William Faulkner, His Eye for Archetypes, and America's Divided Legacy of Medicine

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ABSTRACT

The medical division between constitutional homeopathy and allopathic medicine shaped the culture in which William Faulkner grew up and wrote. Early 20th century America was daily subjected to a variety of conflicting approaches to maintaining or recovering physical, psychological, or spiritual health. The culture was discussing the role of vitalism for good health; the use and dosage of medicine to treat the individual or to treat the disease instead; the interaction of the mind, body, and spirit; the tendency of personality to emerge from inherent biology or acquired traits; the varied explanations for illness; and the legitimacy of doctors, their philosophies, and their remedies.

These competing definitions of psycho-biological health informed Faulkner’s character conceptions and portrayals. In their psycho-biological traits, some of his characters represent concurrently published homeopathic descriptions of constitutions quite accurately. Faulkner’s own life may have offered him opportunities to learn about alternative medicine and generated an interest--along with other medical dissidents--in opposing the newly-garnered authority of modern scientific medicine. It is also likely that Faulkner’s own beliefs about a divinity present in humans and the human capacity to
neglect their spiritual essence would have instead supported the older, more romanticized, homeopathic ideas based on mind-body typology to balance an invisible vitalism.

Medicine and literature has recently established itself as an engaging and complementary-paired field in the humanities. This study contributes to the maturing interdisciplinary field by contemplating a famous author and some of his character portrayals from a medical or health perspective. This study of the writer and his fictional people suggests that the unorthodox ideology of homeopathy continued to play a role in the culture through literature, even as it lacked legitimate authority from the newly established medical community.

INDEX WORDS: William Faulkner, Character study, History of medicine, Medicine and literature, Alternative medicine, Homeopathy, Energy medicine, Mind-body typology, Theories of personality.
WILLIAM FAULKNER, HIS EYE FOR ARCHETYPES, 
AND AMERICA’S DIVIDED LEGACY OF MEDICINE 

by 

GERALDINE MART HARMON 

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WILLIAM FAULKNER, HIS EYE FOR ARCHETYPES,
AND AMERICA’S DIVIDED LEGACY OF MEDICINE

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DEDICATION

This project is dedicated to the memory of my father Albert Mart, a life-long electrician who understood the risks and rewards of directing energy to overcome obstacles. His humble ingenuity is deeply missed.

It is also dedicated to the memory of my mother Camille Mart, an artist in disguise who brought a delicate, precise, and disciplined touch to her pursuits, and whose greatest fulfillment emanated from not simply raising, but shaping, her children.
I wish to recognize the patience of my dissertation committee and their helpful suggestions throughout this process, particularly the suggestions from Dr. Thomas L. McHaney, whose buoyant optimism never wavered. I also wish to acknowledge my committee who offered steady encouragement for an unconventional union of topics.

I wish to acknowledge my husband Jonathan who shared my desire to complete this project with equal sacrifice, and my son Jackson who inspired the essential idea on which this work is founded. I am also indebted to my valuable friend Kokila Ravi who provided sanctuary from demands that threatened to interfere with this task.

Finally, I wish to acknowledge the early interest and support from an older generation of general practitioner doctors who attended a conference at The Medical College of Georgia. Perhaps they grew up on Faulkner and are similarly intrigued by his characters. Perhaps homeopathy is a taste of forbidden fruit that they allowed themselves to experience only now. Or perhaps these medical generalists, like some of their unlikely predecessors, the constitutional prescribers of homeopathic remedies, tend to use their diagnostic eye to observe some fictional characters as patients. If some homeopathic concepts are still alive anywhere in the regular medical community today, I suspect it may be with the oldest of the doctors of family medicine who, unlike specialists, consider their patients’ psycho-biological health.
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Introduction

The ideological conflict between members of the newer, regular, allopathic medicine and the older, “irregular,” or homeopathic medicine created a prevailing discourse at the turn of the 20th century. Homeopathy, widely practiced throughout the 19th century, was effectively driven underground by the new medical establishment. Physicians of both camps were suspicious of each other, leaving common people who needed medical care to decide for themselves which group to follow. The powerful American Medical Association forced homeopaths out of legitimate practice, forbidding regular doctors to treat patients who had consorted\(^1\) with homeopaths or risk losing their licenses.

But homeopaths, effectively branded as medical heretics, did not completely disappear from circulation. In fact, in early 20th century America, homeopathy expanded its practice from treating primarily physical illnesses toward identifying and treating emotional and psychological symptoms coupled with, and linked to, the physical ones. Constitutional homeopathy took a developmental leap forward, and it claimed to be able to diagnose and treat specific illnesses based on a patient’s unique collection of psycho-biological symptoms. American homeopaths of the late 19th century added significantly to the descriptions of the various types or portraits evident in human nature, and it thus broadened the symptom portraits already established by the homeopathic archetypes. Homeopathy asserted that its medicines or remedies balanced the patient’s disturbed “vitalism,” responsible for producing overall health.

The cultural context of such medical division, William Faulkner’s family history of serious illness and alcoholism, family visits to “cures,” and his own reading about

\(^1\) Notice the pejorative choice of the the word “consorted” instead of “consulted.”
psychological and physical health, especially hormonal health, may have informed his creative work. First, as discussed in Chapters One and Two, Faulkner was exceedingly interested in the oddities of his characters’ illnesses. The writer may have been inclined, knowingly or not, toward the dissenting philosophy of homeopathy since it not only acknowledged a spiritual or divine element in mankind known as vitalism that seemed to coincidentally correspond to Henri Bergson’s “élan vital,” it furthermore defined illness as an imbalance of that invisible energy. Faulkner may have drawn from an atmosphere of such religious philosophy while creating characters, at the same time that he was drawing from his own symptom portrait, as discussed in Chapter Three.

Faulkner’s various biographies include some of his own medical history and understanding. Due to the writer’s heavy drinking, Faulkner was often a hospital patient and therefore had direct relationships with the medical community during its turn of the century evolution. Consequently, he had early contact with new medical understanding of issues relevant today: addiction studies and hormonal therapy, as discussed in Chapter Four. This project seeks to discuss Faulkner’s opportunities for his medical awareness and whether some of his work demonstrates that he used those opportunities in his fiction. I suggest in Chapter Five that readers can find such awareness in the writer’s portrayals of several fictional characters from the novel *The Sound and the Fury* since these characters appear to embody some of the trait patterns established by homeopathic texts of the age. Overall, this study of the writer and his fictional people suggests that the unorthodox ideology of homeopathy continued to play a role in the culture through literature, even as it lacked legitimate authority from the newly established medical community.
Thesis:

The medical division between constitutional homeopathy and allopathic medicine shaped the culture in which Faulkner grew up and wrote. Early 20th century America was daily subjected to a variety of conflicting approaches to maintaining or recovering physical, psychological, or spiritual health. The culture was discussing the role of vitalism for good health; the use and dosage of medicine to treat the individual or to treat the disease instead; the interaction of the mind, body, and spirit; the tendency of personality to emerge from inherent biology or acquired traits; the varied explanations for illness; and the legitimacy of doctors, their philosophies, and their remedies.

These competing definitions of psycho-biological health may have informed Faulkner’s character conceptions and portrayals. In their psycho-biological traits, some of his characters represent concurrently published homeopathic descriptions of constitutions quite accurately. Faulkner’s own life may have offered him opportunities to learn about alternative medicine and generated an interest—along with other medical dissidents—in opposing the newly-garnered authority of modern scientific medicine. It is also likely that Faulkner’s own beliefs about a divinity present in humans and the human capacity to neglect their spiritual essence would have instead supported the older, more romanticized, homeopathic ideas based on mind-body typology to balance an invisible vitalism.

Methodology/Critical Approach:

This method is traditional historicism to a certain extent since it investigates the influences of a contemporary, although discredited, medical theory on the work of a literary author. Homeopathy’s influence has not been studied in the context of Faulkner’s work; this study employs a unique combination of interdisciplinary fields.
Since homeopathy advocated ways of thinking that resisted the legitimate medical discourse of the time and opposed the newly established ways of diagnosing and treating health issues, it became marginalized, but it nevertheless contributed to the culture in which modernist literature was created. Because most medical historians have either overlooked or discounted the cultural effects of homeopathy along with its discourse of illness and remedies, some approaches using new historicism will be necessary. Homeopathy counters the traditional medical doctrine that symptoms should be, or can be, counteracted or suppressed by allopathic medicine. It redefines the cultural categories of illness and health to include an invisible energy source that homeopathy claims to balance, treating the patient’s constitution, not the disease or illness itself.

One supposition of this study is that the principles and archetypes of homeopathy can become an application through which fictional character is created and analyzed in literary criticism. Similar to psycho-analytic theory, homeopathy looks for patterns in behavior, preferences, ailments, and dominant strengths that provide clues about various character traits resulting in homeopathic archetypes. Constitutional homeopathy diagnoses types using idiosyncratic symptoms of physical and psychological traits, such as “complaining child, worse from comfort yet fears solitude, often with white tongue”; or “vertigo worse when trying to walk, turn, or read, with tendency to fall to right side, sensitive to smell of partner”; “styes with much emotional resentment”; “unequal pupils and rheumatic nodules, green tinged tongue, dwells on sexual matters” (Kent Repertory). While it tends to generally view behavior and symptoms as a result of inborn typology, it also allows that one’s early environment and interactions leave imprints on the psyche.
Using this combination of traditional and new historicism, I propose three objectives: 1) to investigate Faulkner’s biographical experiences with the medical community as it evolved through its tumultuous turn of the century developments, 2) to study how this marginalized ideology of health and medicine continued to exert pressure on the newly sanctioned medical practice of the day, and 3) to discuss the possible impact of both on aspects of Faulkner’s fiction, especially focusing on his conception of characters and types.

Medicine and literature has recently established itself as an engaging and complementary-paired field in the humanities. This study contributes to the maturing interdisciplinary field by contemplating a famous author and some of his character portrayals from a medical or health perspective.

**Biographical Evidence:**

The split in American medicine made homeopathy a contentious medical issue of the day because it was under attack and discredited by practitioners of modern allopathic medicine. However, publications in constitutional homeopathy and other alternative medical theories were available during the same years in which Faulkner wrote. Faulkner owned two such books: *The Glands Regulating Personality*, a medical bestseller describing the newly discovered role hormones play on all aspects of the body and mind, and the *Selected Writings of Paracelsus*, excerpts from a 16th century physician (1493-1541) who advocated the laws of similars on which homeopathy is based (Blotner *Catalogue* 107; 123). Faulkner and other men in his family were frequent patients of the Keeley Cure for alcoholism, which used injections of homeopathic medicines, and members of the older generation visited hot spring spas where homeopathic medicine was
available. Faulkner later traveled to major cities in America and Europe where homeopathic doctors practiced. Faulkner and his family knew local doctors, some who were old enough to be trained in the former mainstream homeopathic hospitals.

**Literary Evidence:**

To some degree, this dissertation reflects on Faulkner and a few of his literary figures as if they are patients. It considers the possibility that Faulkner had opportunities to learn about the holistic practice of homeopathy and that this ideology suited Faulkner’s character portrayals because the writer shows us repeatedly that the mind and body are not only connected, but deeply manipulate each other.

Admittedly, it is risky to speculate on the health of a non-living author based on biographies, memories, or creative work. We cannot pose questions to a dead author, and, even if alive, we may not be able to rely on the truthfulness of his answers. The relationship between reader and author is not the private relationship between therapist or doctor and patient. Similarly, there exists a difficulty in diagnosing literary characters since readers know only what the author thinks is relevant, and whatever knowledge is gained is always filtered through the author’s craft and imagination, which have the artistically valuable trait of taking liberties in search of form. A narrator can further complicate the levels readers have to negotiate in order to know a literary character as we might know a real person or a real patient. Readers cannot ask characters questions to probe them further or test a treatment to rule out a suspected prognosis. Furthermore, characters are not seeking treatment the way patients are; and they, like their author, may have no reason to relate or even realize their symptoms or traits, unlike patients who at least have some reason to seek treatment.
Yet, literary characters and their authors can offer readers quite an extensive portrait of the popular ideas of an age. Readers can study them not as isolated patients who seek treatment for localized complaints of the body or mind, but instead as representative manifestations of their times, resembling real people who are near to us, sometimes presented with far-ranging personal backgrounds in the larger environment of a certain family or culture. As readers, we often find them revealing intimate details, memories, desires, and other privileged secrets allowing us to conclude much more about the inner workings of literary characters than, for instance, a real person. In particular, Faulkner’s use of stream of consciousness allows readers to experience the psychological inner workings and associations operating in a character’s psyche.

Some of Faulkner’s characters manifest the same peculiar symptoms or traits of distinctive homeopathic portraits defined and published during the same years he was observing the lives around him and writing his books. We know that he was a voracious reader and a silent, musing observer of the human scene. So while readers might accept that Faulkner’s eye for detailed traits and his ability to portray and reveal character types could have emerged and evolved organically from his own gifted imagination and observational powers, given the times, his small-town environment, and his family’s known medical history, it is reasonable to suppose that he may have been aware of the constitutional portraits and the rich alchemical history supporting such therapeutic thinking as it is manifested in homeopathy, and consequently that he may have drawn from this knowledge to construct his characters, just as he often drew from mythology or psychology to construct plot, characterization, or theme.
Specifically, Quentin Compson and his father Mr. Jason Compson from *The Sound and the Fury* and Faulkner himself seem to be approximate incarnations of the homeopathic portrait known as *Lachesis*. The character Benjy Compson from the same novel demonstrates many signs from the portrait known as *Phosphorus* and his brain damage symptoms are generally described by the homeopathic portrait known as *Calcarea Carbonica*. Their brother Jason shows combined signs of Benjy’s *Phosphorus* nature mixed with some of Quentin’s *Lachesis* undertones, but his nature can be directly matched to the homeopathic portrait *Nux Vomica*. The Compson parents present a mix of symptoms that sometimes obscure the underlying portraits of their children, but, as I will show, Faulkner’s depiction of the Compson mother Caroline corresponds thoroughly to the homeopathic portrait *Sepia*. When *Sepia* is ill, as Caroline is typically portrayed, and co-parents with an ill *Lachesis* (Mr. Compson), the effects on the family can be especially venomous, illuminating perhaps the homeopathic findings in this dissertation that all the major characters depicted in this novel, with the notable exception of Caddy, are in some ways renditions of the constitutional remedy-portraits made from poisons.

Further study separate from this one is needed and encouraged to determine the possible influence of other homeopathic portraits on characters from other novels. It seems possible that Faulkner borrowed what he liked from homeopathic constitutional descriptions, and he mixed the traits from various portraits as a painter mixes colors. This is evident from the writer’s use of some single traits common to homeopathic prescribing. It is interesting too that many of the Faulkner’s signature traits portrayed through important characters all appear to center around the homeopathic constitution known as *Lachesis*. I contend Faulkner was most fascinated by this type because he knew it best.
Faulkner’s portrayals of Quentin Compson, Joanna Burden, and others are highlighted here because these characters mirror some of Faulkner’s own traits and expose the *Lachesis* type with uncanny homeopathic accuracy.
Chapter 1: Why Combine Faulkner and Homeopathy?

Many of William Faulkner’s fictional characters are intriguingly ill. In novel after novel, readers are tempted to go inside the minds and bodies of characters portrayed with peculiar symptoms that resonate throughout a text. Readers can recognize or identify with his fictional people only by degree, as the eccentric characterization develops, eventually becomes a bit more predictable, and finally accessible to our understanding and even sympathy. Familiar aspects of the human condition are amplified in the lives of ostensibly ordinary individuals. But the ordinary is soon paradoxically elevated as Faulkner delivers, through his characterizations, idiosyncratic patterns of mind and body that always hint at some mysterious inner distortion. Frequently, his characters remind readers of mythological or Biblical figures, although they lead ordinary lives; instances of such range from Jesus to Persephone in *The Sound and the Fury*. But it is their illnesses that somehow elevate Faulkner’s fictional people to reveal the embodiment of a particular nature or psyche that fits homeopathic nomenclature, and these illnesses or traits often lead to dramatic dénouements. Especially in landmark early novels, as he is succeeding in his efforts to “understand” his characters in complex ways, Faulkner appears to present and diagnose characters according to archetypal patterns of homeopathic medicine, as well as to some of the cognate symptomatology of the developing lexicon of 20th century psychology, another field that was not embraced by the new “scientific” medicine.

Homeopathy is not by any means the only sort of reference that the modernist Faulkner employs, as noted, but a basis of evidence suggests that it was a tool he had the opportunity to know and use, although, as with other influences, the artist did not use it systematically or dogmatically in strict accord with standard homeopathic diagnosis.
Faulkner’s tragic characters seldom adjust smoothly to changes, or they simply refuse to adapt. That is the basis of the dramas they are in. Instead, they are fixed by their own natures or by their own symptom “form patterns,” as a homeopath might put it, or, as Faulkner himself put it, by their own “Greek background of fate” against which their free will constantly struggles (FIU 38). Was Faulkner imagining or suggesting that a “background of fate” is his characters’ natures or predispositions that, especially when weakened or stressed, will limit or resist free will? Does the implication that fate is within one’s own nature suggest that our particular temperament is inborn, fashioned by biology and genetic inheritance, and therefore presumably inescapable, as Freud implied when he wrote: “Anatomy is destiny”? If free will must struggle against fate, could fate be the result of hormonal functioning, the marks of early psychological or physiological imprints, the fingerprint of God, or merely accidents and coincidences of luck? If Faulkner was hinting that man’s fate is largely constituted by his own nature, or otherwise of his own making, then fate cannot be changed drastically unless man’s nature is transformed or at least affected by inner and outside elements. Faulkner presents so many tragic characters that readers may wonder how he eventually reconciled a rather bleak view with his deeply-held confidence in man’s power to transform himself and so alter his fate. In his later years, he regularly repeated that “it’s the heart that has the desire to be better than man is” (FIU 26). Man, he reiterated, is surely capable of outperforming himself if he will develop his compassion and learn to allow the transformative power of love to reshape his life. Faulkner implies that such a transformation occurs when one moves from illness to health.
Faulkner’s healthy characters develop ways to modify, adjust, or transform themselves to act with as much free will as possible within their own circumscribed natures. This ability for transformation, I think, may begin to penetrate the supremely difficult challenge all of Faulkner’s characters confront: how much free will can a character exert over his “Greek background of fate.” Healthy characters find ways to adjust themselves as if their psyches are musical instruments that require regular tuning to the standard pitch. These characters achieve a healthy stability as they exercise their free will with as much range and frequency as their natures allow. Knowing oneself, and thereby knowing one’s full range, appears to be, for Faulkner’s fictional people, the key to anticipating, discovering, and contributing to one’s fate. But the ability to give and receive love and practice compassion is the most significant achievement for this writer’s characters, though even this capability will not avoid hardship or tragedy. Still, finding power in one’s emotional center appears to make even a tragic life worth living in Faulkner’s world. Emotional strength and trusting in one’s heart, above all, strengthens many of his characters’ weakened or stressed psyches, if they can manage it.

But in Faulkner’s fictional world, some characters remain out of tune or ill, recognizable but distorted. Faulkner’s tragic figures are portrayed as having psyches that are out of balance, demonstrating diverse patterns of a reduced or subverted vitality. They suffer from some powerful alteration of their very essence. When body, mind, and spirit are not sufficiently integrated, characters become psychically ill. Disturbed energy results in what homeopaths call a “miasm,” an obstacle to good health caused by a predilection to a particular set of tendencies characteristically and discreetly defined and described by homeopathy’s archetypes. To a reader versed in homeopathy, Faulkner appears to be
describing the specific tendencies (or default patterns) of psychic illnesses many of the constitutions or archetypes risk. No homeopathic archetypes are predominately ill, weak, or distorted, but rather they all, by definition, have this capability. Neither do the various constitutions all get sick in the same ways, even when exposed to the same disease. Instead, each archetype has its own collection of predispositions and, especially when stressed, follows its own patterns. Faulkner’s tragic characters obey their own type’s default pattern of illness—perhaps Faulkner would call this one’s own fate—resulting in sometimes peculiar psychological and physiological symptoms. Mind, body, and spirit suffer inner disharmony and external conflict because the instrument that is their psyche is being played out of tune.

In his personal life, Faulkner alternately struggled to manage, understand, evade, or conquer his own addiction to alcohol, often with medical assistance, so he, like others who handle relentless dependence, frequently strove to exert self-control (or would he have called it free will?) over and against his predisposition to a family legacy of alcoholism. In doing so, the writer had the occasion to confront the idea that addictions may be predilections that can dominate and alter one’s very nature, so that indulgence openly combats one’s free will, but also gratifies one’s nature. An addict’s attempts at recovery involve a powerful body-consciousness that may have contributed to Faulkner’s remarkable talent to notice and consequently portray complex interactions between characters’ bodies and minds, suggesting perhaps that Faulkner’s substance abuse allowed him some first-hand familiarity with body-mind struggles that all forms of energy-medicine, including homeopathy, tackle as they attempt to strengthen the psyche through integration and thereby tune the instrument.
Faulkner said his characters came to him fully formed and, once realized, they took on their own lives separate and apart from his authority. As recounted in *Faulkner in the University*, when the writer began to imagine the now-famous scene from *The Sound and the Fury* of the Compson children playing in the stream on the day of their grandmother’s funeral, he was able to foresee their future selves as well. That single image of the children’s traits immediately revealed to him not only the adults they would soon become, but the novel that was to be born. Faulkner instantly recognized their types in this childhood moment and intuitively knew how their lives would unfold. Jason’s resentment and eagerness to manipulate others, Quentin’s forbidden and impotent incestuous desires, Caddy’s impatient curiosity to seek out experience despite the risk of pain, and Benjy’s (though still called Maury here) traumatic loss are all delivered to Faulkner, and later to careful readers, in a single significant image (*FIU* 31). Years later when Faulkner wrote the famous Appendix to *The Viking Portable Faulkner*, he may have forgotten some plot details, but his characters remain consistent with their former selves. Apparently, the writer still trusted an idea he presented in an earlier novel, *Mosquitoes*, that, “Human nature don’t change. Its actions achieve different results under different conditions, but human nature don’t change” (227), a thought filtered through the character in that novel based on the writer Sherwood Anderson, the creator of the “grotesque” denizens of *Winesburg, Ohio*.

The writer implies that instead of deliberately constructing his characters, he simply observed their traits and recorded their natures. Faulkner is properly recognized for possessing a highly developed intuition, and he often described his expert ability to penetrate human nature by portraying himself as a receiver or “vessel” of creative energy,
as if he collected transmitted information from the fictional people themselves, and then simply recorded the signals. According to Faulkner, he didn’t write dialogue, he just “listen[ed] to the voices and when I put down what the voices say, it’s right. Sometimes I don’t like what they say, but I don’t change it” (Faulkner-Cowley File 114). About the characters in Sartoris, a novel later republished in its longer original form as Flags in the Dust, he said that they were “composed partly from what they were in actual life and partly from what they should have been and were not: thus I improved on God, who dramatic though He be, has no sense, no feeling, for theater” (Blotner Faulkner 1:532).

Two interpretations emerge here: Faulkner perhaps meant “what they could have been but were not yet” because in general the writer appeared to receive signals even from his characters’ yet unrealized potential. But since healthy characters do not usually inspire good theater, the writer endowed God’s creation with more dramatic inner conflict typically evoked by illness, and he likely meant here that although the characters are based on actual people, he enhanced their psychic imbalance to evoke in them some more intriguing traits. His rendering of characters that hold more potential than they act on or exhibit creates intricate and captivating fictional people.

Faulkner seemed more attentive to the essence of his characters than to exactly what they have done already or even have yet to do. When asked in 1957 about whether he remembers characters he created in 1925, his answer demonstrates his developed intuition and attachment for the emotional aspects of his fictional people, not necessarily their acts: “‘I remember the people, but I can’t remember what story they’re in nor always what they did. I have to go back and look at it to unravel what the person was doing. I remember the character, though’” (FIU 49). But of course he was successful at
dramatizing the consequences of his characters’ traits by using his diagnostic eye and amplified ear to distinguish types, patterns of traits, mixtures of gestures, methods of thought, combinations of physical qualities, and levels of body-consciousness, not only the Cartesian consciousness of the mind, but also consciousness of the body and of the heart, in particular. To describe Faulkner’s penetrating insight seems to require using the language of clairvoyance, as he did when asked about extra-sensory perception: “‘Yes, I probably depend almost completely on it. I don’t have a trained mind. I’ve got to depend on extra-sensory perception’” (FIU 268). But science itself is usually considered to be the supernatural before it is properly explored and verified, which, perhaps, leads this discussion to the value of using homeopathy as a method of inquiry into Faulkner and his work, especially into what appears to be his sophisticated eye for recognizing and delivering some embodiments or incarnations of the homeopathic archetypes.

In this case of using homeopathy as a typology that can contribute to Faulkner studies, resonance is the link between the writer and this form of energy medicine. Homeopathic remedies are said to be effective only if the remedy resonates in the patient. Homeopathy is classified as energy medicine because it is said that each remedy carries a frequency or wave on the electromagnetic spectrum. Resonance is a term borrowed from physics, music, medicine, electricity, and chemistry and its shared meaning is defined as vibrations that create waves, although the created sound wave may not be audible to the human ear. When we can hear waves of reverberation, as in music, for example, particular sound waves will vibrate only other similar frequencies, thus creating resonance. Strike a single C note on a piano and all nearby C strings in the piano’s chamber will vibrate or resonate, leaving the other strings relatively unaffected, and the C
strings on other nearby instruments will reverberate. When a homeopathic remedy works on a patient, it is claimed that a similar resonance is achieved, like acting upon like. There is promise that the new physics of nanotechnology, especially nano-pharmacology, will finally provide confirmation that homeopathic remedies contain energy that indeed resonate with those patients who are hypersensitive to their remedy’s frequency (Ullman “Nanopharmacology”).

At the low end of the electromagnetic spectrum are radio waves oscillating through the air that are picked up only by similar sympathetic crystals in the radio. On the occasion of the death of his mother Maud in October 1960, less than two years before Faulkner’s own death, the writer commented to his brother Jack that after death, “Maybe each of us will become some sort of radio wave” (Blotner, Faulkner 680). This small comment coupled with Faulkner’s developed intuition for creating memorable characters who indeed reverberate throughout previous mythic literature might convince his readers that Faulkner keenly understood resonance, whether or not he consciously knew the homeopathic archetypes or, for that matter, Einstein’s physics of energy, though proximate time and his inquisitive nature suggests he knew both. Faulkner’s brilliance lies in part in his intuitive ability to receive the energy or frequency signals from the living people he knew and the fictional people he created as if he were receiving transmitted signals from the airwaves that, once expressed through his characters, continue to reverberate in his readers.

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2 Quentin Compson appears to be enrolled in both physics and psychology at Harvard and though he “cuts” psychology, avoiding its insights, he seems to report of Einstein’s theory to his father when he says, “like you could see Jesus down the long and lonely lights rays,” an expression of permanence in the energy field of Einstein’s constant light. For further discussion, see Julie Johnson’s 1983 essay, “The Theory of Relativity in Modern Literature: An Overview and The Sound and the Fury.” Journal of Modern American Literature. 10(2): 217-230.
I like to imagine Faulkner at his night job beside the great generator of electromagnetic energy at the powerhouse station on the campus of the University of Mississippi, writing *As I Lay Dying* surrounded by an electromagnetic field of energy, somehow finding in these frequencies the fifteen narrative voices famously contained in the novel: He said he wrote “in a coal bunker beside the dynamo between working spells on the night shift. . . If I ever get rich I am going to buy a dynamo and put it in my house. I think that would make writing easier” (*LIG* 8).³ Joseph Blotner untangles the embroidery Faulkner could not help but weave when relating his creative process. Blotner writes that Faulkner’s wife Estelle reported that Faulkner came home as clean as he went to work, though he did complete a first draft of this extraordinary novel with only minor revisions over a forty-seven day period during the night-shift stint as he supervised others who shoveled the coal (248), sitting, doubtless, in the power plant’s small office, just beyond the walls of which, the generator indeed ran, probably more audible there than in the more distant boiler room. Blotner also reminds that Faulkner may well have been using material from previously unpublished manuscripts (250). Still, I imagine him never as productive, as effortlessly fluent, in as many different voices as when he was writing in the echo of the dynamo’s field of frequencies. He attributes his facility to the constant hum of the great generator of electricity, but did he know, or does it matter if he knew, what sort of electromagnetic energy that hum contained?

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³ Faulkner also put the dynamo into the novel in the thoughts of the tragically perceptive Darl Bundren.
Chapter 2: The Roots of American Homeopathy

Faulkner may have noticed references to homeopathy in the writings from the 19th century New England Transcendentalists--all of whom generally championed homeopathy since it was virtually the only credible medical system established at the time. In the time of Emerson, Melville and Poe--all writers Faulkner read and admired--it was considered to be a conventional, scientifically-based medicine by the educated classes as demonstrated, to note but one example, in the fiction of Nathaniel Hawthorne who addressed health matters in “Rappaccini’s Daughter” and “The Birthmark.” In the next generation, American fiction alluded to mind-body interactions and a variety of medical treatments, among them the depiction of Dr. Silas Weir Mitchell in Charlotte Perkins Gilman’s “The Yellow Wallpaper;” and the many works of Mark Twain, who commented specifically on homeopathy and other alternative medicines as he was constantly seeking treatment for his family. The well-known friendship between poet Walt Whitman and Dr. William Osler, the famous father of modern medicine, may remind medical students especially of the time when prescribing was viewed as an art rather than a narrow application of science.

Dana Ullman’s 2007 book The Homeopathic Revolution discusses the support homeopathy earned not only from most American Transcendentalists but also from European writers Johann Wolfgang von Goethe, Fyodor Dostoevsky, Charles Dickens, W. B. Yeats, William Makepeace Thackeray, and George Bernard Shaw. It is appealing to think that when Gertrude Stein -- a student of William James who strongly advocated homeopathy, and herself a medical student at Johns Hopkins Medical School during this fundamental split in American medicine -- suggested that automatic writing gets to our

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4 See Joseph Blotner’s 1964 publication William Faulkner’s Library: A Catalogue.
“bottom nature,” she may have been alluding to one’s homeopathic constitutional portrait.5

More probably, Faulkner heard or read about homeopathy from the contributions of William James, whose father Henry James Sr., was especially intrigued by the Swedish scientist-turned-mystic Emmanuel Swedenborg (1688-1772), an important link to homeopathy. In fact, most American homeopaths were followers of Swedenborg (Kirschmann). In the same way that Swedenborg’s scientific endeavors anticipated several discoveries in modern quantum mechanics (such as what is now considered to be emerging theories of particle physics) the scientific explanations for homeopathy’s action admittedly lag behind. Swedenborg’s ideas eventually found a temporary resting place in 19th century America’s homeopathic advocacy for energy medicine. Swedenborg predates homeopathy’s founder Samuel Hahnemann (1755-1843) by some sixty years, and their philosophies were both quite prevalent into the 19th century, and to some degree, survived into the 20th century. American Hahnemannians shared several ideas with European Swedenborgians, but took on the new mission of spreading their beliefs concerning health. Even the legendary Johnny Appleseed, for instance, advocated homeopathy as an arm of Swedenborgianism and helped extend this new German system of medicine and health throughout New England and the adjoining states. While we do not see evidence that Faulkner knew about Johnny Appleseed, the writer did know the French thinker Henri Bergson, bringing him closer philosophically to homeopathic concepts.

Philosophically, Swedenborg’s metaphysics closely compare to the ideas of Bergson, a 20th century thinker Faulkner himself credited both in an important interview and in the inscription of a Bergson text to the writer Joan Williams, and whom subsequent

5 The then-current debate in the division in medicine made such a possibility all the more likely.
scholars have confirmed as an influence in more ways than Faulkner himself suggests. The similarities between Swedenborg and Bergson include theories about time and duration, memory, multi-planed reality, brain processes, energy, and the mind-body issue. These similarities will soon become clear with a closer look at the history of homeopathy.

**History of Homeopathy**

Homeopathy was founded in the 1790’s in Germany by a physician and translator of medical texts Samuel Hahnemann (1755-1843). It became the conventional medicine in America from 1825 until its near complete demise in 1935. At its height in 1900, however, American homeopathy boasted one hundred homeopathic hospitals with eighteen to twenty-two homeopathic schools of medicine that included teaching hospitals at Boston University, the University of Michigan, Hahnemann Medical College in Philadelphia, New York Homeopathic Medical College, and the University of Iowa (Ullman). Homeopathy offered a safe alternative to current “heroic” medical practices that often brought on a “cure” worse than the disease. Heroic medicine was known best for its extreme measures of bloodletting, often with leeches; blistering; overdosing, especially with calomel and even more toxic substances; botched surgery; and aggressive, imposed purging: emesis (vomiting) and catharsis (bowel-evacuations) that dehydrated patients.

The first homeopathic teaching hospitals in America centered in Philadelphia, New York, and Michigan, and unlike the medical staff at later regular or allopathic hospitals, many homeopathic doctors were women (Kirschmann). The American Institute of Homeopaths was founded in 1844, two years before the adversarial American Medical Association was founded with the stated mission of reducing the number of homeopaths in

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6 Bergson has also influenced one of Faulkner’s early passions, T. S. Eliot, who, like the character Quentin Compson, had studied at Harvard, finishing his MA the spring of Quentin’s suicide.
American medicine. Initially, homeopathy was not a controversial medical theory. Instead, it was a great medical success story. The Cholera epidemic of 1849 is one example. The Yellow Fever epidemic in much of the southern United States in the 1850’s is another. The National Center for Homeopathy reports that “the allopathic mortality from Yellow Fever [was] between 65-85%,” but the homeopathic doctors in Natchez, Mississippi “reported in 1853 a mortality rate of 6.43%,” confirmed by another homeopath in Natchez to be 5.73%. In 1878 the mortality in New Orleans was 50% under allopathic care, and 5.6% (in 1,945 cases in the same epidemic) with homeopathic care.”

More about homeopathy’s success and the later protracted power struggle with the newly formed American Medical Association can be found in the works of medical historians Natalie Robins’ *Copeland’s Cure: Homeopathy and the War between Conventional and Alternative Medicine* and Harris L. Coulter’s *Divided Legacy: The Conflict between Homeopathy and the American Medical Association. Science and Ethics in American Medicine 1800-1914*.

Homeopathy developed in America through the contributions of American homeopath and devout Swedenborgian James Tyler Kent (1849-1916) and, later, Margaret Lucy Tyler (1857-1943), a British homeopath influenced by Kent who practiced in Great Britain. Kent began publishing his 1423-page *Repertory of Homeopathic Materia Medica* in 1897, the year of Faulkner’s birth, with continued editions through the first decade of the 1900’s. He published *Lectures on Homeopathic Philosophy* in 1900 and was known for his discerning interpretation of Hahnemann’s 1810 treatise on homeopathy, *The

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7 Perhaps Faulkner learned of this in histories of New Orleans or learned it simply by living there in the mid-1920’s.
Kentian homeopaths brought his interpretations back to Europe after the First World War and constitutional homeopathy took firm hold there. Kent and his followers revised and adapted Hahnemann’s 1796 homeopathic *Materia Medica* to develop constitutional prescribing more fully and to expand the constitutional portraits or archetypes of homeopathic diagnosis, outlining patients’ “psycho-physiologic” combinations (Kent, *Lectures*). One hundred years later, at the end of the 20th century, Kent and Tyler’s work has been revised, expanded, and tempered (with the inclusion of more conventional homeopathic prescribers) by American homeopath Catherine R. Coulter, who on occasion refers to literary characters as a way to describe homeopathic archetypes, and whose work I am indebted to for inspiring the idea for this project of examining literary characters in William Faulkner’s work through a homeopathic lens.

**Principles of Homeopathy**

Classical or constitutional homeopathy identifies the diagnostic archetypes, some fifty of them, in the form of psycho-biological portraits. The nomenclature for the character or personality type is the same as the Latin names of the prescribed remedies. For example, patients may be identified as a *Sulphur*, a *Nux Vomica*, or a *Lachesis* because these are the names of the specific remedies said to influence this particular patient’s health. The remedy and the patient are matched this way in order to release, reveal, or otherwise unblock the energy of the psyche’s inner vitalism, allowing it to restore the patient’s psychic balance and bring back good health.

Homeopathic principles oppose allopathic thinking in a few significant ways. First, *Similia similibus curentur* or “like cures like” is its initial principle, and thus homeopathy uses small doses of a medicinal substance that would effectively produce the
diagnosed illness or symptom profile in a healthy person. Homeopathic medical history is
replete with fascinating tales of “provings” in which early prescribers essentially
overdosed themselves and other healthy subjects, attempting to provoke certain symptoms
or traits, in order to develop remedies for those symptoms. For this reason, the remedy is
called a *simillimum*. To treat acute or one-time illnesses, this is akin to modern day
vaccination theory, with some important medical differences not relevant here. But on
the chronic level, when a set of recurrent symptoms virtually constitutes a patient’s
individual identity, a homeopath seeks to identify a remedy similar to the individual’s
usual traits and characteristics, not the traits and characteristics of any *disease or illness*.
This is called classical, constitutional, or Hahnemannian homeopathy. Constitutional
prescribing is exceedingly individualized treatment, giving different remedies to
individuals who manifest some of the same illnesses, based on concepts of their specific
constitutions.

All personality traits—whether of mind or body, but especially those resurfacing
throughout a lifetime—are understood to be symptomatic. The words “symptom” and
“trait” are used interchangeably in homeopathic literature, and there is a suggestion—
maybe more than a suggestion—that the varied sets of symptom profiles all humans carry
reflect their attempts toward, or evasions from, individuation or other sorts of integrations
of the total self. Thus, homeopathy is deeply based in psychology. Although
individuation is not often explicitly named (but homeopath Edward C. Whitmont does cite
it by name), the literature of classical homeopathy promises some kind of harmonizing
psychological result, as in tuning an instrument, a common metaphor from the literature,
just as does Sigmund Freud’s “talking cure” or Carl Jung’s more mystical process of self-actualization, or the self-actualizing ideas of Erik Erikson.

Homeopaths say the vital force is out of tune when one is ill. The illness is, however, but one of the signs of a patient’s disturbed energy flow caused largely by an inherited miasm, a susceptibility or predisposition to a certain pattern or type of illness. Doses of the individual’s *simillimum* are believed to restore balance to the body’s energy systems, allowing the psyche to cure itself. The remedies do not suppress symptoms as in allopathy; instead, they act by integrating or harmonizing symptoms more effectively and thereby eventually (or sometimes suddenly) diminishing the distress, but not necessarily the trait itself, which is regarded as an inherent or developed personality trait. Diagnosing a patient’s type, therefore, becomes more important than diagnosing an illness.

Homeopathy did not invent the concept of *Similia similibus curentur* or “like cures like.” One of the oldest known formulations of the principle is contained in the famous reply from the Delphic oracle to the injury of Telephos: “That which wounded shall heal” (Whitmont 9). Homeopathy is a reminder of this classical Greek contribution to medical history. The concept remains present internationally in most folk pharmacologies; and it was renewed by the father of alchemy Paracelsus (1493-1541), then fully developed by Samuel Hahnemann (1755-1843), homeopathy’s founder. Professional homeopathy managed to survive, although briefly, well into the twentieth century, perhaps because, as America’s favorite allopath and co-founder of Johns Hopkins Hospital Dr. William Osler (1849-1919) once said, “It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.”
Homeopathy’s second general principle is a paradox (and not the only one the ideology advocates) that can be simplified by the adage “less is more.” Homeopathy uses infinitesimal traces of a medicinal substance created by a complex series of dilutions from a “mother tincture” which safely allows poisons and venoms, among other naturally occurring substances, into its pharmacopoeia. The remedies are so diluted, in fact, that modern science detects no molecule of the active substance in the remedy itself, fueling skepticism about homeopathy’s efficacy. Homeopaths counter that the dilution holds the memory of the substance, the essence, or energy, of the substance that can now perhaps be detected by nanopharmacology, and this essence is enough to balance the body’s disturbed healing powers or vital force. The other side suggests that where such medicines seem to work, the placebo effect is in play, and the positive effects of the placebo treatments are well-documented in modern medicine.

In general, when confronted with questions or doubts about the mechanism behind diluted doses, most homeopaths assert that science needs to advance further in the new areas of nuclear and quantum physics to fully explain the action of a diluted simillimum. Physicists, not biochemists, appear to have the requisite background to study the remedies, and perhaps nanotechnology will come up with something. The research of contemporary French physician Dr. Jacques Beneveniste, who studied the physics of homeopathy as energy medicine, is described in layman’s language in M. Schiff’s 1995 book The Memory of Water: Homeopathy and the Battle of Ideas in the New Science.

The esoteric feature of the two fundamental concepts in homeopathy that “less is more” and that “like cures like” lends a mysterious quality to the discussion of its
materia medica and inevitably invites using the language and concepts of religion, philosophy, modern physics, and depth psychology.

For an example of this interdisciplinary articulation, I will be returning to an important source entitled *Psyche and Substance: Essays on Homeopathy in Light of Jungian Psychology*, first published in 1980 from a series of lectures delivered between 1948-1955. In this work, Edward C. Whitmont draws parallels between Jung’s definitions of archetypes and the older homeopathic tradition of discerning “form patterns” that describe the constitutions. Whitmont also claims that the process of individuation is facilitated by the taking of the precise remedy or *simillimum* specific to the diagnostic constitution, not necessarily the diagnostic disorder. Homeopaths prescribe from the general concept that “every drug has a personality,” and a corollary might be inferred, “every personality responds to its specific drug.” Choosing the exact *simillimum* based on an individual’s personality traits is the crucial aspect to the art of constitutional homeopathic prescribing. Whitmont calls these types “form patterns” and from this reasoning homeopathy borrows the term *archetype*.

**American Homeopathy and Religion**

American contributions to homeopathy in the early 20th century seized upon these mysterious seeds already sown in the explanations of homeopathy’s principles by increasing the remedies’ dilutions (some say *ad infinitum*) so that the medicine will affect the deeper psychic levels of the emotional and psychological. This is not a matter of the remedy becoming more or less powerful, but rather a matter of increasing the remedy’s scope or reach by using ever-diminishing dilutions. The higher dilutions were said to resonate to deeper areas of the psyche, expanding their range beyond the physical level.
Classical homeopathy from Hahnemann’s founding in the 1790’s had always considered symptoms and traits beyond the physical sphere, but by 1897 James Tyler Kent took American homeopathy further by “inventing” and justifying even higher dilutions with the specific intention of addressing these deeper levels of being, reaching further into the psyche.

It is important to note that Kent and other American pioneers of homeopathy were ardent followers of the Church of New Jerusalem, an interesting sect splintered from the larger Swedenborgian New Church and founded in Bryn Athyn, near Philadelphia, in 1792. American homeopaths, along with American Transcendentalists, were inspired by the teachings of the Swedish scientist and later mystic theologian Emanuel Swedenborg (1688-1772), a close predecessor of Samuel Hahnemann. Swedenborg was initially a scientist who, late in life, reported several religious and prophetic visions. He stressed intuition as a powerful tool for knowledge and, as a “vitalist,” believed material substances contained spiritual essences. He also argued that the soul was composed of material substance, suggesting the connection between the soul and physiology, or, put another way, a correlation between matter and spirit. He believed that what is inside all forms of matter is also outside in a series of what he termed “correspondences” -- a term much used by Emerson, Thoreau, and their associates--and he understood God to be a collection of all energy. Those familiar with Henri Bergson will see the clear overlap of ideas, especially in Bergson’s concept of élan vital and his emphasis upon a “creative evolution” spawned by this positive life force. Historian of homeopathy Anne Taylor Kirschmann describes Swedenborg’s God to be a “spiritual essence flowing through all things . . . one had only to eliminate the barriers between the spiritual and physical planes,
allowing the energy and guiding wisdom from the higher to penetrate the lower, material realm.” Swedenborg saw “disease as essentially a dynamic alteration of [this] spirit” (32). This view is identical to Hahnemann’s and predates or anticipates Bergson, making the point a philosophical neighbor to Faulkner’s own development of his ideas about motion, stasis, and the “eternal verities.”

In the literature of Kent and other Swedenborgian homeopaths, there is frequent reference to the imbalanced or distorted spiritual energy resulting in all ailments, but it is believed that natural medicinal substances that God provides in the form of plants, animals, and minerals can restore man to a sort of pre-lapsarian condition. Seeds of this idea appeared most plainly in Hahnemann’s work when he created the remedy Psorinum, potentised from the disease tissue of Scabies. Hahnemann suggested that the “hydra-headed miasmatic disease Psora”\(^8\) to some degree infected the entire human race in the form of a “primordial skin disease” (Coulter 2: 161-2). Syphilis, Gonorrhea, Scabies, Leprosy, Psoriasis, and other skin diseases collectively known throughout human history as the “Itch” are all varieties of a common miasm, as Hahnemann called it, also referred to as an underlying predisposition. In current homeopathic writing, illness is said to be caused by a miasm which is defined as “an inherited susceptibility, a pre-existing disturbance of the patient’s life-force, his predisposition to being affected by certain morbific influences” (Coulter 2: 157), -- or, to add the Hahnemannian Christian spin: “the flaw, defect, or pollution” that had been engrafted on mankind, the psychophysical equivalent of Original Sin. *Psora* is the congenital ‘stigma’ to which all mankind is

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\(^8\) Psora is related to what we know as psoriasis, the skin malady that afflicted the writer John Updike and some of his characters.
subject and which must be overcome before good health can be achieved” (Hahnemann as qtd. in Coulter 2: 161).

The combination of a popular health practice infused with the language of religion won strong support from 19th century American Transcendentalists. Ralph Waldo Emerson and others drew from Swedenborgian ideology, mixed with homeopathic principles, though some of Emerson’s more poetic deviations are not particularly relevant here. This combined philosophy, however, survived into the early 20th century even in the academic culture that included Harvard University’s first medical faculty member William James. Nathan Hale Jr. writes, “... an important strain of American belief [is] faith in the ordinary man’s inner light. This survival of Transcendentalism was typified at its best in William James,” (229) who had imbibed Swedenborgianism at his eccentric father’s knee and later wrote America’s first book on psychology. It is through William James9 that so many of these ideological relationships converge and may ultimately lead to William Faulkner. Not only a Swedenborgian and life-long supporter of homeopathy, James also met and corresponded with French vitalist philosopher Henri Bergson (1859-1941), whose concept of God and the God-force--the élan vital-- appears to be one of the elements that made him Faulkner’s preferred philosopher.

Bergson demonstrated several affinities with the earlier Swedenborg besides their early education in science and later turn to philosophy and theology. I have found no mention of Swedenborg in Bergson’s work, but both were accused of “importing mysticism into science,” as Paul Douglass aptly puts it in *Bergson, Eliot and American Literature* (15). Chief among their similarities is their vitalist beliefs that the divine spirit

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is a force in all things; that more than one plane of reality exists; that nothing is fixed or stable but all matter is in flux—in motion and spinning—and that since the energy of God is the common essence to all matter, there must exist a connection between and among all substances, including the material and immaterial substances that constitute mankind, both his soul and body. The spinning motion of all matter, anticipating 20th century particle physics, is what allows energy to be released. Interestingly, in homeopathic preparations, the intricate series of dilutions is accompanied by succession, a sort of tapping or shaking that it said to further release the essence of the remedy. Douglass notes that though the French philosopher’s “interpretations of the physical sciences remains one of the least discussed” of Bergson’s achievements. . . he is now credited with “prophetic insights into particle and astronomical physics,” (16) a claim that might be made for Swedenborg and also the homeopathic theorists.

It is these similar ideas from the 18th century writings of Hahnemann and Swedenborg, comfortably residing in 19th century American Transcendentalism, surviving most notably in the James family, and eventually re-emerging in the ideas of Bergson in the early 20th century that may have permitted Faulkner an opportunity to encounter the core beliefs intrinsic to homeopathy. William Faulkner, born in 1897, raised in rural Mississippi, though in a university town with a developing medical school, was in a good position to imbibe many of the tides of thought that connect nineteenth century mysticism, philosophy, psychology, and homeopathic medicine theory.

In his article entitled “The Later Faulkner, Bergson, and God,” Faulkner scholar Mick Gidley explores Bergson’s and Faulkner’s shared understanding that “God and the world . . . [are] one and the same thing” (382). Gidley summarizes Bergson’s “vision of
God as activity, as force, as the original source of the \textit{élan vital} . . . [which] almost certainly does lie behind Faulkner’s vision in which we find God working within individual men . . . as the capacity, the will to continue to exist, endure, and sometimes even prevail” (381). Since Faulkner evidently had an affinity for Bergson’s concept of God as an energy force, the writer might have also been inclined to accept other vitalist philosophies, perhaps including the homeopaths’ claim that its remedies carry an energy that resonates in the psyche thus evoking the healing or integrating power of the vital force and allowing not only existence, as Gidley reminds readers of how Faulkner’s God “work[s] in individual[s],” but healthy endurance, and eventual triumph over ailments through an integration of consciousness. The homeopathic spirit-infused \textit{simillimum} restores the patient’s vital force; “vital force” appears to be an alternative term for Bergson’s “\textit{élán vital}.” And indeed Faulkner’s ill characters seem to suffer from spiritual disorders at the level of their vital force or \textit{élán vital}.

For instance, in a chapter entitled “Faulkner and the Bergsonian Self,” Douglass notes that Faulkner’s ill or tragic characters not only “[react] against change, refusing to accept history,” but that this “rejection of change is tantamount to a rejection of self . . . Faulkner relates freedom directly to self-knowledge and self-acceptance . . . Precisely because they live divided against themselves, many of Faulkner’s characters are vulnerable to disorders of consciousness—that is to say, of remembering” (142-3). Homeopathic practitioners propose that it is precisely such disorders that its remedies address. The integration that Faulkner’s tragic characters lack appears to describe the general illness pattern homeopathy seeks to treat, demonstrating Faulkner’s ability to
present in his tragic characters some illustrations of the progression of illnesses in the particular types described in homeopathic *Materia Medica*.

Gidley and others remind that although Faulkner’s home library did not include any of Bergson’s works, Faulkner acknowledges his debt to Bergson in an interview with the French scholar Loic Bouvard (*Lion in the Garden* 68-73). Similarly, Faulkner did not own any of James’ or Swedenborg’s work\(^{10}\) or any contemporaneous homeopathic literature, but interestingly, he did own a book considered by Hahnemann and others to be the bedrock of homeopathic thinking.

Faulkner owned a 1951 edition of the *Selected Writings of Paracelsus*, written by the 16\(^{th}\) century physician known as the father of alchemy. Though 1951 is late in Faulkner’s career, owning the book may show Faulkner’s interest in such philosophical reading, even after his major works were published. Paracelsus (1493-1541) established the groundwork on which homeopathy was later built—namely, the law of similars, known informally as “like cure like.” He based his prescribing on the idea that the “chemical elements that create the microcosm (mankind) mirror those elements that compose the macrocosm (the universe) giving a unifying chemically-based frame to all matter.” He claimed that the “spirit of medicinal substances and the spirit that animated man, nature, and God are of the same essence” (Coulter xii).

Bergson’s concept of *élan vital* implies a debt to all vitalist thinkers, including Paracelsus’ and Swedenborg’s concepts of matter, mind, energy, and God. Homeopathy’s concept of “vitalism,” along with its belief in the essence or energy of the naturally-

\(^{10}\text{Internal evidence in Faulkner’s library and in his fiction and essays point specifically to Emerson, and David H. Evans’s work, mentioned in the previous note, draws convincing parallels to William James.}\)
occurring but diluted remedies and its laws of similars appear to be ultimately similar to Bergson’s concept of *élan vital*.

Another of Faulkner’s influences has been identified as Sir James G. Frazer’s 1922 one-volume edition of *The Golden Bough: The Roots of Religion and Folklore*, from which Faulkner might have learned what Frazer calls “sympathetic magic” (9), the folk understanding of homeopathic cures. It is well-established as reported by Robert W. Hamblin and Charles A. Peek, editors of *A William Faulkner Encyclopedia*, that “Myth and folk practices from Frazer have been noted in many of Faulkner’s works” (153). We know Faulkner directly borrowed from Frazer’s work if we study, among others, Thomas L. McHaney’s 1971 argument in “Sanctuary and Frazer’s Slain Kings,” discussing Faulkner’s scene by scene borrowing and characterization from Frazer’s retelling of the central image in the story of mythological Diana in the sacred grove at Lake Nemi.

Hamblin and Peek note Faulkner’s absorption with Frazer by explaining the name Rowan Oak that Faulkner chose for his home in Oxford: “Rowan Oak... is actually one type of the sacred golden bough” itself, “a mistletoe, god-empowered because it was apparently ‘planted’ by lightning, . . . stayed alive in winter, suspended (like Christ) between heaven and earth, it must hold the soul of the ‘dead’ oak, and it alone could kill the apparently ‘deathless’ god” (153).

Indeed, Frazer devotes several early chapters of his work *The Golden Bough* to describe homeopathic thinking, which he classifies as “primitive.” Although Frazer’s writings may have attracted Faulkner because of T. S. Eliot’s footnotes in *The Waste Land*, Frazer did use the term “homeopathic” at least loosely to classify rain dances, repeated actions, voodoo dolls, or ritual reenactments as examples of homeopathic
thinking. He did this without mention of the medical applications, though one might speculate that his equating “magical thinking” and “sympathetic magic” with the term “homeopathy” reflects his position regarding the power struggle between homeopathy and allopathy.

Faulkner was likely attracted to Frazer’s description of the folk belief of the divine existing in mankind when, for instance, Frazer defines the phrase “man-god” in this way:

[He is] not merely the receptacle of a divine spirit. His whole being, body and soul, is so delicately attuned to the harmony of the world that a touch of his hand or a turn of his head may send a thrill vibrating through the universal framework of things; and conversely his divine organism is acutely sensitive to such slight changes of environment as would leave ordinary mortals wholly unaffected. (12)

The vibrations Frazer perceives between a man-god’s inner self and the outer world is significant, as is his suggestion that the barrier between the physical and spiritual world is penetrable. These ideas based in physics, consistent with Swedenborg’s and Bergson’s later concept of the multi-layered, co-existent nature of reality, may have appealed to Faulkner. If, as Faulkner said, “man’s free will functions against a Greek background of fate . . . . sometimes fate lets him alone. But he can never depend on that” (FIU 38), we might wonder if his point is borrowed not only from Bergson, but, in part, from then-current ideology in American homeopathy that itself reaches back through a history of like-minded thinkers. One wonders if Faulkner’s term “Greek background of fate” could mean the specific course toward illness that each constitution risks when our psyches are disordered by the specifically disturbed energy patterns that each constitution is known
for--its shadow side, so to speak, or its default pattern of illness that is largely inherited, but also shaped by early experiences. “For Bergson and Faulkner, what the mind believes is largely a matter of predisposition,” according to Paul Douglass (140). One wonders too, if Faulkner’s term “free will” involves more than the customary intellectual consciousness that can transform our fates, but, in addition, involves our full psychic consciousness, that homeopathy claims to synchronize, to express or to realize our \textit{élan vital}, our bit of the divine energy consciousness that enables us to glimpse the barriers drop between the inner and outer worlds. A scholar of T. S. Eliot and Bergson, Douglass writes:

Faulkner created the uninterrupted sentence that emulates the flux of consciousness, and at the same time never lets us forget the inexorable ticking of the clock . . . So, for the reader, the story transpires not as a mere chain of events, but as a dawning in the consciousness chained to those events. (140)

This is an excellent statement of what goes on in Faulkner’s \textit{The Sound and the Fury}, the novel I will discuss in a later chapter.

A union between the mystical Swedenborgians and the essence-infused medicines of homeopathy is already established through historical association since so many American homeopaths relied on Swedenborgian concepts. But this association may extend to Bergson and then to Faulkner (by way of the metaphysically-minded James) and illustrates an ideological resemblance between homeopathic principles and the thematic conflict between fate and free will that Faulkner’s work suggests. In the context of homeopathic medical history and the philosophical texts that influence or resemble it,
Faulkner’s curiosity about body-mind consciousness demonstrates that his work may also have reflected the intersecting fields of health, medicine, and vitalism that were very likely also a field of concern and practical application in the medical experience of his family and community when he was young.
Chapter 3: A Homeopathic Diagnosis of Faulkner

This chapter brings together material from Edward C. Whitmont’s Jungian-homeopathic focus on *Lachesis* and from other general works in homeopathic literature in order to show resemblances between the *Lachesis* constitution and Faulkner himself as portrayed in Joseph Blotner’s *Faulkner: A Biography*, the standard account of the writer’s life, and in a psycho-biographical study by Judith Bryant Wittenberg entitled *Faulkner: The Transfiguration of Biography*. These sources provide the evidence on which to draw the comparisons needed to match Faulkner and his work with the remedy-portrait of *Lachesis*. I also undertake a discussion of several odd, recurrent, and intriguing kinesthetic traits manifested in an assortment of Faulkner’s characters as detected by André Bleikasten in *The Ink of Melancholy* and Walter J. Slatoff in *Quest for Failure: A Study of William Faulkner*. These works highlight Faulkner’s eye for noticing archetypal constitutions that seem compatible with homeopathic medicine and incorporating these traits into his characters. Bleikasten and Slatoff chronicle Faulkner’s preoccupation, as they sometimes call it, with several specific bodily actions, functions, and traits, including all sorts of stillness, frozen action, paralysis, immobility (especially when furious); loquacity and silence; amplified sounds (characters hearing their thoughts as if spoken by another or listening to pulsating sounds within their bodies); all kinds of bleeding, discharging, hemorrhaging; all throat sensations including suffocation, breathing, talking, swallowing, moaning, bellowing. Most of these means of characterizing Faulkner’s fictional people are, in fact, keynote symptoms used to describe *Lachesis* in various manuals of homeopathic prescribing. And, from another perspective, the Savannah-born poet Conrad Aiken, who was T. S. Eliot’s Harvard roommate, brilliantly relates in his
1934 review of Faulkner’s achievement that the writer’s involved and elaborate prose style illustrates the *Lachesis* stamp—he nearly calls it by name when using the term “ophidian” to describe Faulkner’s signature technique.

I will leave fuller analysis of selected fictional characters, including the characters in *The Sound and the Fury*, to Chapter Five, “Literary Evidence: Representations of Selected Characters and their Homeopathic Archetypes.”

In *Psyche and Substance*, Edward C. Whitmont explores the art and science of homeopathy prescribing in a wide-ranging way, discussing the full implications on the psyche of choosing the right *simillimum*. Because Whitmont concentrates primarily on the *Lachesis* constitution, the work is relevant to a study of Faulkner and his signature characters. Whitmont identifies the *Lachesis* temperament as one of the more complex archetypes best suited to Jungian study because it is in a special group of diagnostic categories concerned with the challenge to integrate powerful life forces from the unconscious and the conscious. Since *Lachesis* is prepared from snake venom, Jungians and homeopaths alike have found multiple angles to explore this constitution founded on the significant archetypal image of the serpent as it appears in myth, folklore, religion, and psychology. Whitmont offers a richly symbolic and Jungian angle on the snake-remedy’s action in those patients who require it constitutionally. Kent often said of *Lachesis*, “There is a little snake in all of us,” and perhaps this is the best note on which to begin discovering the connections surrounding Faulkner (who as a child was called “snakelips” by his father), some of the writer’s signature character traits, and what I propose to be his *simillimum*—a dilution made from South American Bushmaster snake venom called *Lachesis Mutus*. 
Lachesis Defined

The homeopathic remedy *Lachesis Mutus* is made from the venom of the Brazilian bushmaster snake, also called *surukuku* (translated from the Portuguese to mean the “master of the forest”). It is a ferocious snake uniquely known to chase and attack a human if sufficiently angered. Its inch-long fangs deliver one of the most poisonous snake bites in the western hemisphere. When discovered for homeopathic experiments in 1828, a single seven-foot snake, milked of its venom, provided enough of the substance or “mother tincture” to produce remedies worldwide for the next forty years until a second snake was eventually delivered to America from Brazil in 1868, causing much excitement in the medical world (Coulter 1: 301).

Linnaeus, the Swedish botanist, named the snake *Lachesis Mutus* after one of the Three Fates from Greek mythology. *Lachesis* measured the thread of life, while *Atropos* cut it and *Clotho* spun it. Its original biological classification name is *Trigonocephalus*. It is dubbed *Mutus* (meaning mute) because it lacks a rattle in its tail like other pit viper snakes and is therefore a silent stalker.

In 1828, the father of American homeopathy Constantin Hering tested the properties of the venom on himself, as he was wont to do with remedies he explored, permanently paralyzing his left arm as one result. He fell into a delirium that lasted several days, as his wife recorded symptoms at his bedside. Further experimentation ensued on other healthy subjects. This process of “proving” a remedy through a controlled overdosing in healthy patients produced a unique set of symptoms that were then used in homeopathic diagnosis under the rule “like cures like.” Patients with symptoms similar to those induced by the venom are treated with a highly diluted dose of
the venom. Diluted, the afflicting agent, it is believed, relieves similar symptoms. Undiluted, the poison provokes severe neurological, circulatory, pulmonary, and cardiac effects, bringing on dementia, paralysis, suffocation, hemorrhage, decomposition of the blood, and often death. The remedy—so diluted as to carry only a memory of the venom, to use the homeopathic parlance—could counter the matching symptoms and prevent death.

The symptom picture of *Lachesis* in homeopathic diagnostic manuals includes constriction felt anywhere in the body, but especially suffered in the throat, hence the related pulmonary threat of suffocation, choking, the inability to exhale, or the sensation of drowning; strong throbbing pulsations felt all over the body resulting in tachycardia or a racing heartbeat; and neurological effects such as delirium, hallucinations, and trances, coupled with rapid, ecstatic, delusional, relentless talk.

In general, clients benefiting from the remedy experience some of the physical sensitivities and several of the primary symptoms listed below and chosen from a staggering record of 3800 symptoms. (Additional symptoms are listed in a Table following this chapter.) All symptoms need not be present, and although most important symptoms as described for any constitution have the potential to be contrary in their expression,¹¹ in fact, *Lachesis* seems to include a few more contrary symptoms than usual because, more than any other portrait, this constitution’s nature is fundamentally divided. Psychologically, *Lachesis* is marked by an unrelenting, intense, and ever conscious

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¹¹ Contrary symptoms are typical in homeopathic descriptions. For instance, the *Natrum Muriaticum* (salt) type is noted to be either ill or healthy when near the sea. Other constitutional descriptions include similar contrary symptoms, listing possible opposite reactions. In other words, *Natrum Muriaticum* can expect some kind of reaction to coastal visits. Like other paradoxical principles in homeopathy, its advocates accept this.
struggle between desire and repression, usually sexual in nature (Coulter 1: 302). But the struggle could center on other matters as well. In Faulkner’s case, we can see this pattern in his alcoholism over which he exerted a life-long unusual power “to combine controlled drinking with binges” (Goodwin 115). More about Faulkner’s attempts to control his alcohol dependency will be discussed in Chapter 4: “Biographical Evidence of Faulkner’s Medical Associations.”

To summarize the *Lachesis* symptom picture as described in homeopathic publications from 1826 to the present, the significant or “first order” symptoms are listed below in bold in *Materia Medica* fashion. This rubric is adapted from homeopath Catherine R. Coulter’s recent 1998 repertory. Her work significantly builds on a thorough collection of symptoms noted by former leading homeopathic authorities, credited below in parenthesis.

*Physical symptoms:*

- Immobility, near-paralysis.
- Bleeds easily and profusely.
- Struggles against alcoholism with bingeing.

*Emotional/psychological symptoms:*


3. **Highly sensual.** Often pushing the boundaries of acceptable sexual interests. Attraction between the generations. But can be controlled better than emotional or intellectual desires. Animal urges. “Feels all animal” (Kent).

**Talkative. Sensitive to language. Exalted phrases. Elevated language.**

**Confessional.** Unending flow of rushed words. Strong tendency not to finish sentences, onto the next. Emotionally charged language. Sometimes slurred without being drunk. Thick tongue. Trembling tongue when protruded. (Lots of tongue symptoms.) Can finish others’ sentences, accurately anticipates their thoughts, but often lack of sequence. Suggestive of discontinuity in time. “Hasty speech, much rapid talking” (Hering) with one idea breeding another, torrents of explanations and digressions. Male is lower keyed. Talk fascinates his listeners with “animated and imaginative speech and creative approach” (Boiron). “Hypnotic quality to movement of lips/mouth when he speaks” (Coulter). “Half-finished sentences, takes it for granted that you understand the balance” (Kent). **Appears or pretends not to hear another’s talk,** will give no sign she has heard another’s talk, but does hear it.

**Confesses to crimes he has not committed,** exceedingly aware of his underlying potential. “She makes a confession of something she’s never done” (Kent). Unfounded feeling of guilt, fears own “erratic flip. . . might tempt a reprehensible action” (Coulter).
Reprehensible desires. Desire is repressed but its intensity makes it real. Takes on guilt of thought as if it were acted on. Confuses thought with action.


Always fears betrayal. Feels betrayed when another branches out on own path. Wants revenge. Willing to plan it, talk it out, but will not do it. May confess to it as if he did act. Feelings of betrayal may make him immobile, indecisive, paralytic, silent.

Good Liar. Takes artistic pride in imagination. Intellectual intoxication, but knows he is lying. No or little self-delusion. “The serpent knows itself” (Kent.)

As the symptom portrait above makes clear, a Lachesis constitution is a complex, intense, interminably divided psyche that perceives his struggle, but is often powerless to resolve it. His emotional, intellectual, and sensual capabilities are often exhibited simultaneously in a conflict of triples and are so evenly matched that each one relentlessly competes for dominance. Since its remedy portrait was discovered in 1828 with Hering’s first proving, this constitution has captivated homeopathic doctors curious about the complex inner workings of this trifurcated personality, especially intriguing those with background in mythology. In a published lecture specifically about Lachesis, Edward C. Whitmont (1912-1998), a homeopathic doctor and lecturer, also a medical doctor turned psychotherapist, and a founding member and former chairman of the C. G. Jung Training Center in New York, includes several cross-cultural, symbolic references to the snake
pathology and, as a result, elevates the *Lachesis* remedy as a foremost example of the principle “like cures like.” As one might expect, Whitmont’s collection of lectures, dating from 1948-1955 about the various remedy types, emphasizes their psychological aspects and mythic origins. He characterizes world-wide mythic representations of the serpent as the “image of primordial, autonomous, impersonal life energy underlying and creating existence and consciousness…. [It represents] the instincual life will, of desirousness, hunger for life, the urge to taste life…” (132).

As a regular medical doctor, Whitmont reminds readers that the medical insignia from ancient times is the Rod of Asclepius, featuring a snake wrapped around a staff. Asclepius is said to have learned the secrets of medicine from observing one snake bringing healing herbs to another. Along with other training, Asclepius was given a vial of blood from the snakes on the Gorgons’ heads which held magical properties. Blood from the left side of the Gorgon was a fatal poison, but blood from the right side could resurrect the dead. The *Lachesis* remedy acts primarily on the blood; Faulkner’s repeated references to blood images, as discussed below, give an immediate *Lachesis* feel to his work.

Drawing from the Judeo-Christian tradition, Whitmont discusses the implications of the serpent wrapped around the tree in the Garden of Eden bringing consciousness of forbidden knowledge as a primordial example of the paradox of duality. In Christian Gnosticism, he observes, the image of Christ on the cross is sometimes substituted by the serpent on the cross. The Christian Gnostics included an early sect calling themselves the Ophites, who revered the snake from the Garden because it brought knowledge. In these ways and others, the snake becomes the quintessential example of “like curing like”
counteracting the fall from paradise with “life’s healing forces in the staff of Asclepius” (132). The snake is therefore symbolic of the twin powers of illness and health, the fall from grace and redemption. More than any other remedy portrait, the snake embodies the dual nature of existence, according to Whitmont.

The ancient *ouroboros* image of the snake eating its own tail symbolizes the constant cycle of life, which, as Whitmont points out, develops toward consciousness and the independent ego. Because of this, “life of necessity turns against itself” (132) with the ego’s need to repress some of the strong, instinctual, animal drives in humankind’s past. Whitmont calls it “logos opposing bios,” indicating that this split in the life force is the key to understanding the snake pathology. He writes, “the unintegrated life impulse or libido leads to a rebellion or paralysis of the libido” (134). The strong repression results in illness involving a particularly intense struggle. *Lachesis* is distinguished by the difficulty of bearing the “penalty for the unlived life” caused by this exaggerated repression. Whitmont reminds that Hahnemann, the founder of homeopathy, prefaced his book *Organon* with the Latin adage: “*aude sapere*” translated to mean “dare to taste and understand”—*sapere* translates as both *taste* and *understand*. The conflict between indulging in or “tasting life” battles the ego’s need to repress. In the *Lachesis* constitution, this conflict is never resolved and leads to self-destructive impulses. But resolving the conflict with the aid of the remedy brings achievement of the highest order, according to Whitmont and others, since a healthy integration of such powerful forces will allow the pent-up energy to express itself in a gratifyingly life-affirming manner. Homeopathic literature, however, also tragically attests to the frequent life-long difficult
path of *Lachesis* cases, who find outlets in self-destructive cycles of addiction generally taking the form of binges.

Other snake pathologies exist with subtle but important distinctions. Whitmont writes that he can distinguish *Lachesis* from the others by its “smoldering sexually charged portrait” that he says is of the “jungle variety . . . with its sultry sensuousness . . . like a thick smell of repressed emotionality and sensuality” (133). Certainly there are many other repressed types featured in homeopathic literature, but none whose powers are so equally divided among the intellect, the sensual, and the emotional, and none whose outward appearance so entirely belies the churning mill beneath the surface. Whitmont and others write about the “violent repression underlying a controlled surface” (134), often noting the expertly hidden suspicion verging on paranoia or extreme jealousy, “similar to a snake lying quiescent ready at the slightest provocation to strike . . . . With a susceptibility to hallucinatory and ecstatic states, the slightest cause triggers the crack that may lead to explosion” (134).

Whitmont points out that the remedy is left-sided, meaning ailments start on the left, and the left side has mythic implications (recall the magic blood of the left side of the Gorgons) that generally point to unconscious, sometimes clairvoyant, traits. Whitmont calls this one of the “typical [left-sided] invasions of repressed energy from the unconscious, emotional personality” (133). This typical “invasion” makes the throat its battlefield. One symptom of venom poisoning is constriction anywhere in the body, but notably in anaphylactic swellings in the throat. Whitmont writes that *globus hystericus*, Freud’s term for the “lump in the throat,” is typical when the personality has a hard time defending itself against emotional, especially sexual forces. *Lachesis* personalities avoid
clothing that constricts in a single area, especially around the throat, because there appears to be an inborn or conditioned fear of, or tendency for, suffocation. Yet, there is a tendency to respond well to hard pressure spread over an area. Faulkner’s back brace that his mother insisted he wear to correct his posture in 1910-11 was surprisingly not a source of complaint, as it was for his cousin Sallie Murry who refused it as often as possible (Blotner 140). The type is said to be aggravated from a soft touch, but firm, even pressure allows the psyche to shape up or conform to demands, so to speak.

Another symptom of venom poisoning is the disintegration or decomposition of the blood making it more fluid in the veins. Again, the type has a tendency to hemorrhage or bleed profusely. Blood, the most basic expression of life, imbued with ancient magical properties, is a favorite Faulkner image discussed later in this chapter.

The pathology of repression and constraint can be the “result of grief, fright, suppressed love, encountered danger or sorrow which could not be integrated into the overall feeling life of the personality” (Whitmont 150). When one is ill, the life flow is stopped, blocked physically and psychologically. Body liquids, including menstruation, are blocked in their flow. The type is improved from the appearance of any sort of discharge. At the same time, this is a type that, once started, does not know when to stop, so hemorrhage becomes a significant threat. The remedy is also indicated for women at the menopausal stage. Even if a woman is diagnosed as another constitutional type, homeopathy suggests many Lachesis tendencies will surface at this juncture of life. Whitmont writes that this is the final expression for such symptomatology brought on by the diminished menstrual flow. He writes: “In this last chance situation, the life force and the emotions produce something akin to the eruption of a volcano” (134). Perhaps these
effects are further demonstrated in Faulkner’s portrait of Joanna Burden from *Light in August*, discussed more fully in Chapter Five: “Literary Evidence: Representations of Selected Characters and their Homeopathic Archetypes.”

**Faulkner’s Biography**

Keeping these symptoms and Whitmont’s comments in mind, we can now turn to the corresponding *Lachesis* nature of Faulkner’s life, as discussed by Judith Bryant Wittenberg and Joseph Blotner.

Wittenberg uses Blotner’s biography and Faulkner’s lectures in *Faulkner in the University* to build her psychoanalytic assessment of Faulkner’s emotional life and its substantial influence on his work. She reminds us of Faulkner’s own assessment that the artist is “a creature driven by demons,” and that the creative work is “the dark-twin of a man” (from Faulkner’s *Mosquitoes*, qtd. in Wittenberg 4). Consequently, her psychoanalytic study proposes that Faulkner’s fiction reflects his inner-life struggles, and eventually his self-described process of writing “in a kind of insane fury” allows him some respite from his unremitting struggle (*FIU* 194, qtd. in Wittenberg 6).

Wittenberg opens her study by citing her debt to the much-admired 1941 Edmund Wilson book entitled *The Wound and the Bow*. Wilson reminds that creative genius can be understood by studying or applying the myth of Philoctetes, whose illness (the wound from a snake bite!) was “close allies” with his proficient skills in archery. 12 Or, as Wittenberg applies this kind of thinking to Faulkner’s case, his creative genius was embedded in his weakness. She writes: “his imaginative responses” to his wounds were “persistent and pervasive” (6).

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12 According to some versions, it was Asclepius who cured Philoctetes of this notorious snake bite.
Incidentally, the myth of Philoctetes and Wilson’s subsequent argument are essentially homeopathic, a term Wittenberg never uses but often seems just short of invoking. For instance, what could be more homeopathic in principle than finding the cure--or gift--in the illness itself (like another archer, Telephos, whom Whitmont cites for finding his cure in rubbing particles from the very arrow spearhead that gave him his wound)? Or what could be more homeopathic in principle than this sentence from Wittenberg: “Faulkner’s past and present anxieties,” she argues, “gave rise to some of his most effective fiction, and his personal vulnerabilities and his artistic strengths thus become intimately intertwined” (6) [emphasis mine]. She concludes that Faulkner eventually “showed a clear understanding of how this process operated in the genius of his own works” (7), becoming ever-more conscious, (in Lachesis fashion, incidentally) of harnessing the power of the unconscious.

Wittenberg convincingly matches what she can glean from Faulkner’s inner-life struggles with her analysis of the writer’s fiction, carefully showing the correspondences. Most relevant for present purposes is that while discussing how the struggle in Faulkner’s life extended into conflict in his fiction, Wittenberg classifies the struggle as triple in nature, much like the Lachesis triple pull of emotion, intellect, and sensual desires all vying for dominance with equally intense effort. She writes:

At the dramatic level, he learned to render the conflicting currents of his own mental life in terms of pairs or even trios of close but contrasted and often warring characters . . . . He was able to recognize his contradictory urges, to embody them in separate characters, and to show them either functioning comparatively in a hierarchy of morality or psychic health or
conflicting overtly for domination or even survival. These groups of paired or tripled characters occur in nearly all of his novels. . . Because the characters were projective fragments of Faulkner’s psyche, the predominance of one type or another. . . tells us much about what was going on in his inner life at the time (7). [emphasis mine].

It is beyond the scope of this dissertation to detour into further discussion of this three-way struggle as a recurrent theme in Faulkner’s fiction. It is sufficient to say here that Wittenberg finds the same striking trifurcated struggle in Faulkner’s life and in his fiction that homeopathy identifies in *Lachesis*. Furthermore, Wittenberg precisely pegs in Faulkner the same individual details that make up the psyche of *Lachesis*: the jealous nature leading quickly to thoughts of revenge, the insomnia, the attraction across the generations, the ability for nursing others, the demonic creative strain, the alcoholism with bingeing, the consciousness of the three-way struggle, the elaborate lying raised to an art form, the testing of his ability for evil, even some physical features and his penchant for clothes. She concludes, much like homeopathy suggests, that these weaknesses, or the *Lachesis* nature in general, stem from the consequent grief of early loss. Homeopathy would propose that these life events both cemented and shaped the constitution that was already present and, without these particular events, Faulkner’s psyche may have found other opportunities to demonstrate or develop these very same traits.

For instance, in a discussion about the sweeping influence of early loss in the writer’s life, Wittenberg suggests that Faulkner’s tendency in his fiction to capitalize on the theme of betrayal by women emerges from early events with his mother coupled with the loss of both grandmothers in 1906-7 and the “surprise” birth of his youngest brother.
Dean. Although others report on Faulkner’s seeming dedication to and kinship with his mother, corresponding with her faithfully whenever he was away, for instance, and stopping by her house almost daily when he was in Oxford, Wittenberg interprets this as indicating that Faulkner felt neglected, abandoned, and then betrayed by his mother and other early female caregivers. Wittenberg cites psychoanalysts who report sons of negligent mothers expressing a contradictory closeness, more eagerly defending their mothers, and continuing relentlessly to forge a closer relationship to their mothers who, as they see it, had abandoned or neglected them, even if the only sign of neglect and betrayal is their having subsequent children (25).

Wittenberg stresses some formative childhood experiences recorded in Blotner’s work, citing Faulkner’s reactions to his three brothers’ birth, each time getting ill to some degree. Wittenberg interprets these illnesses as the physical response tied to, or subsequently caused by, the emotional response of jealousy and betrayal surrounding his mother’s love. Fear of betrayal is a trademark Lachesis’ personality trait.

When Faulkner was two in 1899, his brother Murry Charles (called Jack) is born and shown significant attention throughout his childhood, especially from his grandmother, due to his finicky eating. William is ill enough four months after this birth to have his grandparents come from Oxford to the Murry Falkner home in Ripley (Blotner 64). The birth of William’s next brother John Wesley Thompson III occurs only one day after William’s fourth birthday. Within four days, William is diagnosed with Scarlet Fever and again his paternal grandparents visit the Falkner home (Blotner 66). Scarlet Fever is centered in the throat, and though one can recover, the throat often remains a weak part of the body, vulnerable to further illness. The throat image plays a significant
role in Faulkner’s fiction as discussed below by Slatoff and Bleikasten, and perhaps it also
did in the writer’s real life. To draw another analogy to homeopathy, the literature
reminds that the throat of the snake is its only vulnerable part, its one Achilles’ heel. Is it
possible that Faulkner’s ailments began in the throat, Scarlet Fever first, then perhaps the
unslaked thirst of the alcoholic described in some cases as a burning in the throat and “as a
desire unslaked by the attainment of that which is desired” (Lilienfeld xx)?

The birth of Faulkner’s last brother Dean, born near his father’s birthday and
immediately becoming Murry’s obvious favorite son, doesn’t result in another illness, but
Wittenberg indicates had the potential to invite strong feelings of jealousy and betrayal
because the new baby also required special attention to treat an ongoing case of cradle
(cap—a chance for folk remedies to come from the Black nurse Caroline Barr, whom
Faulkner would refer to later—and while his own mother was still alive and very active—as
the “matriarch” of his family.

The effect on his mother of Dean’s arrival, the illnesses and deaths of both
grandmothers, and the romantic loss of Estelle Oldham to another man a decade later,
Wittenberg writes, is a pattern of loss and grief that left an indelible mark on Faulkner’s
psyche and can be noted in the writer’s treatment of women characters and the repeated
theme of betrayal (23-25).

Wittenberg interprets Faulkner’s refusal to conform after Dean was born as
“punishing his betayers” (25). First he punishes his mother in his rebellion against
school, and then takes aim at his father in his refusal or avoidance to do conventional
work or to earn money. Wittenberg makes a convincing case for Faulkner’s early and
subsequent taste for revenge, as if he is testing his Lachesis ability for evil. She also notes
Faulkner’s chronic case of infant colic (Blotner 62), keeping him and his mother awake in distress all night and eventually developing into adult insomnia (Wittenberg 19). The homeopathic description indicates that the *Lachesis* patient often needs little sleep and wants to be intellectually intoxicated but clear-headed at the same time, desiring a “sober intoxication” (Coulter 1: 307). This is but one example of the *Lachesis* set of dual traits that tend to express themselves not so much in fluctuation between extremes, but instead, as much as possible, simultaneously. Blotner relates instances of Faulkner’s ability for a sort of “sober intoxication” in this way:

> An extraordinary quality his friends and family noted was his ability to later recall conversations during intensive drinking. Not only that, he would remember clearly incidents from the past, particularly old grievances. He would show an acute awareness of what was happening to him, and the reactions of those seeing him in this condition. (228)

This paradox of experiencing opposing conditions concurrently seems especially appropriate to Faulkner given the tendency in his fiction to interrupt and disorder linear time sequence, his inclination to place characters’ minds in the past while they live through the present, and his loquacious stylistic power, as poet Conrad Aiken observes, his attempts to “tell it all at once.” All writers of fiction rely on their imagination and seek a convincing manner of making fiction sound factual, and here Faulkner is no exception. Besides his mature fictional ability to “tell it all at once,” while often depicting opposing conditions concurrently, from a young age Faulkner commanded an expert ability to embellish the truth. Blotner reports that Faulkner’s cousin Sallie Murry indicated that “It got so that when Billy told you something, you never knew if it was the truth or just
something he’s made up” (128). The Lachesis trait of the natural ability to become an “accomplished liar” (Coulter 1: 304) suits Faulkner’s life-long tendency to use this talent in many aspects of his life.

Wittenberg and Blotner both describe Faulkner’s physical features: his “hooded” eyes and thin lips (Blotner 62) are characteristic of the Lachesis type. It is either a strange coincidence or a rare case of Faulkner’s father accurately perceiving his son’s diathesis that Murry derisively calls him “snakelips.” It is interesting to think it may have been a singularly accurate, though probably unconscious, observation from Murry Falkner, who otherwise seemed to understand or relate to his son so inadequately. Blotner explains Murry’s disdainful name-calling as masked hostility directed against his wife Maud, whom Faulkner resembled in physical appearance (Blotner 51).

Blotner includes descriptions from other friends of the writer who could attest to his “hypnotic” (Blotner 225) or “hooded” eyes -- dark, again like his mother’s, not the Falkner light blue (Blotner 4, 62) -- and his lifelong hypnotic gift for storytelling. Although there exists no evidence that Faulkner suffered from epilepsy (sometimes exhibited in the left-handed Lachesis, according to homeopath Catherine R. Coulter, and notable in Dostoyevsky, “as purely a Lachesis male as ever existed” [1: 306]) still, in seizure-like fashion, Faulkner’s “far-away” looks, his taciturnity, his complete withdrawal from present conversations, and his astounding capability for physical stillness (even as a young child, long periods of immobility are noted) are later understood by his brothers and other close family members to signal a premonitory start to the heavy binge drinking. Immobility seemed to seize Faulkner throughout his life in the same ways that agitated fits seize the epileptic. Dystonia and epilepsy, both involving the basal ganglia part of the
brain, are characterized by the body’s uncontrollable movements. It is interesting to think that a complex neurological condition, perhaps matching the obsolete term dipsomania that included dystonic movement, somehow contributed to Faulkner’s unusual sort of alcoholism.

Several examples from Faulkner’s life bear out the *Lachesis* trait of responding to an attraction between the generations, especially involving romantic desires. In Faulkner’s case, this romantic or sexual attraction is borne out by his affairs first with Meta Carpenter, then later in his life, by an even larger age difference, between him and Jean Stein and then Joan Williams. But it seems that Faulkner also responded to attractions between the generations outside of his love interests. As a child, Faulkner bonded well with both grandmothers but especially revered the life and reputation of his great grandfather. Jack Faulkner wrote that Faulkner “‘more or less unconsciously pattered his life after the Old Colonel’s’” (qtd. in Blotner 105). As a young man of 19 or 20, Faulkner would play sports or engage in wilderness training with much younger boys, always taking on the quiet authority of being the older one in the group (Blotner 279). Later in his twenties, he unsurprisingly took on the role of Boy Scout leader until his reputation for drinking caused the Baptist church that sponsored the scouts to insist he give up the post. As an adult, Faulkner had a reputation for relating exceeding well to children, and as a writer, his interest in portraying child or young adult characters is evident. As a bookstore clerk in New York, he was known to charm the old ladies (Blotner 318). And as an older man, he fell in love with several women much younger than himself. This intergenerational attraction appears pervasive throughout his life,
sometimes causing chaos, as in the cases of his extra-marital affairs, but continued to 
emerge in ongoing fashion nevertheless.

Blotner reports that in third grade, young William was especially close to a little 
girl named Myrtle Ramey who suffered from “after-effects of Scarlet Fever which had 
settled in her throat.” Blotner notes that William was especially sympathetic, even 
playing nursemaid, a concern “which he was to display many times later in his life” (104). 
Blotner also notes Faulkner’s attention to the afflicted daughter of Calvin and Maud 
Brown, Margaret, a child born with a birth defect who soon developed terminal cancer. 
Faulkner left as a gift his typescript version of his children’s novel The Wishing Tree at 
the Brown’s door with his inscription and Blotner reports Faulkner visited the child often. 
Blotner suggests Margaret Brown may have, in part, inspired the fictional Benjy Compson 
from The Sound and the Fury (207). The Lachesis ability to nurse others with altruistic 
devotion is well-documented in homeopathic literature.

**Some Manifestation of Lachesis in Depictions of Assorted Characters**

As discussed previously, it is reasonable to think from Blotner’s biography of 
Faulkner and from Wittenberg’s psycho-analytic discussion of Faulkner’s work combined 
with his biography that the writer’s own portrait provides enough evidence for a 
homeopath to have diagnosed him as demonstrating Lachesis constitutional traits in an era 
when the family and friends may have known this diagnostic term. Similarly, many 
parallel traits repeat in several characters throughout Faulkner’s fiction, making it feasible 
that Faulkner not only observed, but also employed these characteristics directly in his 
writing. This is not to say his fictional characters are auto-biographically typed; some 
may be, but I am suggesting that Faulkner’s interest in some specific and odd physical
processes in his characters’ bodies may have echoed a system of diagnosis very much in
practice during his youth. Often inflated, these character traits show surprising
reoccurrence in his fiction, as well as in his family’s view of him. Perhaps Faulkner was
conscious of his own Lachesis nature according to homeopathic description, and, as
Wittenberg argues, he then projected several of his own odd traits onto his characters.

Slatoff and Bleikasten, among others, discuss Faulkner’s persistent descriptions of
particular “kinesthetic and motor responses” (Slatoff 25), many of which suggest
Lachesis-like states in his characters’ bodies. In The Ink of Melancholy, Bleikasten
concentrates on Faulkner’s brutal physical and sensory images from Sanctuary in a
chapter appropriately entitled “The Madness of Bodies.” Investigating some of these
intense images allows a look into Faulkner’s heightened imagination at a demanding and
traumatic time in his life, for instance during his long-awaited marriage to Estelle Oldham
and the loss of their first prematurely born child. Wittenberg and Blotner both remind
readers of the emotional hardship Faulkner endured in his personal life during the writing
of Sanctuary, including Estelle’s probable suicide attempt by drowning on their
honeymoon. Alcoholic, imaginative, and unstable herself, Estelle at this time mirrored
her husband’s own traits as well as sharing his distress. Perhaps the strain Faulkner and
Estelle faced during this period is reflected in the unmistakable Lachesis traits evident in
some of his most notorious images from all the novels that touch this period: The Sound
and the Fury, As I Lay Dying, Sanctuary, and Light in August, four novels produced in
rapid succession in what the critic Michael Millgate sees as so connected a relationship
that they represent a tetralogy.
**Blood and throat:**

Bleikasten opens his discussion of *Sanctuary* with Faulkner’s gruesome image of “the black woman whose throat is slit with a razor and who . . . finally collapses dead, ‘her whole head tossing further and further backward from her bloody regurgitation of her bubbling throat’” (Bleikasten 238). The critic’s discussion continues with more recurrent images of a “cut throat, gaping wound, [and] spurting blood” (239). Bleikasten notes Faulkner’s “preoccupation with mouths… [and throats], a gateway to the body for eating, breathing, spitting, vomiting, speech . . . expelling black stuff” (251) Bovary-like in Flaubert’s death scene. Bleikasten chronicles all other sorts of Faulknerian “discharges” such as spitting, excess saliva, vomiting, slobbering, and sweating (250). The importance of bodily discharges links these actions to the homeopathic descriptions, once again, of the *Lachesis* archetype.

Eventually Bleikasten calls this Faulkner’s “liquefaction and hemorrhage motif” (251), remarking that in the writer’s fiction, “it takes little more than a cut or tear for the flesh to empty itself” (250). He concludes that the bodies of Faulkner’s characters “do not know how to contain and control themselves” (250), a depiction that matches the homeopathic description of the type’s bingeing and hemorrhaging aspects. The homeopathic literature contains such keynote symptoms as “immoderate cravings . . . insatiable hunger. . . frustrated emotions finding an outlet in food or drink,” and all sorts of overindulgence (Coulter 1: 308). In paradoxical manner, homeopathy suggests that *Lachesis* possesses an unusual compensatory skill for emotional or physical repression, severe enough to block all kinds of circulation: “the patient suffers from ‘ill effects of suppressed discharges’” (Kent as qtd. in Coulter 1: 309). The literature further reports the
general relief of illness from the psyche that physical or emotional discharges confer: “On the emotional plane . . . hemorrhages [relieve] longstanding depression”¹³ (Coulter 1: 309). Readers see the action of hemorrhage repeatedly in Faulkner’s work. In *Faulkner’s Quest for Failure*, Slatoff interprets Faulkner’s recurring patterns of tension and release as often including a “calming release of blood or sweat” (26). He cites Hightower’s death in *Light in August*, wherein “sweat begins to pour from him, springing out like blood, and pouring . . . in his cooling sweat, while the sweat pours and pours” (*LIA* 426-31). He reminds the reader about the composed state in which Joe Christmas dies, while the “black blood gushes from his groin” (423).

**Auditory:**

Critics have long noted Faulkner’s intriguing detachment from typical character descriptions. The writer is not especially forthcoming about the descriptive features of characters, and the characters themselves may be confused about what their bodies are experiencing and even that the experience is, indeed, happening to their own bodies. Characters become distracted by their own bodies’ actions or thoughts passing through their minds as if some force outside their psyches is determining and enacting those actions or ideas. Faulkner achieves a distant quality to these sorts of descriptions. For instance, Darl Bundren intuits his sister Dewey Dell’s thoughts as if hearing her mind. On the evening of Addie’s death, Darl, far away on an errand, watches his sister stand with Dr. Peabody and listens to her mind’s thoughts: “You could do so much for me if you just would. If you just knew. I am I and you are you and I know it and you don’t know it and you could do so much for me if you just would and if you just would then I could tell you

¹³ Readers should understand that “hemorrhages” of the non-fatal sort, as referenced in this quote, refer to safer physical discharges such as tears, menstruation, and sweat.
and then nobody would have to know it except you and me and Darl’” (AILD 50). Later, Faulkner depicts one of Darl’s thoughts in which he comments on an odd detachment of body from one’s mind: “. . . you waking suddenly from sleep or from waking, with on your face an expression sudden, intent, and concerned” (AILD 97). Readers often see Joe Christmas as detached from his own body, as when Faulkner writes: “In the less than halflight he appeared to be watching his body, seeming to watch it turning slow and lascivious in a whispering of gutter filth like a drowned corpse in a thick still black pool of more than water” (LIA 99) or in the passage from the night in which Joanna Burden is murdered: “then his body seemed to walk away from him. It went to the table . . . ” (LIA 266) or just before Christmas enters Burden’s room when he intuits an ominous foreboding voice: “It seemed to him that he could actually hear the words inside him: You should have read that note, You should have read that note thinking, ‘I am going to do something. Going to do something’ ” (LIA 261).

Bleikasten comments on this quality of Faulkner’s work and concludes, “The [character’s] mind is at best the impotent onlooker of the body’s antics” (239), as if the mind is merely recording the actions of the body or its passing thoughts, but not experiencing those actions fully as when, in Sanctuary, Bleikasten writes, “one Temple speaks, another hears the words spoken as if they were uttered by the voice of a stranger” (239).

Slatoff makes a similar observation in his chapter about amplified voices or sounds that go beyond the sense of hearing so that they impact upon the body’s awareness of feeling vibrations and pulsations. In some cases, he writes, actions are “rendered entirely from the auditory point of view” (31). Slatoff lists the “sounds of music, sounds of
insects, sounds within characters’ bodies, Benjy’s bellowing, ticking clocks, whining motors, sounds of rain, bells ringing.” Slatoff also points out that characters often are depicted “hearing their thinking or listening to sounds within their bodies” (32). Sounds within the body include pulsations of the heart, the circulation of blood, breathing, and talking, with the qualification that talk sometimes seems to emerge from the mouth of the character only, not the mind. These pulsations are tied to the Lachesis symptom descriptions that include all kinds of circulation and pulmonary action.

**Motion and immobility:**

Slatoff identifies Faulknerian characters who demonstrate the recurring paralytic states of frozen action, frantic activity, and the combination of both. He finds this trait evident not only in the paradox of the description about Quentin and Natalie’s “moving sitting still” (from The Sound and The Fury), but also in Faulkner’s preferred descriptions of sensations of running without moving or of characters becoming immobile when furious,--“mute protuberant outrage” (32). Slatoff includes discussion of characters who become more calm, or at least more still, as the violence increases. In a related analysis, Slatoff writes:

[W]hen they have been beaten or hurt, characters often experience a sense of peace (46). . . . We may not know how a character looks or what he is wearing or what he is thinking, but we will almost always know whether his body is quiescent or active and whether his general psychological condition is placid or turbulent. At times we know nothing more than this about him. Faulkner’s characters almost never smile, laugh, or frown.
Their faces are mobile, or they are still . . . the stillness [is] a rigid cover for exasperation or fury. (51)

In a related argument concerning this quality of death-like paralysis concealing an underlying tumultuous alertness, Bleikasten writes: “one index of mounting terror is immobility” (239) in Faulkner’s characters. He cites Temple’s immobility, or ability to “play dead,” during the rape, calling it “a type of surrender.” But he contrasts her immobility with a different sort of stillness in Popeye, her abductor, whose stillness is instead “preparation of concentrated energy. . . suggest[ing] a cat’s guile, a snake’s cunning, the suspended violence of a predator about to spring” (239-40).

Breath:

Bleeding from the lungs or other sorts of suffocation (similar to symptoms of Bayard Sartoris in Sartoris, among others) combine two of Faulkner’s signature images: uncontrollable bleeding or hemorrhaging, as discussed above, and the inability to breath. It is interesting to note then that the homeopathic remedy Lachesis is “one of the major remedies . . . for risk of pulmonary hemorrhage” (Coulter 1: 323). Bleikasten traces the many instances in Sanctuary of breathing that is constricted, characters who show difficulty breathing, the general pervasive condition of a “lack of air,” specific signs of asphyxia or suffocation, often citing the brothel’s “madam” Miss Reba’s “wheezing…[and the] short whistling gasps of Ruby’s baby” (244) at the bootlegger’s hideout, also in Sanctuary. Slatoff devotes a chapter to defending his extensive analysis that, throughout Faulkner’s work, the writer typically emphasizes characters’ respiratory and circulatory sensations as complemented by sensations of confined or constricted body tension. What Slatoff is identifying as constricting “muscle or nerve tension” (64), among
other physical sensations, is similar to the symptoms associated with snake bites. When ill, the *Lachesis* patient will exhibit the same tendency for muscle tension or constriction. Slatoff notes that Faulkner achieves some of his artistic tension with careful description of a character’s inhalation or, more specifically, his exhalation of breath. Slatoff writes that this contributes to the broader observation that Faulkner is interested in “the pattern of gathering tension and release” involving several kinds of physical or emotional energy, with an overriding interest in “the moment of maximum tension which immediately precedes the release” (63). Sometimes the release is an exhalation of breath, or vomiting, or a sudden kinesthetic action, but it is almost always a violent or explosive expression of pent up or constricting sensation. Sometimes there is no release, as when Benjy Compson is “trying to say” and thinks “when I breathed in, I couldn’t breathe out again to cry” (*TSATF* 72) and then faints. This internal suffocation, not unlike drowning in one’s blood as pulmonary hemorrhage implies, is analogous to drowning in water, the unportrayed fate that awaits Quentin Compson but which also corresponds to Jason Compson’s crippling headaches when he calmly recounts his inner rage.

**Simultaneous duality:**

Revealing a thoroughly *Lachesis* fusion or confusion between not only pleasure and pain, but between desire for the forbidden and the invitation for punishment brought on by indulging in the forbidden, Faulkner’s description of Temple’s rape as “exquisite torture” (*Sanctuary* 252) reflects that in instances of pleasure and pain, “the body speaks almost the same language” (Bleikasten 242). This concurrent sensation of duality is frequent in Faulkner’s work as Slatoff, among others, notes: Faulkner’s “tendency to present opposed conditions as existing simultaneously . . . serve[s] his polar imagination”
Certainly Slatoff is not the only critic to notice Faulkner’s preoccupation with opposing states or dual conditions existing together at the same time. He describes Faulkner’s preferred depictions as:

a force or impulse. . . (usually air, fluid, or muscular energy) which is gathered and which may be released. What is most striking . . . is the extent to which the impulse or tension is not released, to which the conflict remains unresolved . . . [T]emporarily or permanently frustrated impulse seems to fascinate Faulkner and is perhaps the most characteristic state . . . presented in his works. (53-4)

A homeopathic analysis of this characteristic reveals that this state of un-resolved tension noted by many of Faulkner’s readers and critics is the familiar Lachesis experience of maintaining contradictory feelings and desires simultaneously, not a simple vacillation between the dual conditions—though that is often the result—but instead an attempt to achieve the near-impossible condition of having contradictory desires fulfilled simultaneously. Wittenberg suggests that “perhaps Faulkner, like Yeats, was somehow paradoxically more fulfilled by frustration than by satisfaction” (91). To put a more Lachesis twist on it, satisfaction comes not necessarily from frustration, but rather from fulfilling two or more desires synchronistically.

Faulkner’s Lachesis Technique

I proposed at the beginning of this chapter that Faulkner’s writing style, not only his content, suggests a Lachesis temperament. This is never as clearly identified, nor as cleverly written itself, than in Conrad Aiken’s 1934 essay entitled “William Faulkner: The Novel as Form.” In his essay, Aiken notes several times that the genius of Faulkner lies in
the writer’s expert ability to, in effect, hypnotize the reader, by using complicated clause and sentence structures, by demanding the reader’s focus and devout attention in order to follow such layered sentences, and by repeating words and even some letter sounds resulting in “a kind of chanting or invocation” (138). Along with word repetition, Aiken identifies Faulkner’s “mytacism,” a medical term for stammering or repetition (often of the letter “m”), giving the prose a “living pulse,” (138), and calling also to mind Faulkner’s frequent descriptions of blood and circulation, as well as the chanting quality that suggests religious or ceremonial tones. Aiken opens his essay using ample snake analogies to evoke Faulkner’s style. This is not a reminder of Faulkner’s thematic references to breath, pulsations, constriction, fluid discharges, or blood, but rather Faulkner’s stylistic poetic expression, his signature syntactic manner. After a moment’s attention to analogies between Faulkner’s style and the era’s newly invented jazz, Aiken quite literally describes Faulkner’s style as concentrated coiled energy, “ophidian” (135) or snake-like:

The exuberant and tropical luxuriance of sound which Jim Europe’s jazz band used to exhale, like a jungle of rank creepers and ferocious blooms taking shape before one’s eyes—magnificently and endlessly interwoven, glisteningly and ophidianly in motion, coil sliding over coil, and leaf and flower forever magically interchanging—was scarcely more bewildering in its sheer inexhaustible fecundity, than Mr. Faulkner’s style. (135)

Aiken’s sultry language calls to mind Whitmont’s similar feel for the *Lachesis* remedy in “jungle” terms: “ferocious blooms,” “glistening” snakeskin, “sliding coils” in constant slippery motion, “intervolved,” all of it so poignantly and accurately describing
the snake nature of Faulkner’s prose that reading Aiken’s essay with some background knowledge of homeopathy appears to point precisely to the homeopathic Lachesis archetype.

Aiken uses the snake trope not only to open the essay in this precise and delightfully crafted analogy, but he continues referencing the snake metaphor throughout in fascinating, though less explicit, and perhaps unconscious, ways. He does so with a series of references to myths or images involving snakes. Quoting one of Faulkner’s more elaborate excerpts from Absalom Absalom!, Aiken calls such examples “over elaborate . . . baroque . . . interwove . . . involuted” several times. He compares the quote to a “little cordite-bolus of suppressed reference” (136), literally meaning, according to Encarta dictionary, “an intravenous injection of gunpowder used to raise blood level concentration.” It is a seemingly alien phrase to use, yet one that compares well to other actions on the blood from another sort of injection, that of injected snake venom. Does Aiken consciously mean to employ the snake trope this far?

And what should we glean from Aiken’s reference to the statue of Laocoon? Aiken writes in a tone of mock complaint or concession that some of Faulkner’s sentences are grammatically difficult to follow, and sometimes maddeningly so, since we come to “find that after all [the information given] doesn’t much matter” (137), that “one is even, like a kind of Laocoon, sometimes tempted to give it up” (136). The allusion to the Trojan priest who was strangled by constricting and venomous snakes either because he tried to warn the Trojans of Greeks bearing gifts in the shape of the famous wooden horse or -- more appealing for a comparison to both Faulkner and Lachesis -- because he engaged in sex with his wife in a forbidden place, that is, before a cult icon in a religious
temple of worship. A homeopath could not help but think of the signature *Lachesis* conflation of sex with religion, and the subsequent dread and invitation of divine punishment. So, is Aiken asking whether Faulkner’s readers are sometimes tempted to give up the struggle for coherent meaning, and submit, like Laocoon, to the hallucinatory delirium and accompanying terror of the effects of snake venom?

Besides Aiken’s incisive observation that repetition, layered sentences, and repeated sounds create a hypnotic effect, he adds another dimension to his analysis of Faulkner’s style. Readers must be willing, he argues, to submit to being “immersed” in the language and “remaining immersed” (137), perhaps reminding readers of all the Faulknerian water metaphors and, figurative or real, drowning scenes from Faulkner’s earliest poetry to his mature fiction. Aiken remarks that readers are hypnotically drowning in the pleasurable delay and anticipation of grasping his “deliberately withheld meaning” (138). Aiken writes, “The language and sentences tend to build, gathering a maximum collection of stylistic energy only finally released with the dropping into place of the very last syllable” (138). The homeopath can see in these images the *Lachesis* metaphor of the snake’s quiet collection of energy, released in one efficient, remarkably powerful strike. The coiled snake’s deliberate attack following a period of stillness is captured in Aiken’s description of Faulkner’s “language [that] guards its enigma with the stony impassivity of the Sphinx” (136). This seems to accurately describe Faulkner’s lifelong outwardly calm manner contradicting the turbulence beneath.

Aiken’s observation about Faulkner’s affinity “to try to tell us everything . . . in one terrifically concentrated effort” falls just short of the ideal description of *Lachesis’* loquacious tendency to say everything, all at once, in a disjointed, often unfinished,
hyperactive manner. Aiken concludes that Faulkner’s goal is to create a “continuum . . . without stops or pauses . . . always of the moment” (138).

Writing in 1934, with Faulkner’s most psychological novels as his texts, Aiken believes that Faulkner uses the novel as a form to produce action “still in motion” (138), “circular” in form, where “there is no beginning and no ending. . . no logical point of entrance” (138). Aiken’s remark brings to mind the ouroboros, that ancient, infinite snake eating its own tail that homeopath Whitmont recalls to illuminate the Lachesis nature. In Whitmont and in the psychology of Carl Jung, this image is generally interpreted to mean an infinite loop or cycle of movement, the snake swallowing its own tail, a paradoxical image of self-individuation. Aiken’s discussion of how Faulkner’s style evokes a sort of hypnosis or hallucination applies not only to the reader, but to the writer himself. Aiken writes that Faulkner “insists upon having [such] a style” with “almost hypnotic zeal,” and he suggests that Faulkner’s style involves the hidden, secret, possibly forbidden, recesses of the psyche (135). This is thoroughly Lachesis in nature and perhaps Faulkner simply seized upon and harnessed an advantage that his Lachesis nature easily afforded him.

In summary, the similarities between descriptions of the Lachesis archetype and Faulkner’s work turn out to be plentiful when we consider some of his characters’ familiar kinesthetic actions and their inner struggles that are often divided or trifurcated. Faulkner’s own life experiences and traits, especially his life-long alcoholism (as discussed in this project’s next chapter) only reinforce the Lachesis rendering already suggested by his life’s work. Finally, his prose style, especially as it is described by Aiken, abundantly demonstrates a particular manner that can be described as having all the significant traits of the Lachesis stamp. That is, the layered and involved, sometimes
convoluted, long sentences; the tendency to disregard linear order; the attempt to tell it all at once; the trance-like results; and the continuing forward motion pull of the language all typify the *Lachesis* patterns of relentless talk, elevated extensively to an art form, of course, in the case of Faulkner.

**Table**

**Summary of *Lachesis* Symptoms**

**Physical symptoms**

**Immobility, near-paralysis.**
Throat ailments/constriction. Inhibits breathing.

**Bleeds easily and profusely.**
Pulsating headaches, nausea/vomiting.
Aggravation from sleep. Worse in morning or after nap.

**Unremitting insomnia.** “Mental labor performed best at night” (Hering).
Requires little sleep. No sign of fatigue or sleepiness without attaining sleep.

**Intellectually peaks at night.**

Fear of **suffocation** or gasps for air. Asthma, tachycardia (lots of pulsating complaints).
Fear of **paralysis**, other kinds of immobility.

Heat aggravates….palpitations, headaches, fainting. Left side modalities.

**Worse in spring, health crises.** **Always thirsty. Craves cold water.** Energized by fresh air.

Easily dehydrates. Avoids sun.

Easily drunk/or hard to get drunk. **Struggles against alcoholism with bingeing,** typically life-long. Bad physical reactions. Easily dehydrated. “Former old troopers” (Nash).

Can make alcohol a moral issue. (Other chronic alcoholics are *Nux Vomica* and *Sulphur.* ) Remedy for withdrawal from alcohol tremors/poisoning.

“desires coffee, which agrees, desires a sober intoxication” (Hering).

Black coffee relieves headaches/menstrual complaints. Quick effect on the blood.
or cannot bear the smell of coffee, brings headaches on.

Eyes: Alert, quick, darting quality, sidelong glance, half-lowered lids, penetrating gaze is mistrustful: “suspicious look” (Kent).

Female: **Food Bingeing.** Never feels full. Wants fresh fruit.

“**amelioration from appearance of discharges**” (Kent).
“draining sinuses/sneezing relieves joint pain, nosebleeds relieve asthma, bowel
movements relieve headaches. Tears relieve too intense happiness, weeping from joy
(Kent); hemorrhages relieve long standing depression” (Coulter). Menstrual bleeding
relieves all PMS. Remedy for hormonal changes/imbalance of menopause when body
seeks other outlets….hot flashes, bursting headaches, hemorrhages.

**Emotional**

**Inherent dualism. Polarity is expressed simultaneously.** Split psyche.
“Nature struggling against itself” (Hering).
Intense struggle. **Exceeding self-awareness.**
Feels possessed by a feeling, cannot relinquish it.

Mental overstimulation/physical hyperactivity. Confused mind….insanity.
Wants to express instinctual urges *(feels as if he is all animal)*, but labors under **strong
repression**; “feels as if he has two wills” (Kent).

“**Embraces opposed impulses… Embraces conflicting emotions**” (Coulter).
Confuses sensations between indulgence/restraint, arrogance/humility, love/hate,
faith/cynicism. Some vacillation between extremes but more often a **simultaneous
sensation.**

**Loyalty, devotion self-abnegation,** but demands extreme loyalty in return endangering
relationships, can coil around a love interest. Always **fears betrayal** (cannot trust his own

Straightforward and deceptive simultaneously. **Mind operates sinuously/erratically.**
**Accomplished Liar.** Taking “artistic pride in lying” “Vivid imagination” (Hering). One
falsehood leads irresistibly to another. Not self-deluding.

Internal struggle: **Intense, unremitting; he is aware of it. No self-deception.**

**Conflict appears dual but is actually three-part, each equally intense.**

1. **Highly intellectual.** Strong mind. Can predict others’ responses accurately. **“Rapid
and accurate perceptivity, even clairvoyance”** (Kent). **“Prophetic perception”**
(Hering). Impatient with those slower. Uncontrolled racing thoughts.

2. **Highly emotional. Cannot relinquish a feeling.** It possesses him. Deep
impressions. Feels possessed or entranced. Hypnotic.

3. **Highly sensual.** Often pushing the boundaries of acceptable sexual interests.
Attraction between the generations. But can be controlled better than emotions or intellect.
Animal urges. **“Feels all animal”** (Kent).
Talking
Sensitive to language. **Exalted phrases. Elevated language. Confession.**


**Talking relieves.** Female can be compulsive talker. Leaves nothing unsaid. Venomous hatred discharged. **Excellent hater.** Cannot control own talk. Loquacity in female, less in male who watches and waits to pounce.

**Unending flow of words….rushed. Strong tendency to not finish sentences…..onto the next.** Emotionally charged language. Sometimes slurred without being drunk. Thick tongue. Trembling tongue when protruded. (Lots of tongue symptoms.)

**Can finish others sentences….accurately anticipates their thoughts,** but often lack of sequence. Suggestive of discontinuity in time. Other responses to time passing or not.

“Hasty speech, much rapid talking” (Hering), with one idea breeding another, torrents of explanations and digressions. Male is lower keyed.

Talk fascinates his listeners with “animated and imaginative speech and creative approach” (Boiron). “Hypnotic quality to movement of lips/mouth when he speaks.” (Coulter)

**Talking can exhilarate.** “Can talk or write himself out of a strong anger or deep depression; best to allow him to get it all out, only then calmness returns” (Coulter). Show great exhilaration from his own talk.

“Makes speeches in very selected phrases. Uses exalted, particular language; appreciation for beauty of language; weeping from poetry” (Kent).

Contrary: speech defects, “thick tongue or trembling tongue” Adult Lisp. “slurred speech” (pages of tongue/mouth symptoms). Neurology strongly indicated in tongue or swallowing movements.

Laconic type. . . “Like the ever-watchful snake…coiled and quiet but ready to strike” (Gutman). Economy of expression. Pointedness of speech contrasted with unassuming demeanor.

“Half-finished sentences, takes it for granted that you understand the balance” (Kent).

Lack of sequence to thoughts but accurate; **appears not to hear another’s talk;** will give no sign she has heard another’s talk, but does hear it.

**Confesses to crimes he has not committed.** (Exceedingly aware of his underlying potential). “She makes a confession of something she’s never done” (Kent). Unfounded feeling of guilt; fears own “erratic flip. . . might tempt a reprehensible action” (Coulter). Reprehensible desires. Desire is repressed but its intensity makes it real. **Takes on guilt of thought as if it were acted on. Confuses thought with action.**
Thinks only death will relieve the struggle. Suicidal impulse just as things appear to be going well.

**Sex and Religion:** Insatiably strong sex drive. If repressed, becomes obsessed or depressed. Abnormally strong attraction between generations…looking for youth. Seeking forbidden sex. Or exaggerated disapproval of sex, as in degrading or filthy. Moral standards are insulted.

Confuses religious feelings with sex. Predilection for a revelatory, intense, ecstatic experience. **Ability for Self-hypnosis. Trance-like.**

Confuses love of God with love of humanity with sexual love. Susceptible to ecstasy or trancelike states. Simultaneous fear of being damned, but feels she is inviting God’s punishment.

OR: **militant atheist.** Exhilarating hatred of religion. Intensity of feeling builds to own sort of revelation. (still religious in quality…as if he has discovered a new religion) Sees self as a prophet. Knows the whole truth, not just a piece of it.

**Psychological**

Innate suspicion, distrust, jealous. Inner conflicts/weaknesses get projected onto others. Territorial….prepares to strike back. **Calculates.**

**Will control or represses a vengeful action, but confesses** as if he committed the act.

Devotion to cause. **Loyal. Demands loyalty in return, to a fault.** Any deviation from others is viewed as betrayal.

**Always fears betrayal.** Feels betrayed when another branches out on own path. Wants revenge. Willing to plan it, talk it out, but will not do it. **May confess to it as if he did act.**

Feelings of betrayal may make him immobile, indecisive, paralytic, silent.

**Good Liar.** Takes artistic pride in imagination. **Intellectual intoxication,** but knows he is lying. No or little self-delusion. “The serpent knows itself” (Kent).

Tendency to test his power for evil. Understands his dualistic nature. **Ever conscious.**

Insists on the unity of love and hate. Feels both simultaneously. Accepts this duality like other dualities..

“Where logos (mind) opposes bios (urges), one encounters the pathology of the serpent…the unintegrated life impulse, the unintegrated libido” (Whitmont).
Child:
Precocious, understands own duality, shy, quiet, reserved, but also intensely inquiring mind with much eagerness to learn, especially through conversation. “born old . . . Feels as if in the hands of strange power” (Hering), “charmed and can’t break the spell” (Kent). Hears commands. Steals and tells no one. Tests her power for evil.
Chapter 4:  Biographical Evidence of Faulkner’s Medical Associations

In the early 20th century, the period’s newspapers and magazines carried competitive advertisements designed to market a range of medical treatments, from patent medicines to electro-therapy, as well as scientific medicine. Homeopaths struggled to regain their former authority from the 19th century as they competed with the newly-sanctioned regular medicine. Divisions within the homeopathic community about the new Kentian high dilutions and arguments about possible assimilation with allopaths or regular doctors strained unity within the group. At the same time, homeopaths tried to distance themselves from promoters of disreputable patent medicines formulated in combination with substantial amounts of alcohol while the American Medical Association attempted to classify all alternative practitioners as equally scandalous. The common person was left to decide among competing treatments. Some of this scene is described in Ann Anderson’s *Snake Oil, Hustlers and Hambones: The American Medical Show* and Thomas D. Clark’s *Pills, Petticoats, and Plows: The Southern Country Store*. Besides traveling medicine shows and the local general drug store, the culture still retained older homeopaths who treated epidemics in the American south such as hookworm, Yellow Fever, Malaria, and Cholera. Faulkner may have had more medical context than most since he maintained friendships with doctors, sought medical intervention for alcoholism, and, as one critic argues, incorporated new medical discoveries about endocrinology into the construction of some of his character portrayals14 from a 1921 pioneering study entitled *The Glands Regulating Personality* (Gidley, “Another Psychologist . . .”).

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14 Most importantly, Gidley refers to Faulkner’s portrayal of Joanna Burden from *Light in August* (1932), though Gidley includes other characters who appear, in part, to be influenced by Berman’s groundbreaking research into the effects of hormonal imbalance.
Faulkner enjoyed several informal relationships with doctors. For instance, Dr. John Ralph Markette entered the University of Mississippi Medical School in 1920, but knew the Falkner family during the years 1912-1915. Markette’s father was a locomotive engineer and had associations with Faulkner’s father Murry who worked for the railroad industry. Some friendship is reported between Faulkner and Markette’s son who also studied in the medical school, then located in Oxford (Markette 28-29). Also, Faulkner may have gained some medical context from serving as golf caddy for Dr. Peter Whitman Rowland, Dean of the School of Medicine and professor of Materia Medica at the University of Mississippi, as reported by Thomas D. Clark, a friend of Faulkner’s who was once greenskeeper at the golf course (68-76), and who, incidentally, later became a highly regarded historian of popular culture, including authoring the aforementioned Pills, Petticoats, and Plows: The Southern Country Store. Dr. Rowland’s daughter-in-law Rose confirms the frequent association between Rowland and Faulkner (24-27).

But these were not the only friends of the writer from the field of medicine. Faulkner regularly went bird-hunting with Dr. John C. Culley, a popular North Mississippi surgeon and Director of Oxford Hospital, and Dr. Felix Linder, Faulkner’s longtime doctor and boyhood friend, who attended the University of Virginia School of Medicine, interned in New Orleans, and practiced in Memphis. Later, Dr. Linder returned to Oxford where he and his father practiced medicine (Linder 171-173). Dr. Culley is credited with saving Faulkner’s life when Faulkner became sick on a hunting trip and nearly died, until, according to fellow hunter Jerrold Brite, he was taken to Oxford to see Dr. Culley (157). Faulkner remained a life-long friend of Stark Young, whose father, Dr. A. A. Young earned his MD at the University of Pennsylvania (Blotner, Faulkner 104)
during the years homeopathy was popular, and in the famous homeopathic city of Philadelphia. Faulkner enjoyed a long association with the local Oxford druggist Mr. W. McNeill (Mac) Reed from the Gathright-Reed drugstore where Faulkner was a frequent customer (Lumpkin 54-56), and it was Reed who eventually served as one of the pallbearers for the writer (Reed 180-188).

Early in the writer’s life, Faulkner had an opportunity to come in contact with homeopathy from two family sources. In the 1890’s, before Faulkner’s birth, a college classmate of Faulkner’s mother, Maud Butler, pursued further studies in medicine at the Philadelphia Medical College for Women (Williamson 135), a famous college and teaching hospital for homeopathy training (Bradford; Kirschmann). Although there are no reports that Faulkner or his mother Maud continued contact with this female doctor, it is known that she returned to Mississippi to practice medicine (Williamson 135). In a relationship carrying more significance, the father of Sallie Murry Falkner (Faulkner’s paternal grandmother) was Dr. John Young Murry (1829-1915) who received medical training at the Jefferson Medical College in Philadelphia in 1855 (Williamson 38), another important homeopathic training ground, again in the most prominent American city for homeopathy’s foundation (Bradford). As a young boy when he was repeating 6th grade, young William was progressing poorly in school and the family sent him to live briefly with Dr. Murry in Ripley, Mississippi. Faulkner remembers being fascinated with medical books from his great-grandfather’s home library (Williamson 166). We can only speculate that Dr. Murry’s medical books may have included homeopathic books, given that Murry’s medical degree came from the target city for homeopathic medicine in the years homeopathy was most popular.
And finally, it is interesting to think that Faulkner and his long-time friend and editor Malcolm Cowley might have had some common background to share if Faulkner learned that Cowley’s father served as a homeopathic physician in Pittsburgh, Pennsylvania, at the turn of the century. Dr. David Cowley began practice in 1853 and served as treasurer of a homeopathic affiliation of doctors in Pittsburgh (Bradford).

The culture’s wide-ranging responses toward medicine and health concerned the general population and could have been a prominent concern for Faulkner when we consider also the influential or determining role that alcohol and recovery from alcohol dependency played in the writer’s personal life. According to his biographies, like male generations before him, Faulkner pursued treatment several times from an unusual alcohol recovery system known as the Keeley Cure, and although the Keeley Cure doctors were not homeopaths, the Cure employed homeopathic medicines. The Keeley Cure doctors, incidentally, were doctors themselves in recovery from alcoholism (Lobdell 51). In addition, according to the Catalogue of his home library assembled by Faulkner’s biographer Joseph Blotner, one book in Faulkner’s collection would have dramatically informed his general medical awareness. Specifically, Faulkner’s reading of Dr. Louis Berman’s 1921 bestseller The Glands Regulating Personality coupled with his treatments for alcohol dependency, the Keeley Cure, and perhaps his fraternity with local doctors gave Faulkner the opportunity to study and re-imagine direct medical practice and principles. By way of the Keeley Cure and Berman’s book, Faulkner happened to experience indirectly two progressive innovations concerning health and medicine in America: hormone therapy and Alcoholics Anonymous.
From the advocates of the Keeley Cure, Faulkner would have heard the assertion that alcoholism could be treated as a disease, not a moral weakness. From Faulkner’s reading of *The Glands Regulating Personality*, he would have learned about Dr. Berman’s research into the secretions of human glands and the effect of such secretions on an individual’s psyche. Dr. Berman’s work eventually resulted in the pioneering field of endocrinology, introducing possibilities for future hormone therapy that gained immediate notice as early as 1921 when the insulin-deficient pancreas was isolated as the cause for diabetes, a discovery that earned its researchers the Nobel Prize for Medicine in 1923. Hormone therapy took many subsequent forms in 20th century medicine, including the birth control pill, estrogen replacement, human growth hormone, and steroids.\(^\text{15}\) In terms of Faulkner’s action, British scholar Mick Gidley argues that endocrinology was a significant contribution to the writer’s conception of several characters. Gidley identifies characters who appear to carry the unmistakable features of Berman’s personality types formed, as Berman proposed, by an individual’s glandular structure. I suggest that for purposes of this project, it is significant that both innovations, the disease-model regarding alcoholism and the role of endocrinology, share the aspiration to explain or clarify the compulsions of the body as they interact with the mind’s attempts to control, manage, or determine one’s outward behavior and personality. In this way, Faulkner’s recurrent theme of compulsion vs. free-will can be said to be seated squarely in the medical setting of his times. If Faulkner was indeed thinking along these lines of physiological compulsions challenging or determining man’s free will in his personal and writing life, as

\(^{15}\text{It is ironic that in the homeopathic world, } Lachesis \text{ remains the most-prescribed remedy to alleviate symptoms of menopause and this project argues that a link exists between the } Lachesis \text{ symptom portrait and Faulkner’s work.}\)
Gidley argues, Faulkner might have also been drawn to the constitutional archetypes that the mind-body system of homeopathy established.

**Alcohol Cures**

Dr. Donald W. Goodwin collected anecdotes from several famous writers for his 1988 book *Alcohol and the Writer*. Although Goodwin’s literary taste appears narrow and his own writing style hasty and informal, his comments about patterns of substance abuse in the lives of major writers are meaningful, and, to his credit, Goodwin carefully researched, among other sources, the Blotner biography and Robert Coughlan’s 1954 biography *The Private World of William Faulkner* (originally published in excerpted form in *Life* magazine on Sept 28 and Oct 5, 1953 against Faulkner’s wishes). In Faulkner’s case, Dr. Goodwin points to an unusual pattern in the writer’s drinking, noted by family members too, that Faulkner exerted a “curious” life-long power “to combine controlled drinking with binges,” exercising a remarkable control compared to most alcoholics. Goodwin remarks that Faulkner was known to “plan when to start and . . . stop . . .” (114) his drinking and comments on other symptoms that indicate the obsolete diagnosis of “dipsomania,” a diagnostic term coined in the revolutionary work of Emil Kraepelin (1856-1926), the founder of psychiatry. Goodwin notes that Faulkner may have been able to predict his own dynamics of manic depression, now termed bi-polar disorder, and argues that although Faulkner’s alcoholism appeared to be inherited, he suggests that an additional diagnosis of bi-polar disorder, also possibly inherited, would have made the writer’s diagnosis too unusual to be simply classified as alcoholism (115). If alcoholism were coupled with bi-polar disorder, it is significant for this study to note that Faulkner faced and fought a serious, life-long physiological compulsion, more severe than the
alcoholic’s usual tough battle with alcohol, and it is likely this combined difficulty heightened his awareness of the interaction between mind and body.

Goodman relies on Blotner’s biography to highlight some details concerning Faulkner’s 1950 visits to psychiatrist Dr. S. Bernard Wortis, professor and chairman of the department of psychiatry and neurology at the New York University Medical School. According to Blotner, Faulkner’s liver tests were always remarkably normal, but his brain spikes were near the abnormal range. Blotner writes:

[Dr. Wortis] felt that Faulkner had such an intense emotional responsiveness . . . that life must be very painful for him. Obviously, his alcoholism was a narcotizing device to make it almost bearable for him. He was a man with a strong need for affection, one who hoped for some sort of emotional equilibrium but was uncertain of finding it. He was a man built to suffer, thought Wortis, to be unhappy and to make his contribution partly because of this. Faulkner gave his version of the first session. . . ‘The tests show that a lobe or part of my brain is hypersensitive to intoxication.’ It was not just alcohol, but also ‘worry, unhappiness, any form of mental unease, which produces less resistance to alcohol.’

(Faulkner 568)

Faulkner was billed for nine appointments with Wortis (but complained that he recalled only three), during which he notably refused to discuss his relationship with his mother and, upon receiving the bill, returned to a generalist, pleased with his services, especially since those services also rendered a prescription for Seconal (Blotner Faulkner 568), which Goodwin points to as being Faulkner’s preferred method to achieve sobriety (116).
To retrace some Falkner family history, the alcoholism common in the family men and Faulkner’s own life-long alcoholism also were often treated with the Keeley Cure at the closest Keeley Institute near Memphis, TN, (Williamson 151; Minter 15). Faulkner himself must have been among the final generations of Americans to be treated with this method since most of the Keeley Institutes closed by the end of the 1920’s and the last one closed in 1939 (Trice and Staudenmeier 16). Later in his life, Faulkner was a patient at Wright’s Sanatorium in Byhalia, Mississippi, for an “updated version of the Keeley Cure” (Minter 152; Blotner Faulkner 927), and Wright’s Sanatorium also happened to be the place of Faulkner’s death in 1962 in a separate health incident. Although Faulkner is credited with some ability to control or resist his alcoholism in ways unusual for an alcoholic, he often sought medical help, eventually resorting to getting electro shock therapy delivered late in his life (Blotner Faulkner 1442).

Several of Faulkner’s biographies discuss the Falkner men leaving their homes to spend several weeks at the Keeley Institute near Memphis, but in the case of Faulkner’s father Murry, the journey was transformed into a family excursion including wife Maud and young Falkner boys who brought their father to the Institute frequently and witnessed the results of Murry’s transformation to sobriety accompanied by a rare humility. Murry eventually achieved recovery from alcoholism later in life, but Faulkner would not (Blotner Faulkner 99). Most of the Falkner men returned for repeated visits to take the Cure with mixed results, but Faulkner’s sobriety failed to sustain for any significant time. The family apparently relied on the Keeley Cure as both a medical theory and an ongoing treatment, one that preceded some doctrines of the more recent Alcoholics Anonymous.

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16 See the first letter in *Thinking of Home*, when the older boys are staying with grandfather Falkner while Maud, little Dean and Murry are “away,” possibly on a cure trip.
Dr. Leslie E. Keeley (1832-1900) founded his initial Club or League, as it was first called, in Dwight, Illinois, in April 1891 with other professional men who admitted only other “gentlemen” into their organization. Though the organization later reached out to men of all social classes, it retained a feel for its founding reputation as an association for professional gentlemen affected by the disease of alcoholism (Flinn 655-6). No doubt the aristocratic Falkner men identified themselves this way. According to medical historians Harrison M. Trice and William J. Staudenmeier, Jr., who researched the history of treatment for alcoholism, Dr. Keeley initially claimed to treat and cure lingering morphine and opium addiction caused by abuse of such drugs during the Civil War. Keeley published *The Morphine Eater, or, from Bondage to Freedom* in 1881 and *The Non-heredity of Inebriety* in 1897. The latter publication was probably known to Sallie Murry Falkner, the wife of Faulkner’s paternal grandfather and “the main force behind J. W. T. Falkner’s trips to the Keeley Institute” (Blotner Faulkner 56). By the end of the 19th century, Keeley Institutes in America totaled 370 chapters and the Institute claimed 2.7 million in revenues, treating 30,513 addicts in 1900. The Institute was not centered in any one region of the country; instead it is reported that at least one Institute was founded in every state with some states having two or three (Trice and Staudenmeier 15).

Dr. Keeley is credited for being among the first doctors to classify alcoholism as a disease over which the individual can exert little control without medical intervention.

This was extraordinary for a time when both popular and academic opinion about alcohol

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17 Sallie Murry, raised by her physician father Dr. John Young Murry, is also credited with successfully saving her son’s life using the natural remedy of asafedita, which provoked the vomiting of a bullet lodged in Murry’s throat (Blotner, Faulkner 54). Sallie Murry also subscribed to the health philosophy of Kellogg of Battle Creek, Michigan, famous for specially prepared foods, when she was diagnosed with catarrah of the stomach (Blotner, Faulkner 98), a homeopathic term for the diagnosis of cancer. Sallie Murry’s daughter Holland, Faulkner’s paternal aunt, married a well-established doctor, James Porter Wilkins, who practiced with Dr. T. D. Isom, Ripley’s oldest citizen, possibly portrayed as one of the doctors in Faulkner’s *Flags in the Dust*, discussed later in this chapter.
abuse was planted firmly in a person’s morality or will-power. Keeley claimed that the disease itself is not inherited, but declared that the children of those suffering from the disease do inherit weak tissue cells and nerve resistance to alcohol, making them vulnerable to later contract the disease if they drink. Keeley wrote, “The inheritance is a weak resistance of the tissue cells to the poison of alcohol” (30). The disease, he emphasized repeatedly in essays and lectures, is caused only by alcohol, and, he claimed, the Keeley Cure’s chemical tonic and injections replace the “poison of alcohol” with other substances that the body’s cells and nervous system recognize as similar to the poison, without causing drunkenness. He denied the treatment would aid any other illness in an apparent desire to separate the Keeley Cure from other proprietary medical tonics that frequently listed long inventories of illnesses that one tonic could conquer. Keeley asserted his tonic and injections satisfied the body’s craving to fulfill its compulsion, while it strengthened the tissue cells and nervous system to reduce the body’s dependence on alcohol, eventually eliminating the desire all together. Keeley wrote, “The poisoned nerve cells demand the presence of alcohol . . . to subserve [sic] their perverted functions. . . . The cells have habituated themselves to . . . alcohol as a stimulus and food supply and they perform their general and special functions of reproduction and nutrition under this false stimulus of poison” (35-36).

But Keeley’s claims did not convince regular doctors. In an article essentially about hypnotism, The Wisconsin Medical Journal published a piece entitled “Psychotherapy” in July 1907 that contains some remarks regarding the Keeley Cure:

The . . . Cure is based fundamentally upon suggestion; and while we may decry the method as that of the baldest charlatanism, there is no room for
doubt as to the results of the procedure. In the first place the unfortunate victim is made to understand upon his arrival at one of these Institutes that he is not past help, regardless of the facts of the matter; that he is the unfortunate victim of a disease which up to the present time has not been correctly understood, that he is not a weak-willed individual, and his debauches not the fault of moral lapses, but that a condition of very rare and unusual interest exists in his case. He sees about him the jubilant faces of sobered up inebriates who assure him that they are cured. He is told that after a certain length of time during which he will be treated with the rarest of rare metals, that of solid gold, he will lose all desire for whiskey. (57)

Dr. Keeley argued vigorously against accusations that his Institute used hypnotism or suggestion, and he instead credited the injections and liquid tonic given under strict medical care in a hospital setting with removing the desire for alcohol. He acknowledged his skill in pathology and especially his knowledge of poison for the Cure’s success. Keeley wrote:

I am no magician, but a physician. I have never dabbled in hypnotism; I know nothing about it. I am not a shrine-builder. I have done nothing but study as best I could drunkenness as a disease. . . . [W]hen I began my treatment for drunkenness, I was the only man in the world who was treating drunkenness as a disease, exclusively from the standpoint of medicine. . . . There is no disease, caused by a poison, in the nosology of human ailments, which is so speedily and so successfully cured, by scientific medication, as drunkenness. (40-41)
Dr. Keeley did not completely discount the role of group support, however. According to sources, Keeley Institutes employed more recovering alcoholic doctors “than ever before or since,” requiring patients to interact with each other and their doctors often during the compulsory stay of four weeks for alcohol recovery and six weeks for opium or other narcotic recovery (Lobdell 51).

The secret ingredients contained in the tonic and injections created a covert perhaps miracle-inducing atmosphere which must have fueled the hope in many families of alcoholics, but this secrecy also created great controversy in medical circles and eventually led to the Cure’s demise. Homeopaths could not afford further repudiation from the regular medical establishment, and, perhaps for this reason, condemned the Keeley Cure while its founder repeatedly refused to publicize the secret ingredients. In a display of bold dismissal (as reported in The New England Medical Gazette in 1895), the Boston Homeopathic Medical Society legislated against allowing some of its rooms designated for patients of the Keeley Cure in the Massachusetts Hospital for Inebriates and Dipsomaniacs. However, despite homeopath’s censure, later sources (Tracy) reveal that the Cure used many common remedies straight from the homeopathic pharmacopeia, though it remains unknown whether these remedies were prepared according to strict homeopathic procedure and principles -- that is, whether or not the remedies were sufficiently or correctly diluted or potentised. Since homeopaths were not only fighting those outside their group, but also divisions within, between high and low dilutionists for example, this deviation over preparation of the remedies could have easily prevented homeopathy’s endorsement.
Nevertheless, sources reveal now that the Keeley Cure principally used injected medicinal gold\(^{18}\) and strychnine, two very common homeopathic remedies. Strychnine (known by its homeopathic name *Nux Vomica* once it is diluted and potentised) is still used both as a common constitutional remedy, especially for those whose natures tend toward alcoholism; and also as an acute remedy to relieve the usual effects of hangover from alcohol and other intoxicants. And gold (known by its homeopathic name *Aurum Metallicum*) has a long history in healing, rejuvenating, and particularly, purifying the body. Homeopaths did not usually inject remedies, but patients of the Keeley Cure received mandatory injections three to four times daily and imbibed a liquid mixture every two hours of Atropine, an alkaloid made from the homeopathic poison remedy *Atropa Belladonna* (known to folk medicine as Deadly Nightshade); and from the poison remedy *Datura Stramonium* (known in folk medicine as Thorn Apple or Devil’s Apple). Both medicines were used in large amounts as an antidote to exposure to nerve agents. Also reported in the Atropine mixture was strychnine, cinchone, glycerin, gold, and sodium chloride (Tracy 82-86).

Medical historian Sarah W. Tracy reports that uncooperative alcoholics at Keeley Institutes were allowed and even “encouraged” to drink liquor, but were then “unknowingly given a vigorous emetic, apomorphine, at the same time” provoking frequent vomiting to perform what we would now call aversion treatment, according to an interview with a former Keeley physician in Tracy’s book *Alcoholism in America*. Many patients took pride in being “manly” enough to endure the frequent injections, oral medications, and perhaps repeated vomiting. Eventually, patients received the sedative

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\(^{18}\) The use of medicinal gold was not the secret ingredient. The Cure was also named Bi-chloride (or double-chloride) of Gold remedy.
and hypnotic Paraldehyde, still used medically for epileptics and commonly used in psychiatric hospitals until the 1960’s to induce sleep (86).

Meanwhile, alcoholics in Faulkner’s family used dilutions of alcohol as a home-cure to wean themselves from drinking (Blotner). This is akin to the homeopathic principle that “like cures like,” but perhaps, from frequent visits to the Institute, the Falkners had learned Keeley’s assertion that the body becomes habituated to a poison and only another similar poison in smaller amounts can replace and subdue the original dependency. Additionally, the family frequented sanatoriums with hot mineral springs, such as the White Sulphur Springs spa in West Virginia, where patients were exposed to homeopathic remedies (Williamson 55). Indeed, Sulphur is a common homeopathic remedy and is often used interchangeably with its related poison remedy Nux Vomica.

Reading about Medicine

Faulkner’s 1925-1926 friendship in New Orleans with an early influence, the writer Sherwood Anderson, famous for his grotesque characters, may have exposed Faulkner to several new theories in medical science, alternative medicine, and constitutional homeopathy since the city had a history in homeopathy (Bradford). Anderson’s own collection of books casts light on possible matters of science the two writers may have discussed. Anderson’s catalog of books includes a few intriguing titles that demonstrate his interest in pioneering medicine and science. Some books listed below were published too late to share with Faulkner while Faulkner lived in New Orleans, but these later publications illustrate that Anderson’s early interest in such books was serious enough to endure over time. The titles and publication dates include: The
Perhaps the most influential title in Faulkner’s collection of books, however, does not appear to be associated with Anderson’s collection. We know from personal reading lists (Blotner Catalogue) that Faulkner owned and perhaps read the 1921 book The Glands Regulating Personality whose author Dr. Louis A. Berman (1893-1946) was considered a mainstream, well-respected doctor, having published more than forty scientific articles in medical journals (Norlund 85). Berman earned his Medical Degree from Columbia University in 1915, became a physician at New York’s Mount Sinai Hospital, opened the first experimental endocrinology lab, traveled to Vienna, Paris and Berlin in 1922-23, and returned to New York to teach “what has been called the world’s first course in hormone therapy for doctors” at Columbia’s College of Physicians and Surgeons (Nordlund 91). The Glands Regulating Personality included many of his theories of human development that he would later publish in a series of books. Berman’s research has been described as “the intersection between chemistry, physiology, psychology and internal medicine” and, among other accolades, he is credited with “isolat[ing] the secretions of the parathyroid glands . . . the ovaries . . . the adrenal glands and sought to find the endocrine cause of breast cancer and Parkinson’s disease. Some of his essays on parathyroid gland extracts (parathyrin) have become classics in the history of endocrinology” (Norlund 93). Berman

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19 Perhaps the culture’s interest in The Goat-Gland Transplantation is a result of Berman’s research as hormonal therapy quickly developed into risky surgical operations transplanting glands, not only injecting hormones from animals, goats in particular. The writer and psychologist William James received injections produced from male goat lymph glands, spinal cords, and brains and bull sperm to treat heart and nervous symptoms from 1900 to his death in 1910 (James 1160).
believed his research explained the chemistry of the soul and coined the term “psychoendocrinology,” using it as the title of an article he published in the journal *Science* in 1928 (Norlund 92). Though Berman showed serious interest in rehabilitating criminals by using hormonal injections, spending years injecting inmates at New York’s Sing Sing prison, his stated goal was to assist people world-wide using hormone therapy, although he was sometimes accused of contributing to the eugenics movement (Norlund). His hypothesis that an individual’s hormonal functioning determines behavior was later amended to include his theory that physiognomy (the study of facial features) is an accurate indicator of hormonal functioning and therefore can reveal an individual’s temperament (Norlund 87).

Berman classifies personality types formed, he proposed, by the internal chemistry of glandular secretions. Although not considered to be a “racial hygienist” like others in the pseudo-science of eugenics, Berman envisioned a medical movement to improve the world by improving the hormonal functioning of all its individuals, not just a select few. Berman’s body-mind types show similarities in method and analysis to descriptions of constitutional homeopathic types. Inborn typology reflects one angle of argument in homeopathy, though usually not stressed, and, like homeopathy, Berman advocates that one’s psychology is largely determined by the balance or interplay among the body’s secretions, particularly those chemicals produced in the endocrine system. Though many scientists and doctors argued about the role of genetics, and many psychologists discussed Freud, Jung, and others, Berman stole a great deal of attention with his study into the effects of what the body’s chemical factory produced from its own glands. Most notably he is responsible for guiding the direction of endocrinology after the initial discovery of
the first chemically isolated hormone, adrenalin, later called epinephrine, in New York in 1901 (Norlund 88).

If Faulkner read Berman’s book, he would have noticed the references to historic people Berman uses as models to describe glandular types. For instance, Napoleon is classified as an example of an “unstable pituitary-centered” individual (275); Frederic Nietzsche and Charles Darwin are both examples of “neurasthenic genius” (278); adrenal weakness is evident in Florence Nightingale as she is depicted in Lytton Strachey’s *Eminent Victorians*. Oscar Wilde, Napoleon, Julius Cesar, Flaubert, and Dostoyevsky are all diagnosed as various types with discussion of their endocrine functioning (Berman 269-292). Berman’s book enjoyed much popularity and the doctor’s physiological explanation for alcoholism could have extended Faulkner’s own family knowledge about similar physiological theories promoted by advocates of the Keeley Cure. From Drs. Berman and Keeley, then, Faulkner was likely exposed to the notion that certain physical attributes and emotional characteristics are the result of physiology, particularly hormonal interplay. Literary scholar Mick Gidley first proposed the link to Berman in his 1971 article entitled “Another Psychologist, a Physiologist, and William Faulkner” demonstrating the potential that Berman’s research into hormones may have influenced some of Faulkner’s character portrayals. Gidley notes that Faulkner was exposed to several relevant psycho-biological principles if he read Berman’s work, most significant among them “that a person’s emotions, his physique, his actions and what we call his personality are all rigidly determined by his particular glandular structure” (82). Though Gidley does not attribute this fateful doctrine to a simplistic understanding of how Faulkner created these characters, the scholar does identify an unmistakable overlap
between a few of Faulkner’s fictional people and Berman’s types. Character details that Faulkner may have adopted or otherwise borrowed from Berman and then re-imagined are explored further in Chapter Five of this project alongside my proposal that constitutional homeopathy also served Faulkner’s imagination for portrayals. Similar to hormonal research, homeopathy is also interested in the balance between organ and glandular functioning, and it classifies many of its diagnostic types on the dominance or inferiority of internal chemical functioning, but it does not subscribe as resolutely to Berman’s conviction that hormonal functioning is inherited.

If indeed Faulkner did read Berman as Gidley argues, we can only speculate that Faulkner may have also been wondering if his own particular “glandular structure” was responsible, to some degree, for his life-long compulsion for alcohol. If we accept that Faulkner had probably known about Keeley’s disease theory from past generations, Berman’s explanations for alcoholism would have only endorsed previous family knowledge. Berman wrote, and Faulkner may have read:

Narcotism [sic] . . . and its subvariety, alcoholism, has been found most often among the thymocentrics. Any type of endocrine inferiority interfering with success in life may lead to the habit of drug addiction as one way out. But the blood and tissues of the thymocentric appear to become habituated to the narcotic stimulant more easily than the other types, and so to demand with it a physical imperative comparable to the food or sex urge. Among artists, philosophers, and statesman, on the other hand, actively productive and so contrasted with criminals and degenerates, drug addiction has frequently been a mode of compensation. That is, the
drug produced temporarily the effects of the internal secretions lacking or insufficient. . . . Fate may have woven the patterns of our being. But as we commence to probe the machinery and to examine the looms more carefully we begin to understand why the wheels creak. . . . Moreover, we are learning how to handle the machinery ourselves. The abdication of Fate can therefore be confidently expected in due time. (308-9) [emphasis mine]

Faulkner may have noticed a relationship between the above quote from Berman, especially regarding habituated blood and tissues, and Dr. Keeley’s argument that alcoholics inherited cells with a weakened resistance to alcohol, giving credence to a scientific hypothesis of the era that physiology, in large part, determines character and behavior. If Faulkner were thinking about himself and not only his characters while reading Berman, the writer might have had inklings of a medically-based prediction that his own chemical make-up resulted in physical compulsions especially for alcohol that required constant vigilance and resistance, often in the form of substitute drugs (like Seconal or Paraldehyde). Faulkner’s remarks -- following meetings in the 1950’s with psychiatrist Dr. Wortis -- that he was physically, in this case, neurologically, “hypersensitive . . . built for suffering, less resistant to alcohol” (Blotner Faulkner 568) could have confirmed for him the medical disease theory he was exposed to in his early family life from Keeley Cure advocates along with the pioneering ideas published by Dr. Berman regarding the effects of inherited hormonal imbalance.

Had Faulkner pursued reading more about the personality traits of a thymus-centered type, he would have found that Berman characterizes such types with
homosexual and masochistic tendencies, evidence, as Berman sees it, “that homosexuality
is not purely a psychic matter, of complexes and introversion, as the newest psychology
would have us believe” (255). Berman indicates his aversion for Freud just a few
paragraphs above this excerpt and in a dozen or so other places as well. As medical
historian Christer Norlund writes: “Berman . . . formulated an alternative . . . to
psychoanalysis, which during the 1920’s had enjoyed a breakthrough . . . especially in
New York. Berman was skeptical of psychoanalysis and also very critical of the claims of
behaviorism” (94). Explanations for homosexuality were, then and now, plentiful and
varied in medicine and psychology. In the 1920’s, the sex glands received much attention
as science believed them to be the master glands, but soon the emphasis was awarded to
the pituitary glands as the conductor of all endocrine systems; later in the 30’s, “it became
clear that both men and women produce male and female sex hormones. . . . Manliness
and womanliness were now a question of hormone quantity.” Hormone therapy, Berman
proposed, could adjust an individual’s hormonal balance to produce heterosexuality and
adjust for female and male menopause, as Berman considered that both genders shifted
toward a profound hormonal change (Norlund 99). Even the hormonal causes of
“alcoholism could be cured” (100).

In other sections of the book, Berman defines the thymus-centric personality as the
naturally angelic five-to-seven year old child, explaining that the thymus dominates in all
children this age and acts like a brake on the other endocrine structures to slow
development. It is “the gland which keeps children childish and sometimes makes
children out of grown-ups” (93). Berman describes “blue” infants born with an oversized
thymus that creates breathing problems, inhibits growth, and retards muscle development.
By puberty, he writes, the thymus should be worn out and grow weak until “its influence is [naturally] wiped out” (250). But not in the case of a thymus-centric person when it persists in producing what Berman calls a feminized male with fragile blood vessels, a small heart, physical inferiority, a tendency to hemorrhage, and susceptibility to emotional instability including outbreaks of furious rage which he likens to epilepsy. He labels such emotional attacks “psycholepsy” and describes this as one of the expressions of a tendency for “states of semi-consciousness” (251). Additionally, Berman writes that this type is often short, even “dwarf-like with muscle weakness” (255), provoking readers to wonder if Faulkner’s life-long reservations about his height gave him further reason to invest meaning in Berman’s ideas.

The lucrative business of hawking proprietary tonics in traveling medicine shows often brought in customers by exploiting the locals’ curiosity about hormonal oddities -- the bearded lady for instance -- making it easy to understand why Berman’s book about the far-ranging effects of glandular secretions would be a bestseller not only to the medical community, but to the general public too. Clearly, the culture’s curiosity about the effects of glands and hormones formed a wide audience for Berman’s bestseller *The Glands Regulating Personality*, published in four editions until 1935 (Norlund 92).

**Doctors in Flags in the Dust**

Faulkner made statements about medicine, doctors, and the turn toward medical modernity in 1929 when the shortened version of *Flags in the Dust* was published as *Sartoris*. The work introduces Dr. Peabody, an elderly town doctor who will reemerge in later novels, here portrayed as a bridge between the old and new medicine. Dr. Peabody is a regular doctor, not a homeopath but a generalist (not the newer medical specialist) who

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20 Faulkner may have paraphrased when he wrote a piece entitled “Nympholepsy.”
remains unthreatened by the old folk traditions represented by another healer, a sort of
naturopath with Indian-influenced healing techniques, Old Man Will Falls. The conflict
between the medical practices of Old Man Falls and the new allopathic specialist doctor is
emblematic of the period’s ideological dispute in medicine. Old Man Falls is possibly
based on Dr. Thomas D. Isom, a popular local doctor who was an early settler in Lafayette
County, Mississippi, beginning his professional life as a clerk for a town merchant who
traded with local Indians in the area before moving to Ripley, Mississippi (Williamson
120), and before he founded the city of Oxford, Mississippi, in 1836. Isom was
instrumental in converting the college buildings at the University of Mississippi to a
Confederate hospital during the Civil War (Williamson 122).

Some of Faulkner’s fictional scenes in this novel illustrate an individual’s
encounter with the division in medicine at the turn of the century. One such scene--really
sub-plot--from Flags in the Dust features four doctors: 87 year-old Dr. Lucius Quintus
Peabody, a local generalist doctor; Dr. Alford, also a local doctor, but only in his mid-
thirties; 93 year-old Old Man Will Falls, a part-Indian known for his folk cures, and a
brief, but plot-turning, appearance by Dr. Brandt, a blood disorder and glandular specialist
in Memphis. Faulkner clearly chooses the old men, Peabody and Falls, to present
favorably. He presents Alford and Brandt as pretentious, materialistic businessmen, not
equipped to comprehend human complexities, adding a suggestion of sexual perversion to
Brandt.

Readers cannot mistake Faulkner’s attitude toward the new allopathic medicine in
an early scene when Miss Jenny brings Old Bayard to Dr. Alford’s office to examine a
small growth on the old man’s face. Faulkner hints that Alford represents the new
impersonal direction American medicine will take, beginning with his description of the
doors to the various offices in the building. Old Bayard is ready to enter the door that is
aged, showing evidence of multiple kicks at the bottom, and missing hardware, but
constructed from genuine pine, obvious even under the worn gray paint. Readers later
discover this well-seasoned door belongs to Dr. Peabody, the 87 year-old town doctor,
presumably an allopath, known for his generosity, warm personal approach, regard for an
individual’s overall health, and intentions to “do no harm.” If this is not enough of a
favorable portrait by Faulkner’s standards, Peabody even carries and dispenses whiskey to
calm the nerves.

Old Bayard is ready to enter Peabody’s door when Jenny motions him to Dr.
Alford’s door, painted to look like walnut graining, with fancy “raised gilt letters” (98)
bearing Alford’s name. This description prepares readers for a strained interaction
between a blunt patient, Old Bayard, and an arrogant doctor, Alford. Alford’s
exaggerated sense of self-importance is a shortcoming that contributes greatly to
Faulkner’s larger suggestion that Alford is simply not qualified to comprehend the
complexities of sizing up, or diagnosing and treating, another human’s psyche.

Faulkner introduces Alford’s unavailability to patients by noting that his sign
announces he holds two office hours, presumably each day. Even Jenny, who prefers and
gives her approval to this doctor only, is momentarily put off by the receptionist’s
insistence that appointments are necessary. Derisively, Jenny asks if 10:00 in the morning
may be too early in the day for Alford to be working. Jenny calls the receptionist by her
first name, Myrtle, indicating she knows her and making the oblique comment that
personal relationships should trump business formality.
Jenny and Old Bayard eventually make their way in to see Dr. Alford without an appointment, but not until Jenny shoots a final parting comment to Myrtle. Jenny reminds her that they know more than each other’s first names when she inquires about the health of Myrtle’s mother, embarrassing Myrtle into acknowledging their familiar relations.

But the initial interaction with Dr. Alford is most telling. Faulkner writes that Alford allows Old Bayard and Jenny to admire his profile before he acknowledges them as he sits at his desk looking at papers. Alford’s offices are spotless, professional, and sparingly, but deliberately, decorated. Faulkner notes that Alford hangs reproductions of paintings (a Corot) on his walls, again suggesting Alford himself is a reproduction or, at least, somehow inauthentic. Faulkner writes that the office “reveal[s] at a glance the proprietor’s soul; a soul hampered now by material strictures, but destined and determined to someday function in its proper surroundings—that of Persian rugs and mahogany or teak, and a single irreproachable print on the chaste wall” (99).

Faulkner is drawing from the current culture’s reaction to the reputation of the new allopaths for being preoccupied with making money while working abbreviated hours at the expense of their patients’ interests. Faulkner describes Alford as having “a sort of preoccupied dignity, a sort of erudite and cold unillusion regarding mankind . . . preclud[ing] the easy intimacy of the small town. . . . a comforting face, but cold . . . [becoming] unctuously technical, rolling his harsh words from his tongue with an epicurean deliberation” (100-101). He conspicuously ignores Jenny’s questions throughout the examination, “as though he had not heard, as though she had not even spoken” (100), revealing Faulkner’s bleak view of the new doctor-patient exchange, or, in this case, lack of exchange.
After a few minutes of silent examination, Alford declares he wants to remove what he immediately determines to be a cancerous growth as soon as possible, even here in his office. Old Bayard immediately rejects both diagnosis and cure, even Jenny questions it, but Alford will give no layman’s explanation or evidence regarding his prognosis. The doctor is either non-responsive or speaks incomprehensively. In fact, right away Alford offers a mild threat that he can’t be responsible for future care of Old Bayard if he does not comply immediately.

As if to save the day, the booming voice of Dr. Peabody is heard in the outer-office. He interrupts the office visit with his 87 year-old, 310 lb. body and notably loud voice: ‘‘What the devil’s the matter with you?’” (102), he asks. His layman’s speech, his choice to question a patient and then listen, his friendly manner, his reputation for availability, with house calls as the main site of treatment, and his complete disregard for money or material compensation coupled with his status of having been “John Sartoris’ regimental surgeon” (102) and treating African American patients as well as whites—all earn Faulkner’s obvious admiration. Peabody’s humor breaks the confrontational tension in the room. He asks Jenny, ‘‘Havin’ Bayard measured for insurance?’” and addresses Dr. Alford with a mixture of humor and ridicule, not only for the man, but also for the direction of their shared profession: ‘‘Ten A.M.’s mighty early in the day to start carvin’ white folks. . . . Nigger’s different. Chop up a nigger any time after midnight’” (103).

In addressing Alford and Jenny in this manner, Peabody is immediately advocating for the patient, and later leads Old Bayard back to his own disheveled office to talk to him, to listen to his heart, and to warn him prophetically to stay out of Young Bayard’s car. But earlier in Alford’s office, Peabody diagnoses the skin growth to be harmless, and
suggests that Old Bayard is too old to worry about his good looks, so the growth should indeed be left alone. Old Bayard adds that Old Man Will Falls says he can cure him with a salve, which Alford, again instantly, declares would be fatal, and which Peabody, though later dismissing it as merely ineffective, allows that “‘Will has done some curious things with that salve of his’” (104). To Peabody, it seems neither the facial growth nor Old Man Falls presents any real danger to Old Bayard. In contrast, Alford takes a distinctly litigious tone regarding Falls’ salve, saying to Jenny: “‘I protest against a member of my profession sanctioning even negatively such a practice . . . . If that growth is not removed immediately, I wash my hands of all responsibility . . . . I ask you to witness that this consultation has taken this unethical turn through no fault of mine and over my protest’ ” (104-105).

Though Peabody has performed his share of amputations, he still mocks what he seems to think is one of the perverse occupational hazards of doctors—the desire to perform unneeded surgery or “carvin’s” (and presumably other treatments) on patients. He dismisses Alford’s divisive comments and promises to “‘save him an arm or a leg as soon as that fool grandson of his turns that automobile over with ‘em’” (105).

Alford’s “protest against a member of my profession” recalls the controversy and division in medicine at the time. Dr. Peabody represents the middle position between folk remedies, possibly including homeopathy, and the new allopathic care. Though Peabody is probably an allopath, he is old enough to remember the reputation of homeopaths. He has been practicing medicine since the Civil War when, Faulkner writes, doctors needed only “a saw and a gallon of whisky and a satchel of calomel” (102). Since he recommends nothing for Old Bayard, and mocks Alford for wanting to interfere
unnecessarily with a scalpel, Faulkner can be suggesting that Peabody has taken a mediated position between formal scientific medicalizing and folk cures. The scene ends with Peabody retiring to his old couch in his ramshackle office, reading one of his many paperback books.

Later in the novel, the 93 year-old Old Man Will Falls does indeed apply the salve on Old Bayard’s growth, burns the rag in a small ritual following his Choctaw grandmother’s actions, and tells Bayard he will need one more application before accurately declaring the day (July 9) the growth will fall off.

Old Man Falls’ salve is effective, but he and his treatment earn no recognition. On July 9th, Dr. Alford and Jenny bring Old Bayard to Memphis to see Dr. Brandt, a high-strung, erratic man, well known as a specialist in blood and glandular disorders. Dr. Brandt, distracted, thinks Jenny is the patient and awkwardly inquires about her getting undressed. He greets Old Bayard, whom he presumes is accompanying the “patient” Jenny, notices the skin growth, and as soon as he touches it, it falls off in his hand, as if by miracle, “leaving a round spot of skin rosy and fair as any baby’s” (268).

Brandt gives Alford the same inattention that Alford gives his patients and accidentally almost steps on Alford. It appears Faulkner knew the hierarchy of the profession as specialists attempted to replace generalists. Brandt, who did not even know who the patient was, and is never told of his error, also is unaware of the healing arts of Old Man Falls. Bayard remembers Falls’ prediction on the train ride home when he asks Jenny the day of the month. Faulkner gives no more explanation, letting readers recall the connection to Old Man Fall’s salve and his July 9th prediction. The chapter closes with Jenny opening a piece of mail containing Brandt’s consultation charge for fifty dollars.
None of these doctors are homeopaths, but they do represent the direction of medical treatment during the time, and Faulkner signals his clear preferences: the small town generalist Dr. Peabody and the folk healer Old Will Falls. There is, however, a hint of homeopathic ideology in Falls’ comments about the salve when Old Bayard returns for his second dose. Falls asks him if the doctors continue to warn him that the salve will be fatal. In defense or explanation for using what is probably a poison, Falls says, “‘Ever’ now and then a feller has to walk up and spit in destruction’s face, sort of, fer his own good. He has to kind of put a aidge on hisself, like he’d hold his axe to the grindstone. . . Ef a feller’ll show his face to destruction ever’ now and then, destruction’ll leave ‘im be ‘twell his time comes. Destruction likes to take a feller in the back. . . . Hit wont strike a feller that’s a-lookin’ hit in the face lessen he pushes hit too close’ ” (262-3). Looking destruction in the face may have been Faulkner’s interpretation of the homeopathic notion that treating an illness with a like or similar remedy is one way to fight fire with fire or “look destruction in the face.” The notion that “like cures like” occurs here and in several other places in the writer’s fiction, as noted by Faulkner critic Thomas L. McHaney who writes in a personal communication:

In *Go Down, Moses* (1942), Ike McCaslin, trying to explain his repudiation of his inheritance to his cousin and mentor McCaslin Edmonds, creates an involved and ultimately spurious argument based on biblical analogies to “prove” that he is a kind of messiah whose repudiation of the family farm and its tainted history is part of God’s plan for the South. For His purposes, Ike argues, God has had to void one of the generations of those who were corrupted as they lived on the land of the Indian to get to
the white man, who caused the corruption, because only the white man’s blood was available and capable to raise the white man’s curse, and thus it was more than God’s vengeance when He used the blood which had brought in the evil to destroy evil, as doctors use fever to burn up fever, poison to slay poison (248).21

In *Light in August* (1932), Byron Bunch explains the friendship between Joe Christmas and Joe Brown this way: “‘I reckon the only thing folks wondered about was why Christmas ever took up with Brown. Maybe it was because like not only finds like; it can’t even escape from being found by its like’” (80). In *As I Lay Dying* (1930), the pharmacist who rapes Dewey Dell Bundren tells her he can give her the same “operation” she has already had -- that is, sexual intercourse -- in order to abort her pregnancy, asking her if she “‘[e]ver heard about the hair of the dog’” (237), a corruption of the idea that “like cures like.” This pharmacist makes several other relevant comments regarding medical doctors in Jefferson, including telling Dewey that “‘Jefferson used to be a kind of Old Doctors’ Home for them’” where everyone stayed healthy until the doctors were “run out” and replaced with “‘young good-looking ones that the women would like and then the women begun to get sick again and so business picked up. They’re doing that all over the country. Hadn’t you heard about it?’” (235).

These examples show us that Faulkner recognized the new direction medicine was taking as it was evolving in the early decades of the twentieth century and perhaps the cultural divisions it was consequently producing. After portraying several doctors and healers in *Flags in the Dust* (and *Sartoris*, its revision that was published in the same year as *The Sound and The Fury*), it is curious that Faulkner does not include any doctors or

healers in his new novel about the Compson family, a family desperately in need of a remedy. Perhaps now the writer turned his diagnostic eye toward portraying not only an individual’s illness or suffering, but rather communal or systemic illnesses that can be shared among several family members through their complex dynamics. Later in his writing career, Faulkner turns to portraying illnesses in even larger units or systems that include several generations of descendents. But in the novel following the story of Old Bayard, the writer concentrates on the Compson family as a single unit, and Faulkner portrays related illnesses in almost every character in the Compson household, reserving the most serious results of family illness (or, in Quentin’s case, fatal results) to attribute to those least resistant to the miasms or predilections in the family; that is, those who suffer most from the illness in this family—negativism personified in various guises—are the Compson children.
Chapter 5: Literary Evidence--Representations of Selected Characters and Their Homeopathic Archetypes

A few instances in Faulkner’s fiction offer readers an opportunity to notice what it might have been like to seek health treatment in Faulkner’s time and place. Indeed, his own exchanges and interactions with doctors and health cures gave him first-hand knowledge of treatments, diagnosis, cures, therapies, and remedies at a crucial time in medicine’s history, the early decades of the twentieth century. Each of the forms of twentieth century diagnosis, cure, or treatment carried its own underlying philosophies that may have involved such esoteric matters as the nature of God and the human soul. Competing authorities in the period reflected new sciences and medical technology: the discovery of hormone therapy, pharmacology, brain science, eugenics, the birth of psychology and psychotherapy, and the use of hypnosis. Such changes from a more personal, less scientific basis must have wielded a compelling influence on any thoughtful individual.

Characters as Types

One scholar has already argued convincingly that Faulkner demonstrated some knowledge of the new field of endocrinology in *Light in August*. Literary critic Mick Gidley, already mentioned, proposed the possibility in “Another Psychologist, a Physiologist and William Faulkner” that Faulkner may have integrated his knowledge of Dr. Louis Berman’s 1921 book *The Glands Regulating Personality* into his construction of fictional characters, one example being Joanna Burden from the 1932 novel, *Light in August*. Gidley noticed the Berman book listed as one of many that the writer’s friend and mentor Phil Stone ordered for Faulkner from New Haven in 1922. Perhaps Faulkner
identified the fictional Dr. Brandt from *Flags in the Dust* as a “glandular specialist” because the writer was familiar with Berman whose book argues that individuals’ glandular activity of chemical and hormonal secretions establishes behavior, body type, emotional patterns, and, in general, all of one’s weaknesses or predispositions, or, to use homeopathy’s nomenclature, all of one’s miasms.

To give a few examples of Berman’s possible influence on Faulkner’s work, or “affinity” (the appropriate nuance Gidley gives it), Gidley draws parallels between Berman’s descriptions of endocrine types and a few of Faulkner’s fictional people. For instance, patients with thyroid deficiency exhibit some of the traits Faulkner attributes to the character Benjy Compson from *The Sound and the Fury* (1929); patients with overactive adrenal glands tend to match the physically precocious traits manifested in Eula Varner from *The Hamlet* (1940); the subthyroid types share a similar endocrine system with Anse Bundren from *As I Lay Dying* (1930). Gidley does not attempt to argue at all that any of these characters falls neatly into one of Berman’s descriptive hormonal types, but rather that Faulkner repeatedly used, borrowed, or drew from some significant characteristics that Berman frequently sought to explain using a physiologic theory of glandular activity that included “popping eyes, chinlessness, hairlessness, and, even, ‘delinquency’ itself” (85). Whether the writer did, in fact, draw from Berman’s hormonal studies, or otherwise demonstrated a familiarity with contemporaneous medical research, Gidley notes that Faulkner might have selectively absorbed and used whatever traits interested him from several different endocrine categories, sometimes blending divergent traits together from several types. This is an example of Faulkner’s own imaginative
powers clearly taking precedence over any medical details in the sources from which he drew.

To provide an even larger context for framing some of Faulkner’s characters in light of Berman’s medical book, Gidley reminds readers of Faulkner’s frequent theme of determinism vs. free will; and he cites the famous lines from Faulkner’s 1950 “Address upon Receiving the Nobel Prize for Literature,” a claim that the artist must write about “‘the old verities and truths of the heart . . . . Until he does so . . . [h]e writes not of the heart but of the glands’ ” (qtd. in Gidley “Another Psychologist . . .” 82). Gidley proposes that Faulkner used the word glands specifically to represent man’s “compulsions” or automatic behavior determined by physiology, and that the writer used the word heart to signify man’s “source of voluntary emotions and actions” (82). I would add that Faulkner probably did not refer to the brain to indicate conscious free-will because Berman and others understood that the brain was both a significant organ and a gland where chemistry, electricity, and factory-like production of hormones were ongoing in automatic ways. For Faulkner, only the trusted heart, in contrast, apparently held the power to override the compulsions that the brain and other glands were (sometimes) recklessly demanding. Gidley suggests that Faulkner was thinking once more of the conflict between glands and heart when he said at the University of Virginia, “‘man’s free will functions against a Greek background of fate’ ” (qtd. in Gidley “Another Psychologist . . .” 85). Gidley finds the popular medically-based notion here again: to varying degrees, glands potentially determine fate.

Gidley’s analysis of medicine’s likely influence on the writer is particularly useful for a study involving homeopathy in perhaps three ways. First, in homeopathy, balancing
the energy in the psyche is usually achieved by supporting or supplementing the action of organs and glands, thereby helping the psyche to heal itself. Thus, hormonal health is an important aspect of homeopathy. If Faulkner were aware of hormonal health, as Gidley proposes, he might have also been aware of alternative methods for maintaining hormonal health such as homeopathy. Secondly, the homeopathic *Lachesis* portrait in particular is notable in all the classic homeopathic literature for lifelong efforts to endure a perpetual struggle between emotional or intellectual functioning and the more fundamental automatic instincts associated with glands. Since this sort of intra-psychic struggle closely matches Faulkner’s theme of free-will, it is not too surprising that many of the writer’s characters are imbued with at least a tinge of what might be identified as the *Lachesis* nature; or that others appear steeped in *Lachesis* symptoms; or that several match descriptions of entirely other homeopathic constitutions mixed with some traits of the *Lachesis* type. In this last group, we can place the Compson children who are likely candidates either for inheriting a parent’s constitution, or being unduly affected by a parent’s nature, as discussed further in this chapter. Consequently, Faulkner may have found in the *Lachesis* portrait his own thematic reasons for focusing on *Lachesis*-like qualities as he portrayed the inner struggles of several characters.

And, in a final third point, more relevant to this project so that it deserves further discussion here, consider that one example Gidley provides as evidence of Faulkner’s knowledge of endocrinology is the psyche of the menopausal character Joanna Burden from *Light in August*, and, that in the homeopathic world, *Lachesis* is the primary remedy

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22 See Chapter Three of this project for a discussion of the signature *Lachesis* kinesthetic traits, motifs such as hemorrhaging, auditory sensitivity, circulation, and paralysis, exhibited in several characters.

23 Joanna Burden is an excellent example, and Quentin Compson, a very good one, as this chapter will argue.
for symptoms of menopause. This is neither to establish that Faulkner knew *Lachesis* was prescribed in this way nor to imply that Faulkner knew the remedy *Lachesis* even existed. But the writer was apparently intrigued enough by the struggles Joanna endures that he was prompted to incorporate her symptoms of menopause as one aspect to the character’s complexity. The portrayal of Joanna may demonstrate Faulkner’s shared curiosity with Berman about the powerful results of hormonal changes, but it also clearly shows Faulkner’s attention to the very traits for which the homeopathic remedy *Lachesis* was employed during Faulkner’s lifetime.

**Joanna as Lachesis**

I argued in Chapter Three of this project that Faulkner seems drawn to portray certain aspects of the *Lachesis* type, and I submit that at least two of his signature characters: Quentin Compson from *The Sound and The Fury* and Joanna Burden from *Light in August* share many *Lachesis* similarities. Joanna is a corresponding character to other *Lachesis* portraits, in particular Quentin, in her conscious duality, her sexual repression interrupted by periodic bingeing, her loquacity, her strong intellect, her jealousy and accompanying fear of betrayal, and her menopausal indications. However, Joanna embodies two important and combined features of the *Lachesis* constitution that are not readily evident in Quentin Compson’s personality: a strong animal nature and a preoccupation with religion.

Though Quentin represses his forbidden sexual desires for his sister Caddy, and simultaneously seeks punishment for his imagined transgression and anticipated guilt, Faulkner does not emphasize the overt bestial sexuality of his desires nor does he allow Quentin to surrender and act on these desires. These transgressive acts are left for the
more mature Joanna, and the accompanying darker sides to the *Lachesis* archetype are more fully developed in her. Perhaps since *Lachesis* is primarily a remedy for women, the symptom portrait is more subtle when it appears in men. As homeopath Edward C. Whitmont and others point out, *Lachesis* can be jealous, over-controlling, suspicious, and vengeful. Additionally, the type is inclined to “ecstasy... or trance-like states” (Coulter 1: 317), often confusing intense feelings of sexuality with the intensity of religion. Homeopath Catherine R. Coulter writes that “This individual seeks in sexual passion the mystery and revelatory fervor usually provided by religion... where love of God, love of humanity, and love of [a partner] begin to blend and are no longer distinguishable” (1: 317).

Consistent with the type’s duality, Joanna is laconic and loquacious. For instance, Joe Christmas can anticipate both her loquacity and her submission, not just to him, but to her own animal nature, when just before she recounts her family history, he thinks:

“‘She is just like all the rest of them. Whether they are seventeen or fortyseven, when they finally come to surrender completely, it’s going to be in words’” (227). This discharge or release of words ignites Joanna’s last chance for indulgence in the form of forbidden sexual relations that she orchestrates with paradoxical reckless abandon, as if seeking and consciously planning her own destruction in a type of facilitated suicide.

Christmas recognizes that he has lived a “life of healthy and normal sin” (246) by comparison. Religion is the powerful ingredient that contributes to and supplies Joanna’s reactions to these forbidden instincts. Religion does not offer comfort, but unbearable complexity and agitation. Readers can see this early in the relationship when Christmas prophetically notices this about Joanna and thinks: “‘She wants to pray, but she dont
know how to do that either’ ” (247). Later, he says he killed her because she tried to force
them to pray together. In her struggle to seek punishment for her desires, like Quentin,
she hopes “ ‘to be damned a little longer’ ” (248) so indulgence can last a little longer.
She fully recognizes, expects, and invites the punishment that will soon follow with ever-
present consciousness. This sort of complex psychology is known in the homeopathic
world as indications of the *Lachesis* portrait.

In the early months of their relationship, Christmas is not just shocked by her
sexual appetite, he is “astonished and bewildered” (244). Christmas, also accomplished in
self-torment, is drawn to, and momentarily humbled by, her aptitude for the same. She
evokes in herself the type’s heated rages of jealousy, satisfying, as Faulkner puts it, her
“infallible instinct for intrigue” (245). Faulkner comments often on her conscious duality
--“the two creatures that struggled in one body” (246) -- her calm, still, silent composure
encasing a chaotic, insatiable nature just below the surface. In an interesting connection
to Quentin’s death by drowning, Faulkner describes Joanna’s two selves “struggling[,]
drowning . . . upon the surface of a black thick pool . . . to drown in the black abyss of its
own creating” (246). Her body is described alternately as having the ebb and flow of
tides, a nightly flooding, a stream too thin, “stranded. . . upon a spent and satiate beach,”
and releasing damned-up passions (248). Images of water will remind readers versed in
homeopathy of *Lachesis’* desire for cold water, and these same images also suggest
Joanna’s menopausal stage, her last chance for reproduction bringing with it the
accompanying feelings that previous years have been wasted. As homeopath Edward C.
Whitmont writes: “*Lachesis* is the penalty of the unlived life” (151).
When stressed or ill, the *Lachesis* type is not only jealous of others and always fearing betrayal, she is also jealous that she has somehow neglected fully participating in her own life, and, ironically, that she acted in ways that will soon bring on God’s punishment. The first is a general fear common to many types since any repressed nature does allow one to miss enjoying, or “tasting” life, as Whitmont calls it. But eventually, or intermittently, surrendering to the temptation that will provoke severe punishment is the forbidden pleasure for which *Lachesis* is known. Joanna consciously tempts fate, inviting her own destruction by satisfying her dual nature.

It is significant that most of the sexual action in the novel takes place during sleepless nights, since insomnia is general to the type throughout a lifetime, but especially in the menopausal years. Homeopathic literature claims the insomnia is due to *Lachesis*’ overriding interest in controlling her instincts, but she faces increased difficulty doing so at night when the subconscious struggles to take over. Sleep aggravates because *Lachesis* struggles to remain conscious (Coulter 1: 145). As an acute remedy in low concentrations, *Lachesis* is often prescribed to the sleepless menopausal woman even if she was homeopathically diagnosed with a different remedy when younger, because in these years of great hormonal change, “the body begins to break down when her menstrual blood ceases to flow” (Whitmont 152). Physical discharges in the form of hot flashes or cold sweats may relieve and cool the body, sometimes immediately, in the same way that the initial onset or discharge of menstrual bleeding used to relieve pre-menstrual symptoms. According to homeopathic literature, the type “longs for discharge and the body and mind are usually better from some release” (Whitmont 151). But this is certainly a matter of degree. Since *Lachesis* is also a type that does not know its own
limitations (recall the hemorrhaging motif described in Chapter Three) that even a trivial release could be a precursor to a binge as Faulkner describes Joanna’s insatiable appetite swelling rapidly to soon become voracious.

For example, early in their affair while waiting for Christmas, Joanna is depicted naked on the grounds of the house or hidden somewhere in the “dark house” (Faulkner’s original title), “panting, her eyes in the dark glowing like the eyes of a cat . . . in the wild throes of nymphomania” (245). Near the end of their time together, Christmas expects her again to be waiting in the cabin, suspecting her of laying a trap for him. He thinks that because “she had done nothing at all, made no move at all, he believed that she might do anything” (256). In the murder scene, she is again waiting for him, but this time with a gun wrapped in her shawl. Faulkner describes Christmas watching the shadow of the gun in her hand with this unmistakable snake image: “the shadow of both [Joanna and the pistol] monstrous, the cocked hammer monstrous, backhooded and viciously poised like the arched head of a snake; it did not waver at all” (267). The image of the snake carries added meaning to students of homeopathy who will be tempted to say that Faulkner must have imagined the *Lachesis* temperament unleashed in the character. In this image at least, the connection between Joanna and the signature *Lachesis* archetype cannot be overstated. Christmas slits her throat, the only vulnerable part of a snake. The throat, a site of many physical complaints in the *Lachesis* constitution, is halfway between the head, or intellect, and the heart, or the emotional center. Whitmont describes the throat as a location of conflict between the ego and the instincts “when the ego has a difficult time holding its own against the invasion of emotional, especially sexual, forces” (133).
Students of homeopathy will observe that Joanna embodies this unmistakable *Lachesis* trait: inner struggle over the psyche’s desires.

Though readers come to know Joanna’s complexities, the character does not have her own narrative voice in the work as the Compson brothers do in Faulkner’s earlier novel, *The Sound and the Fury*. This novel’s first-person narratives are better suited for homeopathic analysis because stream-of-consciousness interior monologues recreate to some degree the homeopathic interview. Essentially, this narrative feature in *The Sound and the Fury* makes it the ideal novel to draw from for a homeopathic interrogation of its characters. *The Sound and the Fury* offers an array of distinct homeopathic constitutions with sometimes overlapping traits, but often its characters demonstrate an underlying preponderance of the *Lachesis* symptom portrait.

**Homeopathic Interviews and *Lachesis* Interior Monologues**

**in *The Sound and the Fury***

Homeopaths usually include a few simple medical tests to aid in diagnosis, but they primarily use interviews to identify a client’s constitution which, in turn, allows the physician to determine a remedy that is meant to stimulate the body toward health. Based on a few hours of client interviews, homeopaths apply their broad knowledge of the fifty of more constitutional remedies and, in classical homeopathy, choose a single one that is most like the client’s nature, relying on the principle that “like cures like,” and relying on the assumption that the psyche, if properly supported, will cure itself.

In *The Sound and The Fury*, Faulkner’s three narrators, the Compson brothers, provide and reveal enough intimate information about themselves to form a homeopathic diagnosis. And, to readers familiar with homeopathy, the *Lachesis* style runs through all
the sections narrated by Benjy, Quentin, and Jason Compson. Common to all sections is
Faulkner’s modernist style distinguished by his experiments with dropping out
punctuation, capitalization, and linear narrative to instead track interior thoughts. These
associative thought patterns, shown, for example, by forsaking typographical conventions,
essentially typify the *Lachesis* mind. The female *Lachesis* is said to be more loquacious
than the male, but both genders are known for an unending flow or discharge of words and
thoughts presented in a rushed, unfinished manner, though *Lachesis* has a tendency, and
the mental receptivity, to finish others’ sentences. In the three sections that the Compson
brothers relate, their own narrations cannot keep pace with their rushing thoughts. In each
narration, the mind is flooded with too many thoughts, sometimes including imagined
conversations (Quentin), and overwhelming, usually sensual, impressions (Benjy). Minds
flooded with images and sensory impressions characterize Benjy’s experience, Quentin’s
rambling, and Jason’s indulgence in anger to create a common intoxicated quality to their
voices that homeopathic manuals identify as the *Lachesis* “sober intoxication” (Coulter 1:
307). For instance, Jason’s rants lose punctuation and rationale while his mind is
recorded, so it is perplexing to know exactly what he is angry about, or what confused
underlying feelings his anger hides. Quentin’s strong intellect or intuition allows him to
predict other’s responses accurately, but this triggers several distracting associations in
time and place over which the intellect increasingly loses control. Quentin perceives and
supplies his father’s side of imagined conversations, but the rush of thoughts hampers the
clarity or sequence. So the reader must re-sequence Quentin’s section in order to make
sense of it. Each brother’s narrative segments are relatively accurate in themselves but
often out of sequential order and sometimes left unfinished. Although the brothers each
transmit this *Lachesis* pattern in their manner of thinking (perhaps an inheritance of their father’s drinking), they each can be identified as roughly separate homeopathic constitutions with some overlap. None is as pure a *Lachesis* type as Joanna Burden, for instance, but *Lachesis* seems evident in all the Compson brothers’ thought patterns, and they trade or share some of each other’s separate constitutions too, as I will attempt to show below.

**Lachesis Talking and Confessing**

Though *Lachesis* has a remarkable ability for restraint, homeopathic literature states that physically, *Lachesis* is better off from all types of regular fluid discharges and discharges or releases of whatever nature. This, the literature suggests, leads to loquacity in the type, and it is evident that Mr. Compson and his son Jason are the primary talkers. Though language is absent in Benjy, Caddy knows he is “trying to say.” Meanwhile, throughout Jason’s section, he “says,” ostensibly without pauses.

But, in an intriguing homeopathic link to Quentin, loquacity leads to *Lachesis*’ unique tendency to confess to crimes that he did not commit, but ones that he has imagined or fantasized, like Quentin’s perhaps unspoken confession to his father that he committed incest with Caddy. *Lachesis* does not trick himself, however, like other types who might truly confuse imagination or emotional truth with reality, raising the question of whether Quentin truly believes he committed incest. *Lachesis* fully realizes that he did not commit such acts; still, he confesses as if he has because his potential for subdued action is, to him, action itself. This may explain, in part, Quentin’s desire to confess to imagined incest. He is simultaneously repelled by and drawn to the idea, typifying the *Lachesis* struggle between indulgence and morally reprehensible transgression, especially
regarding sexual desire. Unacted-on sexual desire is not uncommon, but confessing to it as if the act took place is what sets this homeopathic constitution apart from all the others. “Saying” becomes equal to “doing,” all the while knowing one is innocent. In these and other ways, Lachesis traits appear regularly in the three narrative sections; however, as mentioned, the Compson brothers embody their own individual homeopathic archetypes more appropriately.

**Single-remedy Controversies, Clearing the Case, and Family Systems Therapy**

Controversy surrounding the use of a single remedy over the lifetime of a patient is one of the professional arguments in the field of homeopathic prescribing. For instance, a parent’s personality may tinge, engulf, or conceal a child’s own nature in a variety of superficial or more significant ways, depending on the types involved, thus calling for several remedies usually administered in a particular sequence. Or else a traumatic experience can evoke new symptoms in a patient that are completely inconsistent with a client’s temperament, and a homeopath may prescribe a new single or combined remedy to treat the reactions to this acute situation. In these cases, a constitutional remedy may be entirely ineffective until another remedy is employed to “clear the case.” In instances involving addictions to chemical substances, an addicted family member’s whole method of attending to his or her substance abuse may rub off on another member, complicating the diagnosis for the member in proximity to the one addicted. This sort of psychic identity confusion accounts for some of the combined traits (cross-archetypal) in those patients who do not illustrate enough fidelity to a single set of traits addressed by one remedy. A homeopathic physician may sense a patient’s underlying nature, but giving
this remedy may be ineffective until the confusing surface symptoms are cleared. In many cases, poison remedies are most typically employed to clear the case, reflecting Paracelsus’ belief, often cited in homeopathic diagnostic manuals, that “where there is poison, there lies virtue (healing power)” and Aristotle’s belief that “poisons make the best medicine” (qtd. in Coulter 1: 235). Homeopaths write about clearing the layers absorbed from an overwhelming family member or brought on by a particularly dramatic incident before they can fully ascertain and then treat the underlying archetype of the individual. Homeopathic physician Edward C. Whitmont writes: “A child’s personality is then not only structured by parental and environmental influences, but also, selectively, in its own individual ways, evokes and responds to ‘like’ or corresponding parental or environmental influences” (Coulter 1: xii). Such may be the case with the Compson brothers.

In Faulkner’s family dramas, the writer explores these layers of personality that make up a character. Individual psyches in The Sound and The Fury seem to embody not only their inborn or deepest set of traits but also traits adopted or absorbed from the residual effects of contact with family members, sometimes members from several past generations. Acknowledging the family’s powerful influence on its individual members, literary critic and therapist Gary Storhoff and others in the field of Family Systems Theory (FST) find that in describing real and fictional people, understanding family patterns through a systems approach is crucial to comprehending the role the individual is performing in the family. For instance, Storhoff’s accounts of the roles performed by the

24 While strict Hahnemannians insist on a single remedy with little deviation, broader views on homeopathy allow for prescribing various remedies throughout the stages and experiences of life.
fictional Compson brothers illustrate some collective patterns FST counselors have identified in members of the alcoholic family. Storhoff writes:

\[
\ldots\text{[T}he\ Compson\ family\ is\ a\ kind\ of\ crucible\ within\ which\ the\ children’s characters\ are\ created.\ In\ Faulkner’s\ works,\ identity\ emerges\ from\ the family\ldots]\text{[T}he\ concealed\ dynamics\ of\ the\ interrelationships\ of\ the family,\ and\ the\ covert\ way\ patterns\ designed\ corporately\ by\ the\ family\ tend to\ shape\ and\ define\ each\ individual\ member’s\ identity,\ persisting\ even\ into the\ adulthood\ of\ the\ children.\ ("Quentin’s\ Dilemma”\ 467-8)}
\]

In a related way, standard homeopathy texts advise that children of alcoholics often first need the remedy that their alcoholic parents required because the parents’ psyche rubbed off on, or was otherwise absorbed by, the children. In some cases, the homeopathic texts suggest that the children’s otherwise dormant reactions evoked by interacting with alcoholic parents were dramatic enough to subvert an ordinary unfolding and typical progression of the child’s individual nature. “Clearing the case” of the parents’ influence by administering a remedy that is sometimes different from the child’s own constitution allows the homeopathic physician to proceed to a deeper constitutional diagnosis that will address a child’s chronic symptoms. A few common remedies derived from poisons for treating alcoholism -- and, often, for clearing the case of the affected family members -- serve this purpose: *Sulphur, Lachesis, Nux Vomica*, and *Phosphorus*.\(^{25}\)

\(^{25}\) One other common remedy for the spouses and children of alcoholics is *Natrum Muriaticum*, derived from common salt. The remedy does not appear to be relevant for this discussion, but it would be inaccurate to neglect it from the list of remedies indicated for members of alcoholic families. In the case of *Natrum Muriaticum*, there is no constitutional risk for alcoholism or addictive tendencies in himself. This remedy is primarily used to treat the grief caused by caring for the addicted family member. Since it is often the caretaker’s remedy, it may prove to be Caddy’s type.
Once the case is clear of parental alcoholic influence, so to speak, the homeopath can determine the underlying constitution of the individual.26

Keeping in mind the systems approach from FST and homeopathy’s method of “clearing the case,” readers of The Sound and the Fury can identify features of the Compson parents imprinted on the psyches of their children. Jason Compson, an alcoholic father, and Caroline, a negligent self-martyred mother, provide the original traits for several complementary features found in their children. As Storhoff comments about this fictional family: “[T]he Compson family is organized around the alcoholism of Mr. Compson, who stanches the family’s emotional bleeding with his ever-constant ‘hushing,’ his self-deceptive embrace of stoicism, and his refusal to acknowledge the emotions of his children” (“Quentin’s Dilemma” 470). But it is Caroline Compson’s illness as well, resulting in her maternal inability to love or nurture her children, which essentially conspires with her husband’s nature to destroy any hope for the Compson children to recognize their own natures as distinctive from their parents’ natures, and then to attend to those natures as required for healthy development by any type. The Compson children, whose psyches are the confused consequences of overwhelming and unhealthy parental influence, are potential patients in striking need of homeopathic clearing. The Compson men are all candidates for some application of the poison remedies because, in different ways, they were immersed in their father’s Lachesis nature and their mother’s Sepia nature. Although already introduced and described in Chapter Three of this project, Lachesis merits particular discussion below as these archetypal traits show up repeatedly in The Sound and the Fury. But it is the remedy Sepia, not yet discussed, that first warrants some attention before tackling the individual homeopathic diagnosis of the

26 Sometimes the constitution of the child proves to be the same as the parent.
Compson brothers. *Sepia*, like *Lachesis*, is derived from another animal poison, the toxic black ink from the cuttlefish, and its guiding symptom typically present in women is a maternal inability to feel or show love to one’s children. It was a frequent acute remedy for post-partum depression, but it is also called for on the constitutional level for women (and some men) who require it over a lifetime.

**Caroline Compson as Sepia**

Literary critics have long noted the maternal instinct gone awry in Caroline Compson. She is primarily absent in the lives of her children, except to voice complaints or accuse. Caroline cloisters herself from the Compson family because she claims she is quickly exhausted from efforts toward parenting, though she stays loyal and connected to her own family of origin, the Bascombs, through contact and devotion to her financially-dependent brother Maury. As noted by her fictional family, she is replete with all sorts of physical and emotional complaints and laments about having to bear what she perceives to be God’s punishment. She frequently grieves for herself: “‘I know I’m just a trouble and a burden to you’ she says, crying on the pillow,” to which her son, the adult Jason coldly responds: “‘I ought to know it,’ I says. ‘You’ve been telling me that for thirty years. Even Ben ought to know it now’” (224-225). Caroline gives tangible form to the homeopathic *Sepia* nature as it is described in traditional homeopathic diagnostic manuals: critical, vexed at every trifle, scolding, fault-finding, bemoaning, lamenting, discontented with everything, easily offended, peevish and disposed to quarrel, great irritability from the slightest cause, disagreeable, constant ill-humor, undisguised negativity, thinks she has a raw deal in life, that fate has treated her worse than others, never happy unless annoying
It is obvious from this inventory that Caroline shares some of these traits with her son Jason, but his violent temper and explosive anger distinguishes him as a separate homeopathic type, one that is nevertheless related to *Sepia* and probably greatly influenced or evoked by Caroline’s *Sepia* influence on him. Both, for instance, are frequent complainers, but while Jason is focused on gaining control (discussed later in this chapter), Caroline voices her grievances for a different purpose. While “*Sepia* is listed in the Kent *Repertory* under the rubric ‘complaining’ in the first degree,” the trait is a means “to play the martyr and [she] resists any attempts to deprive her of that role. . . . She must prove to others, as well as to herself, that life is not fair to her and she vents her martyrdom by complaining” (Coulter 1: 142). Comments like this one illustrate Caroline’s signature method: “‘Go and ask Dilsey if she objects to my having a hot water bottle . . . Tell her that if she does, I’ll try to get along without it. Tell her I just want to know’” (90).

Further commonalities exist in the homeopathic portrait types of this mother and son, such as described under *Sepia*:

- displays a reluctance to buy food for the family. . . . Her miserliness arises from a subliminal “fear of poverty” (Kent), of being left without shelter, food (“fear of starvation”) or clothing . . . whatever her financial status. In Kent’s *Repertory*, under the rubric, “Delusion: thinks she is poor,” *Sepia* is the highest remedy listed. (Coulter 1: 145)
Although many remedies can be prescribed for general constitutional purposes, they all have uses for acute cases as well. As a remedy for acute conditions, *Sepia* is a common homeopathic preparation for depression after childbirth as it stimulates the action of the pituitary, thyroid, and adrenal glands. In pregnancy, the placenta takes over pituitary functions, and, after childbirth, the gland resumes its normal functions. If it does not, then nothing regulates the flood of hormones, and post-partum syndrome is one result (Coulter 1:125). This may account for Caroline’s physical and emotional depiction in the novel. She is unusually burdened by her children and seems to have no maternal instinct for protecting them, though she claims otherwise. When she looks at her infant granddaughter Quentin, brought home to be raised in the Compson house, she clearly indicates how she perceives this newborn addition, suggesting to readers her view of parenthood. While the family is setting up the cradle, the first housing unit that follows the internal uterine cradle, Caroline says: “‘Poor innocent baby . . . You’ll never know the suffering you’ve caused’” (247). Caroline cannot imagine any benefit coming from contact between infant-Quentin and the baby’s mother Caddy perhaps because Caroline herself was denied fulfillment from maternal bonding, having never emerged from post-partum syndrome. When gazing at the infant Quentin, Caroline declares in this same scene: “‘She must never learn that name [of her mother Caddy]. I forbid you ever to speak that name in her hearing. If she could grow up never to know that she had a mother, I would thank God’” (247). Her remark reminds readers of the male Quentin’s lament: “If I could say Mother” (117). Caroline wants the issue of censoring Caddy’s name decided “‘now, tonight. Either that name is never to be spoken in her hearing, or she must go, or I will go. Take your choice’” (248). Caroline’s ultimatum reveals her own repeated desire
to abandon the family. This scene and Caroline’s overall depiction of maternal deprivation
or negligence generally echo the homeopathic descriptions of *Sepia*, with its associated
real or imagined theme of maternal indifference, though usually not abandonment, as this
homeopathic passage distinguishes the type:

> The *Sepia* mother does not actually forsake her home and family unless she
> possesses *Lycopodium* in her nature . . . [since the *Lycopodium* type does]
> not feel guilt, regret or self-condemnation as other types do. The more
> purely *Sepia* woman might want to get away but is restrained by a sense of
> duty and guilt. So she stays on to complain, nag, and perhaps fall ill from
> the strain. (Coulter 1:127)

Homeopathic manuals provide a hormonal explanation for such an attribute,
stating: “[M]otherhood is too binding, too psychologically draining, and too physically
exhausting for her constitution [because the type] often exhibits a picture of low thyroid,
low blood pressure, or adrenaline deficiency” (Coulter 1: 128). Results of disturbances in
the adrenal and thyroid glands found in *Sepia* also include:

> “difficulty in concentration” (Kent), “incapacity for mental exertion”
> (Boenninghausen), “avoids the sight of people” (Kent), “much suppressed
> anger about former vexations and past events” (Kent), “wishes to be by
> herself and lie with closed eyes” (Hahnemann), “better from sleep, even a
> short nap.” (qtd. in Coulter 1: 129)

Characters often remark that Caroline is alone, lying down in a dark room, exhausted,
though she is never depicted as doing much of anything.
The Compson Parents, Sons, and Poison Remedies

Raised by an ill Sepia mother and an alcoholic Lachesis father, the Compson children are surrounded by severe predispositions of these two poisonous-when-ill types. Quentin seems to recognize his parents’ types when he thinks: “Done in Mother’s mind though. Finished. Finished. Then we were all poisoned” (126). And again when he reviews his father’s lesson in Lachesis nihilism: “Father was teaching us that all men are just accumulations dolls stuffed with sawdust swept up from the trash heaps where all previous dolls had been thrown away” (218). Still, it should be reminded that all the homeopathic archetypes can oscillate between health and illness, but this project focuses on the predispositions for potential illnesses in the types discussed. Homeopathic manuals clarify that healthy Sepia women include successful career-minded mothers who often raise independent children that can discover their full potential without having to fend off an overprotective or smothering maternal interest that they will never find in a healthy Sepia mother (Coulter 1: 131 ). Healthy Lachesis fathers often model an intriguing blended nature full of creative passion, high-minded intellectual pursuit, and sympathetic emotional care (Coulter 1: 342). But Jason and Caroline Compson surrender to their own particular tendencies toward illness and, as parents, they risk evoking similar illness patterns in their children to varying degrees.

One fascinating joint trait shared between the ill Sepia and the ill Lachesis is both types’ heightened awareness of the potential for divine punishment. Sepia is sure she has earned divine retribution already, characteristically through no fault of her own, and she perceives every unfortunate occurrence as deserved, though this does not promote humility in her nor does it hinder her from seeking to find the reasons for her
blameworthy condition elsewhere. Meanwhile, *Lachesis* anticipates that he inevitably will provoke God’s punishment because he doubts he can fully control his constant and defiant urge for forbidden indulgence. Punishment, then, becomes a family theme for the Compsons since both parents believe they can do little or nothing to prevent or escape divine penalty. The Easter Resurrection, celebrating divine forgiveness and the transformative power of love, simply does not resonate in this family characterized by parents who accept or anticipate punishment to be their fate and therefore resign themselves to their illness patterns, perversely punishing themselves and their children by remaining ill.

For students of homeopathy, the narrative sections of the Compson brothers suggest the following homeopathic diagnostic results of such parenting mixed with each son’s own set of traits, whether external or inborn: Benjy Compson resembles combined traits described in a homeopathic diagnosis of *Calcarea Carbonica* (the slow, inert child), with a blending of the archetype known as *Phosphorus* (the poorly differentiated self). Quentin Compson resembles *Lachesis*. As the oldest son, he has perhaps absorbed these traits easily from his *Lachesis* father, but Quentin also embodies traits designated to the *Phosphorus* nature, sharing certain propensities of the elusive self with his brother Benjy. The youngest child Jason has tendencies usually diagnosed in homeopathic cases requiring *Nux Vomica*, a remedy made from the poison strychnine nut whose primary action as a homeopathic remedy is well-suited for chronic alcoholism, but has even greater effects on the hang-over symptoms following alcohol overindulgence. It may be argued that this youngest son is burdened with the recovery signs from his father’s

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27 Readers will recall the homeopathic remedy *Nux Vomica* was used medicinally as an ingredient in the Keeley Cure, described in Chapter Four of this project. Also recall that Faulkner, as a frequent Keeley Cure patient, would have received doses of *Nux Vomica*. 
intoxication, but in ways that will be discussed below, Jason’s *Nux Vomica* diagnosis also reflects a male version his mother’s *Sepia* nature.

Before addressing the Compson brothers as individuals, it is worthwhile to note that all the poison remedies indicated here (*Phosphorus*, *Nux Vomica*, and *Lachesis*) are related in that they all work on the nervous system primarily, and they all assist in drug detoxification with sobriety as one result. Allopathic medicine borrowed from two of these homeopathic preparations and developed separate pharmaceutical drugs containing the element phosphorus and plant strychnine well into the 1930’s. Traditional physicians relied on the action of phosphorus drugs to dispel the after-effects of anesthesia, and used strychnine for regulation of the heartbeat, asthma conditions, as an antidote to delirium tremens and to alleviate the side effects of “mind-altering or hallucinogenic drugs” (Coulter 2: 6). Thus, even in the allopathic tradition, drugs made from these two poisons were used for their sobering effects. The homeopathic remedies *Lachesis* and *Nux Vomica* both benefit the alcoholic who chronically fluctuates in his quest to avoid alcohol. Homeopath Catherine R. Coulter distinguished the two types this way:

Although *Nux Vomica* and *Sulphur* are better known as chronic alcoholics, *Lachesis* [and *Nux Vomica*] have also been efficacious in “delirium tremens” (Hering) and especially in persons *struggling* against alcoholism, alternately keeping it in check and succumbing to it. It is also a good remedy for those whose physiques have been broken down by alcoholism (“former old troopers”: Nash), and it has even been prescribed with success for the traumatized spouses and children of alcoholics, upon whom something of the alcoholic’s erratic mental state has rubbed off. (307-308)
While Mr. Compson’s *Lachesis* nature appears to have afflicted everyone in the Compson home, his son Quentin suffers the most direct impact.

**Lachesis: Mr. Compson and his Eldest Son Quentin**

The *Lachesis* portrait described in homeopathic manuals is equally pulled in three directions: he presents a responsive intellect, possesses a strong emotional side, and struggles under a highly sensuous nature. This three-way battle is life-long and difficult, and if, at least over time, a balance cannot be attained, the body will eventually break down: from hemorrhage, mental disorder, seizure, or suicide. A healthy *Lachesis* learns to sort out this struggle over time, but when he cannot, the temptation to binge in one of these directions, however dangerous, at least allows him to indulge in one aspect of his psyche and not simply experience chaotic conflict among the three facets to his identity. But the three aspects comprising his identity are equally powerful forces, causing great competition in the battlefield that comes to describe his psyche when ill. Though bingeing typically exacerbates other problems, it does allow some respite from the struggle, allowing the individual to succumb to gratifying one aspect instead of being constantly pulled in three directions. Alcoholic bingeing is just one variety of a *Lachesis*’ struggle. When the type can harness his energy toward restraint, he achieves an outwardly calm state, cool, collected, and amazingly still, as when Quentin recalls or imagines his father saying: “why must you meddle with me don’t you know it won’t do any good” (*TSATF* 217). But when he is indulgent, he surrenders completely. The type is racked with inner struggle and endlessly vacillates between repression and indulgence (Coulter). Quentin Compson presents an intense struggle between his strong desire for his sister Caddy and his stronger repression of such desire, bringing life to the *Lachesis* feature for struggling
with desires of which he does not approve and properly realizing that others would also not approve, or should not approve, according to his moral standards, as when Quentin is disappointed that Caddy will not openly condemn his “hugging” Natalie when Caddy interrupts them together (171).

Mr. Compson’s negativism, *Lachesis* “nihilism, and mistrust are essentially projections of his own inner conflict onto the world at large” (Coulter 1: 323). Mr. Compson’s philosophy that “man is the sum of his misfortunes” (*TSATF* 129) affects Quentin in profound ways. When Quentin follows what appears to be his father’s counsel, his suicide by drowning has some relationship to an alcoholic binge. Jason makes the connection in a passage when he thinks: “[A]t Harvard they teach you how to go for a swim at night without knowing how to swim and at Sewanee they don’t even teach you what water is” (243), suggesting that Quentin’s drowning is associated with similar intoxicating effects of their father’s drinking. Several critics have interpreted Quentin’s suicide as a form of indulgence. Among them, Jeffrey J. Folks writes that Quentin sees drowning as a “pleasurable death” because he “blends the river-symbol” with his sensual desire to surround himself with the comforting, possibly sexual, aspects of Caddy’s mothering (33-34). If Quentin is “drowning his sorrows,” it is worth noting that the words “drunk” and “drowned” have a shared etymology, and in Quentin’s alcoholic family, he has witnessed his father and uncle use alcohol to suppress, postpone, or dull oneself to suffering in frequent trips for whisky kept in the sideboard. To drown could be viewed as the ultimate way to indulge because like the alcoholic binge drinker, the one drowned seeks escape into unconsciousness. The *Oxford English Dictionary*’s

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*This quote continues: “I says you might send me to the state University; maybe I’ll learn how to stop my clock with nose spray,” an apt association for Jason whose homeopathic type (*Nux*) is significant for nasal allergies.*
third definition of the verb “to drown” states: “3. To be drunk or swallowed up (by water).” And it is not surprising that English has a number of idioms equating drunkenness with drowning, as in “drowning one’s sorrows,” “getting soaked or sloshed,” going to the “watering hole,” while both swimming and drowning are being “in the drink.”

When Quentin cannot repress emotional or sensual desire any longer on the day of his suicide, he indulges himself in water, surrounding himself with the very physical craving of the *Lachesis* type: cold water. In fact, Quentin surrounds himself with water images on this day: seeing the boat races and the boys at the swimming hole, drinking water as he leaves his dorm, and recovering a memory of going for a drink of water as a child. Like other alcoholic types researched in homeopathy, *Lachesis* is always thirsty, but only *Lachesis* yearns for cold water. Since Quentin will not indulge in his fantasies (except through imaginary conversations), when all efforts toward restraint are exhausted, he binges by surrounding himself in the type’s familiar physical craving: cold water. Quentin’s preoccupation with his shadow and his delaying suicide until twilight may be an indication of the *Lachesis* nature to avoid direct sunlight, to prefer the shadows, because *Lachesis* physically dehydrates quickly, resulting in a craving for water and constant thirst. It becomes clear that “[r]arely is Quentin portrayed in full light. His section opens with his weary realization of the light filtering through the window. He often notes the ‘sun slanted through’ (171) and a ‘patch of sun came through . . . little flecks of sunlight’ (201). Never does he intentionally or happily encounter full light. This is so consistently and carefully woven through the chapter that the metaphors cannot be missed or

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29 The first two definitions are not relevant here, but include: “1. To become swallowed up or sunk in water; to suffer drowning, be drowned. 2. To swallow up in water; to drown.”
underestimated” (Martin 52). His imagination may be pulled to re-create his memories of playing in the branch as a child during twilight as a sort of tribute to his conflicted desire to return to the crucial childhood event surrounding Damuddy’s death.

**Benjy’s and Jason’s Indulgences and Jason’s *Nux Vomica Symptoms***

Quentin is not the only Compson son who finds an alternative way to indulge than simply repeating his father’s alcoholism. Benjy is offered his own peculiar indulgences for the same soothing effects they give. If the complex Quentin is soothed only by putting his struggle between restraint and indulgence to rest through death, and the less sophisticated Jason is paradoxically soothed by unleashing his anger, the somewhat one-dimensional Benjy is simply treated to Caddy’s wedding slipper, or allowed to see the fire, or goes to the wall where the mirror used to be, or finds solace in a shiny cushion, his own cemetery of bottles and flowers, or the smooth bright shapes of the storefronts that pass in order as he travels through the square on his way to the family grave plot. All are examples of indulgences his family allows him when he is agitated. Benjy’s playground is a collection of old bottles filled with poisonous weeds. One can imagine that the bottles are empty medicine bottles, possible evidence, which Jason later confirms, of Caroline taking the popular alcohol-based patent medicines of the day. The bottles and their contents that soothed the mother, now emptied, engage and soothe the son, perhaps because they crudely replicate the cemetery with its urns and flowers. Benjy does not have Quentin’s more developed ability for self-restraint, so his emotional grieving is constant and obvious as his misery finds expression in his bellowing. Benjy is able to be “hushed,” but not through self-restraint. Instead, these indulgences are used to
temporarily suppress his grief, perhaps showing the reader in stark ways that Quentin and Jason also indulge for the same reason--that is, to suppress grief.

Jason, the youngest son of Mr. Compson, prides himself in refusing to drink alcohol, but instead he indulges in excessive and constant anger. Jason’s fury can be explained best by a contextual analysis of his homeopathic *Nux Vomica* portrait, but to see how the brothers share some symptoms, it is helpful here to notice that Jason reproduces his father’s tendency to indulge; Jason soothes himself not with his father’s whiskey, but with an indulgence in unrestrained anger, an anger that is probably worsened by physical side effects of his many chemical sensitivities and allergies that have created a physically addictive cycle.

Drawing the comparison between anger and alcohol as two of several forms of addictive “substances,” professor of philosophy Gregg Franzwa writes: “[Those who engage in] the self-indulgent vice of anger... [are, according to Aristotle] both more culpable and less curable than the merely incontinent [who lack physiological restraint for alcohol]; he does not even recognize that there is a moral principle at stake” (Lilienfeld and Oxford 24). Quentin, in contrast, appears to be besieged by guilt associated with his acts and fantasies. Quentin faces the problem of restraint vacillating with indulgence, whereas Jason is a victim of constant, intoxicating, self-indulgent anger. The result is a spitting headache, like the inebriate’s hangover.

It is in one of Jason’s furious rants that we see clues to his physical and emotional addiction. Jason says “just to look at water makes me sick and I’ll just as soon swallow gasoline as a glass of whiskey and Lorraine telling them he may not drink but if you don’t believe he’s a man I can tell you how to find out” (291). In this set of images, Jason is
remembering Mr. Compson’s drinking (whiskey could be clear like water if made in a still), and Quentin’s drowning, along with Jason’s felt need to defend his gender identity or sexual adequacies with Lorraine. These powerful emotional issues are mixed with the noxious fumes of the car’s gasoline which he indeed inhales in great amounts throughout the final two sections of the novel. Perhaps he inhales so much of it that he feels as if he swallows it. Nevertheless, gasoline appears to be associated in his mind with his father’s alcoholism and Quentin’s indulgent suicide. But can one indulge in gasoline? Jason is apparently overdosing himself with the toxic fumes to which he has had a life-long allergy. The reader learns later from Caroline that “gasoline always made [him] sick. . . Ever since [he was] a child” (296). This bit of information implies that by buying a car and continuing to inhale its fumes, Jason is either punishing himself in a self-destructive quest, or attempting to fight, ignore, or otherwise overcome his distress by perversely following the dictum (itself a misunderstanding or subversion of homeopathy) that “what does not kill you makes you stronger.”

But another argument based on simple physiology is also likely. Jason essentially craves the very thing he is allergic to (gasoline fumes, in this case) because his body has become habituated to the addictive cycle of allergic reactions. Jason’s familiar physiological, and largely unconscious, reactions to his allergy explain much about his behavior. Allergies cause a histamine release in the brain as the body attempts to defend itself against what it perceives to be an alien invasion. In fact, the allergic response is the result of the body overreacting, releasing more histamine than needed for a reasonable defense. Since histamine releases an organic stimulant like adrenaline, an addictive cycle soon develops. Homeopathy often looks for a correlation between what the physical body

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30 The body will not become addicted to fatal allergies.
is doing and what then might occur psychologically. If the body overreacts (as it does in allergy reactions) so will the mind. If the body becomes hyperactive and overstimulated, the mind follows. This addictive-allergic pattern developed early in Jason’s life according to his mother, and this habitual response over time might therefore explain Jason’s ingrained psychological defensiveness verging on paranoia, his overstimulated, oversensitive senses, and his hyperactive, unfocused hurry, resulting in headaches, irritability, overreactions, and a desire to fight. In short, these are many of the signs and symptoms associated with after-effects of alcohol or stimulant abuse. The manuals state that the *Nux* type does not manage stimulants well. They describe excessive agitation from even small amounts of caffeine or nicotine. Jason need not look for environmental stimulants when his own body is providing the chemical stimulant in the form of histamine produced by the allergic response as he regularly doses himself with gasoline fumes.

It is also possible Jason has been unintentionally drinking alcohol if he has been imbibing the patent medicines provided by his mother Caroline. Benjy has collected the empty bottles for his “play” cemetery, once again giving the reader what may be an accurate clue about a family addiction problem. In his interior monologue, Jason thinks the following as if addressing Caroline: “I says you always talking about how much you give up for us when you could buy ten new dresses a year on the money you spend for those damn patent medicines. It’s not something to cure it I need it’s just an even break” (298). Alcohol supplied the main ingredient in patent medicines of the day, and these tonics were marketed to women specifically as “female remedies to calm the nerves.” Many women who abstained from drinking liquor became addicted to such products as
Peruna (which contained 19% alcohol and created what came to be known as the “Peruna drunk”) or the famous Lydia Pinkham’s Vegetable Compound (Anderson 36). If Jason were taking some of the patent medicines he says his mother provided (and perhaps took herself) then he might have been drinking mixtures of up to 40% alcohol, along with several other chemical ingredients that patent medicines contained: heroin, morphine, chloroform, opium, turpentine, and kerosene (Anderson 36). This would also account for his hang-over symptoms and further complicate what now appears to be a multiple-drug combination.

The homeopathic remedy *Nux Vomica* is primarily indicated precisely to alleviate such a muddled and chronic drug exposure and would have been the ideal homeopathic remedy for Jason’s symptoms. In fact, in another example of “like curing like,” Jason appears to be unconsciously attracted to poisons, possibly in the botanical form (like *Nux*’s origins) when he puts his “hand right on a bunch of poison oak” and “couldn’t understand why it was just poison oak and not a snake. . . So I didn’t even bother to move it” (300), or when he fantasizes about poisoning the swallows that crowd the courthouse square (309), or becomes distracted at the dinner table by the female Quentin’s mouth “like it ought to have poisoned her, with all that red lead” (323). But to further complicate Jason’s problem of chemical exposure, he is also repeatedly dosing himself with camphor (294). In a series of self-punishing acts, Jason says he is allergic to the smell of gasoline, though he buys a car with his embezzled money, and then ironically, uses camphor on a rag to counteract the effect of the smell of gas.31 Perhaps like the penchant for patent medicines that he shares with Caroline, Jason also shares his appetite for camphor with his

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31 Besides the toxic effect such large doses of camphor has on the body, even in small amounts it is known to be one of several universal antidotes to almost all homeopathic medicines. Camphor would make any homeopathic remedy inert and it is pervasive in the novel from the family’s earliest history.
mother; to cite but one instance, Dilsey notes the familiar camphor smell when she checks on Caroline left alone in her dark room after the Easter Sunday church service (373).

Jason’s sort of violent, explosive anger is described in the homeopathic manuals under *Nux Vomica* as cause to prescribe *Nux Vomica* as the “temper medicine” (Tyler), and the manuals use the favorite mnemonic phrase: “Nasty *Nux*” to capture the primary symptom of this portrait (Coulter 2: 4). The hotheaded and sadistic anger evident in the patient requiring *Nux* includes:

“an expert at making scenes” (Hahnemann), “insolent” (Boenninghausen),
“fiery and hot-tempered” (Kent), “a victim of his own hysterical outbursts” (Kent), with “no desire to even try curbing his temper . . . indulging himself in outrageous behavior for the release or sense of power that it gives . . . sensitive pride. . . unable to bear the least contradiction. . . cannot abide being corrected.” (qtd. in Coulter 2: 17)

Insecure feelings about his power and authority drive Jason. As a child, he refuses to take direction from Caddy, who asserts herself as the leader. The childhood scene when the other children have to abide by what Caddy says is especially imprinted on Jason. Young Jason protests: “‘I’m not going to mind you . . . Frony and T. P. don’t have to either’” to which Caddy replies: “‘They will if I say so. . . .Maybe I wont say for them to’ ” (39). “Saying” becomes the method to implement power to Jason, so he is constantly “saying” as an adult in order to control the adolescent Quentin: “‘You’ve got to learn one thing, and that is that when I tell you to do something, you’ve got to do it’ ” (267). When Jason sells Caddy her chance to see the baby Quentin, Caddy must agree several times to follow his strict directions, “‘just like you say to do it’ ” (253).
Jason’s grasp for control as an indication of a Nux diagnosis is well-documented in the homeopathic manuals: homeopath Catherine R. Coulter writes: “A discussion of power relationships is central to any analysis of Nux Vomica... In the home, his authoritarian nature insists that others live according to his principles, respect his wishes, and defer to his opinions. For, once having laid down the law, he requires unquestioning obedience” (2: 43). And some of the older manuals use the terms “despotic, tyrannical, intolerant of opposition, unable to bear the least contradiction... does not suffer the most reasonable representations to induce him to alter his conduct. ‘I said this is how it is, and that’s the way it will be, even if I’m mistaken’ ” (Hahnemann qtd. in Coulter 2: 45).

The single most pervasive physical symptom Jason suffers is all sorts of headaches usually brought on from anger. To give just a few examples, when Jason sees his niece Quentin in a dress he thinks is too revealing, he thinks: “It made me so mad for a minute it kind of blinded me” (233). And as he chases Quentin around town, the headache is so painful he imagines that “with every step [it was] like somebody was walking along behind me, hitting me on the head with a club” (299). The pounding aspect to his headaches is again emphasized when he thinks: “It felt like somebody was inside with a hammer, beating on it” (297).

In the homeopathic manuals, Hahnemann lists a hundred headache symptoms, Allen another hundred, and Hering fills three pages. Borland writes the headaches typically occur from overeating, overdrinking, taking any stimulant, or sensory overload, describing a general “fullness in the head... feeling congestion or pressure usually on the upper part of the head, often in the higher frontal region, associated with eye pain.” Headaches are not necessarily accompanied by vomiting despite a feeling of nausea, but
they are present from waking, aggravated by mental concentration or noise, and made worse by eating (Coulter 2: 41-42). This may shed light on the several argument scenes over lunch and dinner time Jason provokes with his niece Quentin. Nux suffers from poor digestion, and while he is “sensitive to the most trifling ailment . . . continues to eat what does not agree” (Kent qtd. in Coulter 2:12). In the same self-punishing manner of bringing on several of his ailments, readers see Jason rushing around town in search of Miss Quentin, missing work and stock market deadlines. His battle against time is an accurate depiction of these Nux traits when ill, as excerpted from the manuals: “always in a hurry” (Kent), “even his dreams are full of bustle and hurry” (Boericke), “preoccupation with punctuality and the scarcity of time” (Coulter 2:33), yet he manages to “fritter away his time in meaningless activity” (Kent).

To conclude the Nux theme that generally encompasses common hangover symptoms, homeopathic diagnostic manuals report that the patient requiring Nux is overcome with “nervous irritability” and commonly suffers from “oversensitivity to impressions of the senses” (Hahnemann). Fainting is shared with Phosphorus and Lachesis types, and Nux is said to become “dizzy and faints in a crowd,” but particular to the Nux portrait is this odd sentence that for Nux, the fainting can occur “when many gaslights are burning,” as noted by the 19th century homeopath Constantin Hering (qtd. in Coulter 2:12). Of course, gaslights in the 19th century were not fueled with car gasoline, but it is tempting to see some close link to Jason’s allergy to gasoline nearly identified in this manual’s description. Nux faints from the sight of blood, which does not occur in the novel, but the manuals note that Nux “thinks often about blood” (Kent), as Jason does in several examples of his blaming his family’s blood when he rails against what he
perceives to be an unlucky genetic inheritance. *Nux* (along with *Phosphorus*) is sensitive to odors, making it the primary remedy for nasal allergies. Jason smells Uncle Maury’s clove stems used to hide the smell of liquor on his breath at Mr. Compson’s funeral (245). Like *Phosphorus, Nux* is sensitive to light, noise, and temperature and these irritants provoke his verbal abuse. Hahnemann writes that *Nux*’s “scolding humor can develop into acts”; Kent writes that *Nux* can be “gratuitously destructive . . . vengeful, malicious”; and homeopath Boenninghausen has this interesting sentence: “wishes to commit suicide but is afraid to die . . . when looking at a knife, he is inclined to stab himself, when at water to drown himself” (qtd. in Coulter 2: 20-24). Perhaps this attitude toward suicide reveals in Jason a secret envy that Quentin’s suicide and Mr. Compson’s self-destructive drinking were brave attempts to face death, which Jason fears that he cannot. Lastly, with regard to Jason’s well-remembered lost bank position promised years ago from Caddy’s husband Herbert Head, the manuals include this: “Melancholy as a consequence of losing a business position” (Hering as qtd. in Coulter 2: 20).

The very complaints Jason lodges against his niece Quentin are his own: lies, forgery, absence from school (his work), (TSATF 228, 285), and “hanging around in alleys” (TSATF 234, 269). Jason participates in all these activities himself as he lies to his mother, sister, and niece, forges Caroline’s name, is absent from his job, and knows enough about spending time in alleys to accurately describe them and their denizens. The homeopathic manuals include this sort of hypocrisy in the *Nux* portrait, as demonstrated here: “criticizes others whose faults mirror his own” (Hahnemann qtd. in Coulter 2: 40). For instance, Jason is incensed to find out that Miss Quentin has stolen from him, but his stealing throughout the years the checks Caddy has sent for Miss Quentin’s welfare
demonstrates the *Nux* “fear of poverty” (Coulter 2: 56), a trait he shares with his ill *Sepia* mother Caroline whom he torments each month by having her burn what she thinks are Caddy’s checks.

**Benjy as *Calcarea Carbonica***

The portrayal of Benjy Compson provides another fine example of a homeopathic analysis that complements Dr. Louis Berman’s analysis of personality regulated by glandular activity. Faulkner scholar Mick Gidley makes perceptive connections between Dr. Berman’s analysis of those with thyroid deficiency and Benjy’s traits, “even down to his physical appearance” (“Another Psychologist . . .” 83). A homeopathic physician would diagnose Benjy similarly, perhaps prescribing the remedy *Calcarea Carbonica* that supports pituitary and thyroid functioning (Coulter 1: 39). Apparently Benjy was born a healthy child, and initially named Maury, but, around the age of three, it is suggested that he was exposed to measles. On the primal evening associated with their grandmother’s death, Caddy identifies the bedroom next to Damuddy’s as the room “where we have the measles” (45), and again remarks when the children are temporarily sent to sleep in that room “where we have the measles’ ” (89). Measles, if left untreated, could bring on encephalitis and the accompanying high fevers would have resulted in significant brain damage causing, among other hardships, a loss of language. Whether or not this is the cause of Benjy’s brain damage, his mother Caroline, unable to accept a now-afflicted child sharing his name with her beloved brother Maury, changed the child’s name to Benjamin, thus risking the child’s identity-confusion and beginning a series of losses yet to come in Benjy’s life.
In homeopathic prescribing, *Calcarea Carbonica*, made from the shell of the oyster, is frequently given for brain-damaged children. Homeopaths claim that it has helped those with cerebral palsy and muscular dystrophy, and remains valuable for treating those with all levels of reduced mental capacity, though other remedies are selected for mental retardation (Coulter 1: 39-41). But along with this acute use of the remedy, there exists as well a *Calcarea* type, most often a child, who, without brain damage, benefits from the remedy. According to homeopathic descriptions of the type, all development in the *Calcarea* child is “slow and heavy and late and weak . . . [they are] worse from exertion” (Coulter 1: 40-41). *Calcarea* often has seizure disorders, convulsions, and other kinds of restlessness and muscle twitching due to a calcium deficiency and a general failure to absorb calcium. Intellectual stimulation is draining and there is an overall inability to maintain mental effort, unless there is serious prodding from an outside source, as in the case of Helen Keller (often referenced in homeopathic literature as needing *Calcarea*) and her stimulating teacher Anne Sullivan (Coulter 1: 39). But even, like Benjy, when there is no evidence of seizures and the child is diagnosed only as delayed developmentally, *Calcarea* is indicated. *Calcarea* children become the true homebodies, seeking the comfortable, enclosed life where they are assured of protection. They have strong memories of emotional impressions that seemingly last forever. The type lacks the ability to see himself as others do so he has few inhibitions about acting strangely or in unconventional ways, perhaps giving Jason something in common with Benjy, as Jason is also uninhibited about making a scene as in the closing pages of the novel when Benjy and Jason both travel through the town square in a near-frenzy.
Phosphorus and the Compson brothers

Though brain damage resulting from a contagious viral disease, such as measles, can be treated homeopathically with *Calcarea*, this may not necessarily be the constitutional remedy that fits Benjy’s full portrait. More possibility for addressing Benjy’s symptom picture appears to lie in the remedy *Phosphorus*. Indeed, Benjy is not the only Compson son who indicates *Phosphorus*, as this remedy portrait seems to encompass shared traits in Jason and Quentin. In homeopathic prescribing, significant commonalities between *Phosphorus* and *Lachesis* exist as these two remedies are related in many respects, but homeopathy, in its ever expanding *materia medica*, seeks to distinguish these and other close portraits through intricate case-taking procedures.

Nevertheless, for purposes here, both are poisons so they work primarily on the nervous system; and both remedies are listed high in Kent’s *Repertory* for premonitions, “psychic and telepathic abilities. . . . Some will sense the illness or death of a relative or friend before being told of it” (Coulter 1: 3) as readers will note that Roskus says about Benjy’s ability to forecast death: “‘He knowed they time was coming, like that pointer done. He could tell you when hisn coming, if he could talk. Or yours. Or mine’” (38). Benjy confirms the trait himself on the night of his father’s death when he thinks: “I could smell it more than ever, and a head came out [of the door]. It wasn’t Father. Father was sick there” (41). *Phosphorus*, like *Nux Vomica* types, is “extremely sensitive” to certain odors, especially perfume and tobacco (Hahnemann qtd. in Coulter 1: 6), reminding readers of the time Caddy had Benjy give away her perfume to Dilsey because it upset Benjy (51). And again like *Lachesis*, the patient needing *Phosphorus* avoids direct sunlight, not due to *Lachesis’* dehydration issues, but because it gives headaches (like *Nux*). *Phosphorus*
alone, however, is so sensitive to luminosity that he often sees halos around lights. The chemical element phosphorus from which the remedy is made is a highly volatile element, easily ignited and easily combustible. The most frequent word in Benjy’s section is the word “fire,” repeated forty-three times (Martin 46). The Phosphorus patient is transfixed by the image of fire, and subsequently other luminescent or fire-like images. Benjy is drawn to and soothed by the fire images, in a similar way that Jason is drawn to various poisons indicating his possible remedy, in more of the novel’s examples of “like curing like.” And in a poignant similarity among the types Lachesis, Phosphorus, and Nux, all include risk of suicide, with Phosphorus especially experiencing “many anxieties in the evening; sadness at twilight” (Hering qtd. in Coulter 1: 28), making Quentin a likely candidate for this remedy as well.

Still, it is the character Benjy principally who can best be described as a homeopathic Phosphorus type, primarily due to his notable lack of boundary for self, though Quentin and Jason both illustrate this elusive quality too. To explain, an analogy can be drawn between what psychologists term the “poorly differentiated self” and what homeopaths determine to be the Phosphorus constitution. The signature trait and key difficulty of Phosphorus types is their fluid sense of self, or “confusion over own identity” (Kent as qtd. in Coulter 1: 23). They are more vulnerable to outside influences, usually leading to a confused, unstable self; and, like all the Compson brothers, they are highly reactive to those around them. British homeopath Catherine R. Coulter puts it best when she writes about Phosphorus:

[He] lacks a well-defined center . . . that core or field of gravity in the psyche which sifts, sorts and interprets information and impressions so as
to make them meaningful . . . the essential ‘I’—the selecting, binding, unifying principle—is not solid . . . . There is no center to which impressions can be referred; they remain diffused throughout [his] entire being without coalescing into a structure . . . he gives the impression of being out of rapport with himself. (1: 32)

The portrayal of Benjy comes immediately to mind, but this definition could also include Quentin’s confusion and loss of identity, accentuated by Faulkner’s use of the lower-case “i,” especially notable at the end of Quentin’s section, and may remind readers of Faulkner’s own adoption of numerous personas in his real life. Perhaps the description could apply to Jason’s confused or enmeshed identity with his mother Caroline as he is often depicted as her collaborator in their attempt to restrain Quentin, the adolescent daughter of Caddy, though Jason and Caroline have such close portraits (Caroline as _Sepia_, and Jason as _Nux_) that they naturally share traits. To cite but one example of their complementary personalities: “[H]e and his mother appeared to wait across the table from one another, in identical attitudes; the one cold and shrewd . . . the other cold and querulous . . . ”(348). Though Jason may conflate his identity with his mother’s, and Quentin loses hold on his identity, it is primarily the description of Benjy who remains in an near-infantile, undifferentiated state, and in homeopathy, _Phosphorus_ is a common remedy for children as the portrait is known as the “eternal child . . so that even others conspire to keep him immature” (Coulter 1: 15). It is not entirely accurate to say that Benjy has been “three years old thirty years (_TSATF_ 19), but his maturity was arrested at a young age, and much helplessness and dependence remain.
As mentioned, homeopathic *Phosphorus* was first used as a remedy for the side-effects of anesthesia, relieving vomiting, headaches, and confusion, and helping the patient surface from the loss of consciousness and “ill effects from anesthesia” (Guernsey qtd. in Coulter 1: 32). Homeopaths prescribe *Phosphorus* as a constitutional remedy when they discern what Coulter calls the “inner twilight, the semi-anesthetized mode in which the individual is not wholly in the conscious world but hovers between consciousness and unconsciousness” (1: 33). Benjy is precisely the portrait of this in-between state, still termed “twilight” in medical rhetoric. Faulkner originally planned to title the novel “Twilight,” and Benjy and other characters are often shown during this borderline time of day. Quentin’s unstable self on the day of his suicide is also hovering between the two worlds of life and death, and his drowning at dusk reminds the reader of the end of Benjy’s section as Benjy falls asleep. Again the image of being suspended between two worlds, whether death and life or consciousness and unconsciousness, are dominant metaphors shared between the brothers. André Bleikasten’s interpretation of Benjy’s “bright whirling shapes” to be the anesthesia taking effect during Benjy’s castration scene (Bleikasten 66) most accurately indicates the call for homeopathic *Phosphorus* for a grounding effect. In this scene, Benjy conflates the time between the attack on the Burgess girl at twilight and the subsequent castration operation that required the anesthesia mask. Benjy relates: “I tried to get it off my face, but the bright shapes were going again. . . . when I breathed in, I couldn’t breathe out again to cry . . . I fell off the hill into the bright, whirling shapes” (64).

Benjy is non-critical of others primarily because he lacks intellectual judgment, a significant *Phosphorus* trait, which is why it is Benjy who gives readers the most accurate,
mimetic version of the past. Quentin recalls Benjy’s ability for knowing the truth when he ironically thinks: “He took one look at her [Caddy] and knew. Out of the mouths of babes” (124). Benjy is the family’s mirror, and mirrors play a prominent role in the narcissistic *Phosphorus* descriptions. The type is easily drawn to mirrors since they tend to seek some reassurance that they have a visible identity, and tend to want to see reality in small doses (Coulter 1: 37). Although mirrors reflect reality, they do not encompass reality in its entirety. *Phosphorus* types find this small frame of reality easier to face.

**Conclusion**

The Compson brothers have inherited some aspects of their father’s alcoholism, a disease that, according to homeopathic culture, the *Lachesis* type risks. Benjy’s elusive self can be compared to drunkenness, as can Quentin’s bingeing, and Jason’s hangover symptoms. These fictional children could be presenting symptoms or results of addiction even though they are not portrayed as substance abusers themselves. Yet, like the alcoholic who refuses treatment, these characters remain ill, following the lessons that they have been taught from the adults around them. Roskus says: “‘Doctors cant do no good. Not on this place’” (34), and Mr. Compson believes: “‘Bad health is the primary reason for all life. Created by disease, within putrefaction, into decay’” (53). Moreover, the children find no comfort through maternal love. Caroline indicates her feelings as a matriarch when she says about her granddaughter: “‘You’ll never know the suffering you’ve caused’ ” (247). But it is, in fact, the Compson children who are the victims of toxic or neglectful parenting as reflections of their mother’s homeopathic *Sepia* nature and their father’s strong *Lachesis* nihilism.
Previous interpretations of this fictional family have revealed similarities among its members, especially the Compson brothers who at first glance appear very different, so it is useful to note that the homeopathic remedies *Phosphorus*, *Lachesis*, *Nux Vomica*, and *Sepia* are similar too because they are all made from various poisons, like many, but not all, homeopathic medicines. It is an ancient understanding that the strongest poisons make the best medicines, especially for addictions, since they clear the system.

When readers count up the illnesses and lost opportunities for medical treatment in the novel: Damuddy’s death, measles, Benjy’s affliction, Uncle Maury’s “sick” eye and mouth from the fight with Mr. Patterson, Caroline’s hypochondria, Jason’s headaches and allergies, Caddy’s pregnancy, Mr. Compson’s drinking and death, Roskus’ rheumatism, Benjy’s castration and the beating given to him by the little girl’s father, Quentin’s fainting, fights and broken leg, they will note that no doctors are portrayed. One might argue this is because of the family’s declining resources, but more likely, this family has accepted its fate, medical, moral, and personal, as punishment for past sins or pride.\(^32\) The reasons for why this family has long avoided intervening in their illnesses and instead resigned themselves to such acceptance are several. One possibility that can now be incorporated into the interpretations that will continue, no doubt, to produce interesting arguments is that the Compsons are simply fixed by their own miasms or predispositions that drive them to conform to their specific illness patterns, and they miss their opportunities to live fully realized lives of free will.

Chapter 6: Conclusion

Although homeopathic medicine lost its mainstream authority and experienced decline in the first few decades of the twentieth century, it had enjoyed substantial widespread appeal not only for an educated group of intellectuals, but, in its application of all natural ingredients, it made sense to the folk community of American healers in the era just prior to Faulkner’s writing life. The writer, knowing both educated and folk societies equally well, may have come into contact with and taken hints from homeopathic principles through several promising junctures reviewed here, and the writer’s work may demonstrate that some homeopathic principles continued in the culture even as the practice of homeopathy surrendered its prominent medical influence.

Given that Faulkner and several paternal members before him undertook the Keeley Cure, an alternative medical treatment for alcoholism that incorporated homeopathic remedies, and given that Faulkner enjoyed some personal friendships with doctors in Oxford, Mississippi, it is easily conceivable that the writer himself was aware of the division in medicine that began at the turn of the twentieth century.

Additionally, as critic Mick Gidley suggests, Faulkner’s curiosity about Dr. Louis Berman’s book *The Glands Regulating Personality* plainly demonstrates the writer was likely concerned with the period’s pioneering discovery of the interplay between hormones and behavior. An interest in hormonal health, whether for personal recovery efforts or artistic renderings, may have exposed Faulkner to the key homeopathic principle that the body, if properly supported, can heal itself, for instance through modulating glandular action and through other means of internal maintenance. For evidence of literary critics’ warranted fascination with the behaviors of his fictional people, readers
find no shortage of psychoanalytic theory applied to Faulkner’s characters. But somehow
most critics have overlooked the full implications of how the culture, and the writer
himself, may have drawn from some of the period’s current, though conflicting, medical
views to explain why characters’ bodies, as Faulkner illustrated them, were deeply
entwined with their behaviors. By extending the arguments made by André Bleikasten,
Walter J. Slatoff, and others who have inventoried the peculiar physical idiosyncrasies
incorporated into his characters’ psyches, readers versed particularly in the discourse of
homeopathic culture may begin to see the ways in which Faulkner might have conceived
his characters from the “inside out.” If Faulkner were looking to learn more about
people, as he told his mother in a 1925 letter that he didn’t “know quite enough about
people” (Blotner Selected Letters, 13-14), he might have found such information in the
nomenclature of homeopathy.33 This project proposes that the psycho-biological aspects
to Faulkner’s character creations supply abundant evidence for discovering patterns of
traits, or archetypes, in the psyches of the writer’s fictional people that correspond, reflect,
and otherwise echo some of the homeopathic diagnostic types generally made popular just
prior to Faulkner’s writing life.

But it was not only the era’s innovative hormonal discoveries that may have left an
impression on the writer and his work. Faulkner was deeply interested in the nature of
God and the invisible energy of the divine residing in the human soul. Seeking artistic
and religious realization in his work, he wrote: “No writing can be too successful without
some conception of God” (FIU 161). Faulkner’s interest in the ideas of Henri Bergson,

33 Faulkner’s letter from Paris to his mother on Sunday 23 August 1925 reads in part: “I am in the middle of
another novel, a grand one. This is new altogether. I thought of it day before yesterday. I have put the
‘Mosquito’ one aside. I don’t think I am quite old enough to write it as it should be written--don’t know
quite enough about people.”
who shared philosophical positions with William James who, in turn, had been raised on Emmanuel Swedenborg and others important to the roots of homeopathy, brings Faulkner closer to sharing the common ideology of all the vitalist thinkers. After all, Bergson’s description of *élan vital* is a philosophical equivalent to homeopathy’s concentration on the psyche’s vitalism. It seems philosophically safe to suggest that if Faulkner were aware of homeopathic culture, his own belief in dynamism, at least, would not have allowed him to reject it. In fact, it makes more historical sense to submit that Faulkner might have encountered homeopathic principles, particularly the notion of an invisible energy source, through these metaphysical, religious, and philosophical pursuits.

Faulkner’s awareness of *The Golden Bough* by Sir James George Frazer and the modernists’ general fascination with mythic allusion must have contributed to the writer’s impulse to depict contemporary, small-town Southern life as extensions of ancient plots and characters, thus encouraging his readers to draw from the same broad range of time and place that includes significant Biblical and classical archetypes. In a related way, the homeopathic archetypes, identified by their Latin botanical, mineral, or animal remedy names, assume a similar timeless aspect in their own particular form patterns or diagnostic categories. Faulkner, an artist celebrated for incomparable inventiveness, was likely inspired to tap into archetypal awareness -- the mythical method, as T. S. Eliot identified it -- from across the disciplines (i.e.: mytho-religion, psychology, anthropology, and here I will add: homeopathic medicine) perhaps simply because he was deeply involved in the atmosphere of symbolism and mythological allusion he and fellow Modernists were making famous. When the writer claimed that: “Human nature don’t change” (*Mosquitoes* 227), he was remarking on his discerning eye for perceiving archetypal forms
that made him remarkably attentive to the repetition and cycles of human nature. One compilation of human nature(s) made popular during this period in American medical history was the notion of homeopathic constitutions, that is: the collection of human portraits that homeopathic culture believed reverberated over time.

The writer suggests in *The Sound and The Fury*, and other novels not explored here, that one’s capacity to exert free will is either diverted or realized depending on the durability of one’s emotional center. For Faulkner, the primary application of free will is to be capable of receiving and returning love. The various illness forms identified in the Compson members restrict their ability for free will, and so the family, resigned to merely follow their archetypal default patterns for illness, suffers from a lack of love: familial love, Christian love, and romantic love, -- “lovelessness” becomes the result of their miasms (or predispositions) and an illness in itself. In them too, readers can see most clearly some striking features of the homeopathic archetypes since illness amplifies each family member’s predisposed weaknesses. In this and other novels, the writer consistently dramatized characters whose emotional centers were exploited, abused, or stressed, and, as a result, their natural tendencies gave way to illness patterns that the homeopathic community described in their manuals of the time. Faulkner holistically depicts the Compsons and others through interior details of body, mind, and spirit, showing time and time again the indivisibility of this psychic union. It is this union, as well as homeopathy’s nomenclature, and its own cultural contributions to the period that invite an interdisciplinary approach between Faulkner studies and homeopathic culture.

Using the nomenclature of homeopathy’s archetypes for Faulkner studies and perhaps for other modernist works can uncover the impact that medical ideology performs
on the cultural landscape, especially during divisive times when competing theories clash as they did in medicine at the turn of the century. This project is simply one attempt to demonstrate the possibilities for further research in the fields of Faulkner studies and medicine. Medical students would particularly benefit from reading Faulkner as part of their medical humanities training if they are at all interested in the artistic renderings or reflections of medical culture from the period. For more practical reasons, future doctors will find this writer’s characters filled with diagnostic signs that medical students would delight in unraveling, and insights they will undoubtedly gain from their study of complex fictional people will make them better able to capture the complex holistic factors that comprise the health of their real, and again complex, patients. I would suggest further that Faulkner’s work become reading material not only for those in the medical humanities and traditional medical programs, but for those in the enduring homeopathic community and, especially, like-minded doctors engaged in the growing field of Integrative Medicine who are making the courageous attempt to incorporate approaches from the divided camps of medical purists formed at the start of the twentieth century. Today’s oldest general practitioners and family doctors are merely a generation or two away from -- and so they are students of -- the divided legacy in American medicine. They may be curious to see that new homeopathic labels are making a slow and steady return to pharmacy shelves a century after their demise. Today’s medical community could take a clue from Faulkner’s inclination to look back, and they may benefit from becoming familiar with the famous Faulkner excerpt: “The past is never dead. It is not even past.”
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