faith, “codes very like the almost Calvinist schemes . . . forced on young Stevenson by his Scottish father and nanny” (“The Struggle for a Dichotomy: Abjection in Jekyll and His Interpreters,” Dr. Jekyll and Mr. Hyde after One Hundred Years, eds. William Veeder and Gordon Hirsch (Chicago: The Univ. of Chicago Press, 1988), pp. 162-63. Hogle also correctly identifies the consequences of adopting the flawed metaphysics that inform this misdiagnosis, for as he observes, “This styling of humanity sees the essence of fallen man as split, like the whole world after the Fall itself, between the God-seeking forces of constructive good and the destructive, Satanic forces of antisocial evil,” p. 163; acceptance of such a crypto-Manichean theological construct has obvious implications for those explanations of the Jekyll/Hyde phenomenon that, absent close scrutiny of the text, are inclined to promote or advance a dualistic interpretive paradigm. Additionally, William Veeder convincingly points to twisted patterns of patriarchy in the novel and suggests that “Oedipal rage seethes beneath the professional surface of Jekyll and Hyde” (“Children of the Night: Stevenson and Patriarchy,” Dr. Jekyll and Mr. Hyde after One Hundred Years, eds. William Veeder and Gordon Hirsch (Chicago: The Univ. of Chicago Press, 1988), p. 126: furthermore, he continues, the novel elicits “an aura of homosexuality,” p. 147, but “[p]rofessionalism functions . . . to screen the . . . homoerotic attractions” of Jekyll as well as those of the other patriarchs in the novel, p. 152. In an edition of Victorian Studies, Ed Block, Jr. contends that the discipline of evolutionist psychology may open some avenues that might lead us to some general conclusions about Stevenson’s conception of Jekyll’s diseased state of mind, for therein he argues that “The Strange Case of Dr. Jekyll and Mr. Hyde is Stevenson’s most sustained depiction of psychological aberration depicted in evolutionist terms” (“James Sully, Evolutionist Psychology, and Late Victorian Gothic Fiction,” Victorian Studies: A Journal of the Humanities, Arts and Sciences 25 [Summer 1982]: 458; furthermore, Lawrence Rothfield interprets Stevenson’s unflattering depiction of Henry Jekyll’s psychological imbalance to be typical of what he perceives as a “wave of antagonism against medicine and medical professionals” in nineteenth-century English fiction (Vital Signs: Medical Realism in Nineteenth-Century Fiction (Princeton: Princeton Univ. Press, 1992), p. 150).

Worth pursuing, though, with respect to the theme of the “double” (and especially of Oscar Wilde’s indebtedness to Stevenson’s use of this theme in Wilde’s modeling of his character of Dorian Gray) are André Labarrère’s study (“Onamastique, structure et dedoublement dans le cas étrangédu Docteur Jekyll et de Miester Hyde,” Hommage a Claude Digeon, ed. Claude Faisant (Paris: Belles Lettres, 1987), pp. 303-13 and Isobel Murray’s perceptive article (“Strange Case of Dr. Jekyll and Oscar Wilde,” Durham University Journal 79 [June 1987]: 311-19).

Richard T. Gaughan, “Mr. Hyde and Mr. Seek: Utterson’s Antidote,” *Journal of Narrative Technique* 17 (Spring 1987): 184.


16 Isolated examples of spontaneous remission of addiction do, of course, occur, as does remission in the case of other pathologies (such as cancer), but as G. Bateson documents, such incidents are unusual and generally characterized by highly specific sets of prerequisite circumstances and events (“The cybernetics of ‘self’: a theory of alcoholism,” *Psychiatry* 34 [1971]: 1-18), conditions not likely to be easily discovered, anticipated, or re-created in most victims of addiction. As Martin van Kalmthout concludes, “For many addicts...behavioral programs will be the only realistic way [to treat addiction]” (“Spontaneous remission of addiction,” *Contributions to the Psychology of Addiction*, eds. Gerard M. Schippers, Sylvia M. M. Lammers, Cas P.D.R. Schaap (Amsterdam: Swets and Zeitlinger, 1991), p. 63. See also Note 25.

17 See especially Patrick Carnes’ several discussions of maladaptive thinking in the addict in *Out of the Shadows: Understanding Sexual Addiction*, 2nd ed. (Minneapolis: CompCare, 1992).


20 It is not difficult to see that it is neither a “heady recklessness” nor the “innocent freedom of the soul” (p. 126) to which Jekyll gives himself over during his nocturnal adventures as Hyde. Jekyll’s dereliction is anything but the romantic and wistful ornamentation of personality with which he confuses the true colors of his cruelty. Jekyll’s life as Hyde is predatory, sociopathic; he is a murderer, probably driven by a repressed sense of class inferiority or homosexual self-hatred (either or both of which could explain his vicious attack on Sir Danvers Carew, the old aristocrat whom Hyde encounters during the early morning hours on the deserted lane by the river). His sadistic violence is also probably reflective of latent misogyny as well, for throughout the novel we witness Jekyll’s almost complete avoidance of women, although significantly, the first target of his savagery as Edward Hyde is a woman (more specifically, a little girl, an emblem not only of women but of the vulnerable woman). See also Patrick Carnes’ discussion of sexual victimization as a particularly potent retaliatory mechanism of the addict’s anger (Carnes, *Out of the Shadows*, p. 41).
Jekyll’s affected oratory strives to approximate the rhetoric of deity:

“Will you be wise? will you be guided? will you suffer me to take this glass in my hand and to go forth from your house without further parley? or has the greed of curiosity too much command of you? Think before you answer, for it shall be done as you decide . . . [A] new province of knowledge and new avenues to fame and power shall be laid open to you, in this room, upon the instant; and your sight shall be blasted by a prodigy to stagger the unbelief of Satan.” (pp. 115-16)

Such inflated and lofty rhetoric is typical of the addict who, like Jekyll, nurtures a defective concept of self that is aggravated by what Derksen and Hendriks have aptly labeled “omnipotent phantasies” (“Psychoactive substance dependence and borderline personality disorder,” Contributions to the Psychology of Addiction, eds. Gerard Schippers, Sylvia M. M. Lammers, and Cas P. D. R. Schapp (Amsterdam: Swets and Zeitlinger, 1991), p. 141.

Wilde, like Dorian, was a man of studied duplicity and disguise. A prominent socialite and raconteur as well as poet and dramatist, Wilde frequented not only the fashionable literary salons and haunts of the rich and aristocratic but plunged into prostitution and vice within the shadowy dens of lower-class London as well. Like Dorian, too (and Jekyll before him), he met his end in exposure and disgrace before an unforgiving Philistine society, as much a study in contradiction and paradox in life as that which he immortalized in art.

Carnes, Out of the Shadows, p. 19.

Helena Roche reminds us that unassisted recovery from addiction can rarely be regarded as a remedial procedure of promise, for even among those who seek or are assigned supervised care. “[t]he typical dependent [will] enter . . . treatment in a state of delusion . . . The self he presents initially is false—a product of suppressed emotion, rationalization, manipulation and preoccupation with chemicals” (The Addiction Process, p. 224).

Carnes, Out of the Shadows, p. 13.

Lanyon’s examination of Jekyll’s scientific journal exposes Jekyll’s growing reliance on larger measures of his drug as well as the panic which follows the doctor’s frustrating attempts to control the effect of his intoxicant’s use by increasing the quantity of his accustomed dosage:

Here and there a brief remark was appended to a date, usually no more than a single word: “double” occurring perhaps six times . . . ; and once very early in the list and followed by several marks of exclamation, “total failure!!!” (p. 110)

Jekyll’s testament, too, confirms the doctor’s expanding dependence on enhanced use of his extraordinary narcotic:

The power of the drug had not been always equally displayed. Once, very early in my career, it had totally failed me; since then I had been obliged on more than one occasion to double, and once, with infinite risk of death, to treble the amount . . . I was slowly losing hold of my original and better self (p. 138).
Jekyll prefaces his entreaty with an emotional appeal to Lanyon’s sense of fraternal good will: “You are one of my oldest friends; and... I cannot remember, at least on my side, any break in our affection. There was never a day when, if you had said to me, ‘Jekyll, my life, my honour, my reason, depend on you,’ I would not have sacrificed my left hand to help you” (pp. 105-06).

See Kavanaugh, Magnificent Addiction, p. 92; Carnes, Out of the Shadows, p. 5.

“The Soul of Man Under Socialism,” The Annotated Oscar Wilde: Poems, Fiction, Plays, Lectures, Essays, and Letters, ed. H. Montgomery Hyde (New York: Clarkson N. Potter, 1982), pp. 408-09. Interestingly, however, those who would like to indulge the fantasy of some necessary connection between an author and his creation should refer to Vladimir Nabokov’s concluding account of the circumstances attending Stevenson’s death and the “curiously thematical link” that is established between the end of Robert Louis Stevenson and the last moments of Dr. Jekyll, for as Nabokov notes, Stevenson himself died suddenly in 1894 of a vascular hemorrhage while preparing to consume a chemical intoxicant of his own: “He [Stevenson] went down to the cellar to fetch a bottle of his favorite burgundy, uncorked it in the kitchen, and suddenly cried out to his wife: what’s the matter with me, what is this strangeness, has my face changed?—and fell on the floor. A blood vessel had burst in his brain and it was all over in a couple of hours” [emphasis added] (“The Strange Case of Dr. Jekyll and Mr. Hyde,” Vladimir Nabokov: Lectures on Literature, ed. Fredson Bowers (New York: Harvest/HBJ, 1980), p. 204. Can it truly be said that life does not imitate art?