

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.

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,

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



'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.

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 century² – 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

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.