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Coleridge's Memory: Sickness, Opium Dream and Recollections

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Abstract

The focus of this study is to locate the influence of Coleridge's memory, his frequent sickness, opium dreams and the recollections of these dreams in the writing process of the poem The Rime of the Ancient Mariner. This study attempts to understand how in the writing process of this poem, Coleridge's memories operate under certain medical conditions; thus, I want to examine the interface between disease and memory in the poet's creative process. Hence, my approach to analyse the interrelation between diseases and memory in this article is mainly biographical.

Keywords: Coleridge, Disease and illness, Opium, Dream, Recollections

For my understanding of Coleridge's memory, his frequent sickness and his recollections of opium dream I owe a great debt to Livingstone Lowes's *The Road to Xanadu* (1927), M. H. Abrams' *The Milk of Paradise* (1934), Elisabeth Schneider's *Coleridge, Opium and 'Kubla Khan'* (1966), Molly Lefebure's *Coleridge and the Bondage of Opium* (1974), Patrick Adair's *The Waking Dream* (1967), Alethea Hayter's *Opium and the Romantic Imagination* (1968), Jennifer Ford's *Coleridge on Dreaming* (1998). I want to carry forward the ground breaking researches in Coleridge scholarships, made by L. Lowes, M.H. Abrams, Molly Lefebure, Patrik Adair, Elisabeth Schneider, Alethea Hayter and Jennifer Ford by focussing the under-emphasised aspect of memory in Coleridge scholarships, and I will discuss Coleridge's memory from the point of eighteenth century disease and medicine. I begin this discussion by drawing attention to Livingstone Lowes's propositions that the poem *The Rime of the Ancient Mariner*[1] is 'subdued to the hues of that heaving and phosphorescent sea below the verge of consciousness from which they have emerged . . . what the teeming chaos of the notebook gives us is the charged and electrical atmospheric background of a poet's mind', (Lowes, *Road to Xanadu*, 29) and behind the poem there 'lie also innumerable blendings and

fusings of impressions, brought about below the level of conscious mental processes' (278). Further he goes on to say that Coleridge with his

> tenacious and systematising memory . . . consciously recalled, through their strong associative links, the various details which he had read and no less consciously combined them. Conscious recollection and recombination played their part in the complex operation which brought the diverse elements together (Lowes 49).

Rather than seeking Romantic stereotypes about 'the poet's mind' or 'the conscious mental process' of the poet or the romantic imagination, I am particularly interested in the poet's memory. Lowes suggests that the shaping spirit of (Coleridge's) imagination 'must have materials on which to work, and a memory steeped in travel-lore was this time the reservoir on which it drew' (49), and 'much of the topography of the "Ancient Mariner" is derived from the accounts of eighteenth-century as well as early modern explorers to the North and South Poles' (Fulford 172). Lowes quotes from Coleridge's Anima Poetae: 'the imagination . . . the true inward creatrix, instantly out of the chaos of elements or shattered fragments of memory, puts together some form to fit it' (*Road to Xanadu* 52). Among the books which have left their luminous tracks in his memory were Captain Cook's *Voyage*, through its paragraph about the multi-coloured animalcules, and Priestley's *Optics*, through its chapter on 'Light from Putrescent Substance', and the fifth volume of *Philosophical Transactions*, through Father Bourzes's account of the shining appearances in the wakes of ships (Lowes 74). When Coleridge came to write *The Ancient Mariner*, 'his memory was crowded with impressions of terrible beauty of desolate and icy seas' (Lowes 124). In his essay 'Coleridge's Poetic Sensibility', George Whalley explains that Coleridge was actually aware of the dynamic nature of perception and of thinking; of how 'the eye is reinforced &supported by the images of Memory flowing in on the impulses of immediate Impression' (Beer 27).

Coleridge was born at Devon and sometime a citizen of Bristol, passed his most impressionable years at the ancient foundations of British nautical tradition as a boy and man, and hence, it was very natural that some intimate and permanent impressions of the current terms and superstitions of the sea influenced Coleridge's memory in the writing process of the poem. Coleridge's attitude to memory is very complex and equivocal, and in the chapter, entitled, 'Memory and Perception' in his book *Coleridge and Wordsworth: The Poetry of Growth*, Stephen Prickett rightly argues that:

> The final state of the Mariner doomed at uncertain intervals to recount the guilt and terror of his own moral awakening, remains ambiguous. Just as all sense-perception is ambiguous, so too memory is capable of a variety of conflicting or equivocal interpretations 9Prickett 124).

Samuel Taylor Coleridge was 'often a deeply troubled man' (Cunningham 252) and his frequent sickness and miserable diseased condition led him to take opium and as a result led him to visualise several opium dreams. This section tries to analyse how the memorisation of these opium dreams contribute to Coleridge's poetics in *The Ancient Mariner*. The important and significant fact, as noted by M. H. Abrams in his *The Milk of Paradise* is that—

> in "the well of memory" the fragments of the land (fantastic land) assume as legitimate a place as any recollections from life. When the poet's selective spirit hovers over the well, these images rise to the surface as readily as any others, to be incorporated in his creation side by side with the scenes from everyday life (Abarms 05).

In her article 'Coleridge as revealed in the Letters' Earl Leslie Griggs discusses a number of letters, written by Coleridge to his friends, which gives us enough evidence of his constant illness and disease. Coleridge suffered enormously from rheumatism, gout, dysentery, diarrhoea, indigestion, disorder and depression which he frequently mentions in his letters and 'Coleridge's addiction to opium, as the letter shows was the major tragedy of his life' (Beer 37). Humphry House argues that 'his extreme illness and his unhappiness in personal relations intensified his habit of introspection' (House 142), and Coleridge's diverse 'range of dream experience was largely due to opium' (153). We know that Coleridge had taken opium several times before 1791 and experienced to some great extent the effects of drug, and had already experienced opium dream of horror in 1796 of sufficient intensity to have left their impress on the poems of that year. In a Coleridge's letter, written in 20-24 December, 1796 there are frequent references to his recourse to opium habit than he ever made. M.H. Abrams agrees with Lowes's view that *The Ancient Mariner* is 'an abnormal product of an abnormal nature under abnormal conditions' all having been 'conceived and composed under the influence of opium' (Abrams 35). We must understand that Coleridge had experienced the type of opium dream which might have exerted remarkable influence before the conception of the poem *The Ancient Mariner* in the afternoon of November 13, 1797 and had a part in memorising the scenery and sensation of Coleridge's dream. Molly Lefebure in her book *Samuel Taylor Coleridge: A Bondage of Opium* (1977), proposed that:

> Opium is a great aid to the process of fantasy-building, because opium opens the mind; it removes barriers of memory and inhibition; it releases a tide (S. T.C repeatedly used the word stream) of memories of persons, situations, things actually experienced, or even read. All come thronging from where they have previously lain dormant, apparently totally forgotten; they manifest themselves in such vibrating urgency of detail that they appear more real than reality (Lefebure 55).

A careful interpretation of Wordsworth's account of the poem's origin bears out this theory that Coleridge recollects his friend 'Cruikshank's dream of the skeleton ship with figures in it' and Wordsworth further demands that the 'spectral persecution had been in Coleridge's memory from the first'. Thomas De Quincey gives evidence that such a plan had been forming in Coleridge's mind and Coleridge had 'meditated a poem on delirium, confounding its own dream-scenery with external things' (De Quincey, Works, II, 145). The phrases like 'A poem on delirium,' 'dream scenery,' 'spectral persecution' suggest that these rose at once in Coleridge's memory at the mere suggestion of a skeleton ship. It seems likely that some such plan came to his memory when he wrote, on a page of the *Gutch notebook,*

> in that eternal & delirious misery—
> wrathfires—
> inward desolation—
> an horror of great darkness
> great things that on the ocean
> counterfeit infinity— (Beer, *Coleridge:the Visionary*, 143)

From the notebook it is evident that Coleridge had opium hallucinations while in the very process of reading about the materials he later utilised in the poem. In this poem, as soon as the crew hangs the dead white bird around the Mariner's neck, the woman-specter, who is white as leprosy emerges on a western wave. Coleridge locates the sources of the disease in the skin of a ghostly, white woman. In his notebooks, Coleridge also pictured a white woman as a career of disease and moral depravity. In one of his well-known account of dreams, he told of being 'followed up and down by a frightful pale woman who, I thought, wanted to kiss me, and had the property of giving a shameful Diseases by breathing on the face' (CN, I:1250)[2]. Hence the diseased white woman is clearly the result of Coleridge's memorisation of a 'frightful pale woman' of his earlier dream. M. H. Abrams argues very aptly that—

> it is almost unbelievable that scenes which impressed him so vividly should not sink into his memory, to be later metamorphosed in the crucible of dreams . . . Coleridge more or less consciously clothed the bits from his reading in the new and glowing material of his dream memories (Abrams 40).

In *The Statesman's Manual*, Coleridge demonstrates the relations among dream, waking states, recollections of dreams and nervous system—

> the dreams, which we most often *remember*, are produced by the nascent sensations and inward Motiunculae of the waking state. Hence, too, they are more capable of being remembered, because, passing more gradually into our waking thoughts, they are more likely to associate with our perceptions after sleep. Accordingly, when the nervous system is approaching to the waking states, a sort of under-consciousness blends with our dreams . . . (White 40).

Coleridge's recognition that opium allows access to 'trains of forgotten Thoughts' because of its effect on the physiological 'seminal organisation' of memory posits memory as both passive, active, visual and verbal. In a notebook entry of October 1803, recasting an earlier one of 1799, Coleridge shows himself aware of the power of the association and subscribes it partly to opium:

> What is Forgetfulness? Renew the state of affection or bodily Feeling, same or similar – sometimes dimly similar/ and instantly the trains of forgotten thought rise from their living catacombs!— Old men, and Infancy/ and Opium, probably by its narcotic effect on the whole seminal organisation, in a large Dose, or after long use, produces the same effect on the visual, and passive memory (Adair 51).

Coleridge's understandings of imagination and memory was deeply influenced by contemporary medical debates that took place between medical men such as John Brown and William Cullen in the 1790s and John Abernethy and William Lawrence from 1814 to 1820 on the nature of life, physiology and anatomy. Neil Vickers in *Coleridge and the Doctors: 1795-1806* (2004) connects medicine to Coleridge's intellectual development and his theory of the imagination; in the first chapter, titled, 'Medicine in the 1790s: A Very Brief Introduction', Vickers, ramifies some theoretical controversies in eighteenth-century medicine, shows the rise of the view that disease, and notes that possibly all disease is caused by disturbances in the nervous system. Jennifer Ford in her seminal study *Coleridge on Dreaming: Romanticism Dreams and the Medical Imagination* (1998), shows the 'physical and medical nature of dreams, dreaming and imagination' and 'the origin of dreams and the peculiar role of his body and the imagination played in them'(Ford 7, 8). This article tries to establish the role of disease and memory in his dreaming process and the medical nature of

memory in recollecting the opium dreams. Coleridge's memory was not only the evoker of sublime dream vision, but it also partook of a corporeal, physiological and diseased existence.

In the earliest of his notebook dream writings, Coleridge presents his dreams as intimately connected with his (diseased) bodily process. Coleridge's own subtitling of the 1800 edition of *The Ancient Mariner* as 'A Poet's Reverie' encourages further interpretations. Coleridge's nightmares were deeply grounded in theories of volition as a mode of touch, as well as in the recognition that nightmares are very specific degrees of dreaming-experience which were often characterised by an alarming sensation of emptiness and nothingness. According to Thomas McFarland, 'the unexplainable fact of a diseased volition was the most mysterious and destructive of the ills under which Coleridge laboured' (Beer, *Bicentenary Essays*, 135). For Coleridge, nightmares were amongst the most terrifying and physical immediate types of dreams. Hence, his memory becomes 'diseasedly retentive', a cause not only of atonic gout, but also of poetry, sleep and those insistent 'frightful Dreams' (Griggs, *Collceted Letters*, Vol. II, 975). A nightmare world may well be one in which stupor rather sleep dominates, but this nightmare stupor is occasioned by painful sensation' (*Coleridge's Notebook*, III, 4046). Jeremy Davies in *Bodily Pain in Romantic Literature* posits that, in *The Ancient Mariner* 'Coleridge gives us a way of thinking about physical pain . . . by picking out what pain feels like. *The Rime* suggests that bodily hurt is best characterised by the textures of its absence' (Davies 103-4). The mariner's experience, just like Coleridge's experience, reveals a truly physical and painful memory that is 'diseasededly retentive' and by narrating its experience, as if, it tries to fill the absence. *The Ancient Mariner* is not merely the upshot of the subliminal stirrings and the romantic imagination; rather it gathers its constructive energy by recollecting of its own volition and multiple myriad remembered images.

I do fully agree with Richard Holmes's view that 'the Mariner's sufferings are expressive of Coleridge's opium addiction and his moral collapse' (Holmes 86). Coleridge often suggests that his diseased body and suffering from numerous complaints causes his dreams and is intimately involved in many dreaming process; hence, we can perceive that his memory was the linking faculty between the psychological and physical states of dreaming and disease. Disease and illness are such conditions when the body is diseased by memory of past events, delirious visions and dreams. I think, Coleridge's memory is poetic, biological and medical. To my mind, during the creative process of *The Ancient Mariner*, Coleridge's memory brings all organs together somatically as well as psychosomatically, and plays the most important role in uniting his dreams, disease, opium visions, imagination and painful remembrances. We can conclude this study by asserting that on the part of Coleridge, not only the instances

of illness and diseases are carried/ revived by the memory ("memory of disease": memory of Coleridge's physical illness), but memories are carried/ associated with the diseases also ("disease of memory": Coleridge's diseased dream memories).

Footnote:

[1] Henceforward I will use only *The Ancient Mariner* instead of the full name *The Rime of the Ancient Mariner*.

[2] Molly Lefebure explains this in the context of Coleridge's guilt-ridden opium-dreams in her book *Samuel Taylor Coleridge: A Bondage of Opium*. See Works Cited.

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