

# Keeping the Ruins Private: Anna Kavan and Heroin Addiction

## Abstract

In 1964 the number of registered heroin addicts in Britain was 753. One of these was Anna Kavan, née Helen Woods. Beginning her writing career under the name Helen Ferguson, she wrote conventionally realist novels that enjoyed modest commercial success. In 1939-40, after a number of serious breakdowns and suicide attempts, and now calling herself Anna Kavan, Woods/Ferguson left a Swiss sanatorium, addicted to heroin that had almost certainly been therapeutically prescribed for sleeping disorders and severe depression. From then until her death in 1968, when she was found collapsed over a box of drugs, Kavan had an intermittent relationship with heroin. This essay examines the ways in which Kavan has been constructed as an 'addict writer', both by her biographers and critics, and how such a figuration has influenced critical readings of her work.

## Keywords

Mid-century British women's writing; Anna Kavan; *Julia and the Bazooka*; history of opium; heroin addiction.

## *Papaver somniferum*

'... earth the grain-giver yields herbs in great plenty,  
many that are healing in the cup, and many that are baneful.'  
(Homer, *The Odyssey*)

In pill, tincture, or powder form, opium derivatives were used commonly in the nineteenth century to cure coughs, headaches, toothache, and fever as well as to calm fractious babies and toddlers and to alleviate, what Galen called, 'the trouble to which women are subject'. Until the 1868 Pharmacy Act, opium and its various preparations were freely sold in barbershops, tobacconists, ironmongers and even confectioners. Isolated from opium in 1805, the therapeutic use of morphia became routine after the invention of the hypodermic syringe in 1856, which was hailed as a medical breakthrough allowing doctors to harness 'the marvellous power of narcotics' (Wilson, 1869: 463). But according to Dr Roberts Barthlows in *A Manual of Hypodermic Medication: The Treatment of Diseases by the Hypodermatic Method* (1882), the syringe too easily facilitated the consumption of morphine, enabling 'a means of intoxication more seductive than any which has heretofore contributed to his craving for narcotic stimulation. (Hickman 2007: 40). Barthlows was not alone in his fears. By the later half of the nineteenth

century, publications such as Edward Levinstein's *Morbid Craving for Morphia* (1878) (*Die Morphiumsucht* (1877)) began to suggest that the efficacious healing properties of opiates might come at the price of addiction (Levinstein 1878: 3).<sup>1</sup>

The doubled nature of opioids, as both blessing and bane, is the subject of Thomas De Quincey's *Confessions of an English Opium-Eater* (1821), in which he notes that 'The reader is aware that opium had long ceased to found its empire on spells of pleasure; it was solely by the tortures connected with the attempt to abjure it, that it kept its hold' (78). Later, William Burroughs describes the exasperating dynamics of remedy and addiction: 'Any opiate that relieves pain is habit forming, and the more effectively it relieves pain the more habit forming it is. [...] Non-habit forming morphine appears to be a latter day Philosopher's Stone (Burroughs 1956). The fragility of this equilibrium between toxin and medicine is also the subject of Jacques Derrida's reading of Plato's *pharmakon* in which he points out a drug's ability to be at once a substance of 'spellbinding virtue,' a 'power of fascination' and also noxiously deleterious — 'alternately or simultaneously - beneficent or maleficent' (Derrida 1981: 70).

In 1874, in an effort to find a non-addictive substitute for morphine, C. R. Alder Wright boiled morphine with acetic anhydride, producing diacetylmorphine, launched by Bayer in 1898 as Heroin. However, it soon became clear that a non-addictive opioid was, as Burroughs notes, an impossible objective. By 1910, the 'disease model' of opioid had developed in response to concerns over dependency and addiction resulting in the Dangerous Drugs Act of 1920 that ushered in what became known as the Rolleston Era allowing the regulated distribution of opioids supplied by members of the medical profession. But establishing that a morphine user was indeed ill and not simply in the grip of a 'morbid and overpowering craving' proved challenging for the medical profession (Rolleston 1926: 11).<sup>2</sup> Between 1926 and 1966, what became known as the 'British system' was adopted for the prescription and administration of heroin to registered patients. It worked exceptionally well and lasted until the Brain Committee Reports of 1961 and 1965 and the subsequent establishment of the Clinic System in 1968 whereby doctors in Britain could only legally prescribe heroin or morphine according to two criteria:

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<sup>1</sup> This was the beginning of a discourse of addiction that talked not only of the physiology of the drug user but also of the moral problems around free will and the idea of 'character'. Writing in *The Lancet* in 1870, Dr Thomas Clifford Allbut, one of the first doctors to think systematically about the question of addiction, asked, 'Does morphia tend to encourage the very pains it pretends to relieve; or if not, does it rather induce on those who use it constantly, an artificial state which make its further use a necessity' (Seddon 2010: 59).

<sup>2</sup> The Departmental Committee on Morphine and Heroin Addiction Report of 1926 was commonly referred to as the Rolleston Report.

- (a) Those in whom a complete withdrawal of morphine or heroin produces serious symptoms which cannot be treated satisfactorily under the ordinary conditions of private practice.
- (b) Those who are capable of leading a fairly normal and useful life so long as they take a certain quantity, usually small, of their drug of addiction [...] (Seddon 2010: 74).

These conditions recognised that the problem of addiction might be become as serious, if not intensely more so, than the illness it set out to cure. Under the 'British system', then, doctors were permitted to define addiction as an illness and to prescribe both heroin and morphine intravenously to patients to manage, if not cure, their addiction.

Anna Kavan (1901-1968) fell into both of these criteria for legal prescription. Her addiction to injected heroin was longstanding and powerful, beginning, in all likelihood, in the 1920s when the upper classes, often dubbed the 'fast' set, had easy access to morphine and cocaine. One popular morphine product at this time was Omnophon. Manufactured by the Swiss pharmaceutical company La Roche, it came with its own syringe neatly packaged in a box on which it is recommended as a treatment for a plethora of 'nervous' conditions including 'anxiety, depression, psychoses and delirium tremens'.<sup>3</sup>



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<sup>3</sup> 'Drugs for Pleasure, Drugs for Pain? Developing Treatments with Controlled Drugs Part Two: Opium, Morphine, & Heroin', Royal Pharmaceutical Society Museum website, 2011, at <https://www.rpharms.com/museum-pdfs/controlled-drugs---opium--morphine-and-heroin.pdf> (accessed October 2016).

The second proviso of the Brain report was that those who could live a 'fairly normal and useful life' could be prescribed regular doses of heroin by registered doctors. Although she was at certain points in her life a daily user, heroin seemed not to be gravely injurious to Kavan's health. For almost forty years, Kavan led a relatively 'normal', if unconventional, life intermittently but intimately attached to her syringe, that she nicknamed her bazooka, and to the man, her psychiatrist Dr. Karl Theodor Bluth, who supplied it.

Until his death in 1964, Kavan obtained her high-grade, clean heroin freely and legally from Bluth. A German *émigré* who had come to Britain with his Jewish wife to escape Nazi fascism, Bluth had a profound influence on Kavan, not just as her 'supplier' but also on her views on psychoanalysis and psychiatry. Distraught by his death, she was equally distressed at the thought of being ordered to go to a clinic where her drug use, hitherto a discreetly private affair between herself and Bluth, would be bureaucratically regulated and she would be publicly defined as an 'addict'; her private, cherished habit now made a concern of the state. Making her addiction visible was precisely what Kavan did not do. For her, using heroin was a wholly personal matter, as natural and necessary as eating, allowing her to pursue a 'useful and normal life' in the world; painting, writing, travelling and running her own successful property and design business, Kavan Properties. As the narrator of 'High in The Mountains' says of the 'evils of drug taking' and her own addiction to the 'clean white powder: 'What I do never affects anyone else. I don't behave in an embarrassing way.' (*Julia and the Bazooka*: 101). For Kavan, behaving in such a way would be to expose her addiction and, worse, permanently define her as an addict — a degraded and contemptible figure, whose work and personality would always be read through the lens of addiction. Although the precise details are difficult to verify factually, around 1926-7 (she destroyed many of her diaries) Kavan was probably given heroin, referred to as H in her diaries and letters, as a painkiller, to alleviate the severe, often suicidal, depression from which she suffered and then injected it by syringe for the rest of her adult life. Although she did, as Victoria Walker has noted, periodically attempt to 'kick the habit', (Walker 2012: 58) undergoing several periods of withdrawal, Kavan settled comfortably into a regular dosage of heroin provided by Bluth.

## H is for heroin

*Julia and the Bazooka* is the only piece Kavan's work that explicitly addresses drug dependency and the terrors associated with withdrawal. We are presented with Julia whose 'personality has been damaged by a complete absence of love in childhood so that she cannot make contact or

feel at home in the world'. For Julia, heroin is as 'essential to her as insulin to a diabetic'; it is crucial for psychological equilibrium and with 'its support she is conscientious and energetic' able to live a 'normal existence [...] most unlike the popular notion of a drug addict' (153). Offering bodily comfort, heroin also functions as an affective maternal and paternal surrogate, enveloping Julia in the softest of blankets and allowing her to feel at home in the world: she 'hardly remembered how sad and lonely she used to feel before she had the syringe' (153). The doctor who gives Julia her bazooka is depicted as benevolently paternal; he is 'understanding and kind like the father she has imaged but has never known' (153). Recognising the life-saving properties of her 'bazooka', Julia's doctor 'does not want to take the syringe away', telling her 'you've used it for years already and you're none the worse. In fact you'd be far worse off without it' (153).

In 'The Old Address', one of the most confessional stories in this collection, Kavan details the pains of heroin withdrawal and the attendant return of depression, both of which transform the world into a 'hell of hallucination and horror'; a 'nightmare of violence, isolation and cruelty' that is created by the perceiving mind of the addicted protagonist who is overcome with feelings of demented disgust (17-18). Her attempts at withdrawal are disastrous and detailed very graphically in the title story: 'Each time the horror of returning to consciousness had made it impossible ever to try again. Except that the other horror was so much greater' ('Julia': 115-6). The only escape from the suffocating depression that produces in her feelings of intense misanthropy, the 'abominable, disgusting world' and claustrophobia is to take a taxi to the 'old address' where she can obtain drugs: 'There's only one way of escape that I've ever discovered (18). The recognition and acceptance of addiction in this short piece, not found expressed so directly anywhere else in Kavan's writing, is amplified in the last story in title story of the collection where the syringe, 'worn away by continuous use' is an amulet against the world; 'Nothing can frighten her while she has the syringe' ('Julia' 152). The reasons for Julia's addiction are presented as straightforward--she had 'no love in childhood' and 'can't make contact with people or feel at home in the world' — heroin attenuates this damage, comforting her as loving parent might, filling in the affective gaps. (153). Heroin use is thus presented as a sensible, even rather banal, solution to a psychological problem and without it 'she could not lead a normal existence, her life would be a shambles' (153). Brian Aldiss describes Kavan's own relationship with the drug in very similar ways. Heroin use was, he says, her 'accomplice' and her 'truce with reality'. Crucially, it was a wholly private matter for Kavan; 'neither in appearance nor in behaviour', he continues, 'did she reveal her incurable heroin addiction' ('Kafka's Sister': xi).

# The walking dead

Kavan did not, then, regard herself as a 'drug addict'. The image of the typical heroin addict is that of a wasted, supine body punctured by needle marks, the tragic victim of an essential character flaw. Far from quietly leading 'a fairly normal' life, the addict in literature is often presented like the narrator in Burroughs's first novel, *Junkie*, 'slumped nodding in his chair or out on the street, waiting, making his ruins public' (1953: 121).<sup>4</sup> She did not conform to the idea of the drug-user as a spectacle of fallen humanity whose shameless surrender to compulsion separates him or her from others committed to notions of selfhood as a project of authenticity and efficacy. For women in particular, drug addiction has been depicted in the cultural imagination as a particularly wretched slide into self-destruction involving vagrancy, disease, sexual recklessness and even prostitution. In a potted, somewhat anecdotal survey of Kavan's life in the preface to the collection of stories, *Julia and the Bazooka*, Virginia Ironside is at pains to stress that, even in the throes of her heroin addiction Kavan 'never let herself go'; she was always 'dressed immaculately, her platinum hair beautifully set' ('Preface': 5). To be sure, in all existing photographs of Kavan she is well groomed, sartorially pristine and staring down the camera with confident self-possession; the arresting thinness of her physique, characteristic of many heroin users, only adding to the overall impression of studied elegance. Compare this with an alarming warning by the Supreme Court of the United States in 1962 on the physical consequences of becoming an addict: '... the teeth have rotted out [...] eyes and skin turn bilious yellow [...] boils and abscesses plague the skin [...] such is the plague of being one of the walking dead' (Foxcroft 2007: 7). The truth of quotidian heroin addiction, however, is often less picturesquely lurid. The protagonist of *Julia and the Bazooka* complains bitterly about such a hackneyed representation of drug users: 'it is ridiculous to say all drug addicts are alike, all liars, all vicious, all psychopaths or delinquents just out for kicks' (153).

According to scientific evidence, with access to clean drugs and provided the user is well nourished and otherwise not physically vulnerable, there can be few (initially at least) significant effects on heroin users other than digestive disorders, sleep disturbances, libido loss and, of course, the problem of dependency itself. Many users can continue to function (within reason) in everyday life with little to no external symptoms of addiction. The principal effect of heroin is an intense feeling of euphoric well being, and a complete cessation of pain and anxiety

followed by a drowsiness or ‘nodding’ — a liminal state suspended between waking and sleeping in which semi-lucid dreaming may occur as in reverie that can be brought on by ‘two grains of opium’, as in Samuel Taylor Coleridge’s *Kubla Khan* (1797). This state is not, contrary to popular belief, a prolonged one wherein the user’s personality is transformed, Jekyll and Hyde-style, in any fundamental or dramatic way.

What might be said to separate the addict from the non-addict is the strength of their compulsion to escape from reality. In ‘The Rhetoric of Drugs’, Derrida contemplates the collective aversion to the idea of the ‘drug addict’, regarded as someone who inevitably relies on an ‘experience without truth’, selfishly indulging in ‘the rhetoric of fantasy’.

What do we hold against the drug addict? Something we never, at least never to the same degree, hold against the alcoholic or the smoker: that he cuts himself off from the world, in exile from reality, far from objective reality and the real life of the city and the community; that he escapes into a world of simulacrum and fiction (Alexander and Roberts 2003: 25).

While it is true Kavan may not have been ‘in touch’ with city or community life, she was far from exiling herself from reality. As her two biographies, David Callard’s *The Case of Anna Kavan* (1992) and Jeremy Reed’s *A Stranger on Earth: The Life and Work of Anna Kavan* (2006) show, she lived a largely productive life in her adult years. As well writing throughout her life, Kavan travelled extensively between 1929 and 1967. In the 1940s she said that she ‘travelled about 25,000 miles, about the circumference of the world’ (Reed 2006: 72), living briefly in the United States and New Zealand, and with sojourns in Indonesia, South Africa, and Fiji. Later, back in England and with a regular supply of heroin, she became increasingly reclusive, in particular after Bluth’s death, retreating into smaller daily routines centred around her London flat, designed by herself as a series of rooms and intricate corridors like Chinese boxes opening out onto a luxuriant jungle-green garden. As both biographies emphasise, after Bluth’s death Kavan became worried about her drug supply and began to stockpile heroin around her flat. When she died in 1968, the police allegedly, and perhaps apocryphally, found enough heroin in her flat to kill the whole street. That she was found face down in an Oriental box full of heroin, a frequently repeated detail in virtually all scholarship on her work, has effectively sealed Kavan’s reputation as a ‘junkie’ writer.

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<sup>4</sup> Originally published as *Junkie* under the pseudonym William Lee. The 1977 1st complete and unexpurgated edition of *Junkie* has an introduction by Allen Ginsberg. New York: Penguin Books.

As pointed out above, Kavan went to great pains to conceal the visible effects of her addiction. Elizabeth Young notes that all her friends and acquaintances made ‘considerable efforts to dispel such feelings of uncase [sic] by stressing how smart and cheerful she, was how little her drug addiction appeared to affect her’. She goes on to suggest, however, that any attempts

to distance Kavan from her drug habit, although well-meaning, are misleading. She was one of those rare writers who did not publish at all until she was an addict. Heroin was central to her existence, her lover, her religion, her salvation, and almost all her later work charts the processes of addiction, again and again using images and landscapes familiar to us from De Quincey and other addict-writers of the Romantic period. (Young 2001: 22-3)

While Young’s assessment is not, however entirely accurate, the claim that heroin was central to Kavan’s life is broadly true in so far as it allowed her to live a mostly industrious existence as long as she had access to a regular supply and was not compelled to endure the agonies of withdrawal. Whether or not heroin is central to Kavan’s writing is another question.

## A ‘junky’ writer?

The reception of Kavan’s work has often been shaped by her figuration as an addict. In an impressionistic study, ‘Planet Heroin: Women and Drugs’, Lawrence Driscoll describes Kavan as a ‘heroin addict and writer’, her writing understood merely as an adjunct, or addendum, to her addiction (2000:120). What little criticism that exists on Kavan’s writing has been influenced by the prominence given to her heroin addiction in both biographies, each offering often rather speculative accounts of Kavan’s life and mental health, necessarily fleshing out important details where her letters and diaries were deliberately destroyed. For example, Callard writes, ‘It was deep-rooted nihilism and a sense that life is given meaning only by constant danger which drew her to both racing drivers and heroin use’ (31). Kavan’s ‘nihilism’ was, in all likelihood, severe clinical depression that would now be controlled with anti-depressants, it is highly likely, therefore, that her use of heroin was not a flirtation with danger but a form of self-medication that, along with periods of psychoanalysis, kept her depression in check.

That Kavan was addicted to heroin is irrefutable; that her writing can be read *solely* as a straightforward *product* of addiction, that is, actually created by drug use, is far less clear.



Heroin users are not, contrary to some popular accounts, permanently in the grip of any hallucinatory phantasmagoria although it is certainly possible (according to all the medical and anecdotal evidence) that the imagery encountered in a lucid dreaming state might find its way into creative processes. Anaïs Nin's praise for Kavan's *Asylum Piece* erroneously refers to Kavan's use of 'hallucinatory drugs' suggesting that heroin functioned for her as it did for Jean Genet, Lautréamont and Rimbaud (Nin: 13). The effects of heroin use on her writing must, necessarily, remain speculative but this has not discouraged many critics and reviewers from declaring Kavan's work to be semi-, or even wholly, documentary chronicles of addiction. In 1972, Clive Jordan in *The Telegraph* pointed out the 'unmistakable mark' of heroin on Kavan's writing that produced, he claimed, 'a concentration on certain images in the writing [...] Buried, crumbling cities, staircases stretching to infinity, gloomy walls relentlessly closing in, breakneck journeys, hideous faces, shapeshifting, jungle creatures and, above all, cold, snow and ice ...'.<sup>5</sup> Jordan reads Kavan's protagonists as addicts in 'search and flight across a freezing world', which is, he says, 'a brilliant metaphor for addiction. The icy world mirrors the despairing loneliness of addiction and emotional solitude' (25 February). It is not at all clear that there is such a thing as an 'unmistakable' signifier of heroin or that Kavan's writing simply registers these but we might more confidently say that the strangeness of her writing is not *produced* by drug use but given shape and form by the 'poetic fever' facilitated by narcosis allowing her to tap her unconscious.

Elsewhere, Robert Nye, disregarding the psychological dimension of her addictive behaviour, suggests that Kavan's drug use helped her 'cope with the comparative drabness of world [sic] outside her writing (347). Arguing that Kavan's 'fantasies' had 'their root in drug addiction', Nye believed that her imagination, like that of Coleridge and de Quincey, found 'an emblem and idiom in drugs'. Three lines into Nye's entry on Kavan in the anthology, *Twentieth Century Fiction*, he quotes Rhys Davies' summative comments in the introduction to the posthumously published *Julia and the Bazooka* — 'she was a heroin addict for the last thirty years of her life and a syringe lay in her hand when her body was found' (347-8). Nye concedes that Davies is correct to examine Kavan's 'art' with 'some straightforward acknowledgement of her drug use' but points out that her drug use cannot account for the 'febrile and highly colored brilliance of some of her texts' (348). While this seems a critically judicious approach to the question of how much addiction influenced Kavan's writing, it does point up a fluctuation

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<sup>5</sup> See also his 'Icy Heroin', *New Statesman*, 6 March 1970.

between fact and supposition that has marked, up until now, much of critical and biographical work on Kavan that reductively scrutinises her writing for verification of this addiction.

For Elizabeth Young, heroin is everywhere in Kavan's work. There is a clear repetition of imagery and tropes that constitute the psychic topography of what Young calls Kavan's 'chilly emotional landscape' (187). It is true that, after 1945, Kavan's work is incontrovertibly permeated by a certain tone or atmosphere of intense solitude and hallucinatory ambiances of either perishing coldness or stifling heat as well as recurring images of towering glacial mountains, emaciated girls, blinding white fogs, a disgust of intimacy and of the flesh, disassociation and detachment and, more generally, a predominant scarcity of love (the title of one of her books). It is easy, perhaps, to simply attribute many of these images and timbres to heroin addiction but as critics, we need to tread a fine line between reducing Kavan's creativity to mere transcriptions of opium dreaming and acknowledging, in a sensible way, the role of addiction in her life. While one cannot deny the presence of this affective 'petrification' in Kavan's writing it is likely that this emotional frigidity was already there, before the heroin, before the suicide attempts and the hospitalization in Switzerland. Indeed, one might say that it is present in different ways in her work as Helen Ferguson. We might think, then, of the relationship between addiction and writing as a process similar to psychoanalysis; it is possible that the experience of heroin use permitted Kavan fuller access to certain, pre-existing, affective states that then became the raw material for her imagination. In this way, heroin becomes imbricated in a complex dynamic between creativity and the material circumstances of her life; as Young notes, 'Kavan rarely wrote directly about her addiction, but indirectly she rarely wrote about anything else' (2001: 189). Vivian Gornick understands Kavan's relationship to drugs as one that allowed her to capture 'the shape of original damage' in a 'poetic fever' (49). In other words, the forbidding mountains, icy wastelands and menacing, mannequin-like figures with terrifying masks instead faces are all expressions of pre-existing psychic injury. Suggesting something similar, Margaret Crosland says that Kavan is writing out her 'intense unhappiness' (186).

While it may provoke a sensitive dreamlike state for a short period, heroin does not, as already noted, effect a dramatic transformation on human character, only augmenting what is already present in the personality and disposition of the person using it. As de Quincey notes, 'If a man whose talk is of oxen should become an opium-eater, the probability is, that (if he is not too dull to dream at all) he will dream about oxen' (2004: 7). Opioids, then, work on what is already there, the unconscious material that is habitually repressed by habit or necessity. In Kavan's opiated states there is none of Coleridge's 'honey dew' and 'milk of paradise' ('Kubla

Khan' II:, 53-4), but rather 'loveless oblivion' and the 'negation of life', all events occurring in a 'clean, cold, hard, detached' world' ('High': 101-6). Heroin, then, allowed Kavan a conduit to some of the psychic material perhaps already set in motion by occasional periods of psychoanalysis.

Unyieldingly desolate, the psychic topography of her writing is 'stark, barren, bone-dry, colorless', the atmosphere so glacial that it is impervious to warming by even the most of blazing suns (*A Scarcity of Love*: 139). Characters regularly endure torment, suffering and incarceration and are 'haunted by demons, automata and split personalities' (Walker: 46). In this way then, Kavan's writing is the expressionistic extension of affective states that are intensified rather than created by narcosis. The imagery that characterizes much of her writing is that of a petrified, pitiless world lacking in any warmth, one that is above all frozen and unresponsive, with an atmosphere of 'monstrous god-like indifference' (49-50) exemplified in *A Scarcity of Love*.

She looked up at the now disembodied summits, terrible great ghost-shapes of luminous pallor floating on the dark sky [...] Deliberately she identified herself with their inhumanity and utter loneliness—with the fearful coldness of the non-human world [...] She drew the horror and awe and loneliness of the mountains into herself; willing it to freeze her into some substance so rocklike that it could never melt, never be broken, harder than stone and colder than ice; so that no one should ever again have the power to hurt her, or even come near her (49-50)

Jane Garrity has argued that Kavan's critical reception has been negatively effected by the 'damaging conflation of the writer and her work' and that her writing has been 'pathologized as the autobiographical result of a drug-induced nightmare'. Garrity, in attempt to modify critical approaches to Kavan's work, further suggests that the fragmented texture of her writing can be read as a defiant feminist act against 'a literary tradition that demands order, coherence, linearity, and mastery' (255). Suggesting that the 'disjointed narratives' in *Sleep Has His House* (*House of Sleep* in the US edition), can be read as a 'radical feminine aesthetic', Garrity also argues that they reveal a pre-Oedipal language that is semiotic 'chaotic, open-ended, [...] often situated on the threshold between sense and nonsense' (258). While it is certainly true that Kavan's writing sometimes borders on the irrational, even the incoherent, this is not so much, I think, a challenge to patriarchal language or authority as an expulsion of everyday logic and coherence that is facilitated by both psychoanalysis and narcosis. The disjointed texture of Kavan's writing is more concerned with conveying a psychologically nightmarish world, very

familiar to her, from prolonged bouts of depressive illness than subverting the linguistic logic of patriarchal language.

To be sure, the world created in Kavan's writing is discomfiting and menacing. The psychic projection of a narrating consciousness that feels profoundly alienated in the world, it is what Victoria Nelson calls 'psychotopographic literature' (45) in which feelings are projected on to an external world that becomes an expressionistic screen for the psyche. The external world, whether natural or urban, is indistinguishable from internal affective processes producing a profound *weirdness* in which protagonists are aliens; outcasts from warmth intimacy, kinship and, above all, from any sense or promise of love. The verifiable phenomenal world is unmoored from its solid foundations, made unreal and indistinct, it is flattened into screen images that pass over the eyes and at some remove from the viewer. Kavan's protagonist is, notes Eleanor Rao, 'typically not only an exile, an outcast; he or she is truly also a stranger to himself or herself' (1991: 131). Her final work, *Ice* has much of this estranging, screen-like phantasmagoria; the setting reminiscent of 'a discarded film set', with 'no solidity', 'made of mist and nylon, with nothing behind', the tangible world is made fantastic: 'The town appeared to consist of ruins collapsing into one another in shapeless disorder, a town of sandcastles' (27, 31).

## **'Waiting for death'**

By the time of Bluth's death in 1964, there was a significant change in the attitude towards heroin addiction in Britain and it became increasingly difficult for Kavan to obtain clean needles with which to administer her dose. In 1968, she was assigned to a Drug Dependency Unit in Charing Cross Hospital under the care of Doctor Gisella Oppenheim, described by Kavan as a 'briskly sensible psychiatrist' (Callard: 144), and who had a distinctly less lenient attitude to heroin addiction than Bluth. Now required by law to make her 'ruins' public, Kavan had to attend the clinic in order to get her supply, complaining bitterly that the 'entire supply and demand business has gone mad regarding drugs' (Callard: 146). Although she continued to use regularly, most people who knew Kavan at this time 'commented on her frequently wilful and erratic behaviour'. Increasingly unhappy, Kavan was still writing but, as she told her publisher, Peter Owen, she was really 'only waiting for death' (Callard: 128).

Addiction was unquestionably a significant part of Anna Kavan's life and heroin was almost certainly a psychic defence against more deleterious psychological states. Acknowledging the importance of heroin in Kavan's life is not to reduce her creativity to

pathology whereby her work is entirely subsumed into her construction as an 'addict writer'. For Kavan, heroin was an indispensable palliative, mitigating the 'metaphysical horror' of feeling and 'living in chaos' against 'a background of black isolation' and 'terrifying utter loneliness' (The Zebra-Struck': 116). But heroin was always a supplement to her writing rather than the inspiration or impetus. As Doris Lessing says, 'her experience with drugs may have added phantoms and fantasies to her landscapes, but it is the cool lucid light of that unique mind which makes her Anna Kavan' (2006).

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