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章节标题：直面疯狂

文明狂热

副标题：从圣经到弗洛伊德，从疯人院到现代医学的疯狂文化史

Book Author(s): 安德鲁·斯库尔

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Chapter One

CONFRONTING MADNESS

Madness *in* civilization? Surely madness is the very negation of civilization? Enlightenment thinkers, after all, used to argue that Reason is the faculty that distinguishes human beings from beasts. If that is so, then surely Unreason is what lies beyond the pale, corresponding in some sense to the point at which the civilized becomes the savage. Madness is not *in* civilization, but something wholly outside it and alien to it.

On reflection, however, matters are not quite so simple. Paradoxically, madness exists not just in opposition to civilization, or solely on its margins. On the contrary, it has been a central topic of concern for artists, for dramatists, novelists, composers, divines, and physicians and scientists, not to mention how closely it affects almost all of us – either through our own encounters with disturbances of reason and emotion, or through those of family members and friends. In important ways, that is, madness is indelibly part of civilization, not located outside it. It is a problem that insistently invades our consciousness and our daily lives. It is thus at once liminal and anything but.

Madness is a disturbing subject, one whose mysteries puzzle us still. The loss of reason, the sense of alienation from the common-sense world the rest of us imagine we inhabit,[1] the shattering emotional turmoil that seizes hold of some of us and will not let go: these are a part of our shared human experience down through the centuries and in every culture. Insanity haunts the human imagination. It fascinates and frightens all at once. Few are immune to its terrors. It reminds insistently of how tenuous our own hold on reality may sometimes be. It challenges our sense of the very limits of what it is to be human.

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第一章

面对

MADN ESS

文明中的疯狂？当然，疯狂正是文明的否定？
启蒙思想家们毕竟曾经争论说，理性是人类与野兽区别开来的能力。如果是这样，那么无疑非理性就是超出界限的东西，在某种程度上对应着文明变成野蛮的点。疯狂不在文明之中，而是一种完全在文明之外、与文明格格不入的东西。

然而，在反思之后，事情并不那么简单。矛盾的是，
疯狂不仅存在于文明的对立面，也不只是存在于其边缘。
相反，它一直是艺术家、剧作家、小说家、作曲家、神职人员和医生以及科学家关注的中心话题，更不用说它如何紧密地影响着我们所有人——无论是通过我们自身与理智和情感的干扰的遭遇，还是通过家庭成员和朋友的遭遇。在重要方面，也就是说，疯狂是文明不可磨灭的一部分，并不位于其外。这是一个坚持不懈地侵入我们的意识和日常生活的难题。因此，它既是边缘的，又远非如此。

疯狂是一个令人不安的主题，其神秘之处仍然让我们困惑。
理智的丧失，从我们想象中居住的常识世界中的疏离感，那些抓住我们并不愿放手的精神动荡：这些都是我们跨越几个世纪和每个文化的共同人类经历的一部分。疯狂困扰着人类的想象力。它既令人着迷又令人恐惧。很少有人能免受其恐怖的影响。它不断提醒我们，我们对自己现实把握的脆弱性。它挑战了我们对于人类本质极限的认识。

My subject is madness in civilization. Their relationship, and their complex and multi-vocal interactions are what I mean to explore and make sense of here. Why *madness*? That is a term that has overtones of anachronism, even of a callous disregard for the sufferings of those we have learned to call the mentally ill, an ill-mannered, or worse, resort to a vocabulary at once stigmatizing and offensive. Heaping more miseries on the mad, adding to the stigma that has enveloped them through the ages, could not be further from my intent. The pain and misery that losing one's mind entails for its victims, for their loved ones and for society at large is something no one who encounters this subject can or should ignore, nor minimize. Here lie some of the most profound forms of human suffering – sadness, isolation, alienation, misery and the death of reason and of consciousness. So once more, and more insistently this time, why do I not opt for some softer term – mental illness or mental disturbance, let us say – rather than deliberately employ what we have come to view as the harsher word, madness?

For psychiatrists, our designated authority these days on the mysteries of mental pathologies, the use of such terms is often seen as a provocation, a rejection of science and its blessings, which they claim to exemplify. (Oddly enough, precisely for that reason, madness is a word defiantly embraced by those who vociferously reject psychiatry's claims and resist the label of psychiatric patient, preferring to refer to themselves as psychiatric survivors.) So is my choice of title and terminology perverse, or a sign that, like some influential writers – the late Thomas Szasz, for example – I consider mental illness a myth? Not at all.

In my view, madness – massive and lasting disturbances of reason, intellect and emotions – is a phenomenon to be found in all known societies, one that poses profound challenges of both a practical and symbolic sort to the social fabric, and to the very notion of a stable social order. The claim that it is all a matter of social constructions or labels is to my mind so much romantic nonsense, or a useless tautology. Those who lose control of their emotions, whether melancholic or manic; those who do not share the common-sense reality most of us perceive and the mental universe we inhabit, who hallucinate or make claims about their existence that people around them conclude are delusions; those who act in ways that are profoundly at variance with the conventions and expectations of their culture, and are heedless of the ordinary corrective measures their community mobilizes to induce them to desist; those who manifest extremes of extravagance and incoherence,

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我的主题是文明中的疯狂。他们的关系，以及他们的

复杂且多声部的互动正是我想探索并理解的内容。为什么是疯狂？这是一个带有复古意味的术语，甚至是对那些我们称之为精神疾病者、行为不端者或更糟，使用一种既具有污名化又具攻击性的词汇的冷漠无视。给疯狂的人增添更多痛苦，增加他们世代以来所笼罩的污名，与我的意图相去甚远。失去理智给受害者、他们的亲人以及整个社会带来的痛苦和苦难，任何接触这个主题的人都不应忽视，更不应轻视。这里存在着人类最深刻的痛苦形式——悲伤、孤立、疏离、苦难以及理智和意识的死亡。所以，再次，并且这次更加坚决地，为什么我不选择一些更温和的词汇——比如精神疾病或精神障碍——而不是故意使用我们视为更严厉的词汇，疯狂？

对于精神科医生，我们现今指定的神秘领域权威

关于心理疾病，使用这些术语通常被视为挑衅，是对科学及其恩赐的拒绝，他们声称这些术语是例证。奇怪的是，正因为如此，疯狂这个词被那些大声拒绝精神病学主张和抵制精神病患者标签的人勇敢地接受，他们更愿意称自己为精神病学幸存者。我的标题和术语选择是扭曲的吗，或者这是否表明，像我的一些有影响力的作家——例如已故的托马斯·萨兹——一样，我认为精神疾病是一种神话？根本不是这样。

在我看来，疯狂——大规模且持久的理性紊乱，

智力与情感——这是所有已知社会中都存在的现象，它对社会的结构以及稳定的社会秩序观念提出了深刻的实际和象征性的挑战。认为这一切都是社会构造或标签的问题，在我看来，不过是浪漫的胡言乱语，或者是一种无用的同义反复。那些失去情感控制的人，无论是忧郁的还是狂热的；那些不与我们大多数人所感知的常识现实和我们所居住的精神世界共享的人，他们产生幻觉或对自己的存在提出主张，而周围的人认为这是错觉；那些以与他们文化传统和期望截然不同的方式行事的人，以及那些对他们的社区动员起来诱导他们停止的普通纠正措施视而不见的人；那些表现出极端的奢侈和混乱的人，

or who exhibit the grotesquely denuded mental life of the demented: these form the core of those we look upon as irrational, and are the population that for millennia was regarded as mad, or referred to by some analogous term.

Why am I writing a history of 'madness' or 'mental illness'? Why not call it a history of psychiatry? To such questions I have a simple answer. That kind of 'history' wouldn't be a history at all. I plan to discuss the encounter between madness and civilization over more than two millennia. For the great majority of that time, madness and its cognates – insanity, lunacy, frenzy, mania, melancholia, hysteria and the like – were the terms in general usage, not just among the masses or even the educated classes, but universally. Indisputably, 'madness' was not only the everyday term employed to come to terms with Unreason, but a terminology embraced by those medical men who sought to account for its depredations in naturalistic terms, and at times to treat the alienated. Even the first mad-doctors (for such they called themselves, and were known as by their contemporaries) did not hesitate to use the word, and it persisted in polite discourse, alongside other terms including lunacy and insanity, almost all the way through the nineteenth century, only gradually becoming linguistically taboo.

As for 'psychiatry', it is a word that did not begin to emerge until the nineteenth century in Germany. It was fiercely rejected by the French (who preferred their own term *aliénisme*), and by the English-speaking world, which began, as I alluded to in the previous paragraph, by calling medical men who specialized in the management of the mad 'mad-doctors'. Only later, when the ambiguities and implied contempt – the slur embodied in that term – came to seem too much, did the proto-profession embrace without a clear preference a whole array of alternatives: 'asylum superintendent', 'medical psychologist' or (in a nod to the French) 'alienist'. The one label English-speaking specialists in mental disorders could not abide, and fought against using into the early years of the twentieth century (when it finally began to be the preferred term), was 'psychiatrist'.

More broadly, the emergence of a self-conscious and organized group of professionals who laid claim to jurisdiction over mental disturbance, and who obtained a measure of social warrant for their claims, is largely a phenomenon of the period from the nineteenth century onwards. Madness is now mostly viewed through a medical lens, and the language preferred by psychiatrists has become the officially approved medium through which most (though not all) speak of these matters. But this is the result of historical

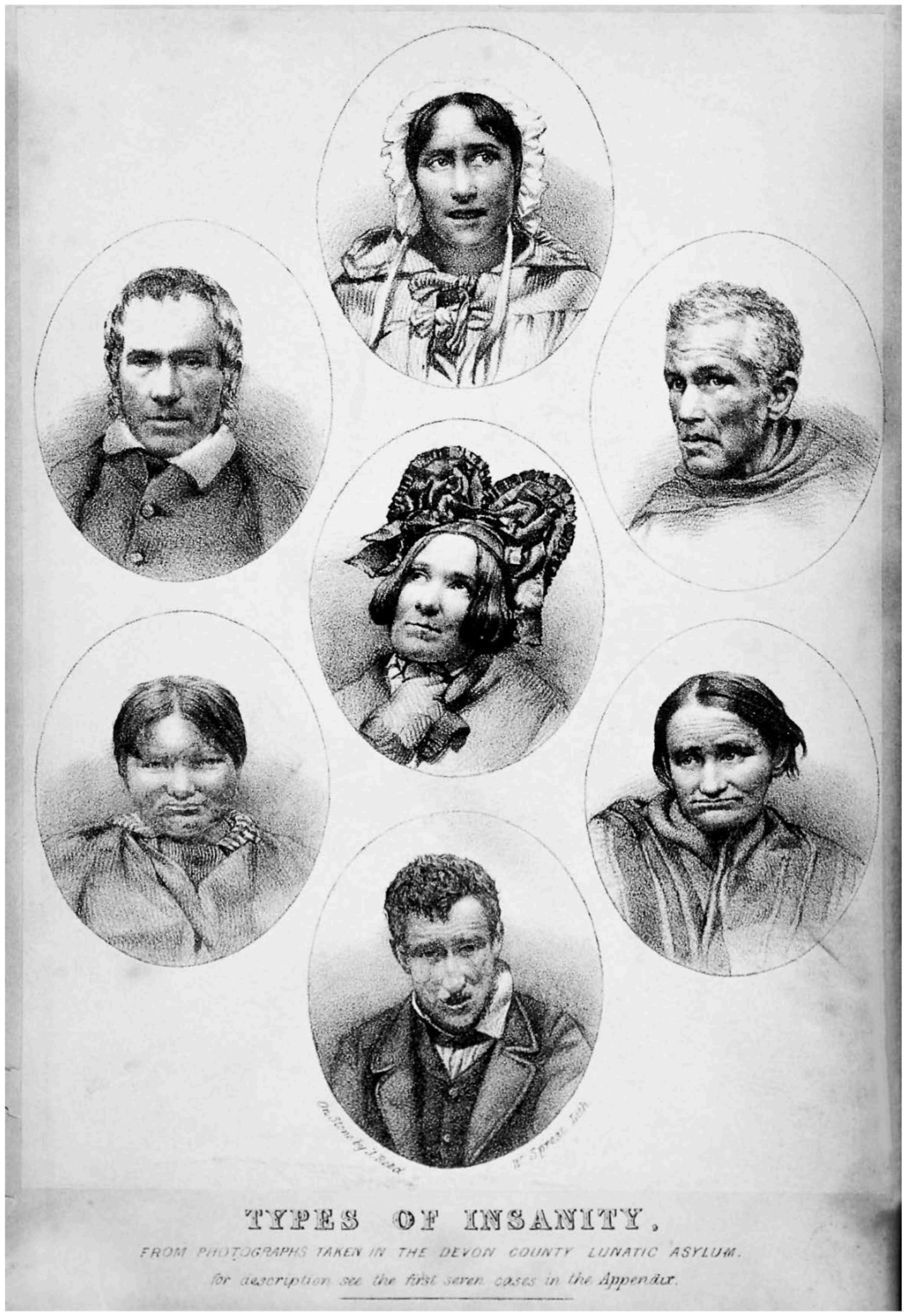
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或者表现出疯狂者那荒谬地裸露的精神生活：这些人构成了我们视为非理性的人的核心，也是数千年来被视为疯狂，或被某些类似术语所称呼的人群。

为什么我要写关于“疯狂”或“精神疾病”的历史？为什么不称之为精神病学的历史？对于这样的问题，我有一个简单的答案。那种“历史”根本就不是历史。我计划讨论疯狂与文明之间超过两千年的遭遇。在那段漫长的时间里，疯狂及其同义词——疯狂、疯狂、狂热、狂躁、忧郁、歇斯底里等等——是通用术语，不仅限于大众，甚至受过教育的人，而且是普遍的。毫无疑问，“疯狂”不仅是用来应对不合理事物的日常用语，也是那些寻求用自然主义术语解释其破坏性并有时治疗被疏远者的医学人士所采用的术语。即使是第一批被称为“疯狂医生”（他们这样称呼自己，同时代人也是如此）的人，也毫不犹豫地使用这个词，它与其他术语（包括疯狂和狂躁）一起，在 19 世纪几乎一直存在于礼貌的对话中，只是逐渐成为语言禁忌。

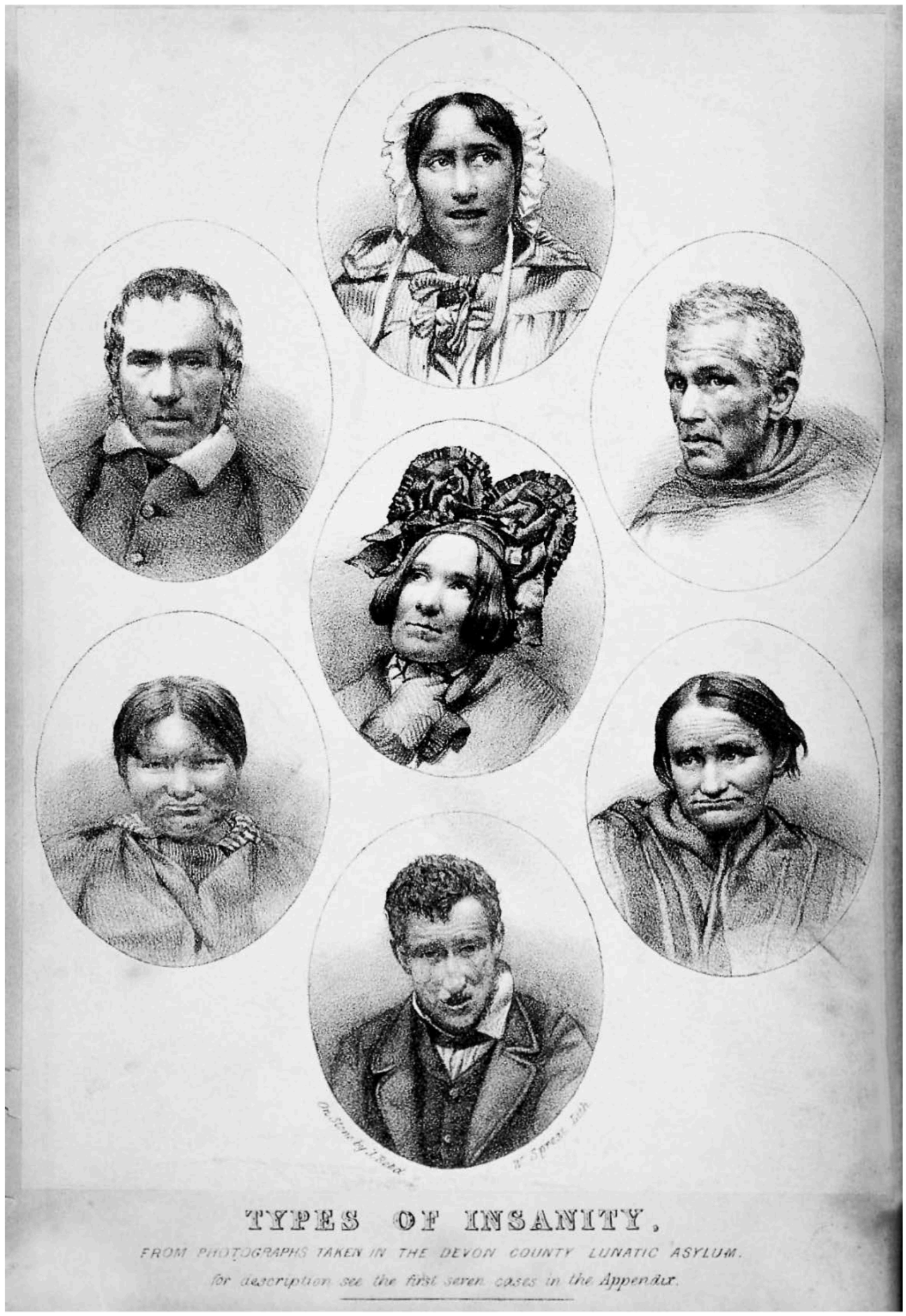
至于“精神病学”，这是一个直到最近才开始出现的词汇19 世纪德国。它被法国（他们更喜欢自己的术语 aliénisme）和英语世界激烈地拒绝，正如我在上一段中提到的，英语世界开始称那些专门管理疯子的医生为“疯狂医生”。只有在模糊性和隐含的轻蔑——那个术语所体现的诽谤——似乎太过分之后，这个原始职业才没有明确偏好地接受了一系列替代品：“精神病院院长”、“医学心理学家”或者（向法国致敬）“精神病学专家”。英语世界的精神病专家无法忍受的一个标签，并在 20 世纪初（那时它最终成为首选术语）之前一直反对使用的是“精神科医生”。

更广泛地说，一个自觉且组织有序的群体的出现专业人士声称对精神错乱拥有管辖权，并获得了对其主张一定程度的社会认可，这主要是一种从 19 世纪开始的现象。现在，疯狂主要从医学的角度来审视，精神病学家的语言已成为官方批准的媒介，通过这种媒介，大多数人（尽管不是所有人）谈论这些问题。但这却是历史的结果



'Types of Insanity', the frontispiece to John Charles Bucknill and Daniel Hack Tuke's A Manual of Psychological Medicine *(1858), one of the first widely used textbooks on the diagnosis and treatment of insanity. Like other alienists, Bucknill and Tuke believed that madness took different forms, and that those distinct types of insanity could be read on the countenances of their patients.*

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《疯狂的类型》，约翰·查尔斯·巴克尼尔和丹尼尔·哈克·特克的《心理医学手册》（1858 年）的扉页，这是关于诊断和治疗疯狂的第一本广泛使用的教科书之一。像其他精神病学专家一样，巴克尼尔和特克认为疯狂有不同的形式，并且这些不同的疯狂类型可以从他们的患者脸上读出来。

change, and in a wider view, quite a recent development. The creation of such professionals, their language and their chosen interventions, are phenomena that we shall discuss and try to comprehend. But they are not, and ought not to be, our starting place.

So madness it is, a term that even now few people have difficulty in understanding. Using that age-old word has the further advantage that it throws into relief another highly significant feature of our subject that a purely medical focus neglects. Madness has much broader salience for the social order and the cultures we form part of, and has resonance in the world of literature and art and of religious belief, as well as in the scientific domain. And it implies stigma, and stigma has been and continues to be a lamentable aspect of what it means to be mad.

Even in our own time, definitive answers about the condition remain almost as elusive as ever. The very boundaries that separate the mad from the sane are a matter of dispute. The American Psychiatric Association, whose *Diagnostic and Statistical Manual* (DSM) has achieved global influence, not least because of its linkages to the psychopharmacological revolution, has subjected its bible to seemingly endless iteration and revision. Yet despite these various efforts to achieve resolution, the DSM remains enmeshed in controversy, even at the highest reaches of the profession itself. Depending upon how one counts, it is now on its fifth or its seventh revision, and the publication of its latest incarnation has been delayed by years of wrangling and public controversy over its contents. As its lists of diagnoses and 'diseases' proliferate, the frantic efforts to distinguish ever-larger numbers of types and sub-types of mental disorder come to seem like an elaborately disguised game of make-believe. After all, despite the plethora of claims that mental illness is rooted in faulty brain biochemistry, deficiencies or surpluses of this or that neurotransmitter, the product of genetics and one day perhaps traceable to biological markers, the aetiology of most mental illness remains obscure, and its treatments are largely symptomatic and generally of dubious efficacy. Those who suffer from serious psychoses make up one of the few segments of our societies whose life expectancy has declined over the past quarter of a century[2] – one telling measure of the gap between psychiatry's pretensions and its performance. In this arena, at least, we have not yet learned how to cut nature at the joints.

The wager that handing madness over to the ministrations of medics will have a practical payoff has had some successes – most notably with

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变革，从更广阔的角度来看，是相当近期的发展。这样专业人士的创造、他们的语言和选择干预的方式，是我们将讨论并试图理解的现象。但它们不是，也不应该是我们的起点。

所以，疯狂就是这样一个术语，即使现在，也很少有人难以理解

理解。使用这个古老的词汇还有进一步的优点，那就是它突显了我们主题的另一个非常显著的特征，这是纯粹医学关注所忽视的。疯狂对于社会秩序和我们所属的文化具有更广泛的意义，在文学、艺术、宗教信仰以及科学领域都有共鸣。
并且它意味着耻辱，耻辱一直是并且继续是疯狂含义中的一个令人遗憾的方面。

即使在我们这个时代，关于这种状况的明确答案仍然存在

几乎一如既往地难以捉摸。区分疯狂与理智的界限一直是争论的焦点。美国精神病学协会，其诊断与统计手册（DSM）在全球范围内产生了影响，这不仅因为其与精神药理学革命的关联，还因为它似乎经历了无尽的迭代和修订。尽管做出了各种努力以达成共识，但 DSM 仍然陷入争议，甚至在专业领域的最高层也是如此。根据不同的计算方式，它现在正在进行第五版或第七版修订，其最新版本的出版因多年的争执和公众对其内容的争议而被推迟。随着其诊断和“疾病”列表的增多，区分越来越多的心理障碍类型和亚类型的狂热努力似乎成了一场精心伪装的假装游戏。 毕竟，尽管有大量说法认为精神疾病源于大脑生物化学的错误、某些神经递质的缺乏或过剩，以及遗传因素，也许有一天可以追溯到生物标志物，但大多数精神疾病的病因仍然不明，其治疗方法主要是对症治疗，并且通常效果可疑。那些患有严重精神病的患者构成了我们社会中过去二十五年中寿命下降的少数群体之一——这是精神病学自诩与实际表现之间差距的一个明显指标。在这个领域，至少，我们还没有学会如何从自然界的关节处下手。

赌注将疯狂交给医生的照料

将会有实际回报 已取得一些成功 - 最显著的是与

respect to tertiary syphilis, a terrible disorder that accounted for perhaps 20 per cent of male admissions to asylums in the early twentieth century. For the most part, however, it is a bet we have yet to collect on. Notwithstanding periodic breathless proclamations to the contrary, the roots of schizophrenia or of major depression remain wrapped in mystery and confusion. And with no X-rays, no MRIs, no PET scans, no laboratory tests that allow us to proclaim unambiguously that this person is mad, that person sane, the boundaries between Reason and Unreason remain shifting and uncertain, contested and controversial.

We run enormous risks of misconstruing history when we project contemporary diagnostic categories and psychiatric understandings back on to the past. We cannot safely engage in retrospective diagnosis even in the case of diseases whose contemporary reality and identities seem far more securely established than schizophrenia or bipolar disorder – not to mention a host of other, more controversial psychiatric diagnoses. Observers in earlier times recorded what *they* saw as relevant, not what *we* might like to know. Besides, the manifestations of madness, its meanings, its consequences, where one draws the boundary between sanity and insanity – then and now – these are matters that are deeply affected by the social context within which Unreason surfaces and is contained. Context matters, and we cannot attain an Archimedean view from nowhere, beyond the partialities of the present, from which we might survey in a neutral and unbiased fashion the complexities of history.

Madness extends beyond the medical grasp in other ways. It remains a source of recurrent fascination for writers and artists, and for their audiences. Novels, biographies, autobiographies, plays, films, paintings, sculpture – in all these realms and more, Unreason continues to haunt the imagination and to surface in powerful and unpredictable ways. All attempts to corral and contain it, to reduce it to some single essence seem doomed to disappointment. Madness continues to tease and to puzzle us, to frighten and to fascinate, to challenge us to probe its ambiguities and its depredations. Mine will be an account that seeks to give psychological medicine its due, but no more than its due; one that stresses how far we remain from any adequate understanding of the roots of madness, let alone from effective responses to the miseries it entails; and one that recognizes that madness has a social and cultural salience and importance that dwarf any single set of meanings and practices.

So let us begin.

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关于晚期梅毒，这是一种可怕的疾病，在 20 世纪初可能占到了男性精神病院入院人数的 20%。然而，从很大程度上说，这还是一个我们尚未收到的赌注。尽管不时会有喘不过气来的声明与此相反，但精神分裂症或重度抑郁症的根源仍然笼罩在神秘和混乱之中。在没有 X 光、没有 MRI、没有 PET 扫描、没有实验室检测能够明确宣称这个人疯了，那个人清醒的情况下，理性和非理性的界限仍然是不断变化的、不确定的、有争议的。

我们预测历史时，会面临误解历史的巨大风险

当代诊断分类和精神性理解回归过去。即使在当代现实和身份似乎比精神分裂症或双相情感障碍更为稳固的疾病情况下，我们也不能安全地进行回顾性诊断——更不用说众多更具争议性的精神性诊断了。早期观察者记录了他们认为相关的观察，而不是我们可能想了解的内容。

此外，疯狂的表现、其含义、其后果，以及一个人在理智与疯狂之间的界限——过去和现在——这些都是深受不合理性出现和被抑制的社会背景影响的议题。语境很重要，我们不能从任何地方、超越现在的局限性，以中立和无偏见的方式审视历史的复杂性。

疯狂在医学范畴之外以其他方式延续。它仍然

作家和艺术家们以及他们的观众反复着迷的源泉。

小说、传记、自传、戏剧、电影、绘画、雕塑——在这些领域以及更多的地方，不合理性持续困扰着想象力，并以强大而不可预测的方式浮现。所有试图将其驯服和限制、将其简化为某种单一本质的尝试似乎注定要失望。

疯狂继续挑逗和迷惑我们，令我们恐惧和着迷，挑战我们去探究其模糊性和破坏性。我的叙述将力求给予心理医学应有的地位，但不超过应有的地位；强调我们离充分理解疯狂根源还有多远，更不用说对它带来的苦难的有效应对；同时认识到疯狂在社会和文化上的显著性和重要性，这超越了任何单一的意义和实践。

让我们开始吧。

此内容从