

2 · Madness and Psychiatry Talking: A Historical Dialogue

Roy Porter, A Social History of Madness: Stories of the Insane (1987; Phoenix Giant, 1999).

The core of this book in the chapters to follow will be an investigation into the minds of mad people through their own autobiographical writings. By way of preliminary, this discussion will first attempt to set these in context. What conditions led mad people to write and publish their stories? Or, in other words, what special features of our culture down the centuries have led some people – the ‘mad’ – to feel that they are a very special group, set apart from the rest of society, who particularly need to vindicate themselves by telling the stories of their lives?

To grapple with the issues raised by these questions it is first important to remember that even today we possess no rational consensus upon the nature of mental illness – what it is, what causes it, what will cure it. That is true even amongst psychiatrists. This admission of ignorance must colour our attitudes towards the mass of competing explanations of insanity held in the past by psychiatrists, society and mad people alike. Madness has been and remains an elusive thing. Of course most people, and practically all psychiatrists, would affirm what seems like a common-sense proposition, the reality of mental illness, as the title of a recent defence of psychiatry by the psychiatrists Martin Roth and Jerome Kroll invites us to do. But it is equally possible to think in terms of the manufacture of madness, that is, the idea that labelling insanity is primarily a social act, a cultural construct (or, in its weaker form, the adage that every society gets the mad people it deserves). And it is noteworthy that the book called *The Manufacture of Madness* was not written, as one might imagine, by a revolutionary relativist but by a practising psychiatrist and indeed a university professor of psychiatry, Dr Thomas S. Szasz.

In other words, debate is still raging, not least amongst psychiatrists themselves, about the basic object of their study. Is insanity truly a ‘disease’, rather in the way that we all accept that measles is? Or might it not be better regarded essentially as a badge we pin on people displaying a rather

subjectively defined bundle of symptoms and traits, but who at bottom are just mildly or severely ‘different’ or ‘odd’? In which case, is the bottom line simply that we call people mentally ‘confused’ because we find them ‘confusing’, ‘disturbed’ essentially because we find them ‘disturbing’? – itself a highly disturbing possibility. The mad are ‘strange’. But does that mean anything more than to say that they are strange to us? And then what about the fact that we are strange to them?

The question of what insanity really amounts to remains open. Short of the discovery tomorrow of the schizophrenia gene, these controversial issues will not be quickly settled. The point now is that we should keep in mind – lest we are tempted to feel superior to the inquirers of former times – that madness retains its enigma. And we must see that *strangeness* has typically been the key feature in the fractured dialogues that go on, or the silences that intrude, between the ‘mad’ and the ‘sane’. Madness is a foreign country.

All societies make arrangements for coping with peculiar people whose behaviour is weird, disruptive or dangerous: to that degree madness forms a universal fact of life. But the ways such peculiarities are described, judged and handled differ quite profoundly from society to society, from era to era, and from symptom to symptom. Here we encounter an element of irreducible relativism.

To take an instance, in the West today, relatively mild mental and emotional incapacity is commonly called ‘neurosis’. It is often regarded not as organic but as merely ‘functional’ (for example, a product of worry or ‘tension’), and may well be treated – at least for those who can afford it – by essentially psychiatric means such as psychotherapy. The exact opposite is true in China. There, by the concurrence of doctors and sufferers alike, broadly comparable disabilities are described as being due to ‘neurasthenia’, a diagnosis once common but now extinct in the West. This is regarded essentially as a disease of the body itself. The contrasting diagnoses (and often treatments) follow from divergent socio-cultural priorities. In the individualistic West, mental disorder, if mild, is relatively ‘legitimate’. Because we believe we have a right to happiness, we also believe we have a right to complain when we are miserable, a right to redress. In the much more rigid and communal society of the Communist East, on the other hand, to confess to such weakness would be regarded as shameful and self-indulgent, and would forfeit claims to sympathy and attention. There ‘somatization’ – the presentation of symptoms in physical form linked to an organic diagnosis – by contrast, gives dignity and credibility to the sufferer. Samuel Butler’s Victorian fantasy novel, *Erewhon*, makes these alternatives and reversals particularly clear. In Erewhonian society, crime was universally seen as a disease, but being ill was criminal.

These instances point to something frequently visible in the discussions

which follow: the fact that the language, ideas and associations surrounding mental illness do not have scientific meanings fixed for all time, but are better viewed as 'resources' which can be variously used by various parties for various purposes. What is mental and what is physical, what is mad and what is bad, are not fixed points but culture-relative.

In this book, I am not interested in playing doctor to the dead and performing a series of psychiatric autopsies, trying to work out precisely what form of mental illness various people had. Rather I am concerned to use their writings to see how they 'made sense of self', how they tried to show there was (to use John Perceval's phrase) 'reasonableness in lunacy'. And by doing so I aim to look, from an uncommon angle, at the traditions of culture and knowledge which have given rise to particular ways of thinking, talking and acting about mental disorder in the West – from the viewpoint of the sufferers rather than the psychiatrists. These meanings of madness have been many and they have been deeply contested. Here I shall offer a thumbnail sketch of mad people, their social place and displacement into institutions, and their treatment (what Andrew Scull in a felicitous phrase has called 'madhouses, mad doctors, and madmen'). This will serve as a backdrop to those attempts of the mad to make sense of their plight – their experience of madness and of psychiatry – which will be explored in individual detail in the heart of the book.

Reasoning about Madness

For the Western intellectual tradition, it is with the Greeks that making sense of madness first became a problem, raising alternatives and requiring explanations. In Greek mythology and in the Homeric epics we probably encounter the remnants at least of archaic attitudes towards the mad and their deeds. The Greek heroes go mad; some are driven wild with frenzy; others become beside themselves with fury, revenge or grief. But the myths do not present insanity in the terms later pioneered by Classical medicine and philosophy, and their heroes do not possess psyches comparable to that of Oedipus in Sophocles' play, still less to that of Hamlet or Sigmund Freud. The ancient epic, and we might say the mentality it represents, gives its characters no sensitive, reflective inner self, no mind of their own grappling with what Dr Johnson was to call 'the choice of life'. It is not 'psychological' like the novel.

Homer's heroes are instead more like puppets, players at the mercy of forces essentially from Beyond and beyond their control: gods, demons, the

fates, the furies. They each have their own destiny as warrior, king, son, daughter, father; they possess powerful physical bodies for doing deeds (legs that run, arms that strike blows). We are told far more about their deeds than about their deliberations, and their fates are decided largely by instructions from above, often revealed to them through auguries or in dreams. They are often cursed and pursued by terrible powers, which punish, avenge and destroy, sometimes by driving the demented mad. The process of pollution and purification drives many to distraction. But the inner life, with its dilemmas of reason and conscience and the torments of mental strife, is not yet the centre of attention.

But that more modern mental landscape and its symbols were already emerging by the apogee of Greek civilization in the fifth and fourth centuries BC. Indeed the psychiatrist and historian Bennett Simon has argued, in a way which is illuminating if consciously anachronistic, that Athenian thinking on the psyche as developed during those centuries has set the mould for reasoning about minds and madness in the Western mind ever since. Freud in effect made the same point by calling infantile sexual conflicts the 'Oedipus Complex'.

Greek philosophers energetically set about subjecting nature, society and consciousness to reason. They wished to tame anarchy, establish order, impose self-discipline. Rationality became definitive of the noblest faculty in man. Through logic and theory, cosmic order could be perceived, and so man's unique place in nature understood. But reason could also, through self-knowledge ('know thyself'), understand human nature itself and thereby control the lower 'animal' urges, the baser appetites within. Thus philosophy enthroned reason.

But in doing so the Greeks did not deny the reality of all that was not rational. Indeed, the very adulation they accorded to reason surely attests to the strength which they attributed to the mysterious forces of passion, of destiny, of fate which reason opposed. But schools of Greek philosophers – the Stoics in particular – clearly exposed the irrational as a problem, a menace, a scandal, which reason should combat. The Greeks never lost their terror at the titanic and primordial forces possessing the mind and often toying with human destiny, or their admiration for the 'fire' which seized geniuses and artists, lighting up visions of the divine. But from Plato onwards, philosophy defined how the madness of the irrational was the antipodes of human dignity; and the dichotomy between the rational and the irrational, and the rightful sovereignty of the rational, became fundamental to both their moral and their scientific vocabulary, and, through them, to ours.

If the invention of philosophy enabled the Greeks to reflect upon madness, how did they then explain it? How did they expect to prevent or cure it?

Simon has suggested a useful schematic approach. There were two main traditions, he argues, through which they principally made sense of madness, and which have proved templates for future formulations. One lay in speech and drama, art and theatre, in tragedy in particular. The Greek tragedians made the stuff of their drama the great unbearable elemental conflicts of life – the trauma of the individual will crushed under ineluctable destiny, the rival demands of love and hate, pity and revenge, duty and desire, individual, family and state battling in the breast.

Moreover, they showed these terrifying conflicts becoming – as they never could have been in so many terms for Homer's heroes – the *conscious* objects of reflection, responsibility and guilt, of inner conflict, of minds divided against themselves. Witness the functions of the chorus in tragedy. The destructive powers were no longer essentially those of external fate, of mischievous gods and furies, but were now self-inflicted; heroes were now eaten up with shame, guilt, grief; they tore themselves apart. The new heroes brought their own madness upon themselves and civil war within became integral to the human condition.

But the drama also suggested paths of resolution, or (as Simon puts it) theatre as 'therapy'. Madness might of course simply be punished in death. But, as with Oedipus, suffering could eventuate in a higher wisdom, blindness could lead to insight, and the public enactment of drama itself could be a collective catharsis. Playing madness out, forcing the unthinkable to be spoken, bringing the monsters of the human deep into the open, formed a ritual reclamation of the terrain for reason, spelling order restored.

Thus madness could be the sickness of the soul as expressed by art. Yet the Greeks also developed a quite different way of coping with madness, a tradition not of moral but of medical theory. Faced with what had always been seen as the sacred disease – epilepsy – the scientific doctors of the Hippocratic tradition now daringly denied that it was supernatural, a miraculous visitation from above. On the contrary, they argued, it was but a physical sickness, a product of the regular powers of nature. By implication, all abnormalities, all madness too, could be claimed for naturalistic medicine. Explanations would draw upon physical causes and effects, centring on organs such as the heart or brain, blood, spirits and humours, and cures would rely upon regimen and medicines. In other words, to the scientific temper, mania and melancholy were essentially diseases, intelligible in terms of anatomy and pathology.

Classical thinkers thus defined – but did not solve! – the problem of madness for future ages by elevating *mind*, by valuing reason, order and cosmic intelligibility so highly. Through making man the measure of all things, they made madness human. They also specified alternative and rival schemes for explain-

ing madness, the negation of their ideal. On the one hand, insanity might be the extremes of experience: mind at the end of its tether. As such, madness certainly had its meanings, even if they largely showed man being tortured as part of the terrible workings of a pitiless universe. On the other hand, mental derangement might be essentially a somatic condition, a delirious disease symptom much like fever. In that case, less responsibility was attached to the sufferer, but the explanation also offered less meaning, less reason in madness. Both formulations – madness as badness, madness as sickness – had a fearful potential for regarding the insane person as less than fully human.

The inheritors of the Greek legacy – and in the end that means us – never resolved the Sphinx's riddle of the divide between the psychological and the somatic theories of madness. Both theories have had their attractions and their drawbacks. The culture of medieval Latin Christendom absorbed and made use of both of the Greek alternatives (madness as moral trauma, madness as disease). But it also fitted them within a cosmic Christian scheme – madness as divine Providence – which could impart a higher significance to either. Christian theology could also, of course, treat madness in quite distinctive ways, ones essentially alien to Greek man-centred philosophy; this lay in seeing mental disorder as a mark of the war for the possession of the soul (the 'psychomachy') waged between God and Satan. Medieval and Renaissance minds could regard madness as religious, as moral or as medical, as divine or diabolical, as good or bad.

The modern world dawned with the coming of the Renaissance, the Scientific Revolution and the Enlightenment. But in the short term none of the old multitude of meanings of madness was refuted or became obsolete: the mystery of madness was not cracked. The reader of Robert Burton's compendious *Anatomy of Melancholy* (1621) comes away with the melancholy impression that there are as many theories of madness as there are mad people. And in the event the major change in reasoning about insanity did not come from a great scientific or medical breakthrough. There was no Newton of insanity, no Copernican revolution in psychiatry discovering the secrets within the skull.

The real watershed in attitudes towards, and the treatment of, the mad came rather from a long-term shift in policy towards those displaying delinquent and dangerous traits: the rise of exclusion. Through the Middle Ages and well beyond, crazy people had rarely had any special, formal provision made for them. Refuges specifically for lunatics were almost unknown. A very small number of homes for the insane were set up – a few asylums appeared in fifteenth-century Spain, and around the same time Bethlem Hospital in London began to specialize in caring for mad people. Some monasteries

accepted the odd lunatic. Mostly, however, lunatics were looked after (or neglected) within the family, kept under the watch of the village community, or were simply allowed to wander (the English 'Tom o' Bedlam').

It would be inappropriate to deplore this indifference as especially cruel or to praise it as especially enlightened. It was simply that the traditional state undertook limited welfare functions. Yet the old intermingling of lunatics with people at large possibly preserved some residual sense of common humanity; at least it did not foster a 'them and us' estrangement of the mad as essentially alien beings, as a race apart. This was in line with Christian teachings, which perhaps helped to maintain some sense of the mad person or idiot as a fellow human being, a creature made in God's image, the same as all other believers. If all men were sinners, then the distinctions of the world – the outward appurtenances of rank, wealth, education, success – might in the end count for little in God's eye.

Moreover, under very special circumstances, Christian belief could set a positive value upon madness. Insanity might of course be God's punishment for crime, as the favourite case of Herod's madness exemplified. But madness could also be holy. A faith founded upon the madness of the Cross, which crusaded against worldliness, which lauded the innocence of the infant, which valued the spiritual mysteries of contemplation, asceticism and the mortification of the flesh, and prized faith over intellect, could not help but see gleams of godliness in the simplicity of the fool or in ecstasies and transports (witness the life of Margery Kempe in chapter 6 below).

At least in theory, if perhaps less so in practice, medieval and Renaissance Christianity thought that the voice of folly might be a medium for the voice of God and bade it have its hearing. In the more secular sphere, Court jesters were granted folly's privilege to turn normality topsy-turvy and utter truths denied to politic courtiers; and literary vehicles, from Erasmus' *Praise of Folly* onwards, pointed paradoxically to a simpleton wisdom higher than that of the pompous professors, thus wittily making a nonsense of the very categories securing reason's sovereignty over madness.

Michel Foucault has argued that back in those good old days madness really did utter its own truths and engage in a full dialogue with reason. We need not go all the way with this romantic primitivism. But we can accept his further contention that from the seventeenth century onwards movements were activated which led for the next three centuries to mad people increasingly being segregated from sane society, both categorically and physically. In particular, the institutionalization of the insane inexorably gathered momentum.

The Enlightenment endorsed the Greek faith in reason ('I think, therefore I am,' Descartes had claimed). And the enterprise of the age of reason, gaining

authority from the mid-seventeenth century onwards, was to criticize, condemn and crush whatever its protagonists considered to be foolish or unreasonable. All beliefs and practices which appeared ignorant, primitive, childish or useless came to be readily dismissed as idiotic or insane, evidently the products of stupid thought-processes, or delusion and daydream. And all that was so labelled could be deemed inimical to society or the state – indeed could be regarded as a menace to the proper workings of an orderly, efficient, progressive, rational society.

In the long run, the distinction which the Greeks had drawn between 'reason' and 'unreason', between fully rational members of society and the sub-rational, came to weigh increasingly heavily. The growing importance of science and technology, the development of bureaucracy, the formalization of the law, the flourishing of the market economy, the spread of literacy and education – all made their contribution to this amorphous but inexorable process of prizing 'rationality', as understood by those 'right-thinking' members of society who had the power to impose social norms. Abnormality provoked anxiety. The men of the Enlightenment doubtless felt benevolent sympathy towards the insane, as likewise towards savages and slaves, but only through first seeing them as quite alien from themselves.

From around the mid-seventeenth century, a similar process of redefinition was afoot within Christianity itself, tending to deny the validity of traditional forms of religious madness. The Reformation and Counter-Reformation ages had of course made great play of the reality of religious madness: some of it 'good', derived directly from God and manifested in ecstasies or in prophetic powers; much of it evil, originating from the Devil and all too obvious in witches, demoniacs and heretics. The lives of George Trosse and Christoph Haitzmann, discussed below, show the ramifications of such views.

But, from the second half of the seventeenth century, Church leaders had become thoroughly sickened by the carnage and chaos these endless conflicts of good and evil spirits had caused. The reality (or at least the validity) of religious madness came into question. Even the pious admitted that claims to speak with divine tongues had to be treated with extreme suspicion. Most such 'ranters' were probably mere enthusiasts, blind zealots, suffering from credulity and superstition. 'Pretended inspiration' was most probably just delusion or even disease. At the end of the seventeenth century John Locke argued in favour of *The Reasonableness of Christianity*. Even religion now had, it seemed, to be rational.

The same reversal also applies to 'witches'. In the great Europe-wide witch-craze of the sixteenth and seventeenth centuries, the authorities, civil and ecclesiastical, had treated witches as authentically possessed or obsessed by the Devil. Increasingly, from the seventeenth century, the manifestations

of witchcraft came to be reinterpreted, at least by the social elite controlling the printing presses and the law courts, essentially as delusions, as products of individual and collective hysteria, the work of ignorant, self-deluding minds. Witches themselves were, after all, no more than crazy civil nuisances, hysterical teenagers or old women.

These intellectual and cultural *voltes-faces* of course served to widen the divide between 'normal' people – those subscribing to the norms of politeness and propriety demanded by a progressive and increasingly secular civil society – and the strange. It would be too glib to see this newly crucial gulf between the rational and the irrational simply in terms of naked class power: reason as a tool for putting down the poor. After all, within elite culture itself, eccentricity had its vogue, later leading to Romantic ideas of the mad genius and dandyish degeneracy. All the same, public opinion from the age of the Enlightenment onwards readily identified the attitudes and behaviour of marginal social elements – criminals, vagrants, the religious 'lunatic fringe' – with false consciousness and madness. It was easy to slide from finding such outsiders disturbing to calling them disturbed, from seeing them as 'alien' to polite society to assuming that they were 'alien' or 'alienated' in mind. The higher the expectations imposed by the central state or the market economy, the greater the apparent divide between those who set and met the norms, and those who did not.

Increasingly, institutions were provided for locking away the worst offenders, both to prevent society itself from being swamped and sabotaged, and as engines to reform delinquents. All over Europe the eighteenth and nineteenth centuries witnessed a proliferation of schools, prisons, houses of industry, houses of correction, workhouses and, not least, madhouses to deal with the menace of unreason.

Foucault called this move to shut difficult, dangerous and just different people away 'the Great Confinement'. He saw it as deliberate policy. In many ways his analysis requires qualification and refinement. But there is no gainsaying that the confinement of weird and worrisome people, of the perverse and the peculiar, gathered momentum from the latter part of the seventeenth century onwards. This movement particularly accelerated in the nineteenth century, continuing its numerical expansion till little more than a generation ago. Since then the policies of confining the insane have been reversed. Closed institutions are now being shut down, and community care ('decarceration') is today's answer for the mentally disturbed. The totals of those confined as insane have steadily diminished within the last generation. The asylum movement marks the great watershed in the way the mad have been seen and treated.

In the early public madhouses, lunatics were commonly handled with great

harshness – though there always existed a small number of posh private madhouses offering *de luxe* conditions for patients paying hefty fees. Critics complained that madhouse inmates were often treated no better than wild animals. This however seemed quite defensible to influential currents of opinion. After all, were not those who lost their minds by that very fact reduced to the condition of a brute, and capable of responding only to force and fear? Indeed brutalization might be seen as their just deserts, for it was widely believed that the mad were the victims of their own vanity, pride, sloth and sin.

It is an open question whether the lunatic confined to a madhouse in 1650, 1750 or 1850 got a rougher deal than his non-Bedlamite brother still permitted to haunt the hedgerows, or chained up in a barn, or kept, like Mrs Rochester in *Jane Eyre*, locked away in the attic. And it would, in any case, be a mistake to depict the movement to institutionalize the mad as essentially repressive and punitive. What it principally was, was segregative. Its rationale first and foremost expressed the notion that locking up the mad was best for everyone, essential both for the wellbeing of the lunatic and for the safety of society.

Increasingly, from perhaps the mid-eighteenth century, the case for segregating the insane was reinforced by a new faith in therapy and the dream of curing. Lunatics, the argument went, ought to be confined, because new management techniques would make them well. Given proper treatment their intellectual faculties would be repaired and their behaviour rectified. Once cured, they could be restored to civil society. All the same, whether directed towards curing or merely securing, the rationales for confinement hinged upon a growing perception of the essential divide between normal reason on the one hand and delusion on the other.

It would be a mistake to regard this drive over the last three centuries towards institutionalizing insanity fundamentally as the brainchild of 'psychiatry'. In the first instance the sequestration of lunatics was primarily an expression of civil policy, more an initiative from magistrates, philanthropists and families than the achievement – for good or ill – of the doctors. Indeed, the rise of psychological medicine was more the consequence than the cause of the rise of the insane asylum. Psychiatry could flourish once, but not before, large numbers of inmates were crowded into asylums.

This is not to deny that there had long been medical interest in madness, boosted by the impetus to anatomy and neurology given by the Scientific Revolution. The old Greek organic explanations, which stressed the subtle unity of body and mind, soul and spirit, through the categories of the humours, temperaments and complexions, gradually lost their purchase. They were largely replaced by mechanical models of body and mind, and by growing attention to the role of the central nervous system in producing disturbances

of perceptions and behaviour. Some evidence of the growing explanatory importance of neuro-anatomy, and thus the concept of 'neurosis' in its original sense (a disease of the nerves), may be seen below in the discussions of George III and Daniel Schreber. George famously insisted that he was not truly mad but only 'nervous'; and a century later Daniel Schreber advanced an elaborate theory of how his own nerves were affected by rays emanating from the divine nerves. These medical investigations into mental disorder, from the late seventeenth century up to the present, have followed in the footsteps of the Greek doctors in endorsing 'medical materialism' – that is, expecting to find insanity rooted in organic, neurological or biochemical disorders.

Through such investigations a specialist branch of medicine – it may slightly anachronistically be termed 'psychiatry' – emerged from the late eighteenth century, anchored in the asylum movement. Its model was primarily organic. It set considerable store by drug therapies, some used to sedate maniacs, others to stimulate melancholics, and many designed to purge the constitution of its poisons through sweats, vomits and laxatives. Rival physicians pioneered their own quite distinct physical and mechanical treatments, including the use of electric-shock techniques, common from the eighteenth century, hot baths, cold showers and restraining chairs. With many such devices – as also of course with the use of manacles, strait-waistcoats or manual labour – treating the body was intended to have its impact upon the mind as well. Thus (to take one instance) the Englishman William Perfect, a late-eighteenth-century keeper of a private madhouse, deployed a veritable battery of physical techniques upon his patients, designed to tranquillize the frenzied and the frantic. He had recourse to drugs such as opium, solitary confinement in darkened rooms, cold baths, a 'lowering' diet, bloodletting, purgatives, etc. These would pacify the body. But in ending the agitations of the constitution, the ultimate aim was to calm the mind, and thus render it receptive to the blandishments of sweet reason.

Disciplining, strengthening and restoring the system through controlled courses of drugs and mechanical restraint played a large part in the techniques devised for the treatment of mental disorder from the eighteenth century onwards. But the segregative environment of the asylum ('far from the madding crowd') also proved a promising location for more explicitly 'psychiatric' techniques of mastering madness, by directly commanding the mind, the passions and the will, and thereby transforming behaviour. From the mid-eighteenth century onwards, innovators came to discount the routine deployment of medication as inefficacious. Radical critics also attacked mere mechanical restraint – the brutal manacles, whips and chains, but also the more subtle straitjackets – as cruel and even counter-productive. In the name of enlightened progress, new regimes were touted, placing an accent on 'moral'

methods – kindness, reason and humanity – in the regeneration of the mad.

The 'moral management' movement prominent in late-eighteenth-century England made great play of reclaiming the deranged through the personal charisma of the mad-doctor, relying on force of character and the subtle deployment of inventive psychological tactics tailored to the needs of the individual case. First, patients had to be subdued; then they had to be motivated through the manipulation of their passions – their hopes and fears, their sensitivity to pleasure and pain, their desire for esteem and revulsion from shame.

This movement aimed in effect to revive the dormant humanity of the mad, by treating them as endowed with a residuum at least of normal emotions, still capable of excitation and training. It was taken several stages further at the close of the eighteenth century by the emancipatory visions of Chiurugi in Italy, Philippe Pinel in Paris, the Tukes with their 'moral therapy' at the newly founded Retreat in York, and, perhaps more ambiguously, by Reil and other Romantic psychiatrists in Germany. In their superficially different but fundamentally comparable ways, such reformers aspired to treat their charges as potentially curable human beings. Their 'French revolution' in psychiatry would free the mad from their chains, literal and figurative, and restore to them their suspended rights as rational beings. The mad might now be 'alien' but treatment would recreate the whole man anew. Brislington and Ticehurst asylums, where John Perceval was an inmate (see chapter 9), followed this philosophy.

Drawing upon John Locke's theory of the workings of the human understanding, such reformers characteristically stressed that the madman was not utterly bereft of reasoning power (such was the idiot); nor had his reason been totally destroyed by the anarchy of the passions. Rather he was a creature in whom the faulty associating of ideas and feelings in the mind had led to erroneous conclusions about reality and proper behaviour. Madness was thus essentially delusion, and delusion sprang from intellectual error. Mad people were trapped in fantasy worlds, all too frequently the outgrowth of unbridled imagination. They needed to be treated essentially like children, who required a stiff dose of rigorous mental discipline, rectification and retraining in thinking and feeling. The madhouse should thus become a reform school.

The psychotherapeutics just outlined – the idea that if you first isolated people from bad influences and then rigorously reprogrammed their minds you would positively work cures – generated noble optimism. Schemes for redeeming lunatics were put into action during the nineteenth century on a massive scale. If enlightened asylum psychiatry cured the insane, it was society's duty to put them in institutions. Throughout Europe and North

America, the new or reformed state accepted its duty to legislate and care for the mad, sad and bad. Increasingly the norm was for such people to be certified and compulsorily shut away in special institutions in the name of 'curing' as well as 'securing'. In Britain, perhaps 5,000 people were confined in asylums by 1800; this tally had leaped to about 100,000 by 1900, and to half as many again by 1950. By then, approximately half a million mentally ill or defective people were confined in psychiatric institutions in the USA. A new psychiatric profession, armed with a new psychiatric science, emerged in tandem to manage them.

The brute fact of the growing multitudes flooding into the asylums soon, however, gave pause for thought. On the one hand, the alarming idea struck many nineteenth-century doctors and magistrates that madness was, after all, infinitely more menacing than had been imagined. Early reformers had seen but the tip of the iceberg. No sooner were asylums built than they were filled to overflowing, and still the well-springs of lunacy gushed forth more maniacs, more suicidal melancholics, more senile demented in need of care and treatment. Whole new classes of the mentally ill seemed to appear: alcoholics, the criminally insane, sex maniacs, paralytics.

Furthermore, and even more distressingly, experience increasingly proved that the insane, even when placed in the much fêted utopian environment of the new asylums, did not recover as speedily, as certainly, as had been predicted. In fact most were not cured at all. In consequence, the asylum all too readily changed its character: from being the instrument of regeneration, it became the dustbin of the incurable. Indeed, even worse, radical critics alleged it might be the very machine tooled up for the 'manufacture of madness', and hence faith in the asylum might itself be a form of 'delusion'.

And so the optimism which created the asylum system left in its wake a new pessimism or fatalism. If the best that psychiatry could offer didn't work cures, the verdict which became increasingly plain to the profession from the mid-nineteenth century onwards was that most lunatics were obviously incurable. And this in turn gave a new boost to medical theories of insanity as an ingrained physical disease, perhaps even a hereditary taint, a constitutional diathesis, a blot upon the brain. To generations of psychiatrists whose daily occupation lay in watching the zombie-like living death of asylum recidivists and who familiarized themselves with the latest research into the neuropathology of sensory-motor disorders such as ataxia, epilepsy, aphasia and tertiary syphilis, sober realism demanded a 'degenerationist' theory, the mad seen as retrogressives, as throwbacks. This in turn matched the mood of a bourgeois socio-political elite anxious about the masses.

The degenerationist school of psychiatry in the late nineteenth century also readily saw mental disease in the decadent effusions of artistic and literary

geniuses, from the *poètes maudits* to the Impressionists and Cubists. Some psychiatrists believed such painters were suffering from moral, mental and visual disorders – indeed, denounced the 'decadents' so vitriolically as to pose questions about their own mental balance. Creative figures such as Schumann, Virginia Woolf and Nijinsky, examined in later chapters, experienced traumatic relations with psychiatric doctors trying to restore them to normality.

But above all fear grew (one is tempted to call it hysteria) about the dangerous degeneracy of the masses, who were, many psychiatrists warned, wrecking civilization with their mental imbecility or savagery precisely when Darwinism was dictating that only fit societies would survive. Enlightenment optimism had culminated in the French Revolutionary aspiration that the mad could be freed from their mental shackles and restored to full reason. A century later, however – a century of depressing close encounters with the mad in the mental hospital – psychiatry had grown wiser or more pessimistic. A benchmark of this lies in the formulation by the German psychiatrist Emil Kraepelin of *dementia praecox*, soon to be termed schizophrenia.

The archetypal schizophrenic as depicted by Kraepelin was not straightforwardly stupid and brutal, a man without qualities; he might be frighteningly intelligent and astute. Yet he seemed to have renounced his humanity, abandoned all desire to participate in human society. He had withdrawn into a solipsistic, autistic world of his own. Describing schizophrenics, Kraepelin repeatedly used phrases like 'atrophy of the emotions', 'confused speech' and 'vitiation of the will' to convey his sense that they were moral perverts, almost a species apart. The Swiss psychiatrist Manfred Bleuler – the man who has perhaps done more than any other this century to investigate schizophrenia – was to speak of sufferers as 'strange, puzzling, inconceivable, uncanny, incapable of empathy, sinister, frightening'; all in all, he concluded, 'it is impossible to approach them as equals'. The schizophrenic was thus simultaneously psychiatry's prize exhibit, its double, yet also its Waterloo.

Most of the more lurid fantasies of degenerationist psychiatry – its egregious racism, its speculative hereditarianism, its sexual prurience – were wholeheartedly denounced by Freud and by the other leaders of the new dynamic psychiatries coming to prominence around the turn of this century. And of course the therapeutic innovation at the heart of psychoanalysis offered yet another optimistic new deal: the talking cure. Its promise was that if the patient simply 'told all', following the method of free association, the repressions which created neuroses would melt away like a snowball in summer.

Yet for all his 'new-faith' messianism, Freud felt an underlying pessimism which grew overwhelming with time. For one thing, he always insisted that

it was only mildly disturbed people who could be treated by his methods – neurotics, not psychotics or schizophrenics – for psychoanalysis made demands upon patients which could be met only by those already possessed of a good sense of reality and a capacity for emotional interaction (or as the wags put it, you had to be pretty well to undergo Freudian treatment).

For another, Freudian psychiatry took a low view of human nature. People were selfish, aggressive and destructive: 'simply a wolf pack'. Freud's concept of the struggles between the unconscious and conscious minds which led to neurosis entailed a reworking of the old Platonic doctrine of the tripartite soul divided against itself, but one which took a particularly terrifying form. Whereas for his part Plato had optimistically concluded that true harmony would reign when reason ruled the passions, Freud saw the relations between id, ego and superego as generating ceaseless civil war, which took on a global character.

Moreover, Freud also endowed his concept of the unconscious with much of the deviousness traditionally attributed to the possessing Devil (the unconscious seemed to have the Devil in it). Both with the individual on the couch and with civilization itself, Freud programmatically took nothing at face value: his gloss on Cartesian doubt was a science of universal suspicion. And following this watchword, he suspected the whole charade of reason of being little better than a mask, a defence mechanism, a mystifying power of resistance. Reason might be the pinnacle of civilization, but it was also characteristically rationalization, the agent of false consciousness, primed to protect us from inadmissible desires and unbearable memories. Why else did mankind still live by such illusions as religion?

Worst of all, the drives of the self and the demands of society were forever at loggerheads. To make sense of the disasters of civilization, Freud suggested that it was founded upon parricide and animated by a death instinct. By the close of his career, his doubts even about the therapeutic potential of his own techniques were stated more publicly. His final word on that subject comes in a paper called 'Analysis Terminable and Interminable'.

What bearing has all this upon the central theme of this book, exploring how mad people themselves have come to think and write about their condition? To make a very basic point first, it is noteworthy that, over the centuries, two separate groups have emerged with an increasing sense of distinctive identity. On the one hand, there is the psychiatric profession, itself far from homogeneous of course. Psychiatrists have established their own rights to treat the disturbed over and against those of the laity, the clergy and, indeed, the medical profession at large. This has often been achieved at the cost of isolation and antagonism. Nineteenth-century psychiatrists (disturbingly

they then called themselves 'alienists') often felt beleaguered in their asylum, rather like an army of occupation manning a network of castles. In the present century so acutely did Freud and his early followers feel rejected by society at large that he went to the length of forming his own 'secret committee', an inner cabal of the faithful whom he presented with their own secret rings.

On the other hand, the mentally and behaviourally disturbed were increasingly turned into a clearly identifiable group, typically locked by the nineteenth century in the bulging mental hospital, but also supplying a thriving traffic in office psychiatry. The more 'rational' society grew, and the more it prized 'normality', so the more visible the 'mad' became (or rather, in the end, invisible, since they were all shut up, out of mind, out of sight).

Obviously these two developments are linked, two sides of the same coin. The increased identification of a separate body of the mad proceeded as part and parcel of the emergence of the profession which identified and cared for them. As psychiatry has grown, it has staked greater territorial claims to 'discovering' mental disease where it had not been suspected before. For instance, nineteenth-century psychiatry newly claimed that its proper sphere extended to aberrant behaviour traditionally seen as vice or sin and once left to the bench or pulpit. Inordinate drinking became the mental disease of alcoholism, just as sexual abuses like sodomy were psychiatrized into the 'homosexual neurosis', and a whole range of other erotic 'perversions' were captured by psychopathology.

This point did not escape the eye of the mad. Their autobiographies often point out that psychiatry thus had a tendency to be grandiose but circular: it saw madness everywhere. For it created, or at least became fixated upon, those traits which it professed to cure. Thus mental medicine itself was infected by a sort of craziness, according to such asylum patients as William Belcher or John Perceval; it rendered others the victims of its own delusions, by conjuring up its own fantasy world of the mad. Once you had been forced to act out the role of patient in this fantasy, claimed Perceval, once you were confined in the asylum, you were allowed to escape only if you played your part to the letter. This perception of psychiatry as a theatre, in which the doctors wrote the script and directed the action, and press-ganged the mad as the actors – shades of Charenton! – stemmed of course from the peculiarity which made psychiatry unique in medicine: compulsory confinement in the asylum. For the great majority of the patients seen by mad-doctors or psychiatrists in the two centuries after 1750 had been excommunicated from their fellow men and set apart in special institutions, deprived of their legal rights and personality.

The whole business of identifying and isolating cohorts of people as mad, and then lumping them together in secluded 'total institutions', sometimes

housing several thousand sufferers – what effect could it have other than to reinforce the basic contention of the psychiatrists, the supposedly fundamental alienness of the inmates? Thus the system became a self-fulfilling prophecy, by forcing those labelled as abnormal to live under circumstances precluding normal living. Deprived of any semblance of the choices, the freedoms, the self-determination of the world outside, mad people (claimed critics, some ‘mad’, some ‘sane’) of course lived down to the stereotype of craziness which psychiatry itself had formulated: what else could be expected?

Yet the behaviour of those cooped up in madhouses became tangible proof to their captors of the essential otherness of the insane. The fact that the mad did not, contrary to early hopes, recover in madhouses additionally proved the intractability of their condition. In a parallel way, the failure of neurotics to recover quickly on the couch seemed to many analysts proof of how deeply entrenched were Oedipal neuroses, how much analytic ‘working through’ was required.

The accounts contained in the succeeding chapters testify to the profound distrust, often antagonism, felt by mad people towards psychiatry. Such tensions are rarely seen in lay people’s writings about doctors in general. The simple explanation, of course, is that the mad are mad. But it should be remembered that the special communication barriers which surface in so many of these narrations – the deafness, the indifference, the cross-purposes – inevitably follow from the path uniquely taken by psychiatry in compulsorily mass-confining patients.

This tendency to segregate the disturbed had another key consequence: a habit amongst doctors of putting the patient under the microscope in splendid isolation, and of probing exclusively within him, his own nature and life-history, for the roots of his disorder. The fact of removing the lunatic from his wider social context into the confines of the madhouse turned him into a clinical problem, a ‘case’. Given that the asylum environment was officially ‘benign’, further failures of co-operation and conduct by the patient could only confirm further how the ‘madness’ lay within. Thus (as many of the mad writers discussed below perceive) institutional psychiatry put patients in a bind. On the one hand, they were deemed to be mad, and thus to be incapable of taking responsibility for their lives. At the same time they were habitually chided for their own delinquency. And if they rebelled against this ‘no win’ situation – or indeed attempted to point out the paradox – what did that amount to but further signs of trouble-making?

The discussions in later chapters suggest that modern psychodynamics similarly runs the risk of ‘victimizing’ the patient, by throwing upon him full responsibility for his own condition. Here the initial act of ‘isolation’ lies in putting the patient alone on the couch – it has no room for his parents,

siblings, spouse, neighbours, employer, etc. – and then ruling normal human contact with the analyst out of bounds. The analyst professionally adopts the aloofness of the scientific observer, and analyst and analysand have a one-way contract. The radically distinct interpretations offered by Freud and by Schatzman of the *Memoirs* of Daniel Schreber underline these points. For Freud, Schreber’s psychosis can be understood entirely in terms of his own inner drives. His web of fantasies can be decoded to reveal unconscious homosexual desires, the stifling of which creates disturbance. Those drives initiated in his infant desires for his own father and brother. Freud nowhere suggests that Schreber’s persecution feelings might have arisen from intolerable family situations in which he had been placed as a child, or from impossible demands forced upon him by others – possibilities explored by Schatzman.

Thus psychiatry has its own blind spot. It may see only one dimension of the doctor–patient dialectic: the disease or demon within the sufferer. What patients’ narratives particularly highlight are the demons without, amongst which the madhouse-keeping psychiatrist himself, his techniques and his milieu, may well all too readily figure as the final instance.

In short, a bird’s-eye view of the history of psychiatry shows that profound developments have contributed over the centuries to ‘constructing’ the mentally sick person as a type, fit for treatment or at least for confinement. Society has progressively defined itself as rational and normal, and by doing so has sanctioned the stigmatizing and exclusion of ‘outsiders’ and ‘aliens’. And the particular device of the walled and locked asylum – which after all ended up housing far larger populations than did prisons – backed by the medical specialty of institutional psychiatry, both underscored the differentness, the uniqueness, of those thus ‘alienated’ or ‘excluded’. These facts combined seemed to so many mad writers a perpetual threat to their common humanity, a way (as Virginia Woolf put it) of ‘penalizing despair’. The voice of the writers discussed below is one deeply conscious of having been made to feel different. Generally they complain that ‘alienness’ is a false identity thrust upon them, or indeed a non-identity, a sense of being rendered a non-person. And all too readily it forms an excuse for why they should not be heard.

Self and Identity

Mad people’s writings often stake counter-claims, to shore up that sense of personhood and identity which they feel is eroded by society and psychiatry. Thus at the heart of psycho-politics a contest is waged over the sense of

self: who defines it? who is its proprietor? And this throws us into the thick of a deeper history.

The rise of the West has involved the creation of ideals placing unique value upon the individual. Greek philosophy first declared man the measure of all things, and then stressed how each man must bear responsibility for his own fate. Socrates drank the hemlock, and Stoics later championed the autonomy of the rational will, nobly independent of all forms of outward dominion and enslavement to the passions. Thus models of self-knowledge and self-control established the superior worth of the individual.

From within its own very different scheme of values, Christianity further endorsed the uniqueness of the self. The picture presented by the Bible and theology of course was complex, in so far as for fallen, sinful man self-love meant the evils of pride and vanity; it was the Christian's duty to annihilate his self in pursuit of the love of God. Yet man alone was created in God's image, and God had guaranteed to each person an individual, immaterial and immortal soul. Unlike the other religions of antiquity, Christianity offered the promise not of a vague, depersonalized persistence after death, a commingling with the World Soul or a mere transmigration of souls, but the survival of the personal incarnate self intact through the resurrection of the flesh.

In a multitude of different ways far too complex to trace here, leading thinkers through the Middle Ages and into the era of the Renaissance and Reformation set ever greater store by a fundamental sense of the primacy of the individual self. Through meditation and mysticism, Catholic devotionism probed the private soul for a closer walk with God. Protestantism too, with its priesthood of all believers and justification by faith alone, necessarily set the ultimate court of appeal in matters of conscience within the heart of every believer. As Max Weber emphasized, the ethos of Protestantism, by discarding Catholicism's institutional and quasi-magical sacraments of salvation, threw upon the individual Christian the immense burden of justifying himself before God. He had to scour and scourge his own soul, make confession to himself, and demonstrate to his fellows, by his own moral uprightness, his 'election' to salvation.

As Christendom fragmented, claims to theological tolerance grew, and these in turn became intertwined with political individualism. Liberalism invented the myth of the atomistic self born as a free agent in a state of nature, prior both to society and to the state. Capitalism produced a parallel myth, the notion of *homo economicus*, the sovereign individual producer-consumer pursuing his own private profit in the market. Such a person was given a local habitation and a name by Daniel Defoe: he became Robinson Crusoe, the isolated man on the island who – as if in defiance of John Donne – generated a whole economy and society from within himself.

A comparable sense of the intrinsic value of the unique self gained strength in traditions of introspective moral thinking (*nosce teipsum*) and autobiographical reflection (*que sais-je?*) from Montaigne onwards. Rousseau, whose *Confessions* turned self-revelation into an art form, offered an apology for himself as being if not virtuous at least different, and Romanticism soon embarked upon its odyssey of the moral education (*Bildung*) of the sovereign self as hero. And matching all these impulses to introspection there arose of course the exploration of the meaning of the self in the new disciplines of psychology and psychiatry.

The Scientific Revolution was important here. For it destroyed the old macrocosm – microcosm correspondences of the organic universe and imposed a vision of man standing alone in the cosmos. Cartesian dualism denied consciousness to any natural object except the human mind, and made man's awareness of self-existence a solipsistic projection of his sense of being. But Descartes' proof of self-existence did not long go unchallenged. Locke's empiricism showed that the individual character was itself the product of experience, of myriad atomized sense-inputs precariously coalescing in the sensorium: man thus made himself. And Hume took that perception of subjectivity one stage further by questioning the very continuity and integrity of our own perceptions of our identity: how could we be sure that we were from day to day the same person and not multiple personalities?

Thus the problem of knowledge led back to the problem of the knower, and how he could know himself. For Enlightenment sceptics, this became fundamentally problematic, a source of disorder and confusion. No wonder that Laurence Sterne could envisage his half-mad hero, Tristram Shandy, ever unsure of himself, of his self, dissolving under the challenge of a guard:

And who are you? asked he.
Don't puzzle me, said I.

Through Romanticism, through Germanic Idealist philosophy and its critics such as Schopenhauer, and later through Existentialism, modern philosophy and literature embarked upon the restless quest for ultimate authentic identity; and in doing so became caught up in an ever more incestuous affair with the categories and theories of psychiatry itself. The love-hate relationship between modern Freudian and Jungian psychoanalysis on the one hand and writers and artists on the other is too well known to need describing here.

I have been suggesting, in other words, that multiple thought traditions converged in modern Western thinking to place a premium upon the development and realization of the self. Individuality was prized. But it was problematic. It engaged its own psychiatric problems. The rise of the novel, with

its exploration of the vicissitudes of the self as hero, experiencing moral education, offers a classic instance. But above all we see it in the development of distinct traditions of autobiographical writing.

In autobiography, religion paved the way. Indeed, St Augustine's *Confessions* provided the model and sanction for the later development of the genre. The communings of the self with God were widely recorded in the Middle Ages, and an introspective obligation was institutionalized within Catholicism through the practices of confession and penance. The keeping and publication of spiritual diaries then became common in the sixteenth and seventeenth centuries, directed towards auto-confession, making a clean breast of one's filthiness before God. A conspicuous theme of such spiritual autobiographies was the conversion experience. The sinner had first succumbed to temptation and was lurching blindly towards the jaws of hell. But God in His mercy engineered a profound spiritual crisis. Torment racked the soul, but grace saved the sinner and left him a thankful penitent. John Bunyan's *Grace Abounding* became, within the English-speaking world, definitive of this way of making retrospective religious sense of the wayward human tragi-comedy.

The most profoundly introspective instances of the *apologia pro vita sua* – some ostensibly private, some explicitly intended for publication – sprang initially from essentially religious protocols: the need to bare the conscience and confess one's sins beneath the All-seeing Almighty. They could serve as a way of redeeming others, help to convince the unregenerate world of one's own final hard-won worth, or essentially provide a way of casting up one's spiritual accounts before meeting one's Maker. In time, the language and values of the autobiography became more commonly secular, but the urge to self-lacerating revelations remained no less strong. The autobiographer might have little of virtue to reveal, except the ultimate virtue of 'honesty'.

But many other genres of autobiography also grew up, and it is relevant to take notice of one other here. This was proud rather than penitent, was bent less upon self-incrimination than upon self-justification. Often such soliloquies took the form of a vindication against the calumnies of the cruel world, or the 'objective' statement of one's achievements. Such versions of the self found their ways into print in many forms – as autobiographies proper, prefatory remarks, rebuttals, open letters and so forth, many of them celebrating the exceptional virtues of the subject. Burckhardt emphasized the individualism of the Renaissance; certainly from the Renaissance onwards, public figures felt little compunction about singing their own praises, or settling scores with their enemies, in the autobiographical mode.

The great and the glorious, from Benvenuto Cellini to Gibbon, and on to Freud and beyond, have felt the itch to put the record straight, to paint portraits of themselves as heroes. They have had droves of imitators amongst

the unknown, demonstrating why they too would have been Cellinis, Gibbons or Freuds but for the machinations of their enemies and the malice of fate. Spurred on by duties to truth and a love of their fellow men, countless autobiographers have told their sad tales of neglect and vilification. Those who have undergone imprisonment, who have been deprived of their liberties, and who have battled for the Cause, have needed to tell their stories to set their own lives straight and put posterity in the picture.

Many turn autobiographer because they think themselves misunderstood. But it is of course a genre which cannot protect itself against misunderstanding. Autobiographers do commonly protest themselves too much, and the potentialities of the genre for pathos and unintentional self-parody were fully exposed in its early days by Jonathan Swift's modest invitations to enter into the monstrous self-deceiving egoism of the likes of the narrator of the *Tale of the Tub* and of Lemuel Gulliver himself. Are such 'unreliable narrators' telling the truth? Or are they offering no more than tales told by idiots, signifying nothing? It is precisely this radical ambiguity in the project of telling one's own story which renders autobiography liable to dissolve into a mad pursuit. That autobiographer is a fool who believes that his self-revelations will not be regarded as symptoms of psychopathology. Laurence Sterne nailed the autobiographical ejaculations of his enemy, Tobias Smollett:

I'll tell it, cried Smelfungus [Smollett], to the world. You had better tell it, said I, to your physician.

Unsurprisingly then the autobiographies of mad people must prove a hermeneutic minefield. For the form itself demands a solipsism which might be seen as inherently pathological. To tell one's own story: what could better establish one's own veracity, or provide more conclusive symptoms of utter self-delusion?

Psychiatry and the Self

One of the tropes, one of the complaints, of psychiatry down the ages is that the mad have been so full of themselves. It is said to be a mark of their condition (paranoia, megalomania, etc.) that they believe that everything revolves around themselves (the problem of self-reference); they have the Ancient Mariner's ceaseless itch to talk about themselves or an unslakable thirst for writing (the *cacoethes scribendi*). Monstrous egoism of such kinds – initially the sins of vanity and pride – had long been of course definitive of the very state of madness itself. Such a form of auto-intoxication might manifest itself as despair (as with William Cowper, discussed below, whose

idée fixe was that no one in the wide world could be so sinful as himself), or alternatively as inordinate self-importance, as in the claims of Daniel Schreber, Clifford Beers or perhaps Freud that through their own experience of psychoneurosis they were uniquely in a position to save the psyche through revealing to the world a new religion or a new science.

And it has certainly been true in actuality that mad people have tried to put their own plight on record. Clifford Beers tells us that his lifeline to sanity while in the asylum was often a stub-end of pencil secreted away somewhere in his cell. One may speculate that what kept him reasonably sane for the remainder of his life was his ability to tell his own story over and over again, thousands of times, to audiences at lectures and dinners. Nijinsky records that he sat resolutely writing his diary in Russian at the very time his doctors were trying to interview him. Many diaries of madmen are works of quite extraordinary length and detail: the journal of the late-seventeenth-century Whig politician and communer with the fairy world, Goodwin Wharton, runs to some half a million words – and that forms, he assures us, but a digest of his original jottings.

People in ordinary walks of life, under no daily threat to their mental control, no fears that no one would ever listen to them, have experienced profound needs to create versions of their selves which 'adjust reality' for the public or posterity. It should be no surprise then that those who have felt profoundly threatened by devils or by mad-doctors should have wanted to leave their own testament in order to achieve justice temporal or eternal, or simply as the only way to answer back.

What have society and psychiatry made of these tales from beyond? As noted above, traditional European culture, learned and popular, had been willing to entertain the conceit that madness might indeed have something to say, might possess, or be the vehicle for, mysterious truths. The jesting fool was allowed his privilege, the prophetic madman his converts. The possessed witch who incriminated her neighbours had her charges investigated. Early visitors to Bethlem, there to enjoy a spectator sport, took pleasure in the uncensored, unbuttoned rantings of the 'collegians' (as they were called), and toyed with the idea that there might be reason in madness, truth in folly, because at bottom it was all 'a mad world, my masters'. Bedlamites were reputed to bask in their unique freedom to curse the King, mock authority and unmask hypocrisy. They could speak their mind and ask: who were the real fools? Thus the lunatic (we might see him as pure id) might be the only free man.

Of course the joke was on the madman too. Commentators and psychiatrists alike made sport of the *soi-disant* poet, the inventor, the occasional inmate who believed he was Anacreon. In the tableau of Bedlam which forms the

final scene of the *Rake's Progress*, Hogarth depicts himself as a crazy artist scribbling all over the walls. Returning the compliment, Paul Sandby drew Hogarth as *The Writer Run Mad*. Writing about mad people writing about . . . It all so easily turned into a hall of mirrors.

Amidst all the cultural confusion, however, one truth seems clear. In the long run, the development of segregation through the madhouse system, and of a presiding discipline of psychiatry, served to silence the mad, or, perhaps more accurately, to render their voices inaudible to most and unintelligible to others, little inclined to listen. This occurred in a crude material sense. The more the mad were locked away, the more they were 'shut up' in every sense of the term. The weird or misfit person living within, though on the margins of, society obviously had more opportunity to express himself – and more of a chance of his rant being heeded – than his equivalent in the asylum. For example, the late-eighteenth-century Devonshire prophetess and mother-to-be of the New Messiah, Joanna Southcott – a woman widely believed to be quite crackbrained – was allowed to remain free, and she built up a following of thousands in London, founding her own church. By contrast, the contemporary and very similar prophet figure, Richard Brothers, largely faded from the public ear after he was confined on government orders in a madhouse.

Of course, the madhouse was itself an ambiguous institution, for it could be a sounding-board as well as a silencer. Till around 1770, London's Bethlem encouraged indiscriminate public visiting, and theatricals were put on at Char-enton in Paris. But private madhouses had always been deeply concerned to keep those who were out of their mind out of sight, and secretiveness (justified as being in the interests of the patients) was to dominate the nineteenth-century public asylum and its legacy. Elaborate schedules of rules severely limited inmates' access to the outside world and *vice versa*. An early-eighteenth-century patient such as Alexander Cruden had no great difficulty in gaining access to the world beyond, receiving visitors and getting letters out. But that was to change. One constant complaint made in practically every patient autobiography from the nineteenth century onwards is of the communications barrier. The therapeutics of maximum environmental control, of psychiatric enlightened absolutism, seemed to demand the minimization of contact between the sufferer and society, almost as though the disease were contagious.

One of the greatest bugbears recorded by John Perceval in his *Narrative* was his isolation from his fellow men and the unremitting destruction or censorship of letters written by or sent to him. It was surely this enforced isolation which contributed to Clifford Beers's belief that those visitors who were allowed to see him in the asylum were actually frauds and stooges,

utterly unreal. Isolated in asylums, both Robert Schumann and Daniel Schreber believed their wives had died, having not heard from them for so long.

Other forms of communication or self-expression were equally prohibited as counter-indicated. The rest-cure therapy popularized by Weir Mitchell and others late in the nineteenth century denied patients access to pen and paper, for writing was believed to overexcite. Likewise it was thought therapeutically desirable that patients should not talk about themselves. The 'talking disease' was seen as a mark of a hysterical personality, forever craving attention. By listening to the hysteric's utterances the doctors would only exacerbate a morbid sense of self-importance. Even in today's enlightened age, patients' attempts to communicate or write are liable to be looked upon with suspicion. Some twenty years back, as part of an experiment, some American researchers had themselves confined in an asylum masquerading as schizophrenics. In the hospital, these pseudo-patients behaved normally, on occasion taking written notes of what they observed. This action was noted in their case histories as symptomatic of their schizophrenia: it was called engaging in 'writing behaviour'.

Thus, in rather abrupt ways, institutional psychiatry physically isolated the mentally sick from society, and put obstacles in the way of communication. As one Irish inmate complained to his superintendent: 'You have taken my language from me.' Schumann apparently almost lost the art of speaking through protracted silence. But psychiatry also tended to stifle mad people in a further, more subtle sense, by acting on the assumption that what they might say in any case had no meaning.

Heaven knows the mad were loquacious! But what they uttered (argued mainline views in psychological medicine) was the merest nonsense, was not in fact *communication*. This was certainly the verdict of doctors from the seventeenth century onward faced with witches and religious pentecostals with their apparently diabolical or blasphemous utterances. Such words if taken literally were dangerous, even abominable. Hence it became standard to refer to what mad people said – their cursings, obscenities, insults and indecencies – through terms such as 'chattering', 'jabbering' and 'ranting', suggesting that the language of the mad was sub-human, communicating no more meaning than the sounds of wild beasts – to which, of course, lunatics were commonly likened. Lycanthropy, after all, was that form of lunacy which made a man howl like a wolf.

Behind all this was the assumption that what mad people said was devoid of signification: 'all coherance gone'. It did not form a proper and meaningful use of language, but was akin to a mere outpouring, a purge of the brain, a totally random, uncontrollable cry of pain or an infantile babble. After

all, leading theories in mental medicine in the eighteenth and nineteenth centuries argued that the cause, the essence, of insanity did not lie in some primary conflict of the mind, but arose from a body lesion. Disturbance of the guts, a surplus of black bile, a taint of the blood, a tumour on the brain, the wandering of the womb – all such somatic disturbances produced agony, anxiety, hysterical seizures, hallucinations. The talk of the mad was thus merely a reflex reaction to that, like a rattle in a faulty car. It was secondary, symptomatic; it showed that something was amiss, but had no inherent truth. Such gibberish offered no clues to reality, personal, social or cosmic.

The view that the speech and writing of lunatics were best treated as sound and fury, as nonsense, was widely touted. Take the influential Dr Nicholas Robinson, a contemporary and follower of Isaac Newton. Robinson argued that the words and movements of the mad were just automatic spasms of the vocal chords. They did not follow from acts of mind, and so offered no insight to mental conditions, because madness was essentially the product of somatic disturbances. When a patient revealed his dreams of being ridden like a horse by a gentleman friend, Robinson construed this simply as symptomatic of an overheated imagination and recommended 'strong medicines' as a purge.

Psychiatry thus took speech peculiarities and defects as marks of madness, interpreted increasingly in the nineteenth century as caused by diseases of the central nervous system or the brain. But doctors were distrustful of engaging with what the mad actually said. That would merely embed their *idées fixes* yet more firmly in their minds, without providing the doctor with any significant information. The 'other minds' problem was solved in effect by their denial. Mad people's autobiographies habitually complain that their attempts to communicate are stifled, unheeded or wilfully misinterpreted. Their speech misappropriated, many have felt driven to protect themselves in silence or in invented lingo.

The culmination of this process lay in key features of *dementia praecox* as formulated by Kraepelin, shortly to be turned into Eugen Bleuler's incredibly influential 'schizophrenia'. Kraepelin was disposed to regard *dementia praecox* as organic in aetiology. Its striking symptomatic aspect, however, was that it was characterized by autism. The sufferer supposedly showed scant interest in the outside world, neither engaging nor communicating with it. He had thus made himself essentially *incommunicado*, alien from humanity. The schizophrenic was man as an island. Kraepelin saw the lack of will to communicate as typical of the condition:

The patients become monosyllabic, sparing of their words, speak hesitatingly, suddenly mute, never relate anything on their own initiative. . . . they enter into no relations with other people.

This designation of schizophrenia brought into focus one of the inchoate tendencies of emergent psychiatry, the notion that madness's essence lies in being alien, different, other. Critics of orthodox psychiatry such as R. D. Laing and Peter Barham have observed that it is but a short step from there to the notion that madness is essentially incomprehensible, inaccessible – which, they claim, all too easily sanctions organized neglect. Laing has suggested that Kraepelin's case notes with schizophrenics show that it was *he* who was failing to communicate. The schizophrenic's muteness can be read, by one attuned to listen to silences, as a very eloquent response.

From the nineteenth century onwards, organic theories permitted a deafness to what the mad said, a deafness ironically akin to that indifference to communication which mad people themselves allegedly betrayed. Therapeutics present similar dilemmas. Thus even the advocates of 'moral therapy' mentioned above were not interested in listening to what the mad had to say for themselves, or in direct, person-to-person verbal communication. They were preoccupied instead with what might be called 'behaviourist' techniques of rendering their speech proper. At the York Retreat, no heed was paid to hallucinations; that would have been pandering to patient egoism. What counted was re-education in polite conversational patterns, for which taking tea with the doctors would prove instructive.

Did these obstacles to communicating with the natives arise because no one – at least, before Freud – possessed any skill in reading between the lines, in decoding syllables and symbols? Surely not. For learned and ingenious philological and hermeneutic skills had been the stock-in-trade of traditional humanist scholarship. The words, symbols and rituals of one text, or one culture, were habitually being translated into the language of another by those who believed in universal mythology or universal religion. Symbolic meanings formed the essence of the occult. There was no reason in principle why the bending and stretching of language deployed by John Clare or Daniel Schreber should not have been pretty intelligible to their physicians as *façons de parler*. After all, in their different ways, both Freud and Jung drew deeply upon these exegetical traditions of classical philology and mythology. Philosophy, poetics and literary criticism all had pursued hidden meanings with enormous skill at reading between the lines.

Moreover, the notion that some unconscious faculty was animating the mind, whose workings might be mysterious but were nevertheless intelligible, translating dark desires into words and images, was one with which Romantic

poets and philosophers were perfectly familiar: witness the conventions behind Coleridge's *Kubla Khan*. But amongst the pre-Freudian psychiatrists, listeners disposed to listen with a third ear were few and far between. Bethlem's John Haslam recorded James Tilley Matthews' fantasies, but solely it seems as proof that he was off his head.

In other words the deep disposition to see madness as essentially Other almost automatically dictated that what strange people said was denied standing as an authentic if broken form of communication, even by liberal and sensitive doctors. In his published account of his eight-year-long therapeutic relationship with 'Miss Beauchamp', the early-twentieth-century American psychiatrist Morton Prince identified many distinct fragmented personalities in his patient (BI, BII, BIII, etc.), each of which spoke to him in a separate tongue. He enumerated and labelled these separate splinters of the self (some were good, some bad), and tried to find the 'real' Miss Beauchamp (not surprisingly, she was the compliant one). Prince showed little interest, however, in what each of these selves was saying (although as we read his account it seems obvious to us that several of these selves were either mocking or displaying anger and confusion provoked by him).

This may sound like blaming Prince and his predecessors for not being Freud. That is, however, not a totally unreasonable complaint. After all, mad people's writings down the centuries have contained bitter complaints against the barriers and defences put up by doctors thwarting their own attempts to communicate. John Perceval and others admit that when distracted their speech was indeed strange. But (so Perceval subsequently claimed) the aberrations of his use of proper names and so forth were hardly so opaque as to defy understanding. Perceval concluded that authority had chosen to act deaf. He interpreted that as an aggressive gesture and retaliated in kind. Much of his spell in the asylum, he recorded, consisted of a wilful and mutual dumbshow.

But Freud's 'talking cure' is not of course without its own deep ambiguities, both in theory and in practice. If asylum life encouraged scenes of silence, with Freud we sometimes have dialogues of the deaf, conversations conducted in different languages (in which 'no' typically means 'yes') and with an interpreter suffering from *idées fixes* about the meanings of certain words. Freud was evidently both an extremely good and an extremely bad listener. He was totally selective, and his appropriation of his patients' stories for his own theoretical purposes was arguably more aggressive and insensitive than the stone-deafness of his predecessors, as the cases of the 'Wolf Man' and of 'Dora', examined below, suggest.

The Return of the Repressed

One function – or at least by-product – of the rise of institutional psychiatry and psychiatric theory has been a habit of not listening to the mad; less perhaps the great silence about which Foucault wrote than a great deal of talking past each other. Some of the mad, nevertheless, have certainly had their say. Many hundreds of mad people have *published* their life stories. (Who knows how many have written them?) The accounts which follow in the next nine chapters offer a drop in the ocean of what they have wanted to communicate.

Broadly, we can schematically fit their writings into the chief genres of autobiographical writings discussed earlier. On the one hand, there is the tradition of spiritual autobiography. Those who have gone through madness, precisely like those suffering religious crisis and conversion, have commonly retailed their experiences: often the two amount essentially to the same. Publishing after the event forms a way of making sense of a former condition, and of telling the world that reason has been recovered. It was not a foolproof project of course, and it could backfire. For example, to Daniel Schreber's doctors, it was his very desire to publish his memoirs which seemed proof positive of the persistence of his madness.

In this confessional genre the early accounts are religious in the literal, Christian sense. Several authors I discuss below, such as Margery Kempe, George Trosse and John Perceval, regard themselves as totally orthodox in religious terms. Others such as Schreber write overtly religious accounts of their own psychoses, but their religion is a hotchpotch of their own making. Still others (such as 'Barbara O'Brien') write accounts of being possessed by superior and inferior powers, which clearly echo the religious scenario, but from which the formal elements of religion are absent.

And then there are some spiritual autobiographies (all the ones I discuss are modern) whose concerns continue to be those elements of despair – temptation, the dark night of the soul, the road to recovery – which draw on the *de profundis* confessional genre but whose authors think essentially within a secular framework. Jim Curran's account of his work and drink crisis offers an instance; the 'mythical' framework he draws upon is that of the American dream.

Several of the accounts analysed below, however, fall into the second genre of autobiographical writing touched on above: they are aggressive works of self-justification, which expose foes and vindicate the author's own actions. To a large degree, such works constitute a wail of protest against the treatment of madness itself, against the persecutor which was purportedly their protector.

Many writings from the eighteenth century onwards indict mad-doctors and their henchmen. In these it is often alleged – as for example by Samuel Bruckshaw – that a perfectly sane victim has been improperly confined. Alternatively, the autobiographer may be more disposed to admit to a degree of former mental incapacity. But then his charge is levelled not against confinement *per se* but against the evil or sinister regime of the madhouse. The institution and its staff are exposed as inept, exploitative and counter-productive. As William Belcher and others contended, the madhouse becomes an evil engine for making men mad rather than mending their madness. In this book I have chosen not to give a very copious account of this genre of writings, because it is very fully represented in Dale Peterson's excellent anthology of protest writings, *A Mad People's History of Madness*.

It would be misleading to try to string all these autobiographical accounts together into a single chronological line, and expect that they would thereby tell a progressive story. Each narrative is unique, and I have merely bunched them loosely around themes. But some developments are conspicuous. What is particularly noteworthy down the centuries is a growing rapport, even convergence, between the consciousness of the mad as expressed in their own writings and the lore and language of psychiatry. Unsurprisingly of course the earliest autobiographical accounts are untouched by psychiatry in any shape or form. In the fifteenth century Margery Kempe accepts the fact that she had been out of her mind, but thereafter all her contacts are with the clergy; likewise somewhat later with Christoph Haitzmann and his possession experiences. George Trosse recovers in a madhouse but thinks, moves and has his being in the idiom of religion; and so forth.

Eighteenth-century writers such as Alexander Cruden, Samuel Bruckshaw and William Belcher certainly came under the power of the mad-doctor to a greater degree. But they respond to it essentially as a negative and oppressive force, alien to themselves, and lacking insight into their plight. That cannot be said so simply for John Perceval in the nineteenth century. He regarded the asylum regimes to which he was exposed as essentially alien, but became concerned in a practical, indeed a constructive, way to formulate criticisms of asylumdom with a view to its rectification. Perceval was also eager to train a proper psychiatrically informed gaze upon himself. Standing back, he wanted to know in psycho-philosophical terms how he had actually come first to be mad and then to recover. And he explored what kind of asylum would have been effective in handling a patient like himself.

But the spectacular transition to a novel *entente* between disturbed patient and psychiatric doctor comes with the twentieth century. A good marker of this is the fact that so many volumes of mad people's memoirs in this century have been published replete with introductions, apparatus and conclu-

sions penned by psychiatrists, thereby giving the memoirs a professional seal of approval: the writings of 'Barbara O'Brien', discussed in chapter 10, form a good instance. Moreover – a totally new feature – many now have a tale to tell of salvation through psychiatry, albeit certain works (as for example those by Curran and Balt discussed below) tell a tale of two psychiatries: one bad and the other good.

This growing positive interplay, coalescence or symbiosis between the voice of the madman and the voice of his doctor might be interpreted in many different ways. It may simply show that what we might call the psychiatric-cum-psychoanalytic empire has become more ubiquitous this century, that today's neurotic or psychotic falls under the psychiatric gaze much more ineluctably than did his predecessor of one or two centuries ago. It may simply mean that twentieth-century psychiatry is truly experienced by sufferers as being more sympathetic. Where once we had protesters wishing to denounce mad-doctors from the rooftops, modern patients are much more inclined to sing psychiatry's praises. But it may also suggest that it has become more seductive. Being abnormal in certain approved ways is accepted in twentieth-century trans-Atlantic culture as a form of normality in itself; and not a few modern patients have either 'changed sides', turning (like Clifford Beers) from patient into prophet or practitioner, or have chosen to portray their own odysseys into inner space as dedicated to the discovery of the truths of the psyche.

Thus an element of assimilation – madness may have moved towards psychiatry. But all motion is relative; we may be witnessing yet another mode of *folie à deux*, madness and psychiatry as doubles.

3 · Madness and Power

A patient in a Parisian asylum early in the nineteenth century used to cry out:

I am man, God, Napoleon, Robespierre, altogether. I am Robespierre, a Monster. I must be slain.

The history of madness is the history of power. Because it imagines power, madness is both impotence and omnipotence. It requires power to control it. Threatening the normal structures of authority, insanity is engaged in an endless dialogue – a monomaniacal monologue sometimes – about power. This is partly due to the irresistible analogy drawn ever since the Greeks between microcosm and macrocosm, the body natural and the body politic. Plato explicitly developed the analogy between the hierarchical ordering of the healthy soul (in which reason lords it over the base and unruly passions) and the organic social order, in which rational guardians possess true authority, disciplining the anarchic multitude, who have no potential for self-control, but are slaves to their own appetites.

For two thousand years afterwards, healthy minds, healthy bodies and healthy societies were associated with the rule of reason, and disturbance with the tumult of base and vulgar desire. Echoes of this pattern, transformed to his own uses, survive in Freud's tripartite division of the psyche and in the role he mapped out for the controlling superego and the anarchic id.

The analogy was not just descriptive but prescriptive as well. Good order required that reason should reign. When it was overthrown, the political madness of civil war followed, as happened when King Lear gave away his kingdom and lost his mind in the storm on the heath. In other words something particularly evil had occurred when reason, that rightful instrument of government, both personal and political, ceased to fulfil its proper office. When princes abused their office and turned tyrant, substituting base urges for higher duties, they disturbed the order of things. The fates or nature, or God, would wreak revenge, fittingly by driving them mad. Greek legend