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Bad Boys, Good Mothers, and the "Miracle" of Ritalin

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Argument

Contemporary debates around Attention Deficit/Hyperactivity Disorder (ADHD) and the most common form of drug treatment, Ritalin, are rarely placed in the context of the social-scientific history of diagnosis and drug treatment. This is possibly due to the fact that brain talk and brain imagery have replaced earlier theories about children's psychopathology that had mainly focused on the toxic effects of the mother. These theories and their psychoanalytic roots are considered somewhat embarrassing and certainly unscientific in a contemporary light, and modern biological psychiatry has worked hard to demonstrate that physiological and genetic factors underpin this contested disorder. Such theories have tended to make the history of ADHD and Ritalin seem irrelevant to scientific progress and understanding of disorder, as well as to public understanding and acceptance of disorder and drug treatment. Examining this history, however, clarifies the relation between social, cultural, and scientific values in constructing a need for medical intervention within the domestic realm. When Ritalin came on the United States market in 1955, neither psychiatric diagnosis of children's behaviors, nor drug treatments for children's behavior were commonplace. Mothers especially were located in the center of active political, moral, and scientific debates over boys' normative behaviors. These debates helped codify an intimate association between a problem boy and his problematic mother in relation to ADHD diagnosis and Ritalin treatment. The story I tell here suggests that this association may have supported mothers' acceptance of medical intervention and drug treatment for their boys' troublesome, but arguably not pathological, behaviors. In the concluding sections I argue that the lack of attention to these social-scientific roots means that we miss seeing their potential relevance to the contemporary predicament of rising ADHD diagnoses and Ritalin use.

Introduction

In 1996 *Newsweek* magazine called Attention Deficit/Hyperactivity Disorder (ADHD) America's "No. 1. childhood psychiatric disorder" (Hancock 1996, 51). In 1998 a National Institutes of Health Consensus Conference statement admitted in its final remarks, "After years of clinical research and experience with ADHD, our knowledge about the cause or causes of ADHD remains speculative" (National Institutes of Health 1998). Despite the mysterious etiology and consequent

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坏男孩，好母亲，以及利他林的“奇迹”

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论点

当代关于注意力缺陷/多动障碍（ADHD）及其最常见药物治疗方法——利他林——的辩论，很少被置于诊断和药物治疗的社会科学历史背景下。这可能是由于大脑谈话和大脑影像学取代了早期关于儿童心理病理学的理论，这些理论主要关注母亲的毒性影响。这些理论和它们的心理学根源在当代被认为有些尴尬，并且肯定是不科学的，而现代生物精神病学则努力证明生理和遗传因素是这一争议性疾病的基石。这些理论往往使 ADHD 和利他林的历史看起来与科学进步、对疾病的理解以及公众对疾病和药物治疗的接受无关。然而，考察这一历史，却阐明了在国内外领域构建医疗干预需求时，社会、文化和科学价值观之间的关系。 当 Ritalin 于 1955 年进入美国市场时，儿童行为的精神病学诊断以及针对儿童行为的药物治疗并不普遍。特别是母亲们成为了关于男孩规范行为的积极政治、道德和科学辩论的中心。这些辩论帮助将问题男孩与其有问题的母亲在 ADHD 诊断和 Ritalin 治疗方面的亲密联系正式化。我在这里讲述的故事表明，这种联系可能支持了母亲们接受对她们男孩麻烦但可能并非病态行为的医疗干预和药物治疗。在结论部分，我论证说，由于没有关注这些社会科学根源，我们错过了它们对当代日益增长的 ADHD 诊断和 Ritalin 使用的潜在相关性的认识。

引言

在 1996 年，《新闻周刊》杂志将注意力缺陷/多动障碍（ADHD）称为美国的“第一号儿童精神疾病”（Hancock 1996，51）。1998 年，美国国立卫生研究院共识会议声明在其最后陈述中承认，“经过多年的临床研究和 ADHD 的经验，我们对 ADHD 的病因或病因仍处于推测阶段”（美国国立卫生研究院 1998）。尽管病因神秘且随之而来的

controversy over ADHD, however, diagnoses continue to rise.[1] Based on 1994 U.S. Census figures, 6 per cent of boys and 1.5 per cent of girls in the United States population have been diagnosed with ADHD (Swanson et al. 1993). As alarming as these numbers may seem, at least one prominent researcher of ADHD believes the true proportion of ADHD in the U.S. children's population to be nearer 10 per cent.[2]

Hand in glove with the ADHD controversy is controversy over Ritalin, the most common form of treatment for the disorder. Ritalin is the market name for the stimulant drug methylphenidate, originally manufactured by Ciba (now Novartis). ADHD and Ritalin cannot truly be disaggregated in contemporary debates. U.S. consumption of Ritalin has risen sharply, from 70 defined daily doses (DDD) in 1990 to approximately 425 DDD in 1999. To put these numbers in some perspective: In 1999 the U.S. accounted for 85 per cent of worldwide medical use of Ritalin (United Nations Report 1999).[3]

In contemporary debates ADHD and Ritalin enjoy almost iconic status; they are a focal point of modern anxieties about children, parents, families, schools, cities, civilization, and genetic futures. Popular media articles capitalize on the novelty of the "Ritalin riddle, a brain teaser for the 90's," questioning whether "our culture has gone so high-baud haywire" that it is willing to tranquilize children into submission (Hancock 1996, 51). Psychologists writing for a popular audience have called ADHD a symptom of a "rapid-fire culture" rather than brain-based disorder (DeGrandpre 1999), and have connected ADHD diagnosis with a cultural intolerance of boys, whose high energy levels and aggressiveness can make them difficult for teachers and parents to handle. By this argument Ritalin is used to "medicate boyhood" (Pollack 1998; Kindlon and Thompson 1999).[4]

Environmental explanations for ADHD diagnosis and Ritalin use are positioned on one side of a sharply polarized debate about the true causes of symptomatic behaviors and the legitimacy of diagnosis and treatment. On the other pole, the biological

[1] According to DSM-IV, ADHD is a childhood psychiatric disorder characterized by three core behavioral problems: impulsiveness, inattention, and hyperactivity. The intensity and pervasiveness of these common childhood behaviors are key components in the translation of behaviors into symptoms; symptoms must be present in two or more locations and they must have been present to a disruptive degree for six months or longer. There is no diagnostic test for ADHD, and evaluations for the disorder vary widely, from 15-minute sessions with a pediatrician to multi-disciplinary neuropsychological evaluations.

[2] Joseph Biederman is one of America's foremost experts on ADHD, and he is the Chief of Harvard Medical School Child Psychopharmacology Clinic (see Biederman 1996, 26).

[3] I am using Ritalin representatively here, as there are other stimulants on the market for ADHD. While in the past Dexedrine was another popular stimulant, the relatively new drug Adderall appears to be making gains in the market. In 1998 Adderall was the second most commonly prescribed treatment for ADHD by U.S. pediatricians. However the difference in number of prescriptions is still large: In the year ending August 1998 pediatricians wrote 4.6 million prescriptions, valued at $165 million, for generic methylphenidate (Ritalin); and 742,000 prescriptions, worth $24 million, for Shire Richwood's Adderall (http://www.quintiles.com).

[4] It is difficult to discern whether these writers believe that such "boy behaviors" are innate or culturally derived, or a combination of both. There is increasing discussion of biological and genetic bases to young children's gendered behaviors within American developmental psychology (see for example Maccoby 1998).

关于 ADHD 的争议，然而，诊断人数仍在持续增加。根据 1994 年美国人口普查数据，美国人口中 6%的男孩和 1.5%的女孩被诊断为 ADHD（Swanson 等人，1993 年）。尽管这些数字可能令人震惊，但至少一位 ADHD 领域的著名研究者认为，美国儿童中 ADHD 的真实比例更接近 10%。

手牵手与 ADHD 争议相伴的是对利他林的争议，这是治疗该疾病最常见的形式。利他林是兴奋剂药物哌甲酯的商品名，最初由西巴（现为诺华）制造。在当代辩论中，ADHD 和利他林无法真正分开。美国利他林的消费量急剧上升，从 1990 年的 70 个定义日剂量（DDD）增加到 1999 年约 425 个 DDD。为了将这些数字放在一些背景中：1999 年，美国占全球利他林医疗使用的 85%（联合国报告 1999 年）。

在当代辩论中，ADHD 和 Ritalin 几乎具有标志性地位；它们是关于儿童、父母、家庭、学校、城市、文明和遗传未来的现代焦虑的焦点。流行媒体文章利用了“Ritalin 谜题，90 年代的脑力游戏”的新奇性，质疑“我们的文化是否已经变得如此高速混乱”，以至于愿意将孩子镇静到顺从（Hancock 1996，51）。为大众写作的心理学家将 ADHD 称为“快速射击文化”的症状，而不是基于大脑的疾病（DeGrandpre 1999），并将 ADHD 的诊断与对男孩的文化不宽容联系起来，他们的高能量水平和攻击性使教师和家长难以应对。根据这种论点，Ritalin 被用来“治疗男孩期”（Pollack 1998；Kindlon 和 Thompson 1999）。

环境因素在 ADHD 诊断和利他林使用上的解释，位于关于症状行为真正原因以及诊断和治疗合法性的激烈辩论的一侧。在另一极，生物学

根据 DSM-IV，ADHD 是一种以三个核心行为问题为特征的儿童精神疾病：冲动性、注意力不集中和多动。这些常见儿童行为的强度和普遍性是将其转化为症状的关键组成部分；症状必须出现在两个或更多位置，并且必须持续六个月或更长时间，达到干扰程度。ADHD 没有诊断测试，对这种疾病的评估差异很大，从儿科医生 15 分钟的会谈到多学科神经心理学评估。

2 约瑟夫·比德曼是美国 ADHD 领域的顶尖专家之一，他是哈佛医学院儿童精神药理学诊所的首席医师（参见比德曼 1996，26）。

3 我在这里以 Ritalin 为例，因为市场上还有其他针对 ADHD 的兴奋剂。虽然过去 Dexedrine 是另一种流行的兴奋剂，但相对较新的药物 Adderall 似乎在市场上取得了进展。1998 年，Adderall 是美国儿科医生为 ADHD 开出的第二大常用治疗方法。然而，处方的数量差异仍然很大：截至 1998 年 8 月的一年中，儿科医生开具了 460 万份处方，价值 1.65 亿美元，用于通用型哌甲酯（Ritalin）；以及 74.2 万份处方，价值 2400 万美元，用于 Shire Richwood 的 Adderall（http://www.quintiles.com）。

[4]难以辨别这些作家是否认为这种“男孩行为”是天生的、文化形成的，还是两者的结合。美国发展心理学中关于幼儿性别行为的生物和遗传基础的讨论越来越多（例如参见 Maccoby 1998）。

perspective on ADHD posits dopamine processing dysfunction as the key to understanding the disorder and views stimulant drugs as the most effective treatment. While the media continues to stoke the nature-nurture debate, the reality is that the medical-scientific perspective on ADHD is now widely accepted in the U.S.[5] Theories of a genetic basis to ADHD are rapidly gaining currency: Recently Russell Barkley, a psychiatrist and a prominent proponent of the genetic account, has suggested that we view ADHD as a template for understanding that human inhibition and self control are "traits [which are] largely, though not solely, genetically determined" (Barkley 1997, 318).

Public and scientific agitation over ADHD and Ritalin has a distinctly contemporary flavor, caught up in the familiar language of neurotransmitters, genes, stress, and competition. And so it may come as a surprise that as far back as 1971 the U.S. Department of Health, Education and Welfare estimated that 3 per cent of school age children suffered from an antecedent of ADHD called "hyperkinesis" (HEW 1971). Indeed, diagnosis and treatment of ADHD have been inspiring medical and public debate for almost a century. Ritalin too has a history, now almost half a century old and riddled with controversy. Over 30 years ago the *Washington Post* created a media sensation with a report that 5–10 per cent of children in Omaha school districts were being prescribed Ritalin or other behavior modifying medication (Maynard 1970). National outrage over the "Omaha Incident" prompted a federal inquiry entitled, "Federal Involvement in the Use of Behavior Modification Drugs on Grammar School Children in the Right to Privacy Inquiry" (U.S. Congressional Report 1970).

Despite the rich scientific and social history of ADHD and Ritalin there are few historically based accounts in the literature. Peter Conrad's influential accounts of medicalization have queried the relationship between the creation of a "hyperkinesis" diagnosis and the availability of a "social control mechanism" in the form of psychotropic drug treatment (Conrad 1975; idem 1992). Shrag and Divoky (1975) include chapters on the "invention" of the hyperactivity diagnosis and Ritalin, which present important details about governmental and pharmaceutical company practices during the 1960s and 70s. However this history is rather biased due to the authors' strong anti-psychiatry position. Other literature on ADHD in the anti-psychiatry tradition has tended to pursue a contemporary critique without delving further into the historical context of diagnosis and drug treatment (i.e., Grinspoon and Singer 1973). Recent popular books on ADHD sketch a history of ADHD in their introductory chapters (i.e., Barkley 1997; Hallowell and Ratey 1994; Diller 1998). To a great extent these authors tend to repeat a version of the history of ADHD without sufficient critical inquiry or analysis, collapsing a complicated century of changing

[5] In comments to me on a research proposal, a prominent pediatrician and author wrote that "the ideology of ADHD behavior as a brain disorder is so strongly entrenched in the U.S., that any study that might deny or delay the use of medication in the above age 6 years age group might be seen as medically unethical."

视角认为 ADHD 的关键在于多巴胺处理功能障碍，并认为兴奋剂药物是最有效的治疗方法。尽管媒体继续激化先天与后天的争论，但现实是，美国广泛接受 ADHD 的医学科学观点。关于 ADHD 遗传基础的理论迅速获得认可：最近，精神科医生、遗传学解释的积极倡导者 Russell Barkley 提出，我们将 ADHD 视为理解人类抑制和自我控制是“特征[这些特征在很大程度上，但并非完全由基因决定”的模板（Barkley 1997，318）。

公共和科学界对 ADHD 和利他林的讨论具有鲜明的当代特色，涉及神经递质、基因、压力和竞争等熟悉的语言。因此，可能会让人惊讶的是，早在 1971 年，美国卫生、教育和福利部估计，3%的学龄儿童患有被称为“多动症”（HEW 1971）的 ADHD 先兆。事实上，ADHD 的诊断和治疗几乎引发了一个世纪的医学和公众辩论。利他林也有历史，现在几乎有半个世纪，充满了争议。30 多年前，《华盛顿邮报》报道说，奥马哈学区 5-10%的儿童被处方利他林或其他行为调节药物（Maynard 1970）。对“奥马哈事件”的全国性愤怒促使进行了一次联邦调查，名为“联邦在隐私权调查中对小学儿童使用行为调节药物的调查”（U.S. 国会报告 1970 年）。

尽管 ADHD 和利他林的科学与社会历史丰富，但文献中基于历史记载的描述却很少。彼得·康拉德对医学化的有影响力的描述质疑了“多动症”诊断的创建与以精神药物治疗方法为形式的“社会控制机制”之间的关联（康拉德 1975；同上 1992）。Shrag 和 Divoky（1975）包括关于“发明”多动症诊断和利他林的章节，这些章节提供了关于 20 世纪 60 年代和 70 年代政府制药公司实践的重要细节。然而，由于作者强烈的反精神病学立场，这段历史相当有偏见。反精神病学传统中关于 ADHD 的其他文献往往倾向于进行当代批判，而没有进一步深入诊断和药物治疗的历史背景（例如，Grinspoon 和 Singer 1973）。最近关于 ADHD 的流行书籍在其引言章节中概述了 ADHD 的历史（例如，Barkley 1997；Hallowell 和 Ratey 1994；Diller 1998）。在很大程度上，这些作者倾向于重复一种关于 ADHD 历史的版本，而没有足够的批判性调查或分析，将一个复杂多变的世纪简化为

5 在对我的研究提案的评论中，一位杰出的儿科医生和作家写道：“将 ADHD 行为视为大脑疾病的意识形态在美国根深蒂固，以至于任何可能否认或延迟上述 6 岁以上年龄组使用药物的研究可能会被视为医学上不道德的。”

diagnostic labels, symptoms, and etiology into a coherent story of disorder.[6] One problem with such accounts is that they veil the productive processes by which this disorder and its drug treatment achieved meaning, status, and power. The story of how ADHD and Ritalin came into being and how they became meaningful as solutions to the problematics of children's behavior is still unfolding.

In this paper I hope to further the process of re-contextualizing ADHD and Ritalin by excavating some of the historical and cultural surroundings that have nurtured both this diagnosis and its drug treatment in America. On a general level I want to understand something of how the diagnosis and drug came into being, and into parents' consciousness. More specifically I seek to understand and describe the social-scientific context that supported parents' turn to medication to improve their children's behavior. I hope to make the point that as long as we understand ADHD to be a de-contextualized problem of an individual brain we miss seeing the social-scientific commitments that have been borne along in the ADHD diagnosis and in Ritalin treatment. One such commitment I focus on in this paper involves the intimate association between a problem boy and his problematic mother. I suggest that this association has encouraged scientific interventions in childrearing generally, and more specifically, it has supported, and may continue to support, mothers' turn to ADHD diagnosis and Ritalin treatment for their children's behavior and performance.

Science on the Domestic Front

Ritalin came on the U.S. market in 1955, a time when pediatric psychotropic treatments were not commonplace. How did it come to pass that a little more than a decade later rates of Ritalin use would inspire a congressional inquiry? However many pieces there are to that puzzle, at its center sits a family, and a boy (usually) whose behavior is seen as problematic. Parents' perceptions of these behaviors as a *medical* problem that requires a medical solution is not a given. Therefore, in order to understand the appearance and success of a medical diagnosis and intervention into children's problem behaviors, we need to understand something of how the science of abnormal child behavior entered into and persuaded the domestic realm of its authority and efficacy.

[6] One widely cited claim in this history of ADHD is that the British physician George Still (1902) was the first to describe ADHD-like behaviors in children. In a series of lectures published in the *Lancet*, Still described children who lacked "inhibitory volition" and had deficits in attention and concentration. A closer look at Still's descriptions of this group of 23 children reveals that attentional issues are secondary to his concern with "moral control." Still lists these children's major qualities as "(1) passionateness; (2) spitefulness-cruelty; (3) jealousy; (4) lawlessness; (5) dishonesty; (6) wanton mischievousness-destructiveness; (7) shamelessness-immodesty; (8) sexual immorality; and (9) viciousness" (1902a). Most of these qualities are not considered primary symptoms of ADHD (for further argument along these lines, see Palmer and Finger 2001).

诊断标签、症状和病因，形成一个连贯的疾病故事。这类描述的一个问题是，它们掩盖了这种疾病及其药物治疗获得意义、地位和力量的生产过程。关于 ADHD 和利他林是如何产生以及它们如何成为解决儿童行为问题的解决方案的故事仍在展开。在这篇论文中，我希望通过挖掘一些在美国培养这种诊断及其药物治疗的历史和文化背景，进一步推进将 ADHD 和利他林重新语境化的过程。在一般层面上，我想了解诊断和药物是如何产生的，以及它们如何进入父母的意识。更具体地说，我寻求理解和描述支持父母转向药物来改善孩子行为的社会科学背景。我希望指出，只要我们将 ADHD 视为一个去语境化的个体大脑问题，我们就会错过那些伴随着 ADHD 诊断和利他林治疗的社会科学承诺。在这篇论文中，我关注的一个承诺涉及问题男孩与其问题母亲之间的密切联系。我建议这种联系鼓励了育儿中的科学干预，并且更具体地说，它支持，并且可能继续支持，母亲们将他们的孩子转向 ADHD 诊断和利他林治疗以改善他们的行为和表现。

国内科学

利他林于 1955 年进入美国市场，那时儿科精神治疗并不常见。为何十多年后，利他林的使用率引发了国会调查？尽管这个谜团有许多组成部分，但其核心是一个家庭，以及一个（通常是）行为被视为问题的男孩。父母将这些行为视为需要医疗解决方案的医疗问题，并非理所当然。因此，为了理解医疗诊断和干预儿童问题行为的出现和成功，我们需要了解一些关于异常儿童行为科学如何进入并说服国内领域其权威性和有效性的情况。

6 在 ADHD 的历史中，有一个广为人知的说法是，英国医生乔治 · 斯蒂尔（1902 年）是第一个描述儿童 ADHD 样行为的人。在《柳叶刀》杂志上发表的一系列讲座中，斯蒂尔描述了缺乏“抑制意志”和注意力、集中力有缺陷的儿童。仔细观察斯蒂尔对这 23 名儿童群体的描述，可以发现注意力问题是次要的，他更关注“道德控制”。斯蒂尔将这些儿童的显著特征列为：“（1）热情；（2）怨恨-残忍；（3）嫉妒；（4）无法无天；（5）不诚实；（6）放荡不羁-破坏性；（7）厚颜无耻-放肆；（8）性不道德；以及（9）恶毒”（1902a）。其中大部分特征不被认为是 ADHD 的主要症状（关于这一方面的进一步论证，参见帕尔默和芬奇 2001 年）。

Important domestic sources for scientific information on childrearing and child behavior from the 1940s through the 1960s included popular books and magazine articles. It is difficult to discover how parents acted in response to received advice and information about child development; however the substance and nature of the material itself can illustrate the particular kinds of scientific knowledge and beliefs that penetrated the domestic realm (Mechling 1975). In popular women's and parenting magazines during this period hundreds of articles provided advice and information to women on the broad topic of child behavior. Regular contributions by prominent figures such as the pediatrician Dr. Spock[7] indicate that magazines were seen as an important and valid forum for the dissemination of expert advice and information.

This paper is based in part on a systematic qualitative review of more than 200 articles on child rearing and child behavior found in two women's magazines and one weekly newspaper advice column between 1945 and 1965.[8] These articles provide a glimpse of macro-level social movements and ideological shifts that affected the family, schools, and mental-health professions, as well as providing insight into advice and concerns regarding micro-level details of children's behavior. Articles on younger children's behavior are specifically relevant to this paper, and cover topics including obedience, discipline, parental authority, disturbances or deficits, and treatments.[9]

Magazines can be seen as part of the social machinery that drives the dissemination of scientific products and ideas into families and homes. In the 1940s and 1950s, a burgeoning industry of experts in mental health began descending on families, penetrating the domestic sphere via popular publications, and communities via the schools and community health clinics.[10] In all media resources I consulted, writers clearly targeted mothers as the primary, or even sole, interested party in the area of the child's upbringing. More surprisingly, almost all early childhood articles focused on boys, and almost all articles were about boys' behavioral development, and particularly aggressive behaviors such as "fighting," "talking-back," "toughness," and "sports." In contrast, most articles about girls were aimed at teenage girls and often assumed that the girl herself was the audience, having picked up her mother's magazine. Articles emphasized etiquette, grooming, and dating. Boys in early

[7] Dr. Benjamin Spock wrote the enormously popular book, *Baby and Childcare*, first published in 1946, now in its 7th edition and still a bestseller.

[8] Much of this research was performed at Harvard's Schlesinger Library, which houses complete sets of numerous women's magazines in its archives. I reviewed two popular monthly magazines, *Woman's Day* and *Parents*, and the weekly parenting advice column in the *New York Times Magazine*, between 1945 and 1965. I limited my review to three sources because articles in women's and parenting magazines tended to replicate each other. These selections represent my attempt to achieve a balanced view on issues from three publications with differing styles and, to some extent, differing readership. While I could not hope for a diverse readership based on race or class, I do feel that my selections represent a balance of views and opinions.

[9] I have occasionally included relevant articles from one or two other women's magazines and weekly journals such as *Time* and *Newsweek*, but these magazines were not reviewed systematically.

[10] There are a number of books that detail aspects of this deluge of experts and its impact on women, including Ehrenreich and English 1978; Grant 1998; and Margolis 1984.

重要国内育儿和儿童行为科学信息来源包括 20 世纪 40 年代至 60 年代的流行书籍和杂志文章。难以发现父母如何对收到的育儿发展和信息做出反应；然而，材料的实质和性质本身可以说明渗透国内领域的特定科学知识和信念（梅克林 1975）。在这一时期，流行女性和育儿杂志中有数百篇文章为女性提供关于儿童行为的广泛主题的建议和信息。儿科医生斯波克等知名人士的定期投稿表明，杂志被视为传播专家建议和信息的 重要且有效的论坛。

本文部分基于对 1945 年至 1965 年间在两本女性杂志和一份周报的专栏中发现的 200 多篇关于育儿和儿童行为的文章的系统定性回顾。这些文章揭示了影响家庭、学校和心理健康职业的宏观社会运动和意识形态转变，同时也提供了关于儿童行为微观层面细节的建议和担忧的见解。关于幼儿行为的文章与本文特别相关，涵盖了包括服从、纪律、家长权威、干扰或缺陷以及治疗方法等主题。

杂志可以被视为推动科学产品和思想传播到家庭和家庭的社交机器的一部分。在 20 世纪 40 年代和 50 年代，心理健康专家的兴起开始影响家庭，通过流行出版物渗透到家庭领域，通过学校和社区健康诊所渗透到社区。在我咨询的所有媒体资源中，作家们明显将母亲定位为儿童养育领域的首要或甚至唯一的利益相关者。更令人惊讶的是，几乎所有早期儿童文章都聚焦于男孩，几乎所有文章都是关于男孩的行为发展，尤其是“打架”、“顶嘴”、“强硬”和“运动”等攻击性行为。相比之下，大多数关于女孩的文章都是针对青少年女孩的，通常假设女孩自己就是受众，因为她已经阅读了母亲的杂志。文章强调了礼仪、仪容和约会。早期的男孩

7 本杰明 · 斯波克博士撰写了极为流行的书籍《婴儿与儿童护理》，首次出版于 1946 年，现在在其第 7 版中，依然是畅销书。

8 这项研究的大部分工作是在哈佛大学的施莱辛格图书馆进行的，该图书馆在其档案中收藏了众多女性杂志的完整套系。我在 1945 年至 1965 年期间审查了两本流行的月刊杂志《妇女日》和《父母》，以及《纽约时报杂志》的每周育儿建议专栏。由于女性和育儿杂志的文章往往相互复制，我将我的审查限制在三个来源。这些选择代表了我试图从三种不同风格和在一定程度上不同读者群体的出版物中实现观点和意见的平衡。虽然我不能期望基于种族或阶级的多元化读者群，但我确实觉得我的选择代表了观点和意见的平衡。

9 我偶尔会从一两本其他女性杂志和周刊，如《时代》和《新闻周刊》中包含相关文章，但这些杂志并没有进行系统性的审查。

10 有许多书籍详细描述了这一专家洪流及其对女性的影响，包括 Ehrenreich 和 English 1978；Grant 1998；以及 Margolis 1984。

childhood were viewed as still heavily dependent on their mothers, and articles on boys' development were addressed to mothers. In this sense, experts writing in these magazines were clearly defining boys' behaviors as the significant topic of research and discussion in the area of early childhood development. They were also reinforcing a focus on an interrelated group of subjects: mothers, sons, and problem behaviors.[11]

In the 1940s this relationship between mothers and sons was framed by a philosophy known as "permissive childrearing." The permissive era was itself a reaction to the strict behaviorist approach propounded by developmentalists such as John Watson (1928) whose book *Psychological Care of Infant and Child* urged the "scientific upbringing of the young" and discouraged mothers as a "potential threat" to this scientific endeavor. In 1946 Dr. Spock's seminal work *Baby and Childcare* invited mothers back into their children's lives, with the encouragement to "trust" themselves. As the historian Michael Zuckerman (1975) points out, however, the Watsonian image of mother was not replaced so much as subtly amended in the permissive era. In both periods, mothers were seen as impediments, first to men of science (who interpret the laws of nature), and then to natural law itself. As the vision of the child changed from a creature needing strict management to one needing very little outside control at all, the child with the "inborn wisdom" to know his needs was hampered by mother's comparatively poor childrearing instincts (Weiss 1985). Mothers needed to rely on experts to avoid becoming impediments to their boys' development. A notion that boys operated according to certain "natural laws of being" (Bevans 1946a) encouraged mothers to keep an appropriate distance from their sons. From this distance, mothers, drawing upon expert knowledge, could observe the boy and monitor his needs. Magazine columnists warned mothers that discipline or control could tarnish a boy's natural "joy of living" and his desire to do good (Bevans 1946b). Zuckerman has suggested that Spock's manual is punctuated by a "concerted effort to detach the youngster from the moral authority of the immediate family" (Zuckerman 1975, 226). My reading of magazines in the same period narrows the relevance of Zuckerman's point: *sons* need to be detached from *mothers*.

Magazine columnists rarely acknowledged that advice given to mothers about childrearing was written from the perspective of a particular paradigm. This gentle gloss over complicated and contested territory was, and is, relatively usual fare for a magazine column. In the late 1940s, however, it veiled the growing influence of psychoanalysis on ideas of mothering and the mother-son relationship. Psychoanalytic ideas shaped Spock's perspective on mothers and childrearing, and almost certainly influenced the focus on the mother-son relationship during early childhood in magazine articles written during this period (Weiss 1985). It was probably near impossible to soften psychoanalytic theories of mother into the agreeable tones of the

[11] From here on I will refer specifically to "boys" and "mothers" instead of "children" and "parents" to underline the implicitly gendered nature of the discussion in the pages of these magazines.

童年时期被视为仍然高度依赖母亲，关于男孩发展的文章是针对母亲撰写的。从这个意义上说，在这些杂志上撰文的专家明显将男孩的行为定义为早期儿童发展领域研究和讨论的重要主题。他们还在强化对一组相互关联的主题的关注：母亲、儿子和问题行为。

在 20 世纪 40 年代，这种母子关系被一种称为“宽容育儿”的哲学所框定。宽容时代本身是对发展学家如约翰 · 华生（1928 年）所提倡的严格行为主义方法的反应，他的著作《婴儿与儿童的心理护理》提倡“科学的育儿”，并劝告母亲们不要成为这一科学事业的“潜在威胁”。1946 年，斯波克博士的奠基性作品《婴儿与儿童护理》鼓励母亲们回到孩子们的生活中，并鼓励她们“相信自己”。然而，正如历史学家迈克尔 · 祖克曼（1975 年）所指出的，在宽容时代，华生的母亲形象并没有被完全取代，而是被微妙地修正了。在这两个时期，母亲都被视为障碍，首先是科学家的障碍（他们解释自然法则），然后是自然法则本身的障碍。随着对儿童的看法从需要严格管理的生物转变为几乎不需要外部控制的生物，具有“天生智慧”知道自身需求的儿童受到了母亲相对较差的育儿本能的阻碍（Weiss 1985）。母亲需要依赖专家以避免成为他们儿子发展的障碍。一种认为男孩根据某些“存在的自然法则”（Bevans 1946a）运作的观念鼓励母亲与儿子保持适当的距离。从这个距离，母亲可以凭借专业知识观察儿子并监控他的需求。杂志专栏作家警告母亲，纪律或控制可能会损害男孩自然的“生活乐趣”和他行善的愿望（Bevans 1946b）。Zuckerman 曾提出，Spock 手册中贯穿着一种“共同努力，使年轻人摆脱直接家庭的道德权威”的努力（Zuckerman 1975，226）。我对同一时期杂志的阅读缩小了 Zuckerman 观点的相关性：儿子需要从母亲那里独立。

杂志专栏作家很少承认关于育儿建议是从特定范式角度撰写的。这种温和地掩盖复杂和有争议领域的做法，对于杂志专栏来说，相对来说是常见的。然而，在 20 世纪 40 年代末，它掩盖了精神分析对母亲观念和母子关系观念日益增长的影响。精神分析理念塑造了斯波克的母亲和育儿观念，并几乎肯定影响了这一时期杂志文章中关于早期童年母子关系的关注（Weiss 1985）。将精神分析关于母亲的论点软化成令人愉悦的语调，可能几乎是不可行的。

[1] 从现在起，我将特别提到“男孩”和“母亲”，而不是“儿童”和“父母”，以强调这些杂志页面讨论中隐含的性别性质。

standard magazine column without emasculating the message entirely. But the complex interplay between mother's presence/absence and her son's well being, hinted at in magazine columns, is fully elaborated in many psychoanalytic writings, most famously, perhaps, in Frieda Fromm-Reichmann's articulation of the "schizophrenogenic mother." In 1948 Fromm-Reichman wrote: "The schizophrenic is painfully distrustful and resentful of other people due to the severe early warp and rejection he encountered in important people in his infancy and childhood, as a rule mainly the schizophrenogenic mother" (Fromm-Reichman 1948). Two important qualities characterized the schizophrenogenic mother: overprotection and rejection. The result of these mothering qualities was boys who grew up to be dictatorial, weak, or psychotic.

In the postwar period, these kinds of men were not viewed merely as an annoyance or disappointment to their communities. They were a threat to democracy. Fromm-Reichman claimed that Hitler and other fascist leaders were born of a fatherless homeland following World War I (Neill 1990). In a widely read book called *Their Mothers' Sons*, psychiatrist and U.S. surgeon general Edward Strecker argued that mental breakdown during war reflected a soldier's immaturity. Mature men were essential to ensuring the future of democratic nations: "There is nothing of which Psychiatry can speak with more confidence and assurance than the danger to our democratic civilizations and cultures from keeping children enwombed psychologically and not permitting them to grow up emotionally and socially" (Strecker 1946, 219). Unfortunately for democracy, psychiatrists and psychologists working in World War II diagnosed 12 per cent of all recruits as predisposed to mental breakdown during pre-screening tests. Over one million more soldiers suffered from some form of neurosis during combat (Herman 1995).

Against this backdrop of World War II, the breezy voice of the 1940s magazine columnist appears disingenuous, veiling a deep connection between concerns about the normalcy of male behavior and the supremacy of the democratic world, as well as a trenchant political and moral critique of mothers and their relationships with their sons. Such connections among mother, son, nation, and neurosis were further encouraged by a new generation of childrearing experts propelled into schools and communities under the aegis of the National Committee on Mental Hygiene (NCMH). The central mission of the influential NCMH was prevention of mental illness, which was regarded as a problem involving the personality rather than the brain. Hygienists believed that a child's "adjustment" or "pre-delinquent" states would be most effectively identified through the school, which they saw as "an institution to develop children's personality." Combining psychoanalytic premises with biomedical understanding of disease prevention, hygienists' ideas for American education effectively resulted in what Sol Cohen has called the "medicalization of American education" (Cohen 1983a). Newly trained teachers, counselors, social workers, and psychologists flooded the schools. The presence of these experts helped to reinforce the idea that parents were the root cause of early psychological and

标准杂志专栏不应完全削弱信息。但杂志专栏中暗示的母亲在场/缺席与儿子福祉之间的复杂互动，在许多精神分析著作中得到了充分阐述，最著名、也许是最著名的，是在弗里达·弗罗姆-赖希曼对“精神分裂症易感母亲”的阐述中。1948 年，弗罗姆-赖希曼写道：“精神分裂症患者由于在婴儿期和童年时期遇到的重要人物（通常是精神分裂症易感母亲）的严重扭曲和拒绝，痛苦地不信任和怨恨他人。”（弗罗姆-赖希曼，1948）。两个重要品质定义了精神分裂症易感母亲：过度保护和拒绝。这些母亲品质的结果是，男孩长大后成为独裁者、软弱或精神病患者。

战后时期，这类男人不仅仅被视为对其社区的一种烦恼或失望。他们是民主的威胁。弗洛姆·赖希曼声称，希特勒和其他法西斯领导人是在第一次世界大战后出生在无父之国的（尼尔，1990 年）。在一本广受欢迎的书中，《他们的母亲之子》，精神科医生和美国卫生部长爱德华·斯特雷克认为，战争期间的崩溃反映了士兵的不成熟。成熟的男性对于确保民主国家的未来至关重要：“在所有可以自信和肯定地谈论的事情中，没有比保持儿童心理上被束缚、不允许他们在情感和社会上成长对我们民主文明和文化的危险更大的了”（斯特雷克，1946 年，第 219 页）。不幸的是，对于民主来说，二战期间在工作的精神科医生和心理学家在预筛选测试中诊断出 12%的新兵有战争期间精神崩溃的倾向。超过一百万名士兵在战斗中患有某种形式的神经症（赫尔曼，1995 年）。

二战背景下，40 年代杂志专栏作家的轻松声音显得不真诚，掩盖了人们对男性行为正常性和民主世界至高无上之间的深刻联系，以及母亲及其与儿子关系的尖锐政治和道德批判。在这种母亲、儿子、国家和神经质之间的联系被新一代育儿专家进一步鼓励，这些专家在国民卫生委员会（NCMH）的庇护下进入学校和社区。有影响力的 NCMH 的中心任务是预防精神疾病，这被视为涉及人格而不是大脑的问题。卫生学家认为，通过学校，他们将学校视为“培养儿童人格的机构”，最有效地识别儿童的心理“调整”或“前犯罪”状态。将精神分析原理与生物医学对疾病预防的理解相结合，卫生学家对美国教育的想法有效地导致了索尔·科恩所说的“美国教育的医学化”（科恩 1983a）。 新培训的教师在、辅导员、社会工作者和心理学家涌入学校。这些专家的存在有助于强化父母是早期心理和

behavioral damage to children; parents sowed the seeds of mental disorder in children through "harsh restraints, prohibitions, and punishments" (Cohen 1983b).

The hygienists' emphasis on preventive mental health care likely helped encourage the scientific establishment of normative standards of children's cognitive and emotional behaviors. In magazine articles, the pervasiveness of the scientific attitude is clear: mothers are invited to avail themselves of evaluation and assessment of the child in the home (social worker); the school (school psychologist, school nurse and guidance counselor); and the clinic (psychologist, psychiatrist). The "scientific attitude" according to one columnist, "pervades everything we see, think and know – including our functioning as parents and as people" (Puner 1958, 40). As a result parents are "self-critical and self-examining" while children are being "watched, studied, measured and tested as never before" (Barclay 1957, 76).

The "Normal" Boy

By the end of the 1950s, magazine columnists had moved away from talk about maternal instincts and permissive childrearing and had embraced a different agenda, focusing on two interrelated topics: discipline and normalcy.[12] In 1959, Dorothy Barclay, the *New York Times Magazine* childrearing advice columnist from 1949 to 1963, celebrated a "decade of progress" outlining not only the changes in childrearing philosophy but also the extent to which experts had taken over from parents:

> Research revealing that children as well as adults suffered in an atmosphere of total license led to a renewed setting of reasonable standards of behavior and a return to favor of "discipline" achieved through education, guidance, planning and, wonders of wonders, a firm "No!" when necessary. . . . Counseling services have increased and parents in growing numbers turn to them for help. (Barclay 1959, 24)

Barclay's emphasis on discipline through education and guidance echoes the ideals of national education put forth in the 1958 National Defense Education Act (NDEA). Enacted partially in response to the Sputnik launch of 1957, one of the Act's stipulations was to identify gifted young people through testing, and with the help of the guidance counselor ensure their early and successful planning for a college education. The Act helped officially establish the guidance counselor in schools, and institutionalized testing and college counseling. The NDEA once again reminded the public that the probing of boys' mental and emotional depths was a matter of national interest. As one columnist suggested, the NDEA was meant to strengthen community

[12] Ehrenreich and English link this change in childrearing ideology to the failure of the Americans to beat the Russians in the satellite launch race. After 1957, they argue, education became an issue of national defense. While it seems unlikely that a widespread change in ideology would be linked so intimately to one event, it is certainly true that the cold-war climate encouraged a variety of defense-based education initiatives, such as the National Defense Education Act.

这些专家的存在有助于强化父母是儿童早期心理和行为损伤的根本原因这一观点；父母通过“严厉的约束、禁止和惩罚”在儿童心中播下了精神疾病的种子（Cohen 1983b）。

卫生工作者对预防性心理健康护理的重视可能有助于推动建立儿童认知和情绪行为的规范性标准。在杂志文章中，科学态度的普遍性显而易见：邀请母亲利用家庭（社会工作者）、学校（学校心理学家、学校护士和指导顾问）以及诊所（心理学家、精神科医生）对孩子进行评估和评估。一位专栏作家认为，“科学态度”渗透在我们所见、所想、所知的方方面面——包括我们作为父母和作为人的功能”（Puner 1958，40）。因此，父母变得“自我批评和自我审视”，而孩子们则被“前所未有的观察、研究、测量和测试”（Barclay 1957，76）。

“正常”男孩

到 20 世纪 50 年代末，杂志专栏作家们已经从谈论母性本能和宽容的育儿方式转向了不同的议程，关注两个相互关联的主题：纪律和正常性。1959 年，多萝西·巴克莱，1949 年至 1963 年担任《纽约时报杂志》育儿建议专栏作家，庆祝了一个“十年的进步”，不仅概述了育儿哲学的变化，而且还阐述了专家们取代父母程度的范围：

> 研究显示，儿童和成人都在完全放任的氛围中遭受痛苦，这导致了重新设定合理的行为标准，并重新重视通过教育、指导、规划和，令人惊讶的是，在必要时坚决地说“不”。咨询服务有所增加，越来越多的家长寻求他们的帮助。（Barclay 1959，24）

巴克莱通过教育和指导强调纪律，与 1958 年《国防教育法》（NDEA）提出的国家教育理念相呼应。该法案部分是为了回应 1957 年苏联发射的“斯普特尼克”号，其中一项规定是通过测试识别有天赋的年轻人，并在辅导员的帮助下确保他们为大学教育进行早期和成功的规划。该法案有助于正式在学校建立辅导员制度，并使测试和大学咨询制度化。NDEA 再次提醒公众，探究男孩心理和情感深度是国家利益所在。正如一位专栏作家建议的那样，NDEA 旨在加强社区

12 埃伦赖希和英格利希将这种育儿观念的变化与美国人未能击败苏联在卫星发射竞赛中的失败联系起来。他们认为，自 1957 年后，教育成为国家安全问题。虽然广泛改变意识形态与单一事件如此紧密地联系在一起似乎不太可能，但冷战气候确实鼓励了各种基于防御的教育倡议，例如《国家安全教育法》。

and citizenship by uncovering not only intellectual gifts, but also deviance and trouble (Bemer 1964).

The new "toughness in schools" and the "new discipline" were also part of an institutional attempt to undo the damage of parents who had "been said to be too permissive" and who had seen a "loss of authority" with their children (Hechinger and Puner 1959; Mead 1958). Therefore mothers were told to encourage their children to use the school's resources: "Children with worries know they can go to the school social worker. He has been trained to listen" (Bemer 1964, 78). Mothers themselves could draw upon these external resources to discover their sons' problems: "Go to the school psychologist, who will consult with your child's teacher" (Carson 1959, 44).

Mothers trained in the wisdom of the permissive era were likely in need of some education in face of these new ideals of childrearing. Good mothering was now dependent on discipline, and discipline had an important relationship to "normalcy." Articles on discipline-related areas, such as obedience and aggression were heavy with talk about normative levels of (boys') aggressiveness, impulsiveness, and conformity. Such articles emphasized that mothers should be able to make a distinction between normal and abnormal behaviors, but confirmation of this distinction and intervention of most any kind was the job of the expert. However well mothers observed their sons, boys' behavior was not straightforward and therefore normalcy was difficult to ascertain. Mothers might view behavior as a manifest sign of normalcy, but experts knew that behavior was not necessarily a reliable sign of mental health. As one columnist wrote, "It is a common misconception that 'being good' is a sign of mental health in a child" (Honor 1957, 57). Articles on "sound adjustment," "emotional balance" and "temperament" revealed the murky depths of psychopathology; and mothers needed expert help to determine "pre-school growing pains from real trouble" (Carson 1959, 44).[13] The specter of "real trouble" must have been particularly frightening for mothers, especially when psychological problems were compared with severe physiological illnesses. In a move that clearly medicalized behavior, treatment for a psychiatric disorder was likened to treatment for a physical illness, thereby underlining the need for preventive care and emphasizing need for expert attention. Two well-known psychologists compared untreated emotional problems in a child to "an untreated cold [that] could be a symptom of pneumonia" (Ames and Ilg 1957).

There is some critical reaction to experts' jurisdiction over children in the pages of these magazines, aimed mostly at the homogenizing goals of expert evaluation. One columnist told mothers not to worry about normalcy, for they, and their children, were "different, peculiar human beings" with "all the vagaries and foibles that go with individual differences" (Jenkins 1958, 71). Similarly, another columnist argued that

[13] Talk about "adjustment" and "balance" was likely derived from the work of Adolf Meyer on mental illness as maladaptation. Meyer's version of psychoanalysis was enormously influential in shaping American psychoanalysis generally.

通过揭示不仅包括智力天赋，还包括偏差和麻烦（Bemer 1964）。

新的“学校韧性”和“新纪律”也是一项制度尝试，试图修复那些“被认为过于宽容”的父母所造成的损害，以及他们与孩子之间“权威丧失”的问题（Hechinger 和 Puner 1959；Mead 1958）。因此，母亲们被告知要鼓励孩子们利用学校的资源：“有烦恼的孩子知道可以去学校的社工那里。他已经受过训练去倾听”（Bemer 1964，78）。母亲们自己也可以利用这些外部资源来发现他们儿子的问题：“去找学校的心理学家，他会与你的孩子的老师进行咨询”（Carson 1959，44）。

母亲们在宽容时代的智慧训练可能需要对这些新的育儿理念进行一些教育。现在，良好的母亲角色依赖于纪律，而纪律与“正常性”有着重要关系。关于纪律相关领域的文章，如服从和攻击性，充满了关于（男孩的）攻击性、冲动性和一致性的规范性水平讨论。这些文章强调，母亲应该能够区分正常和异常行为，但这一区分的确认和任何形式的干预都是专家的职责。无论母亲们多么仔细地观察他们的儿子，男孩的行为并不简单，因此确定正常性是困难的。母亲们可能会将行为视为正常性的明显迹象，但专家们知道行为并不一定是心理健康可靠的标志。正如一位专栏作家写道，“认为‘表现良好’是孩子心理健康的标志是一种普遍的误解”（Honor 1957，57）。文章关于“声音调整”、“情绪平衡”和“气质”揭示了心理病理学的模糊深度；母亲们需要专家帮助来确定“学龄前成长中的真实困扰”（卡森 1959，44）。对母亲来说，“真实困扰”的幽灵一定特别令人恐惧，尤其是在将心理问题与严重的生理疾病相比较时。在一种明显医学化的行为中，精神病的治疗被比作身体疾病的治疗，从而强调了预防保健的需要，并强调了需要专家的关注。两位著名的心理学家将儿童未治疗的情绪问题比作“未治疗的感冒[可能是肺炎的征兆]”（艾姆斯和伊尔格 1957）。

在这些杂志的页面上，对专家对儿童的管辖权存在一些关键的反对意见，主要针对专家评估的同质化目标。一位专栏作家告诉母亲们不要担心正常性，因为她们和她们的孩子是“与众不同、独特的人类”，拥有“与个体差异相伴的所有变幻无常和缺点”（Jenkins 1958，71）。同样，另一位专栏作家辩称

13 关于“调整”和“平衡”的讨论可能源自阿道夫·迈耶关于精神疾病的研究作为不适应。梅耶的版本的精神分析对美国精神分析总体产生了巨大影响。

normal was average, and "great men aren't normal" (Whitman 1960, 46). Expert advice was viewed as undermining parents, who had a "gnawing sense of insecurity about how their youngsters measure up" (Tolchin 1961, 32). To avoid the experts, mothers should rely more on their own knowledge and celebrate the "simple wonderfulness" of their boys (Hunt 1957, 35).

Yet only a handful of articles indicate such resistance to the experts; the majority of writers appeared to find experts' scrutiny and research both helpful and necessary for proper childrearing. One reason for the lack of resistance may be that by 1960 an increasing number of articles were written by experts themselves. Articles by non-experts often just summarized expert research on a particular topic. A few articles propounded the importance of a lay perspective; one such author urged mothers to speak up about the boys "[we] *know* as our own" (Hunt 1957, 35).[14] Much more often, however, mothers' authority was undermined and expert advice pushed forward. This loss of authority culminated in advice that sent mothers themselves to the experts, not only to understand their children but also to seek advice and help for their own behavior. Columnists recognized that mothers might feel "overwhelmed" with all their tasks; they might feel "guilty" for promoting emotional difficulties in their children; they might "inflate disturbances." Most often the advice was to "seek professional help." The cycle renewed itself: expert opinion caused mothers confusion and anxiety that was properly managed by consulting more experts. As Julia Grant has pointed out in her study of mothers' letters to advice columnists in this period:

> Whatever negative behavior their children exhibited, mothers questioned what they might have done, or failed to do, to cause the problem. The mothers who wrote to child-care experts during the 1950s judged themselves harshly, often seeking in vain to find the source of their children's troublesome behavior in their own conduct as mothers. To some extent, they had incorporated enough of the philosophy of scientific utopianism to believe that proper child management could alleviate their intrinsic difficulties. (Grant 1998, 227)

The new emphasis on a boy's mental health served to further remove mothers from jurisdiction over their sons' development and codified deep anxieties about mothering behaviors and the mental stability and strength of young boys through scientific discourse. Childhood psychiatric diagnoses had become a ground on which local and national anxieties surrounding mothers and sons could be elaborated. In the early 1950s, magazine columnists began to pay more and more attention to one such diagnosis, an ancestral form of ADHD called "emotional disturbance."

[14] It seems important to note that mothers did speak up in their letters responding to expert columnists. These letters document a more robust critique and resistance of experts than I found within the magazine articles themselves (see Grant 1998, chap. 7).

正常是平均的，“伟人并非正常”（惠特曼 1960，46）。专家建议被视为削弱父母，他们有“一种令人不安的不安全感，关于他们的年轻人如何衡量”（托尔钦 1961，32）。为了避免专家，母亲们应该更多地依靠自己的知识，并庆祝他们男孩的“简单奇妙”（亨特 1957，35）。

然而，只有少数文章表明专家们有这样的抵抗；大多数作者似乎认为专家的审查和研究对正确的育儿方式既有帮助又必要。缺乏抵抗的一个原因可能是在 1960 年，越来越多的文章是由专家自己撰写的。非专家的文章通常只是总结了特定主题的专家研究。有几篇文章提出了平民视角的重要性；其中一位作者敦促母亲们要为她们所知道的“我们自己的”男孩发声（Hunt 1957，35）。然而，更常见的是，母亲的权威受到削弱，专家建议被推向前台。这种权威的丧失最终导致了建议母亲们自己去寻求专家的建议，不仅是为了理解他们的孩子，也是为了寻求对自己行为的建议和帮助。专栏作家们认识到，母亲们可能会因为所有的任务而感到“不堪重负”；他们可能会因为促进孩子的情感困难而感到“内疚”；他们可能会“夸大困扰”。最常见的建议是“寻求专业帮助。”周期自行更新：专家意见导致母亲们产生困惑和焦虑，这些问题通过咨询更多专家得到了妥善处理。如朱莉娅·格兰特在其研究这一时期母亲给专栏作家写信的情况时所指出的：

> 无论他们的孩子表现出何种负面行为，母亲们都会质疑自己可能做了什么，或者没有做什么导致了这个问题。在 20 世纪 50 年代给育儿专家写信的母亲们对自己要求严格，常常徒劳地试图在她们作为母亲的行为中找到孩子麻烦行为的根源。在一定程度上，她们已经吸收了足够多的科学乌托邦主义哲学，相信适当的儿童管理可以缓解她们内在的困难。（格兰特 1998，227）

新的关注男孩心理健康使得母亲进一步从对儿子发展的管辖权中退出，并通过科学话语将关于育儿行为以及年轻男孩的心理稳定性和力量的深层次焦虑进行规范化。儿童精神病学诊断已成为阐述围绕母亲和儿子的地方和国家焦虑的基础。在 20 世纪 50 年代初，杂志专栏作家开始越来越多地关注一种诊断，这是一种被称为“情绪障碍”的祖先形式的 ADHD。

14 需要注意的是，母亲们在给专栏专家的回信中确实表达了自己的观点。这些信件记录了对专家的更加强烈批评和抵制，比我在杂志文章中找到的还要多（参见 Grant 1998，第 7 章）。

Emotional Disturbance

Emotional disturbance was the most commonly noted mental health problem affecting young boys in magazine articles spanning the 1950s to 1965. The symptoms of emotional disturbance, culled from the pages of women's magazines and clinical psychology textbooks of this period, suggest a close relationship to the contemporary ADHD diagnosis. Symptoms affected boys almost exclusively, and included hyperactivity, inattention, moodiness, delinquency, and impulsiveness.[15] In magazine articles emotional disturbance has a number of variants including "emotional trouble" and "emotional illness." A clinical psychology textbook published in 1965 indicates that contemporary researchers saw emotional disturbance as the "eminently normal result of abnormal (in the case of socially and morally deviant) behavior" (Mowrer 1965, 243). Proposed causes for these deviant behaviors were split predictably along the nature-nurture divide; but emotional disturbance itself was viewed for the most part as a set of secondary symptoms of underlying disorder. When the underlying disorder was left untreated abnormal behaviors would multiply, thereby exacerbating the emotional sequelae of the disorder.

Emotional disturbance is increasingly referenced in articles at a moment when mothers' attention is excruciatingly fixed on the mental and emotional normalcy of their sons. Discipline, conduct, and aggressive behavior had been the mainstay of mothers' concerns about their sons, as represented in these magazines, and these qualities are at the center of the symptom cluster that characterizes emotional disturbance. However as a descriptive diagnosis emotional disturbance must be viewed as an immature scientific category, extending an extremely wide net over a range of behaviors that were, as yet, not categorized as distinctive disorders. Magazine articles and clinical textbooks of the period suggest that the disorder was not well differentiated from dyslexia and learning disabilities, disabilities resulting from head injury, behavioral disorders of childhood such as oppositional defiant disorder and conduct disorder, and depression. Emotional disturbance was explicitly linked, and occasionally interchangeable with Minimal Brain Dysfunction (MBD), which most researchers consider an early diagnostic form of contemporary ADHD (Barkley 1997; Diller 1998). MBD was the term most often used in a scientific context; its name points to the hypothesized organic cause of disorder. Emotional disturbance had a more ambiguous etiology and was a term more often found in popular venues.

This close association between emotional disturbance and MBD is somewhat curious, given that emotional disturbance was often identified as a psychological problem borne of anxiety and conflicts, and MBD was almost always seen as an organic problem. The frequent linking of the two actually reveals an interesting

[15] Emotional disturbance is still referenced in social science and medical journals today, and it is still a somewhat ambiguous category. In addition to symptoms such as depression, emotional disturbance can also include ADHD or other disorders now categorized as neurobiological disorders. My overall impression, however, is that today's emotional disturbance connotes something deeper and more severe than ADHD.

情绪障碍

情感障碍是 20 世纪 50 年代至 1965 年间杂志文章中最常见的心理健康问题，影响年轻男孩。从这一时期的女性杂志和临床心理学教科书中收集到的情感障碍症状表明，这与当代 ADHD 诊断密切相关。症状主要影响男孩，包括多动、注意力不集中、情绪波动、违法和冲动。在杂志文章中，情感障碍有多种变体，包括“情感困扰”和“情感疾病”。1965 年出版的一本临床心理学教科书表明，当代研究人员将情感障碍视为“异常（在社会和道德上越轨的情况下）行为的明显正常结果”（Mowrer 1965，243）。这些越轨行为的可能原因在先天与后天之间有可预测的分歧；但情感障碍本身被视为潜在疾病的次要症状。当潜在疾病未得到治疗时，异常行为会增多，从而加剧了疾病的情绪后果。

情感障碍在文章中越来越被提及，此时母亲的注意力痛苦地集中在他们儿子的心理和情绪正常性上。纪律、行为和攻击性行为一直是母亲对其儿子担忧的主要内容，正如这些杂志所体现的，这些品质是表征情感障碍的症状群的核心。然而，作为一种描述性诊断，情感障碍必须被视为一个不成熟的科学类别，它覆盖了一个非常广泛的行为范围，这些行为尚未被归类为独特的疾病。该时期的杂志文章和临床教科书表明，这种障碍与阅读障碍、学习障碍、头部受伤导致的残疾、儿童行为障碍（如对立违抗障碍和品行障碍）以及抑郁症没有很好地区分开来。情感障碍明确地与最小脑功能障碍（MBD）相联系，有时可以互换，而大多数研究人员认为 MBD 是当代 ADHD（多动症）的早期诊断形式（Barkley 1997；Diller 1998）。 MBD 是科学语境中最常使用的术语；其名称指向了假设的有机性病因。情绪障碍的病因更为模糊，这个术语更常出现在大众场合。

这种情绪障碍与 MBD 之间的紧密联系在一定程度上有些奇怪，因为情绪障碍通常被识别为源于焦虑和冲突的心理问题，而 MBD 几乎总是被视为一个有机问题。将这两个问题频繁联系起来实际上揭示了一个有趣的

15 情感障碍至今仍被社会科学和医学期刊引用，它仍然是一个有些模糊的分类。除了抑郁等症状外，情感障碍还可以包括现在被归类为神经生物学障碍的 ADHD 或其他疾病。然而，我的总体印象是，今天的情感障碍意味着比 ADHD 更深、更严重的东西。

interaction between traditionally psychoanalytic ideas and ideas more usually found in biological psychiatry, as related to the production of a scientific diagnosis for boys' problem behaviors. Historians of psychiatry have tended to present great antipathy between biological psychiatry and psychoanalysis during this period (Shorter 1997); however, in the case of children's behavior disorders pediatricians and child psychologists brought these disorders and associated treatments into the limelight in work that overtly pulled from competing positions within psychiatry. Their work created an inter-disciplinary setting in which experimentation with drug treatments for children's behavior problems could occur alongside other psychoanalytically oriented treatment approaches with relatively little fanfare.

Benzedrine Experimentation in a Cooperative Atmosphere

In 1937, Charles Bradley, a pediatrician, published the first article documenting experiments with the stimulant Benzedrine on children with a wide variety of "behavior problems" in the *American Journal of Psychiatry* (Bradley 1937a). Bradley performed his experiment on 30 children, ages 5 to 14, who manifested a variety of behavior disorders ranging from specific educational disabilities to epilepsy. All the children had normal intelligence. He pronounced the results most "striking" in the effect of Benezedrine on school performance. Almost half the children responded in "spectacular fashion" presenting with unusual motivation to work, and an enhanced ability to read, comprehend, and do arithmetic. In their "emotional response" too, Bradley reports that half the children became "more placid and easy-going," a clinical improvement in the opinion of the staff.[16] In a series of subsequent articles, Bradley and his colleagues build on this body of work, publishing their results in the major psychiatric and medical journals of the day.

Charles Bradley was the director of the Emma Pendleton Bradley Home in East Providence, Rhode Island, which opened in 1931 as the nation's first psychiatric hospital devoted to children. The Home was "planned and equipped especially for the care of children with neurologic and behavior disorders" (Bradley 1936, 651). In 1936, there were 269 patients at the Home, 80 with behavior problems, 64 with convulsive disorders, 40 with CNS (central nervous system) birth disorders, 37 with mental deficiency, and the remainder with a variety of disorders including reading disability and post-encephalitic syndrome. Bradley does not specify the gender of these patients; however patients included girls as well as boys. In his first published experiment with Benzedrine Bradley included approximately twice as many boys as girls (21 boys, 9 girls); in subsequent research the proportion of boys is larger. Bradley asserts that these numbers reflect the incidence of behavior problems by gender in the clinical population. By 1940 one of Bradley's samples includes 77 boys and only 23 girls. Much of the other research with Benzedrine on children during this period did

[16] Bradley does not specify the gender of children in his analysis of results.

传统心理分析思想与通常在生物精神病学中发现的观念之间的相互作用，与对男孩问题行为的科学诊断生产相关。精神病学史学家倾向于在这一时期呈现生物精神病学与心理分析之间的大敌意（Shorter 1997）；然而，在儿童行为障碍的情况下，儿科医生和儿童心理学家将这些障碍及其相关治疗方法带入聚光灯下，在他们的工作中明显借鉴了精神病学内部的竞争立场。他们的工作创造了一个跨学科环境，其中在相对低调的情况下，可以对儿童行为问题的药物治疗进行实验，同时采用其他以心理分析为导向的治疗方法。

苯唑啉实验在合作氛围中

1937 年，儿科医生查尔斯 · 布拉德利在美国精神病学杂志（Bradley 1937a）发表了第一篇关于在具有广泛“行为问题”的儿童中实验使用兴奋剂苯丙胺的文章。布拉德利对 30 名年龄在 5 至 14 岁之间、表现出从特定教育障碍到癫痫的各种行为障碍的儿童进行了实验。所有儿童都智力正常。他认为苯丙胺对学校表现的影响最为“显著”。几乎一半的儿童以“惊人的方式”作出反应，表现出非同寻常的工作动机，以及阅读、理解和算术能力的增强。在他们的“情绪反应”方面，布拉德利报告说，一半的儿童变得更加“平和和随和”，这在工作人员看来是一种临床上的改善。在一系列随后的文章中，布拉德利和他的同事们在这一领域的工作基础上继续研究，并将他们的结果发表在当时的重大精神病学和医学杂志上。

查尔斯 · 布拉德利是罗德岛东普罗维登斯市艾玛 · 彭德尔顿 · 布拉德利之家（Emma Pendleton Bradley Home）的主任，该之家于 1931 年作为全国首个专门为儿童提供精神疾病治疗的医院开业。该之家“特别规划并配备了照顾患有神经和行为的儿童”(Bradley 1936, 651)。1936 年，该之家有 269 名病人，其中 80 人有行为问题，64 人有癫痫发作，40 人有中枢神经系统（CNS）出生缺陷，37 人有智力缺陷，其余人患有各种疾病，包括阅读障碍和脑炎后综合征。布拉德利没有具体说明这些病人的性别；然而，病人中包括女孩和男孩。在他的第一次与苯丙胺的公开实验中，布拉德利包括的男孩数量大约是女孩的两倍（21 名男孩，9 名女孩）；在随后的研究中，男孩的比例更大。布拉德利断言这些数字反映了临床人群中性别行为问题的发生率。到 1940 年，布拉德利的一个样本包括 77 名男孩和仅 23 名女孩。这一时期关于儿童苯丙胺的许多其他研究

[16] 布拉德利在其结果分析中未指定儿童性别。

not include girls at all in part because behavior problems were so closely associated with delinquency, and experiments were frequently performed in homes for delinquent boys.[17]

The design of the Home in Bradley's descriptions appears to have been grounded in a combination of behaviorist, psychoanalytic, and mental hygienist principles, emphasizing a natural, healthy, and encouraging environment as essential to a child's mental well being. Bradley contrasted this environment with the environment of the family home, which he felt was chaotic and troubling to his patients, often sending them into relapse upon their release from the hospital. Bradley felt the Home's environment was particularly therapeutic for children with behavior problems, who benefited from multiple activities based in natural and cultural surroundings, reinforced by nurses and teachers "who have combined the rare endowment of an attractive, unruffled and ingenious personality" (ibid.). But while Bradley grounded the plans for his patients' daily life in these environmental principles, he also emphasized more active biomedical interventions with patients. The Home was envisioned specifically as a hospital for treatment of children's psychiatric disorders, with the facilities and opportunity for therapeutic experimentation. A surgery handled the more extreme therapeutic interventions, while experiments with drug therapies were performed in a more naturalistic setting, but under closely controlled conditions. To add to the therapeutic mix, Bradley also had children undergo individual psychotherapy, believing that "even the best environmental adjustment does not preclude the advisability of personal psychotherapy, particularly in cases in which a rather exhaustive analysis and reconstruction of the patient's personality are indicated" (ibid., 652).

In his published work Bradley mixes psychoanalytic, behaviorist, biomedical, and mental hygiene perspectives quite masterfully, finding ways to appease potential critics from all sides. A central factor in this process is his repeated emphasis that drug therapy is not a reason to ignore modification of the environment in the promotion of children's mental health. Indeed, the success of Bradley's Home, which housed patients anywhere from 6 to 18 months, was predicated on the therapeutic efficacy of separating children from the environment of their family homes. Writing in the *American Journal of Orthopsychiatry* in 1940, Bradley and his colleague Margaret Bowen state:

[17] As Conrad and Schneider have noted in their book, *Deviance and Medicalization* (1980), stimulants are part of the medicalization of delinquent behavior. The authors do not make much of the gender dynamics at play here, but clearly delinquency is a gendered phenomenon. Since the history of Ritalin is part of the history of delinquency, and both are part of the history of ADHD, it is not so surprising that ADHD too is largely a problem of boys. When ADHD is presented purely as a neurochemical problem, neurochemistry must explain the gender skew.

不包含任何女孩，部分原因是因为行为问题与犯罪行为紧密相关，并且实验通常在少年犯收容所进行。

布拉德利的《家》的设计似乎基于行为主义、心理分析和精神卫生学原理的结合，强调自然、健康和鼓励的环境对儿童心理健康至关重要。布拉德利将这种环境与家庭环境进行了对比，他认为家庭环境对他的病人来说是混乱和令人不安的，常常在他们从医院出院后导致复发。布拉德利认为，对于有行为问题的儿童来说，家的环境尤其具有治疗作用，他们从基于自然和文化环境的多项活动中受益，这些活动得到了具有“迷人、镇定和机智个性”的护士和教师的强化（同上）。然而，尽管布拉德利将他的病人的日常生活计划建立在这些环境原则之上，但他也强调了更积极的生物医学干预措施。家被设想为专门治疗儿童精神疾病的医院，拥有设施和进行治疗实验的机会。手术处理了更极端的治疗干预，而药物治疗的实验则在更自然的环境中，但在严格控制下进行。为了增加治疗组合，布拉德利还让儿童接受个别心理治疗，认为“即使是最理想的环境调整也不能排除个人心理治疗的必要性，尤其是在需要对患者的个性进行相当全面的分析和重建的情况下”（同上，第 652 页）。

在他的出版物中，布拉德利巧妙地融合了精神分析、行为主义、生物医学和心理健康观点，找到方法来平息来自各方的潜在批评者。这一过程中的一个关键因素是他反复强调，药物治疗不是忽视在促进儿童心理健康方面修改环境的原因。事实上，布拉德利的家庭（容纳了从 6 个月到 18 个月的病人）的成功，是基于将儿童从家庭环境分离出来的治疗效果。1940 年，布拉德利和他的同事玛格丽特·鲍恩在美国精神病学杂志上发表声明：

17 康拉德和施奈德在他们 1980 年的著作《偏差与医疗化》中提到，兴奋剂是偏差行为医疗化的组成部分。作者们并没有过多关注这里的性别动态，但很明显，偏差是一个性别现象。由于利他林的历史是偏差行为历史的一部分，而两者都是 ADHD 历史的一部分，因此 ADHD 也是一个主要困扰男孩的问题并不令人惊讶。当 ADHD 纯粹被呈现为一个神经化学问题时，神经化学必须解释性别偏差。

> The use of pharmacological agents such as amphetamine sulfate, offers a supplementary . . . approach to the treatment of children's psychiatric problems. This approach in no sense replaces that of modifying a child's surroundings and so removing the sources of conflict. Neither can it offer the same assurance of mental health as do forms of psychotherapy which enable a child to work out his emotional problems. . . . However, distressing surroundings cannot always be altered, and lack of facilities frequently make effective psychotherapy impossible. In such situations the simple administration of a drug that produces an improved social adjustment or accelerated school progress may offer considerable assistance. (Bradley and Bowen 1940, 102)

Throughout the 1940s, children with disturbances thought to be of psychological and biological origin were subjected to experiments with Benzedrine, usually by child psychologists and pediatricians. This research continues the kind of cooperative, all-inclusive tone initiated by Bradley. In 1948, a well-known psychologist explained that, "an illness [minimal brain damage] which interferes with normal maturation will give rise to anxiety" (Bender 1948, 412); and Benzedrine was a "useful adjunct to the treatment of the neurotic child" (Bender and Cottingham 1942, 116). Such explanations helped create the ground for a productive interconnection between biomedical orientations and psychoanalytic perspectives around MBD and emotional disturbance in the 1950s.

Throughout this period of experimentation with Benzedrine the possibility of mother's toxicity and the necessity for separating mother and child went unchallenged in published articles. Indeed, one important factor that these diverse scientific positions agreed upon was the potentially harmful nature of a child's family environment, with special focus on mothers. From the hygienist perspective, mother was not expert enough to be given the responsibility of her child's upbringing; her understanding of the child was "pre-scientific" (Cohen 1983b, 129). Behaviorists like Watson (1928) felt that mother-love was a "dangerous instrument" while psychoanalysts stressed the pathology-inducing nature of mother-love. Even Dr. Spock (1946), under the influence of psychoanalytic ideas, subtly expressed that "the life of a child can be harmed by improper mother love" (quoted in Weiss 1985, 291).

Thus we see at the center of this early experimentation with Benzedrine therapy for problem children certain ingredients for a scientific model for ADHD and Ritalin treatment. First, and simply, there is the pairing of mother and son. This pairing will be the normative object of investigation in most family based studies of ADHD in the past several decades.[18] Second, there is the centrality of mother in the development of problem behaviors in boys. Third, there is the centrality of separation from mother in the construction of healthy male development.

[18] In a review of ADHD literature using the psychology database PSYCHINFO I found only a handful of articles involving fathers in hundreds of studies in the past 15 years. Of 25 studies I reviewed concerning effects of medication on parent-child interactions, two involved fathers and two involved girls. In my experience in public and clinical ADHD-related settings, fathers are largely absent from the clinic, support groups, and public talks and conferences on ADHD.

> 药物如硫酸胺等药理剂的使用，为治疗儿童精神问题提供了一种补充方法……这种方法绝不取代改变儿童环境、消除冲突来源的做法。它也不能像能够帮助孩子解决情感问题的心理治疗方法那样提供同样的心理健康保障。然而，令人痛苦的环境并非总能改变，缺乏设施往往使有效的心理治疗变得不可能。在这种情况下，简单给予一种能改善社会适应或加速学校进步的药物可能提供相当大的帮助。（布拉德利和鲍恩 1940，第 102 页）

在整个 20 世纪 40 年代，被认为具有心理和生物起源的儿童受到苯丙胺实验的测试，通常由儿童心理学家和儿科医生进行。这项研究继续了布拉德利发起的这种合作、包容的基调。1948 年，一位著名心理学家解释说，“一种疾病[轻微脑损伤]会干扰正常的成熟，从而引起焦虑”（Bender 1948，412）；苯丙胺是“治疗神经质儿童的有用辅助手段”（Bender 和 Cottingham 1942，116）。这样的解释有助于在 20 世纪 50 年代为生物医学取向和关于 MBD 和情绪障碍的心理分析视角之间的富有成效的相互作用奠定基础。

在整个使用苯丙胺的实验期间，关于母亲中毒的可能性和分离母亲与孩子的必要性在发表的论文中未被质疑。事实上，这些不同的科学立场达成的一个重要共识是，孩子的家庭环境可能具有潜在的危害性，特别是关注母亲。从卫生学家的角度来看，母亲不够专业，无法承担抚养孩子的责任；她对孩子的理解是“前科学的”（Cohen 1983b，129）。像华生（1928）这样的行为主义者认为母爱是一种“危险的工具”，而精神分析学家强调了母爱引发病理的性质。甚至斯波克博士（1946）在受到精神分析思想的影响下，微妙地表达了“不恰当的母爱可能会对孩子的生命造成伤害”（摘自 Weiss 1985，291）。

因此，我们在对问题儿童进行苯丙胺疗法早期实验的中心，看到了 ADHD 和利他林治疗的科学模型的一些要素。首先，简单地说，是母子配对。这种配对将成为过去几十年大多数基于家庭研究的 ADHD 研究的规范对象。其次，母亲在男孩问题行为发展中的核心地位。第三，母亲分离在健康男性发展构建中的核心地位。

; 在使用心理学数据库 PSYCHINFO 对 ADHD 文献进行综述时，我发现过去 15 年中数百项研究中只有少数涉及父亲。在我所审查的 25 项关于药物对亲子互动影响的研究中，两项涉及父亲，两项涉及女孩。在我的公共和临床 ADHD 相关经验中，父亲在诊所、支持小组以及关于 ADHD 的公开谈话和会议上基本缺席。

A New Name and A New Drug Treatment

By the late 1950s, the spirit of cooperation between biologically oriented pediatricians, psychiatrists, and psychoanalysts was in decline. Frustrated with the lack of therapeutic results in psychoanalysis, some child psychiatrists decided to challenge the psychoanalytic identity inherent in the term "emotional disturbance" by emphasizing the organic etiology in the term MBD.[19] Their efforts were assisted by two developments. First, a new term appeared to describe emotional disturbance/MBD. The term was "hyperkinetic disorder of childhood," coined in 1957 by Maurice Lauffer, the new director of the Bradley Home. Reflecting the cooperative atmosphere at Bradley, Lauffer was trained as a pediatrician *and* a child psychiatrist. But Lauffer and his co-author, Eric Denhoff, writing in the *Journal of Pediatrics* rather than in a psychiatric journal, emphasized the "organic components" of the disorder and recommended the use of "amphetamine" for its treatment. With this move, Lauffer and Denhoff effectively narrowed MBD and emotional disturbance to one symptom through nomenclature and drug specificity, and grounded the new disorder in biological foundations.

Following Lauffer and Denhoff, psychiatrists urged the community to make up for its neglect of biology and organicity. In psychiatric journals, writers encouraged "the consideration of organic factors when diagnosing children's behavior because the psychogenic factors have so often been exclusively emphasized" (Knobel 1959, 319). Others suggested that child psychiatrists look "as carefully among the myriad of possibilities of organic causation as we have in the past among the interpersonal, deprivation and stress factors" (Clements and Peters 1962, 17).

Among childhood psychiatric disorders, "hyperkinetic syndrome" held unique promise for a revived biological psychiatry because it was already connected to a specific drug treatment. Indeed, Lauffer and Denhoff claimed that "a favorable response to amphetamine is supportive evidence for a diagnosis of the hyperkinetic syndrome" (Lauffer and Denhoff 1957, 473). These revivalist psychiatrists had to tread carefully, and well into the 1960s their articles still offered some integration of psychoanalytic and biological perspectives.[20] The important conceptual shift, however, was that biological psychiatrists now emphasized medication not as an adjunct to psychoanalytic therapy, but as a therapy with its own specific role.

The second important development during this time was the appearance of a new stimulant called Ritalin, marketed by Ciba Pharmaceuticals (now Novartis) in 1955. Ritalin was not initially indicated for hyperkinetic syndrome; instead it was a

[19] Leon Eisenberg, a child psychiatrist now at the Department of Social Medicine at Harvard, was one of the first psychiatrists to urge this change in nomenclature. He told me his reasons in a conversation we had in the fall of 1996.

[20] Even DSM-II, which appeared in 1968, hedged on the etiology of "hyperkinetic reaction of childhood," specifying that "if this disorder is caused by organic brain damage it should be diagnosed under the appropriate non-psychotic organic brain syndrome."

一个新名称和一种新的药物治疗

到 20 世纪 50 年代末，生物导向的儿科医生、精神科医生和心理学家之间的合作精神正在衰退。由于对精神分析治疗结果的不满，一些儿童精神科医生决定通过强调 MBD（多动行为障碍）中的有机病因，挑战“情绪障碍”这一术语内固有的精神分析身份。他们的努力得到了两个发展的帮助。首先，出现了一个新术语来描述情绪障碍/MBD，即“儿童多动障碍”，由 1957 年布拉德利之家的新任主任莫里斯·拉弗尔提出。拉弗尔在布拉德利的环境下接受了儿科医生和精神科医生的培训。但拉弗尔和他的合著者埃里克·登霍夫在《儿科杂志》而不是精神病学杂志上撰写文章，强调了疾病的“有机成分”，并建议使用“安非他命”来治疗。通过这一举措，拉弗尔和登霍夫通过命名和药物特异性有效地将 MBD 和情绪障碍缩小为一种症状，并将新疾病建立在生物学基础上。

根据 Lauffer 和 Denhoff，精神科医生敦促社区弥补其对生物学和有机性的忽视。在精神病学期刊中，作者鼓励“在诊断儿童行为时考虑有机因素，因为心理因素已被过分强调”（Knobel 1959，319）。其他人建议儿童精神科医生“像过去在人际、剥夺和压力因素中那样，仔细考虑有机病因的无数可能性”（Clements 和 Peters 1962，17）。

在儿童精神疾病中，“多动综合征”因其与特定药物治疗相关而具有独特的复兴生物精神病学的前景。事实上，Lauffer 和 Denhoff 声称，“对安非他命的积极反应是支持多动综合征诊断的证据”（Lauffer 和 Denhoff 1957，473）。这些复兴派精神病学家的行动必须谨慎，直到 20 世纪 60 年代，他们的文章仍提供了一些心理分析和生物视角的整合。然而，重要的概念转变是，生物精神病学现在强调药物不仅仅作为心理分析治疗的辅助，而是一种具有自己特定角色的治疗方法。

这段时间内第二个重要的发展是名为 Ritalin 的新兴奋剂的问世，由 Ciba Pharmaceuticals（现为诺华）于 1955 年推出。最初 Ritalin 并未被用于治疗多动症；相反，它是一种

19 莱昂·艾森伯格，现为哈佛大学社会医学系儿童精神科医生，是首位敦促这一命名变更的精神病学家之一。他在 1996 年秋季的一次谈话中向我解释了他的原因。

20 即使是 1968 年出现的 DSM-II，在“儿童多动反应”的病因学上也持谨慎态度，规定“如果这种疾病是由脑部器质性损伤引起的，应按照相应的非精神病性器质性脑综合征进行诊断。”

treatment for mild depression and narcolepsy. Treatment for "various behavior problems in children" was first indicated in 1961.

Marketing Ritalin

Stimulants were one of three major types of drugs used for behavior modification in children during this period; tranquilizers, such as Raudixin, were also used, as were anti-depressants such as Tofranil and Aventyl (Ladd 1970, 68). Ritalin came to market at a time of extraordinary growth and competition within the pharmaceutical industry: According to one estimate, there were 150,000 pharmacological preparations available in 1961 (when Ritalin was first licensed for use in children for behavior problems), of which 90 per cent did not exist in 1951. In 1961, approximately 15,000 new drugs were being put on the market each year, while about 12,000 were dying off each year (*Time* 1961).

It is likely that Ciba Pharmaceuticals were aware early on of Ritalin's benefits as a patented drug with a strong research record, few side effects, and known benefits for children's behavior. Pharmaceutical companies invested heavily in sponsoring experimental research in clinical settings. Smith-Kline-French supported Charles Bradley's Benzedrine experiments (Bradley acknowledges the donation of tablets in his published work); and Diller claims that "Ritalin research fueled many grants and careers in the 1960s," although he provides no direct support for this statement (Diller 1998, 25). Ciba played an important role in the promotion of Ritalin within the medical industry through paid clinical research, advertising in physicians' journals, and direct sales strategies.[21] This kind of promotion was standard practice for drug companies in this period, and unethical advertising practices would prompt a series of congressional hearings, notably the Kefauver (1957), Nelson (1967–1979) and Kennedy (1979) hearings.[22] In the Kefauver hearings particular concern was voiced over the industry's role in popularizing anti-depressant drugs for relatively common "unpleasant tension states" (Kefauver Hearings 1960). Later critiques would focus on the medicalizing of "human problems of living" through drug advertisements (Katz 1972; Hill 1977). It is more difficult to establish Ciba's role in promoting acceptance of Ritalin within the domestic realm. It can be argued, speculatively, that Ritalin benefited from a shift in public understanding of mental illness, promoted in part by the creation and marketing of drugs for a nation of "worried well." In particular, the success of anti-depressant drugs may have contributed to mothers' acceptance of Ritalin for relatively common behavior problems in boys. The pharmaceutical industry and the medical profession probably targeted women for anti-depressant

[21] Shrag and Divoky (1975) provide some useful information about Ciba's marketing strategies for Ritalin in the 1970s and they cite interviews with (anonymous) Ciba sales representatives and FDA officials during this period.

[22] See Smith 1991 for a very useful, but generally uncritical compilation of material from these hearings relevant to the regulation of drug advertising.

治疗轻度抑郁症和嗜睡症。治疗“儿童各种行为问题”首次于 1961 年提出。

市场营销利他林

兴奋剂是这一时期用于儿童行为矫正的三大类药物之一；如 Raudixin 之类的镇静剂以及如 Tofranil 和 Aventyl（Ladd 1970，68）之类的抗抑郁药也被使用。Ritalin 上市时正值制药行业快速增长和竞争激烈的时期：据估计，1961 年（Ritalin 首次获准用于儿童行为问题）有 15 万种药理制剂可供使用，其中 90%在 1951 年并不存在。1961 年，每年约有 1.5 万种新药上市，而约 1.2 万种药物每年都在消失（Time 1961）。

很可能西巴制药公司很早就意识到 Ritalin 作为一种专利药物，具有强大的研究记录、副作用少和对儿童行为有益的特点。制药公司大量投资于在临床环境中赞助实验研究。史密斯-克莱因-法国公司支持查尔斯·布拉德利的苯丙胺实验（布拉德利在其发表的著作中承认了药片的捐赠）；迪勒声称“20 世纪 60 年代，Ritalin 研究推动了众多资助和职业发展”，尽管他没有直接支持这一说法（迪勒 1998，25）。西巴通过付费的临床研究、在医生杂志上的广告和直接销售策略，在医疗行业中发挥了推广 Ritalin 的重要作用。这种推广在当时制药公司中是标准做法，不道德的广告行为会引发一系列国会听证会，特别是凯夫勒（1957 年）、尼尔森（1967-1979 年）和肯尼迪（1979 年）听证会。在凯夫勒听证会上，特别关注了该行业在推广抗抑郁药以治疗相对常见的“不愉快的紧张状态”中所起的作用（凯夫勒听证会 1960 年）。后来的批评将集中在通过药物广告将“人类生活问题”医学化（卡茨 1972 年；希尔 1977 年）。在确立西巴公司在推广 Ritalin 在国内接受度方面的作用方面更为困难。可以推测，Ritalin 受益于公众对精神疾病理解的转变，部分是由于为“担忧健康的民族”创造和推广药物。特别是，抗抑郁药的成功可能有助于母亲接受 Ritalin 来处理男孩相对常见的品行问题。制药行业和医疗专业可能针对女性推广抗抑郁药

21 Shrag 和 Divoky（1975）提供了一些关于 Ciba 在 20 世纪 70 年代 Ritalin 营销策略的有用信息，他们引用了这一时期与（匿名）Ciba 销售代表和 FDA 官员的访谈。

22 参见 Smith 1991，其中对与药品广告监管相关的这些听证会材料进行了非常有用但总体上缺乏批判性的汇编。

diagnoses and treatments (Cooperstock 1978), and women accustomed to drugs for their own relatively common problems may have been more likely to accept Ritalin for their sons' problems. The history of Ciba's marketing agenda for Ritalin is difficult to access; therefore much of the above remains speculative.[23] In recent years, however, Novartis has clearly demonstrated its interests in the domestic realm. For the past decade it has funded the major American ADHD parents' organization, CHADD (Children and Adults with ADD). This organization provides such a powerful lobby for Ritalin that in 1995 the United Nations International Narcotics Board issued a warning about its role in rising rates of Ritalin consumption (United Nations INCB Report 1995).

Novartis and other stimulant drug-makers have also actively employed the relationship between mothers and sons in contemporary public advertisements for Ritalin. Direct-to-consumer advertising of Ritalin, a controlled substance, was prohibited in 1971 as a result of the Convention on Psychotropic Substances of 1971 (ibid.). Until approximately two years ago, the pharmaceutical industry respected this prohibition and did not advertise Ritalin and other stimulants to the public. Today advertisements for ADHD drug treatments can be found in many popular magazines including women's and parenting magazines. The great majority of advertisements for Ritalin and other stimulants for ADHD depict only two characters – a boy and his mother.[24]

Popular Reactions

For mothers with problem boys, the news about drug treatment and the emphasis on the organic nature of children's behavior problems appears to have been very welcome. Schooled to give their children up to expert treatment, weary of mother-blame, and anxious to look good in the eyes of society, mothers represented in these magazines appeared to herald drug treatment for their sons' problem behavior as a true miracle. Magazine articles on this topic were filled with positive testimonials

[23] In the spring of 1998 I had several telephone conversations with a representative from Novartis Medical Information Services. I was given Medical Information Services each time I called Novartis to ask about archival and historical information about clinical testing and marketing. Unfortunately I was not given much information in these conversations. I was sent a half-page time-line of Ritalin-related developments. I asked whether Novartis could provide access to their records of the procedures that led to the approval of Ritalin for child behavior problems. I was told that the approval was based on a "large number of physician testimonials made by private investigators during the 1950s," and given a list of five references (Letter, March 2, 1998). Novartis must protect its own interests, of course, but the lack of access and information will do little to encourage accurate reports on Ritalin's history.

[24] My own collection includes ads for Ritalin, Metadate, Adderall, and Concerta, since 2001. In September 2001, *Time* published an article entitled, "New Ritalin ad blitz makes parents jumpy" (Novak 2001). The author claims that the U.S. never passed a law in line with the 1971 UN prohibition on public advertising of controlled substances (although the U.S. did sign the UN document). According to the article, the FDA and DEA do not have the authority to control public advertising for Ritalin and other stimulant treatments for ADHD.

诊断和治疗（Cooperstock 1978），以及习惯于为自己相对常见的问题用药的女性可能更倾向于接受 Ritalin 来治疗他们儿子的问题。Ciba 为 Ritalin 制定的市场推广计划难以获取；因此，上述内容的大部分仍具有推测性。然而，近年来，诺华明显表现出其对国内市场的兴趣。在过去十年中，它资助了主要的美国 ADHD 家长组织 CHADD（儿童和成人 ADHD）。该组织为 Ritalin 提供了如此强大的游说力量，以至于在 1995 年，联合国国际麻醉品委员会发布了关于其在 Ritalin 消费率上升中所起作用的警告（联合国 INCB 报告 1995）。

诺华和其他兴奋剂药物制造商也积极利用母子关系在当代公共广告中推广利他林。由于 1971 年《精神药物公约》（同上），1971 年禁止直接面向消费者的利他林广告，这是一种管制物质。直到大约两年前，制药行业尊重这一禁令，并未向公众宣传利他林和其他兴奋剂。如今，在许多流行杂志中，包括女性和育儿杂志，都可以找到针对 ADHD 药物治疗的广告。绝大多数针对利他林和其他兴奋剂 ADHD 的广告只描绘两个角色——一个男孩和他的母亲。

流行反应

对于有问题的儿子的母亲来说，关于药物治疗和强调儿童行为问题的有机性质的消息似乎非常受欢迎。这些杂志中的母亲们被教育要将自己的孩子交给专家治疗，厌倦了母亲的责备，并急于在社会眼中保持良好形象，她们似乎将药物治疗视为儿子问题行为的真正奇迹。关于这个主题的杂志文章充满了积极的证词

1998 年春季，我与诺华医药的一位代表进行了几次电话交谈

信息服务。每次我给诺华打电话询问关于临床试验和营销的存档和历史信息时，我都得到了医疗信息服务。不幸的是，在这些对话中我并没有得到很多信息。我收到了一份关于利他林相关发展的半页时间线。我询问诺华是否能提供他们关于批准利他林治疗儿童行为问题的程序记录。我被告知，批准是基于“20 世纪 50 年代由私人调查员做出的大量医生证词”，并给出了一份五项参考文献（信件，1998 年 3 月 2 日）。当然，诺华必须保护自己的利益，但缺乏获取信息和信息将很难鼓励对利他林历史的准确报道。

24 我的收藏包括自 2001 年以来 Ritalin、Metadate、Adderall 和 Concerta 的广告。2001 年 9 月，《时代》杂志发表了一篇题为“新 Ritalin 广告狂潮让家长紧张不安”（Novak 2001）的文章。作者声称，美国从未通过一项与 1971 年联合国禁止公开宣传管制物质相符的法律（尽管美国签署了联合国文件）。根据文章，FDA 和 DEA 没有权力控制 Ritalin 和其他 ADHD 兴奋剂治疗的公开广告。

from mothers; the titles of many articles themselves reinforce the sense that there is a new future for troubled boys and mothers, highlighting "new frontiers" and the "opening [of] doors" in child psychiatry. Popular women's magazine articles uniformly assert both the overwhelming presence of mental illness in children and the need for expert medical intervention, including drugs. One writer called "childhood mental health" America's "Number One Neglected Health Problem" and urged the medical profession to further differentiate and categorize illnesses (Krieg 1960).

None of the magazines I surveyed contained an overtly negative article on the issues surrounding children and psychostimulant medication. Although the child psychiatrist Leon Eisenberg writes in 1964 of the "heat" generated in discussions of "the proper role of drugs in treating disturbed children," I found little evidence of such debate in the pages of popular women's magazines (Eisenberg 1964, 167). Ritalin and the various diagnostic terms for "problem boys" likely benefited from the positive atmosphere surrounding drug treatments following the "pharmaceutical revolution," which also helped bring about a renewed emphasis on the organic etiology of mental and emotional disorders (Lasagna 1969). The emphasis on organicity found its way into media treatment of psychiatric disorders. Following a U.S Public Health Service report on MBD in 1966, the editor of *Time* took on the task of public education in face of a possible epidemic:

> There are hundreds of thousands, possibly millions of such boys and girls in the United States [with MBD] and little is being done about them. There are not enough pediatric psychiatrists to treat them all, and most of them get no farther than the family doctor's office. (*Time* 1968, 92)

Such editorials should not be taken to mean that parents were not skeptical about psychiatric labels and drug treatments for their children's behaviors. It does appear that these magazines did not give voice to dissent during this period largely because they promoted expert advice and research so actively, and because of a tendency to soothe parents' anxieties by reducing problems and presenting absolute solutions. The cocoon-like atmosphere of these magazines is further illustrated by the lack of discussion about the active debate around pharmacology generally in the late 1950s and '60s, which is documented in many articles in weeklies such as *Time*, *Newsweek*, and *U.S. News and World Report*. Although most of the concern focused on regulation of the pharmaceutical industry, a few editorials take on the larger philosophical questions surrounding the use of pharmaceuticals to manage not only disease but also behavior (e.g., *Newsweek* 1959).

Another reason for the lack of criticism of drug use may have been that a biological tool suggested a biological problem. An increased emphasis on the organic underpinnings of childhood behavior problems meant that mothers were more often assured that mental illness was not their fault. Still, the dynamic of mother's presence/absence in relation to a boy's problems remained complicated. While an organic account of mental illness potentially absolved a mother of blame it simultaneously

从母亲那里；许多文章的标题本身强化了这样的感觉，即有麻烦的男孩和母亲有一个新的未来，突出了“新领域”和儿童精神病学中的“开门”。流行女性杂志文章一致断言儿童精神疾病普遍存在，以及需要专家医疗干预，包括药物。一位作家称“儿童心理健康”是美国“最被忽视的健康问题”，并敦促医学界进一步区分和分类疾病（Krieg 1960）。

我所调查的任何杂志都没有包含关于儿童和神经兴奋剂药物问题的明显负面文章。尽管儿童精神科医生莱昂·艾森伯格在 1964 年写道，关于“药物在治疗受干扰儿童中的适当作用”的讨论产生了“热度”，但我发现这种辩论在流行女性杂志的页面上几乎没有证据（艾森伯格 1964，167）。利他林和“问题男孩”的各种诊断术语可能受益于“药物革命”后围绕药物治疗的正向氛围，这也帮助重新强调了精神和情感障碍的有机病因（拉斯阿加 1969）。对有机性的强调也进入了媒体对精神疾病的处理。在 1966 年美国公共卫生服务局关于 MBD 的报告之后，时代杂志的编辑承担了面对可能流行的任务进行公共教育的任务:

> 有数十万，甚至可能数百万这样的男孩和女孩在美国[患有 MBD]，但关于他们的事情却做得很少。没有足够的儿科精神科医生来治疗他们所有人，而且他们中的大多数人的治疗仅限于家庭医生诊所。（时间：1968 年，92）

此类社论不应被理解为父母对他们孩子的行为对精神病学标签和药物治疗持怀疑态度。似乎这些杂志在这一时期没有给予不同意见发声，主要是因为它们积极推广专家建议和研究，以及倾向于通过减少问题并提出绝对解决方案来安抚父母的焦虑。这些杂志类似茧的氛围进一步体现在对 20 世纪 50 年代末和 60 年代围绕药理学的一般性积极辩论缺乏讨论，这在《时代》、《新闻周刊》和《美国新闻与世界报道》等周刊的许多文章中有记录。尽管大多数关注集中在制药行业的监管上，但一些社论承担了围绕使用药物来管理疾病和行为的更广泛哲学问题（例如，《新闻周刊》1959 年）。

另一个药物使用缺乏批评的原因可能是因为一个生物工具暗示了一个生物学问题。对儿童行为问题有机基础的重视增加意味着母亲更常被保证精神疾病不是她们的错。然而，母亲在场/不在与男孩问题之间的动态仍然复杂。虽然精神疾病的有机解释可能使母亲免于责备，但它同时

removed her from the sphere of authority over her son's behavior and well-being. Thus even while articles in magazines do more to relieve the burden of guilt and blame on the mother, there remains a pervasive undercurrent of judgment. This judgment appears in a number of guises but continues to be organized around the dynamic of mother's presence/absence. Articles that dealt with the stigma of mental illness in children, for example, sometimes judged mothers harshly for neglecting their children's mental health in order to preserve the public appearance of family harmony. One writer claimed that "the well-to-do children are often the last to get help. They suffer the most because their parents feel that emotional trouble will affect the family's social position" (Honor 1957, 57). While the aestheticized ideal of the 1950s American family held little room for mental illness or family upset, mothers were likely conscious that not only their social position but also their quality of mothering would be harmed by an admission of emotional problems in a boy. A mother whose son was put on medication for emotional disturbance assured readers of both her social position and her love for her son: "We are the average one TV, two-car family; we go places on weekends . . . and to church in the morning . . . friends who drop by in the afternoon. . . . Our boy has a decent home; he loves his family and is loved" (Dunn 1962, 45).[25]

However the close association between problem boys and problematic mothers lingers even more insidiously in the suggestion that mothers of out-of-control boys had themselves become out-of-control. A (male) writer recalls a mother whose realization of her son's needs (medication) "changed her life"; she is "calmer, more poised, more attractive" (Moak 1959, 35). Mother's self-control is linked directly with her aesthetic qualities: "Her newly learned self-control has made her a more attractive person." Given that this aestheticism is, in the 1950s, so closely linked to ideals of domesticity, I would suggest that to some extent this writer hints at a project of domestic sanitization, through medication. Part of what is sanitized within the family is mother's authority. As scientific practices displace mother's authority, mother is able to more nearly achieve the ideals of 1950s domestic life.

Medication use also tended to raise the specter of mother-love albeit now in sanitized fashion. Mother's inability to love her troubled son was amended through expert treatment: "Now I can love this child again," claimed one mother (*Time* 1968). This admission of lack of mother-love for a problem boy echoes the association between maternal neglect or rejection and child psychopathology. In another article a (female) columnist quotes a "pretty young mother" as saying, "[With expert intervention] Mark has become the potentially loveable child he always was" (Welton 1964). A mother who loves her son achieves an aesthetic ideal – as long as her mother-love is mediated, sifted and sanitized, through expert intervention.

[25] Of course the lifestyle outlined by this mother is not so "average" at all; in fact it is privileged. This points again to the nature of readership in these magazines and reminds us not to generalize from this commentary to the experiences of women of other social classes and ethnicities.

尽管有机的心理疾病描述可能使母亲免于责备，但它同时将她排除在监管儿子行为和福祉的领域之外。因此，即使杂志文章更多地减轻了母亲的内疚和责备感，但仍然存在一种普遍的评判潜流。这种评判以多种形式出现，但始终围绕着母亲的在场/缺席动态组织。例如，处理儿童心理疾病耻辱的文章有时会严厉评判母亲，因为她们为了维护家庭和谐的公共形象而忽视孩子的心理健康。一位作家声称：“富裕的孩子往往是最后得到帮助的人。他们遭受的痛苦最大，因为他们的父母认为情感问题会影响家庭的社会地位”（Honor 1957，57）。尽管 20 世纪 50 年代美国家庭的审美理想几乎没有为心理疾病或家庭动荡留出空间，但母亲们可能意识到，不仅他们的社会地位，而且他们的育儿质量都会因承认男孩的情感问题而受损。一位儿子因情绪障碍而接受药物治疗的母亲向读者保证了她自己的社会地位和对儿子的爱：“我们是一个普通的一台电视、两辆车的家庭；周末我们去各种地方……早上去教堂……下午有朋友来访……我们的男孩有一个体面的家；他爱他的家庭，也受到爱。”（邓恩 1962，45）。

然而，问题男孩与问题母亲之间的紧密联系在暗示那些无法控制的男孩的母亲自己也变得无法控制时，更加阴险地存在。一位（男性）作家回忆起一位母亲，她对自己儿子需求的意识（药物治疗）“改变了她的生活”；她变得“更冷静、更沉着、更有吸引力”（Moak 1959，35）。母亲的自我控制与她的审美品质直接相关：“她新学的自我控制使她成为一个更有吸引力的人。”鉴于这种审美主义在 20 世纪 50 年代与家庭理想如此紧密地联系在一起，我建议这位作家在一定程度上暗示了一个家庭卫生化的项目，通过药物治疗。家庭内部被净化的一部分是母亲的权威。随着科学实践取代母亲的权威，母亲能够更接近地实现 20 世纪 50 年代家庭生活的理想。

药物治疗也往往唤起母爱的幽灵，尽管现在是以一种消毒的方式。母亲无法爱她那麻烦的儿子的问题通过专家治疗得到了修正：“现在我可以再次爱这个孩子了，”一位母亲声称（1968 年《时代》）。这种承认对问题男孩缺乏母爱与母性忽视或拒绝与儿童心理病理学之间的联系相呼应。在另一篇文章中，一位（女）专栏作家引用了一位“年轻漂亮的母亲”的话说：“[在专家干预下] 马克变成了他一直可能成为的可爱孩子”（1964 年韦尔顿）。一个爱她的儿子的母亲实现了美学理想——只要她的母爱是通过专家干预来调节、筛选和消毒的。

当然，这位母亲所描述的生活方式根本不是那么“普通”；实际上，它是特权化的。这再次指出了这些杂志读者群的本质，并提醒我们不要从这篇评论中推广到其他社会阶层和种族女性的经历。

It is important to say that articles which heralded the discovery of drug treatment and organic theories for emotionally disturbed children were also punctuated by the real anxiety and distress mothers felt over their boys' behaviors. While much of the discussion above tends to incorporate a critique of scientific attitudes toward mothers during this period, it is by no means meant to minimize the emotions of families dealing with problems associated with emotional disturbance and other associated disorders. Many women at a loss over their sons' behaviors did probably see remarkable improvements not only in their sons' behaviors but also in their own mental and emotional well-being through the "magic of child psychiatry" (Moak 1959, 35). The decision to treat children for emotional disturbance was clearly not made lightly by mothers: "The hardest part . . . was recognizing that our boy did have a problem and needed more help than we, his parents, were able to give, and then going out and getting it for him" (Dunn 1962, 46). In face of writers urging that emotional disturbance "needs to be treated quickly" (Tolchin 1959, 70) mothers who made such decisions no doubt felt their sons' behaviors were intolerable and that they were doing the right thing in medicating them.

Given the historical stream of events that links mothers, sons, and childhood psychopathology in the period preceding the development of Ritalin, magazine writers' apparent reluctance to protest drug treatment for boys' behaviors is not so surprising. A problem boy struck his mother at the heart of her insecurity about the quality and the repercussions of her mother-love. No matter what the ultimate cause of a boy's behavior, mothers who questioned their ability to love their boys properly were programmed to worry that their inadequacies could do further harm to their sons. Consulting the experts and accepting medical intervention had the paradoxical effect of absolving mothers of some blame and guilt, and displacing their authority with social-scientific ideals.

Lingering Residue: Mothers, ADHD, and Ritalin Today

The philosopher of science Elizabeth Lloyd uses the phrase "pre-theoretical assumptions" to describe "the social assumptions and prior commitments of scientists [that] play a major role in the practice of science itself" (Lloyd 1993, 150). Multiple social assumptions and prior commitments played leading roles in the creation of ADHD categories and Ritalin: the construction of certain kinds of "problem behavior" in boys as a medical problem; the belief that science had superior methods for raising psychologically healthy boys; and an association between problems in boys and problems in mothers. These social assumptions do not just shape the way science is done. They also shape the way scientific knowledge is received and incorporated back into society, thereby creating a complex interrelationship between social assumptions and scientific knowledge. This dynamic can lay the groundwork for the legitimizing of social and cultural prejudices through scientific theory and practices.

重要的是要指出，那些预示着对情绪失调儿童药物治疗方法及有机理论的发现的文章，也伴随着母亲们对男孩行为的真实焦虑和痛苦。虽然上述讨论很大程度上倾向于包含对这一时期科学态度对母亲们的批判，但这绝不是要贬低处理与情绪失调及其他相关疾病相关问题的家庭所感受到的情感。许多在儿子行为上感到困惑的母亲们，可能通过“儿童精神病学魔法”（Moak 1959，35）不仅看到了儿子行为的显著改善，也看到了她们自己在心理和情感上的改善。母亲们决定治疗有情绪失调的儿童，显然并非轻率之举：“最难的部分……是认识到我们的儿子确实有问题，需要比我们，他的父母，能够给予的更多帮助，然后出去为他找到它”（Dunn 1962，46）。面对作家们催促“情绪紊乱‘需要迅速治疗’”（托尔钦 1959，第 70 页），做出这样决定的母亲们无疑觉得她们儿子的行为无法忍受，并且认为给孩子们用药是正确的做法。

鉴于将母亲、儿子和童年心理疾病联系起来的历史事件流，杂志作家对男孩行为药物治疗的明显抵制并不令人惊讶。一个问题男孩打击了他母亲对其母爱的质量和后果的不安全感。无论男孩行为的最终原因是什么，那些质疑自己是否能正确爱他们的儿子的母亲，都会担心自己的不足会进一步伤害他们的儿子。咨询专家和接受医疗干预产生了矛盾的效果，即减轻了母亲的某些责备和内疚，并用社会科学理想取代了她们的权威。

残留物：母亲、ADHD 和今日利他林

科学哲学家伊丽莎白 · 莱德使用“先验假设”这个短语来描述“科学家的社会假设和先前的承诺在科学实践本身中起着重要作用”（莱德 1993，第 150 页）。多种社会假设和先前的承诺在创建 ADHD 类别和利他林中发挥了主导作用：将某些类型的“问题行为”在男孩中视为医学问题；相信科学有优越的方法来培养心理健康的男孩；以及男孩问题和母亲问题之间的联系。这些社会假设不仅塑造了科学实践的方式。它们还塑造了科学知识被接受和重新融入社会的方式，从而在社会假设和科学知识之间形成了复杂的相互关系。这种动态可以为通过科学理论和实践合法化社会和文化偏见奠定基础。

The social-scientific assumption that a boy's ADHD-type behaviors are associated with the neurotic behavior of his mother is disturbing enough that we may wish to dismiss it as an idiosyncrasy of mid-century thinking. I believe we would be wrong to do so. Mothering ideals continue to powerfully shape American women's experiences of mothering.[26] In addition, rising rates of ADHD, depression, and violence among young American boys have prompted psychologists to declare a national crisis: "Boys today are in serious trouble, including many who seem 'normal' and to be doing just fine" (Pollack 1998, xix). A recent explosion of popular books, television shows and conferences related to the psychological problems of young boys helps fuel this crisis.[27] Many of these popular books on boys' problem behaviors contain direct prescriptives for better mothering of sons. In particular, ADHD symptoms are now seen as evidence of boys' psychological and emotional distress, possibly over a rejecting mother. One prominent psychologist has argued that ADHD-type behaviors in boys are a sign of boys' distress at being forced by mother and a cultural "boy-code" to separate emotionally and physically from mother at an early age (ibid.). Other psychologists suggest that mothers' emotional separation from, or rejection of, sons is a result of mothers' confusion over how to raise "happy, successful men" (Kindlon and Thompson 1999). These publications and the enormous public interest in them (several of these books spent many weeks on the *New York Times* bestseller list) indicate the extent to which the linkages between problem boys and problematic mothers linger today. Even as authors attempt to persuade mothers that their sons' problems are not medical, they enforce the idea that mothers are part of boys' problems and that professional intervention into the mother-son relationship is required for boys' future wellbeing. I would suggest that under these conditions contemporary American mothers are likely to view medical intervention into their sons' problem behaviors as one of an array of available professional services of which they will avail themselves in the process of trying to be good mothers to their sons.

Modern American mothers are historically programmed to worry about their sons' behaviors and to blame themselves when those behaviors do not meet normative standards of achievement and success.[28] Mothers' perceptions of their sons' behaviors are likely to be filtered through their desire to be good mothers, the pressure to produce good sons, the need to consult expert opinion, pervasive media coverage of

[26] The "good mother" ideology is often mentioned in feminist treatments of mothering, and there is substantial agreement as to the substance of the good mother aesthetic. See, for example, Thurer 1994; O'Reilly 2001; and Glenn et al. 1994.

[27] For a sampling of books, see Pollack 1998; Kindon Thompson 1999; Garbarino 2000; Newberger 1999; and Gurian 1998.

[28] Susan Bordo (1998) has argued that women are especially vulnerable to technologies that promise to enhance women's appearance, behavior, and performance in line with cultural and social norms. Bordo has written about the use of cosmetic surgery to bring women's bodies into line with cultural ideals; others (i.e., Kramer 1993) have suggested that Prozac can be used to improve women's behaviors in line with social ideals. Part of Ritalin's appeal is that it can "improve" mothers and sons.

社会科学假设男孩的 ADHD 型行为与其母亲的神经质行为有关，这已经足够令人不安，以至于我们可能希望将其视为中世纪思维的怪癖。我认为这样做是错误的。母亲理想继续强烈塑造美国女性的育儿经历。此外，美国年轻男孩中 ADHD、抑郁症和暴力率的上升促使心理学家宣布国家危机：“今天的男孩正处于严重困境中，包括许多看似‘正常’且表现得很好的男孩”（Pollack 1998，xix）。近期有关年轻男孩心理问题的流行书籍、电视节目和会议的激增有助于加剧这一危机。许多关于男孩问题行为的流行书籍直接提供了改善儿子养育的建议。特别是，ADHD 症状现在被视为男孩心理和情感痛苦的证据，可能是由于被拒绝的母亲。一位杰出的心理学家认为，男孩在 ADHD 型行为是男孩因母亲和文化上的“男孩准则”而被迫在早年情感和身体上与母亲分离的痛苦迹象（同上）。其他心理学家认为，母亲对儿子的情感分离或拒绝是母亲对如何养育“快乐、成功的男人”感到困惑的结果（Kindlon 和 Thompson 1999）。这些出版物以及公众对它们的巨大兴趣（这些书中有几本在《纽约时报》畅销书榜单上停留了数周）表明了问题男孩和问题母亲之间的联系至今仍然存在。尽管作者们试图说服母亲，他们的儿子的问题是非医学性的，但他们强化了母亲是男孩问题一部分的观点，并认为需要专业干预母亲与儿子之间的关系，以促进男孩未来的福祉。我建议在这些条件下，当代美国母亲们可能会将对他们儿子问题行为的医疗干预视为一系列可用的专业服务之一，她们在努力成为好母亲的过程中可能会利用这些服务。

现代美国母亲在历史上被编程为担心儿子的行为，并在这些行为不符合成就和成功规范标准时责怪自己。母亲对儿子行为的看法很可能是通过她们成为好母亲的愿望、培养好儿子的压力、咨询专家意见的需求以及媒体对这一问题的普遍报道而过滤的。

[26]“好母亲”意识形态常在女性主义对母亲的论述中被提及，关于好母亲美学的实质，人们有相当大的共识。例如，参见 Thurer 1994；O’Reilly 2001；以及 Glenn 等人 1994。

27 关于书籍样本，参见 Pollack 1998；Kindon Thompson 1999；Garbarino 2000；Newberger 1999；以及 Gurian 1998。

28 Susan Bordo（1998）认为，女性特别容易受到那些承诺符合文化和社会规范来提升女性外貌、行为和表现的技术的影响。Bordo 曾撰写关于使用整形手术使女性的身体符合文化理想的文章；其他人（例如，Kramer 1993）则建议可以使用百忧解来改善女性的行为，使其符合社会理想。

利他林的吸引力之一在于它可以“改善”母亲和儿子。

ADHD and Ritalin, and blatant advertising appeals to improve their relationships with their sons through the use of stimulant medication. Mothers are not to blame for rising diagnoses of ADHD; however it is possible that mothers' tolerance for their sons' problem behaviors is reduced because of the factors outlined above, leaving them vulnerable to medical intervention. It is important to incorporate an awareness of mothers' vulnerability to ADHD diagnosis and Ritalin treatment into public and clinical spaces. While this vulnerability is still veiled, or unspoken for fear of blaming mothers, mothers are less able to resist medical intervention for their sons' behaviors.

Conclusions

I hope this elucidation of the historical concerns with the behaviors of mothers and sons in the particular context of ADHD and Ritalin brings an embodied perspective to the predicament of mothers of boys with ADHD. When we embody the overly generous spaces of this diagnostic category with historical actors we begin to glimpse the scaffolding of a gendered social order that the diagnosis serves and upholds. Mothers' talk about the effects of their boys' medication surfaces a deep identification with the cultural script that connects behavior problems in boys to problematic mothers. As a diagnostic category, ADHD serves and maintains this anxiety about boys and their mothers.

A question remains related to historical memory: Why is the history of ADHD and Ritalin largely unrecognized, indeed, forgotten, in the heat of contemporary debates? My own thinking about this puzzle begins with Foucault (1965) and his ideas about the processes by which social behavioral norms become codified in psychiatric categories. Foucault argued that these categories appear to be divested of social "subjective" meaning even while psychiatric practices continually reproduce normative social standards and (re)inscribe them on the social body. Psychiatric categories thereby reify social norms as objective truths by removing them from the social body and from the historical space the body inhabits. Scientific understanding of ADHD in this decade has actively promoted a disembodied reality to ADHD through a brain-based discourse of neurotransmitters, receptor sites, and chemical processes. The brain, divorced from the body, is divested of time and history in which the body moves, and so ADHD, which resides in the brain, would also appear to have no history.

Unfortunately this Foucauldian answer to the puzzle of memory ignores the fact that a substantial portion of the social body strongly contests scientific explanations of ADHD. These contestations would appear to re-embody ADHD, casting it as a social phenomenon invested with a litany of social anxieties and elevated to cultural icon status. However as cultural icon the ADHD phenomenon is sufficiently inflated to have become a site crowded with noisy ideological debates that often lose sight of grounded realities. As it becomes more and more difficult to look at on-the-ground

ADHD 和利他林，以及明显的广告呼吁，通过使用兴奋剂药物来改善他们与儿子之间的关系。不应责怪母亲导致 ADHD 诊断率上升；然而，由于上述因素，母亲对儿子问题行为的容忍度可能降低，使他们容易受到医疗干预。将母亲对 ADHD 诊断和利他林治疗的易受伤害性纳入公众和临床空间是很重要的。尽管这种易受伤害性仍然被掩盖，或者因为害怕责怪母亲而不被提及，但母亲在抵制为儿子进行医疗干预方面能力较弱。

结论

我希望这一对历史上关于母亲和儿子行为（特别是在 ADHD 和利他林背景下）的阐释，能为患有 ADHD 男孩的母亲们的困境带来一种具身化的视角。当我们用历史人物来填充这一诊断类别的过度宽泛空间时，我们开始窥见诊断所服务并维护的性别化社会秩序的框架。母亲们谈论她们儿子药物的效果，揭示了对将男孩的行为问题与文化脚本中与问题母亲相联系的一种深刻的认同。作为诊断类别，ADHD 服务于并维持了这种关于男孩及其母亲的焦虑。

一个问题与历史记忆相关：为什么 ADHD 和利他林的历史在当代辩论中几乎不被认识，甚至被遗忘？我对这个谜团的思考始于福柯（1965 年）及其关于社会行为规范如何成为精神病学类别编码的过程的思想。福柯认为，即使精神病学实践不断复制规范性的社会标准并在社会身体上重新刻写它们，这些类别似乎也剥夺了社会“主观”意义。因此，精神病学类别通过将它们从社会身体和历史空间中移除，将社会规范具体化为客观真理。本十年对 ADHD 的科学理解通过神经递质、受体位点和化学过程的基于大脑的论述，积极推动了 ADHD 的非实体化现实。大脑与身体分离，失去了身体移动的时间和历史，因此，居住在大脑中的 ADHD 似乎也没有历史。

不幸的是，这种福柯式的对记忆之谜的回答忽略了这样一个事实：社会主体中相当一部分人强烈反对 ADHD 的科学解释。这些争议似乎重新体现了 ADHD，将其描绘成一种充满社会焦虑的社会现象，并提升为文化偶像地位。然而，作为文化偶像，ADHD 现象已经膨胀到成为一个充满嘈杂意识形态辩论的场所，这些辩论往往忽视了基于现实的根基。随着越来越难以观察地面

experiences with ADHD and Ritalin, it also, paradoxically, becomes more difficult to understand ADHD and Ritalin as embodied phenomena.

And so I would venture the hypothesis that our historical memories fail us because from both a sociological and a scientific perspective, we do not tend to treat ADHD and Ritalin as phenomena grounded in time, space and people's lives. We in a sense reify the icon through research and analyses that produce a-historical medical narratives and disembodied social critiques. Both types of narratives veil the medical profession's long (and potentially embarrassing) romance with ADHD diagnosis and Ritalin as tools to manage a professional concern: the relationship between mothers and sons.

A final note: Throughout this discussion I have attempted to treat ADHD as simultaneously a real and a constructed diagnosis. While the legitimacy of the diagnosis is obviously at stake in an analysis of its social functions and historical roots, I am not here attempting to say that ADHD as a neurological disorder does not exist. Indeed, it is impossible to say definitively whether ADHD does or does not exist. It is perhaps more useful to note that the diagnostic category has expanded significantly over the past century, incorporating ever milder and more ambiguous behaviors. The state of the diagnosis today is such that many young American boys fit diagnostic criteria, and that if a diagnosis of ADHD is desired, it can very likely be obtained. The important question, it seems to me, is not about the reality of ADHD; rather it has to do with the *desire* for ADHD diagnosis.

Ritalin is an effective, quick and safe drug for improving focus and attention.[29] A major NIMH study has recently found that Ritalin is the most effective treatment for ADHD (MTA Group 1999). However successful Ritalin treatment provides no proof that a diagnosis of ADHD is "real." In fact, Ritalin has been found to improve attention and focus in "normal" as well as ADHD boys (Rapoport et al. 1978).[30] Therefore Ritalin is a key factor in the desire for ADHD diagnosis, as long as ADHD diagnosis is required for a Ritalin prescription.

As with many psychiatric disorders, the evaluation of children's behavior as symptomatic of pathology is subjective, and the strident and narrow attitude of some biological accounts of ADHD reflect the effort to lessen the subjective nature of this ambiguous diagnosis. No matter what future evidence for the biology or genetics of ADHD emerges, it seems important to remember that children do not ask for Ritalin; adults do. Therefore adults and the adult-world are necessarily and legitimately included in the scope of diagnosis and treatment. The child's developing

[29] As an amphetamine, Ritalin's effects are felt within 30 minutes, and last only about 3–4 hours. Children must take several doses a day to experience lasting improvements in behaviors. Side effects to Ritalin are usually mild and include loss of appetite, sleeplessness, and tics. These side effects can often be ameliorated by adjusting the daily dosage schedule. At present, there is very little research support for media reports about long-term side effects to Ritalin use.

[30] Ritalin's widespread effectiveness in improving attention and concentration is (anecdotally) confirmed by reports of its use among American university students as a "study-aid."

随着观察 ADHD 和利他林在现实生活中的体验变得越来越困难，它也矛盾地变得更加难以理解 ADHD 和利他林作为具体现象。

因此，我敢提出假设，我们的历史记忆让我们失望，因为从社会学和科学的角度来看，我们并不倾向于将 ADHD 和利他林视为根植于时间、空间和人们生活的现象。在某种程度上，我们通过研究和分析将这一象征物具体化，产生了非历史性的医学叙事和脱离肉体的社会批评。这两种类型的叙事都掩盖了医学界与 ADHD 诊断和利他林作为管理专业关注的工具——母子关系——之间长期的（可能令人尴尬的）浪漫关系。

一个最后的注释：在整个讨论中，我试图将 ADHD 同时视为一个真实和构建的诊断。虽然诊断的合法性显然与其社会功能和历史根源的分析有关，但我并不试图说 ADHD 作为一种神经性疾病不存在。事实上，很难断言 ADHD 是否存在。也许更有意义的是指出，在过去的一个世纪中，诊断类别已经显著扩大，包括越来越轻微和模糊的行为。今天的诊断状况是，许多年轻的美国男孩符合诊断标准，而且如果想要得到 ADHD 的诊断，很可能能够得到。在我看来，重要的问题不是关于 ADHD 的现实性；而是与对 ADHD 诊断的渴望有关。

利他林是一种有效、快速且安全的药物，用于提高注意力和专注力。最近的一项主要 NIMH 研究发现，利他林是治疗 ADHD（MTA Group 1999）最有效的治疗方法。然而，利他林治疗的成功并不能证明 ADHD 的诊断是“真实的”。事实上，研究发现利他林可以提高“正常”男孩以及 ADHD 男孩的注意力和专注力（Rapoport 等，1978）。因此，只要 ADHD 的诊断需要利他林处方，利他林就是追求 ADHD 诊断的关键因素。

与许多精神疾病一样，评估儿童行为是否为病理症状是主观的，一些关于 ADHD 的生物解释的尖锐和狭隘态度反映了减轻这种模糊诊断主观性的努力。无论未来关于 ADHD 生物学或遗传学的证据如何出现，似乎重要的是要记住，孩子不会要求服用利他林；成年人会。因此，成年人和成年世界必然且合法地包括在诊断和治疗的范围之内。孩子的发育

29 作为一种安非他命，利他林的效果在 30 分钟内就能感受到，但持续时间只有大约 3-4 小时。儿童必须每天服用多次剂量，才能在行为上获得持续的改善。利他林的副作用通常较轻，包括食欲不振、失眠和抽搐。这些副作用通常可以通过调整每日剂量时间表来缓解。目前，关于利他林长期使用的副作用，很少有研究支持媒体报道。

30 利他林的广泛有效性在提高注意力和集中力方面得到了（轶事性）证实，这通过美国大学生将其用作“学习辅助工具”的报告得到了证实。

brain is embedded in the collective mind in any case, in addition to having its own inherent strengths and weaknesses. The real complexities surrounding the ADHD-Ritalin phenomenon are surely most productively elaborated from this embedded starting point.

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大脑无论如何都嵌入在集体意识中，除了拥有其固有的优势和劣势之外。围绕ADHDRitalin 现象的真实复杂性无疑是从这个嵌入的起点最富有成效地阐述的。

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信件

1998 年 3 月 2 日。诺华医疗信息服务部阿米希 · 沙赫的信

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