Battling Addictions in Dracula

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If the *pharmakon* is ‘ambivalent’, it is because it constitutes the medium in which opposites are opposed, the movement and the play that links them among themselves, reverses them or makes one side cross over into the other.

Derrida, *Plato’s Pharmacy*¹

One of the many ways Dracula has proven his modernity is with his multiple film appearances in the twentieth century. Of these, Francis Ford Coppola’s 1992 film, the most faithful adaptation of the 1897 novel in terms of characterization, atmosphere, and structure, features a gratuitous romance between Mina and Dracula – an addition that offers a fascinating glimpse into the paradoxical nature of drug use in the novel. In one scene, Dracula pours an exotic drink for Mina, explaining, ‘Absinthe is the aphrodisiac of the soul. The green fairy who lives in the absinthe wants your soul. But you are safe with me.’ Though neither this interaction nor absinthe – that quintessential bohemian drug of the fin de siècle – appears in Stoker’s novel, this brief added scene makes explicit the novel’s implied entanglement between vampirism and drug use: both are seductively dangerous and dangerously seductive, particularly for women. Whether she knows it or not, Mina courts death on more than one level, and despite Dracula’s playful assurance, what is indeed at stake is the very possession of her soul. In this scene, Dracula evokes the popular advertising image of absinthe – the soul-stealing seductress, the green fairy – in opposition to the role of a reassuring male protector who is actually (unbeknownst to Mina) a far more threatening demon. His masquerade as the safe but knowledgeable male authority figure – who knows all about naughty recreational drugs but will protect Mina by administering and controlling her consumption of them – cleverly mirrors the male medical establishment’s contradictory attitude toward female patients in the novel, while teasing the viewer with the popular narrative of unauthorized drug use as a risky encounter with a soul-stealing substance.

Drugs saturate the pages of Stoker’s novel, from the chloral Dr Seward considers
taking to help him forget Lucy’s rejection, to the narcotic Dr Van Helsing gives Lucy before her first blood transfusion, the laudanum that knocks out the maids the night Lucy’s mother dies, and the ‘mild opiate’ Seward prescribes to help Mina sleep, apparently not realizing that nightly visits from the Count are causing her exhaustion. Along with Coppola’s film, a number of recent creative imaginings – among them Abel Ferrara’s 1995 film *The Addiction*, the novels of Poppy Z. Brite, and the TV show *Buffy the Vampire Slayer* – have expanded upon the connections between vampirism and drug use hinted at in Stoker’s novel. To my knowledge, however, there has been no extended critical engagement with the drug use in *Dracula*. Generally speaking, the novel is most commonly read as an allegory of sexual behaviour, although later critics have produced important readings of the novel’s anxieties about reverse colonization and depictions of anti-Semitism, as well as the significance of technologies of writing. Reading *Dracula* as a Gothic narrative of drug addiction, dependency, and loss of control brings into conversation many of these anxieties about desire, consumption, colonization, and writing. I will explore here some of the hyperbolic rhetoric surrounding drug use and women’s place in medical discourse that has risen, like Dracula, repeatedly in our culture. I will argue that *Dracula* attempts to distinguish clearly between licit and illicit drug use – a distinction that cannot hold. Most importantly, *Dracula* illuminates a complex relationship between middle-class women and the opiates that, paradoxically, could serve as a means of patriarchal oppression or resistance to it.

**From Home Remedies to Controlled Substances: Shifts in British Pharmacy Laws**

Although opiate use in the nineteenth century is associated primarily with the Romantics – especially De Quincey and Coleridge – Victorians too used and wrote about opium, which was legal and viewed alternately with tolerance, suspicion, and even admiration. It is important to note that earlier novels, such as the works of Wilkie Collins, do not necessarily treat drug use or even addiction with the same level of horror that appears in *Dracula* and other fin-de-siècle works. Although this essay engages more in deconstructive than historical criticism, I feel it is important to acknowledge an important shift in British pharmacy law, not as a simplistic explanation for Stoker’s characterization, but rather as a contextualization and recognition of a real change in the legality of opium that had been taking place, albeit fitfully, between the middle to the end of the century – a change that eventually led to today’s mainstream laws and attitudes toward drugs. Although opium remained legal in England until the twentieth century, the 1868 Pharmacy Act began establishing restrictions by classifying opium as a poison that could only be sold by qualified pharmacists. Morphine and patent medicines were later added to the schedule, and doctors’ prescriptions increased. By the 1890s, the restriction of opium importation and sale had become a hotly debated topic among doctors and politicians. The disease model – that is, the view that
addiction is a disease to be treated rather than a moral vice or simply a bad habit – became a cutting-edge theory, but during this period of transition, many doctors combined both theories, viewing addiction as both ‘disease and vice’, according to prominent drug historian Virginia Berridge. The possibility of occasional un-prescribed use, as well as that of the ‘moderate stable addict, the consumer who could exist without apparent personal or physical deterioration for years on the same level dose of the drug’, slowly vanished. According to Terry Parssinen, Victorian-era doctors and politicians who debated in favor of narcotic regulation believed alcoholism to be a greater social menace but considered opiate addiction a greater threat to the individual, calling such an addiction a ‘disease of the will’. Despite publicly recognizing alcoholism’s negative effects, especially on the wives and children of male alcoholics, policy makers and lobbyists seemed far more concerned with the susceptibility of supposedly weak females to opiates and the feminization of the male addict to his (foreign) opiate mistress.

The fear that drugs erode the individual will manifests itself in public policy as anxiety increased about Britain’s dependency on foreign products such as tea, silk, china, and most importantly for this argument, opium. Despite opium’s ubiquitous appearance in the British household in the form of laudanum, a growing fear relating to immigration into Britain added to the already present anxieties about the ‘Eastern’ origin of the drug and helped strengthen the desire to restrict opium importation and use. Anti-opium activists, we might say, feared British dependency on – that is, addiction to – the products imported from its colonies and worried about being ‘penetrated’ by Eastern immigrants as a morphine needle might penetrate an addict. The anxiety about this particular version of reverse colonization is certainly rooted in racism, but it functions through the metaphorical fear of the feminized social body. As anti-opium activists worked to stop the importation of opium from China and India ‘except to supply the legitimate demand of opium for medical purposes’, the distinction between ‘good’ medical/professional and ‘bad’ recreational/personal drug use sunk its teeth into public policy and has yet to let go.

We might see this distinction played out in Dracula: the dark, Eastern Count who ‘pushes’ a seductive yet deadly non-medical pleasure stands ostensibly opposed to Van Helsing and Seward’s ‘good’ medical use of drugs. The ‘drug fiend’, to use a term that so succinctly conveys the monstrosity of addiction, threatens our dearly-held concepts of identity and will. The drug addict as vampire – compulsive, antisocial, soulless, possessed, undead – perfectly captures the image of monstrosity and horror that drug addiction instills in the heart of mainstream society both in the nineteenth century and today. Yet like so many of the binary oppositions that the characters in Dracula scramble to reconstruct in the face of Gothic horror, the licit/illicit distinction crumbles under extended analysis, even as the image of the vampiric addict refuses to die.
Opiate Ethics; Or, Drugs: They’re Not (Just) for Pain Anymore

The depiction of drug use in *Dracula* reflects the growing control of late-Victorian doctors over drug consumption. All of the novel’s opiates, narcotics, and sleeping draughts, though sometimes used without a doctor’s orders, are prescribed by doctors: even the laudanum with which ‘someone’ spikes the sherry, Lucy notes, comes from the supply her mother’s doctor uses to treat her. Doctors carefully regulate the use of drugs in the novel, implying that disaster will surely ensue if the drugs are used improperly, which is demonstrated when Lucy dies as an indirect result of the maids being drugged. Not only are the drugs all directly connected to the doctors who prescribe them, but no mention of the recreational use of opium, chloral, or related drugs occurs anywhere in the text. The only quasi-recreational drug use hinted at occurs when Dr Seward considers taking chloral as an antidote to heartache. As an ethical doctor, he decides against it, noting that he ‘must be careful not to let it grow into a habit’ and concluding that ‘mixing’ chloral with thoughts of Lucy would ‘dishonour’ Lucy. Thus the first mention of a drug in the text is accompanied by an exhortation against addiction. While I am not suggesting that chloral is not addictive, Seward’s musings assumes a rather alarmist tone that sets the stage for subsequent depictions of drug use in the narrative.

One of the implied results of taking chloral in Seward’s case is that it might ease his emotional pain by allowing him to forget his heartache. While the treatment, especially with opiates, of emotional pain may pose ethical problems more pronounced than the treatment of physical pain, the doctors in *Dracula* do not debate the ethics of either; instead, they do not dispense opiates as pain relievers for emotional or physical pain. Invariably, though medical doctors dispense laudanum and chloral, these drugs are in fact not used to heal anyone or to ease pain but rather to incapacitate the patient who is always, with the exception of Renfield, female (in fact, Van Helsing and Seward even perform an operation that involves drilling into Renfield’s skull apparently without the use of anesthesia). Lucy’s second blood transfusion illuminates the opinions of Stoker’s doctors on drug use. As Van Helsing prepares to transfuse Seward’s blood, Seward remarks, ‘there was no possibility of an opiate just at present, and no need of one; and so, without a moment’s delay, we began the operation.’ Leonard Wolf asserts that having ‘no need’ for an opiate seems unlikely: ‘On the contrary, a mild analgesic would be useful here, since, in Stoker’s day, transfusion needles were larger than they are now and induced considerable pain.’ Only sentences later, Van Helsing worries that ‘with growing strength [Lucy] may wake; and that would make danger, oh so much danger. But I shall precaution take. I shall give hypodermic needle of morphia.’ Even though Lucy is already unconscious, Van Helsing deems it necessary to take the ‘precaution’ of inducing a chemical unconsciousness, of doubling her incapacitation. Thus, while the doctors implicitly acknowledge various opiates’ effectiveness as pain relievers, they find this pain relief unnecessary and irrelevant. This is very surprising given that, even today, pain relief is the primary medical application of opiates.
Why would the doctors in the novel avoid dispensing opiates for pain relief? There are many possible reasons, and the most likely ones are intertwined. First, to associate the doctor with pain relief necessarily puts him in an intimate relationship to pain, especially when the pain results from a medical procedure the doctor instigates – blood transfusions or cranial surgery, for example. Second, noble suffering characterizes the novel’s heroes and heroines, and female suffering in particular figures prominently in the novel’s moral imperative. Finally, pain relief derived from opiates is usually accompanied by some form of pleasure: opiates regularly induce euphoria, hallucinations, and a temporary feeling of release. In turn, this pleasure invites moral uncertainty, linguistic play, female rebellion, and patriarchal instability into the narrative.

Dracula-as-Drug

If *Dracula* emphasizes, rather than denies, the extraordinary variety and ubiquitous availability of opiates and related drugs, this emphasis seems only to exist in the effort to purge these substances of their more dangerous, pleasurable, and potentially threatening effects. The more volatile, controversial effects of opiates – namely the drug’s (mythical or otherwise) reputation for producing hallucinations, stimulating the imagination, generating vivid dreams and alternative modes of consciousness – are displaced onto the effects of Dracula’s bite. If doctors vigilantly control the use of literal opiates in the novel, the vampire’s bite functions as a metaphorical opiate that at once increases female rebellion and mobility and encompasses a multitude of growing Victorian anxieties about illicit, recreational, experimental drug use.

After their first attacks, both Mina and Lucy describe strange, vivid, and sensual dreams. Here, Dracula’s tendency to appear in the dreams of his victims certainly draws upon the theory that vampires awaken subconscious desires and fears, but this tendency also aligns Dracula with an older association of opiates with dreams and visions. The vague, sensual imagery Lucy describes ‘in a half-dreaming kind of way’ to Mina after her first encounter with Dracula sounds very similar to opium hallucinations: she remembers being surrounded by ‘something very sweet and very bitter’ and a feeling of ‘sinking into deep green water’ before her ‘soul seemed to go out from [her] body and float about in the air.’ Such aural and visual hallucinations combined with a half-dreaming but highly mobile state, unusual physical sensations, and a feeling of the consciousness being separated or distanced from the body, typify many accounts, both first-hand and literary, of opiate consumption.

Dracula’s bite suggests elements of various types of opiates, but one might argue that it most directly corresponds to a morphine injection: the vampiric ‘drug’ Dracula ‘injects’ into Lucy and Mina requires a phallic penetration – by teeth, in this case, rather than by the hypodermic syringe that popularized morphine use. As both Barbara Hodgson and Martin Booth note, morphine was initially touted as a cure for opium addiction until it was discovered to be even more addictive.
itself, after which heroin was proposed as a cure for morphine addiction, with a similar unfortunate result. According to Hodgson, many doctors believed opium addiction, ‘sometimes referred to as the opium appetite’, resulted from the action of swallowing the drugs and could be cured by injection. These two methods of drug consumption – injection and swallowing – echo the vampiric acts of consuming and dispensing: the vampire punctures his victim’s skin with needle-like teeth and swallows her blood while also injecting her with vampiric qualities.

Moreover, although women had always consumed drugs and doctors had often claimed that women were more susceptible to their effects than men, the novelty of morphine and hypodermic needles and the subsequent concern about the drug’s addictiveness injected new life into the late-century argument about women’s vulnerability to addiction. According to Berridge, morphine was especially popular for treating ‘female complaints’ such as menstrual and childbirth pain, as well as so-called ‘hysteric’ ailments. Morphine’s popularity in treating such complaints crystallizes the paradoxical nature of drug use by women in the nineteenth century: on one hand, doctors were listening to and attempting to provide relief for women’s legitimate pain, while on the other, this gendered treatment pathologized the female body. Interestingly, although women were the target of much hyperbolic rhetoric over addiction to morphine, doctors themselves formed the other major group identified as highly prone to morphine addiction, which underscores a tenuous and uncomfortable association between women and doctors in both the medical literature and *Dracula*.

To stem the tide of women’s fluid, unauthorized eroticism in the novel, doctors arm themselves with stern medical authority and an artillery of medically-approved narcotics. Like the doctors who replaced swallowed drugs with injected ones in order to control the drug ‘appetite’, Van Helsing ‘corrects’ his dosage of the remarkably slow-acting narcotic drink he gives Lucy before her first blood transfusion with the more direct morphine injection he provides for the second. He attempts to forestall Lucy’s appetite and predilection for swallowing with the injection of a more cutting-edge, medically-approved drug. As Christopher Craft deftly notes, however, in one of the few critical articles to mention drugs in the novel:

> Van Helsing’s doubled penetrations, first the morphine injection that immobilizes the woman and then the infusion of masculine fluid, repeat Dracula’s spatially doubled penetrations of Lucy’s neck. And that morphine injection, which subdues the woman and improves her receptivity, curiously replicates the Count’s strange hypnotic power [. . .] We may say that Van Helsing and his tradition have polished teeth into hypodermic needles, a cultural refinement that masks violation as healing.

It is no accident that Craft pinpoints the moment of equivocation between Dracula and Van Helsing at the tip of the hypodermic syringe, for the control of the drugs that go into women’s bodies are very much the point. The result in both cases is the female body penetrated, punctured, hollowed of agency, and
incapacitated. The medical use of drugs in the novel reveals the hypocrisy at the heart of the Victorian era’s rising medical profession, which pushes its drugs as licit and condemns non-medical drug consumption – even when the drugs have essentially the same effect. Despite the doctors’ apparently good intentions, their purpose in prescribing drugs lies precisely in the desire for control rather than cure, no matter the side effects.

An important illustration of the negative side effects of doctor-prescribed medication lies in Dr Seward’s chloral treatment for Mina’s insomnia. Worried that her vivid, Dracula-induced dreams will only add to the men’s fears for her safety – fears which have already led the men to keep Mina out of the fight against Dracula – Mina in turn keeps her specific symptoms secret, telling Seward only that she cannot sleep. Without questioning her further, Seward gives her a mild, allegedly harmless ‘sleeping draught.’ Earlier, Mina describes being left out of the fight against Dracula as a ‘bitter pill […] to swallow’, but along with this bitter pill, she swallows Seward’s sleep medicine. Afterward, Mina temporarily worries that she ‘may have been foolish in thus depriving [her]self of the power of waking’, but it is too late. Not only does the men’s sense of chivalry put Mina directly in harm’s way, Seward’s medicine replicates and even colludes with Dracula’s soporific spell.

In fact, one might argue that Seward’s sleeping draught, with its ability to steal Mina’s power to wake, sedates her more absolutely than the alternative consciousness the Count induces. Even if we accept that Dracula’s will overpowers Mina’s during the attack, his spell still generates mobility and stimulates the imagination. Dracula inspires even more mobility in Lucy, of course, who sleepwalks through the streets before and during her attacks and who wanders indiscriminately beyond the grave. While their doctors relegate Mina and Lucy to strictly domestic occupations and confine them to sickbeds through the use of narcotics, Dracula stimulates their minds and bodies with wanderings, visions, and sexual experimentation.

Yet this stimulation, this non-medical, recreational use, comes with a heavy price in the novel: instant, deadly addiction. Any possibility of drug use as a temporary escape, occasional pleasure, or transitory experiment has been sucked from this text. To indulge just once is to become addicted, and to recover means kicking the habit completely, or dying. The unconscious desires awakened by Dracula resemble those of the junkie who craves the indulgent pleasures of the drug despite (or because of) the knowledge she is courting death. All other needs, thoughts, and desires submit to the overwhelming urge for another fix. Avital Ronell describes addiction’s drive to ‘produc[e] a need for itself’ as autoerotic: ‘If Freud was right about the apparent libidoinal autonomy of the drug addict, then drugs are libidoinally invested.’ Thus to posit vampirism as a drug addiction does not preclude its interpretation as an expression of sexuality repressed by mainstream society. Indeed, examining the druglike aspects of vampirism helps shed light on society’s rejection of the libidoinally autonomous and antisocial, pleasure for pleasure’s sake.
Lucy’s sexual history with a foreigner, and her subsequent stint as the ‘bloofer lady’, wandering and free, wholly independent of men (for after her full initiation into vampirism, she no longer needs her ‘pusher’, Dracula), emblematizes the patriarchy’s worst nightmare about a woman’s unrepressed sexual agency and eroticized drug addiction. This wandering, seductive, aggressive female force must necessarily be purged from the text. The Crew of Light vilify and revile linguistic and sexual ‘play’; they must expunge the magical/ambiguous/threatening from the text as completely as possible. Reminding us that the ritualistic sacrifice for the good of the community requires a scapegoat that is both of the community and marginal to it, Kathleen Spenser explains how both Lucy and Dracula serve that role: Lucy by being paradoxically a virginal and sexual woman, and Dracula by being both human and demon, European and Eastern. It is telling, of course, that the two characters representing the Other in this novel are a white woman and a dark, Eastern man – an alliance evoked early in Lucy’s reference to Othello. Although the fate of these characters suggests a message against miscegenation, viewing Dracula’s threat as that of linguistic play reveals how the vampire represents any number of intertwining transgressions that threaten the very ground on which the social body stands: female sexuality, miscegenation, homosexuality, immigration, drug use. These various foreign elements must be purged from the community so that Arthur and Dr Seward can marry less threatening women, Mina can be purified into her role as mother, and the characters can lock away the papers they have compiled.

At the same time, however, what entices and seduces and even ‘addicts’ the reader, what keeps us reading to the end of the novel and then returning to re-read it, re-adapt it for film, re-write it in various guises, is not the ritual of purging, but the play and pleasure of the vampire’s misconduct, irreverence, disregard for morality. The novel’s strenuous purging is flawed at its very core, for what truly lives on, what becomes resurrected, what rises from its grave, is the text itself, in all its undead, deferred, boundary-collapsing glory. After all, even the characters themselves do not keep the papers locked safely away. Jonathan notes that during a reunion of the vampire hunters, they disinter the manuscript:

I took the papers from the safe where they have been ever since our return so long ago. We were struck with the fact that, in all the mass of materials of which the record is composed, there is hardly one authentic document! Nothing but a mass of typewriting.

This ‘mass of typewriting’ also refers to the novel itself, composed entirely of these documents, all of which have been touched by Mina’s hands and prefaced with a note for outside readers, indicating its dissemination beyond the confines of the group’s safe. This ‘mass of typewriting’ functions as both cure and poison; it purges Dracula-as-drug, but it also creates him, instigating his infiltration into the psyche and the body.

Avital Ronell argues that, “To get off drugs [. . .] the addict has to shift
dependency to a person, an ideal, or to the procedure itself of the cure.’ In the
eff ort to rid Mina of her vampiric addiction, she and the men shift their
consciousnesses to ‘the procedure itself of the cure’, or the fight, in this case, to
purge the world of both the drug and the drug lord, the master drug fi end. In the
process, the novel presents us with a different kind of addict: the writing addict.
The journal entries and letters that construct the narrative reveal secret desires,
but more importantly, they reveal a compulsion toward recording and transcription
that mirrors the obsessive fi xation of the drug addict. More than once, the
vampire hunters cite fatigue, terror, and the lack of proper equipment as reasons
why they do not keep diaries, yet their obsession about recording the day’s events
requires their diligent, unwavering attention, even in the face of exhaustion or
danger. As the group’s primary transcriber and the person who instigated the
exchange and compilation of texts, Mina performs a supposedly necessary service.
In fact, the other characters agree that ‘it is due to her energy and brains and fore-
sight that the whole story is put together in such a way that every point tells.’ In
this sense, although the other characters provide their own accounts, Mina can be
seen as the author – or at least the constructor – of narrative cohesion.

One might consider Mina’s writing to be a non-threatening, purely productive
antidote to the vampire’s bite. In ‘Plato’s Pharmacy’, however, Jacques Derrida
asserts that ‘Writing is no more valuable [. . .] as a remedy than as a poison’. In
‘The Rhetoric of Drugs’, Derrida subsequently claims that ‘“Good” repetition is
always haunted or contaminated by “bad” repetition, so much the better and
so much the worse for it.’ Mina’s compulsion to chronicle and compile aligns
her with the excesses and pleasures of the written text. Many Victorian medical
opinions of female drug intake parallel those relating to the joint female vices
of sexuality and reading: drugs are particularly ‘dangerous’ for women, who are
more ‘susceptible’ to their eff ects. And as is usually the case with ‘dangerous’
texts, questions arise about the power of words to create, caution, and contain the
threats they investigate. Ostensibly typing to keep the vampire at bay, Mina helps
type it into existence; despite the supposed objectivity of her faithful transcription
of men’s words, she injects the text with her own words, observations, interpreta-
tions, and perspective. Mina, the novel’s exemplary mother, also ‘births’ the text
and, in doing so, her transcriptions unleash patriarchy’s nightmare, a monster
that in turn creates female progeny who stray from patriarchal rule.

The danger posed by writing – both in supporting and opposing patriarchal
social structures – must not be overlooked, for only language can construct and
deconstruct ideology, even the ideology surrounding supposedly common-sense
issues such as drug use. The strict delineation between ‘good’ medical drug use
and ‘bad’ recreational use has only become more defi ned over a century after
Stoker’s novel was published, and the control of women’s drug use is particu-
larly at the forefront of this issue: one need look no further than tabloid debates
between Tom Cruise and Brooke Shields over post-partum antidepressants, for
example, or perhaps more tellingly, the fervor caused by a pregnant Gwyneth
Paltrow drinking a pint of Guinness. In terms of the medical literature, women
are still represented as more ‘susceptible’ than men to drugs and alcohol. A recent headline on Fox News about a medical study, for example, reads as if written in 1886 instead of 2006: ‘Women Get Drunk, High and Addicted Easier Than Men.’ The control of doctors, politicians, and pharmacists over women’s consumption of contraceptive drugs that increase their sexual freedom has also become, in recent years, a hot-button topic. The War on Drugs has a new subset: the War on (Legal) Contraceptive Drugs.

The War on (Illicit) Drugs, meanwhile, has maintained a death grip on the collective psyche in its creation of the monstrous addict. Whether we see the seductive threat of vampires as a metaphor for sexual perversion, miscegenation, or drug addiction, Stoker invariably presents us with an image of a soulless Other. The reason drug addiction seems so relevant as a metaphor in Dracula is that the drug addict remains a particularly unassimilable figure in today’s society. What is perhaps so disturbing about addiction is its exposure of the nature of desire itself, the ways we are all hopelessly dependent upon the relentless, repetitious creation and satiation of desires for food, drink, sex, pleasure, and pain. Despite the vampire-addict’s Otherness, what is truly frightening may be its resemblance to our own everyday lives. Rather than attempting to understand the perspective of addicts, perhaps we prefer the melodramatic Gothic metaphors that keep the Addict firmly on the side of Other, even as this figure rises to seduce us again and again.

Notes

4 Ibid., p. 159.
6 Berridge, Opium and the People, p. 192.
8 The lack of anesthesia in the novel was first pointed out to me by one of my students, Jaime Kaminer.
11 Stoker, *Dracula*, p. 128.
12 Ibid., p. 98.
16 Christopher Craft, *Another Kind of Love*, p. 87.
18 Ibid., p. 260.
22 Ronell, *Crack Wars*, p. 25.

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