A CULTURAL HISTORY OF MADNESS - Bloomsbury

GENERAL EDITORS
Jonathan Sadowsky, Case Western Reserve University, USA
Chiara Thumiger, Kiel University, Germany

AIMS & SCOPE

Madness has strikingly ambiguous images in human history. All human societies seem to have a concept of madness, yet those concepts show extraordinary variance. Madness is widely seen, across time and cultures, as a medical problem, yet it often gestures towards other domains, including the religious, the moral, and the artistic. Madness impinges on the most personal and private sphere of human experience: how we understand the world, express ourselves about it, and share our mental, emotional and sensorial life with others. At the same time, madness is a public concern, often seeming to demand public response, at least by the immediate community, and often by the state. Madness is usually to some extent a disability, something that compromises functioning, yet is often also seen as a source of brilliance and inspiration. Madness is, virtually by definition, characterized by anomalous behavior, affect, and beliefs in any given context, and yet—partly because of this, and partly in spite of it—madness can be the most telling index of what a given society regards as normal or idealises as paradigm of functionality and health.

In the ancient world, for example, reference to madness was used to qualify extraordinary characters, as in the famous case of the 'melancholic' as gifted individual, or of *mania* as associated to divine or poetic inspiration; unique experiences (religious, especially initiatory, but also creative and emotional); socio-political status (e.g., guilt deemed worthy of severe punishment, pollution); illness and bodily disturbance. These elements and perspectives are not necessarily opposed or mutually exclusive. Indeed, in pre-technological society they often support and qualify one another, making the interpretation of madness profoundly different from what it would look like in modern times. And yet madness in modernity shows some parallel dualities. Attempts to cast madness as disease have had uneven success in reducing stigma, and madness remains laden with moral meanings. Madness in modernity is at once considered a problem that compromises a person's full flourishing, even as it retains an association with creative gifts. The mad are people whose cognitive realities defy convention. Yet, from the "influencing machine"—a delusion of being controlled by a diabolical device (described by psychoanalyst Viktor Tausk in the early twentieth century) to the "Truman Show Delusion" (the false belief that one is a widely-watched participant in a reality TV show, in the early twenty first century) the content of madness often reflects the preoccupations, social habits, and technologies of an era.

Madness is a subject of science and the arts; it is shaped by the universals of human biology and yet marked by vast cultural differences; it can afflict people of all social stations, and yet its social distribution is unequal and thus a prism through which inequalities can be viewed. The various approaches and subjects sketched below, such as politics, history of medicine, cultural history, social history, microhistory, thus need to be placed firmly in dialogue with one another. If interdisciplinarity is arguably a key ingredient in any sound historical approach, the case of madness is a prime illustration for its necessity.

In this series, we propose a wide-ranging historical probe of these ambiguities. We plan to make the series as global in scope as available evidence, and the state of scholarship, will allow. Each individual author will have, of course, his or her own thematic, methodological and regional specialization; volume editors will, however, be encouraged to seek out contributors who have a strong command of the global

and comparative literature, and who are enthusiastic about incorporating it. The ideal volume editor will also share our desire to strike a balance towards a multi-focal, and not Europe-centered perspective on madness, thus making sure the cultural geographies addressed by chapters are as varied and representative as possible.

Periodization & Geographic Coverage

Likewise, our periodization reflects an ambition to avoid Eurocentric assumptions, as much as is allowed by the limitations of the scholarly material available and the canons of historiography in which we operate. We will, for example, problematise and discuss terms which refer to specific developments within Europe (such as "Enlightenment"), and have a strong evaluative connotation; on the other hand, we retain other working periodization as useful, but with qualification (such as 'medieval'). The periods, in fact, reflect stages in history that may not be in perfect chronological alignment across different regions; for example, the term "medieval" arguably has meaning for African societies, even if the dates for it do not overlap perfectly with the European dates.[1] At the same time, we understand the necessity of maintaining the chronological template and work within a universally applied schema for the specific format of 'Cultural History'.

Vol 1: *A Cultural History of Madness in Antiquity* (c.600 BCE-600 CE)
This volume covers the ancient world from the Bronze Age to the beginning of the medieval age. It would focus on a number of key regions and sets of sources: less explored material, such as mental health in Egyptian medicine and Babylonian anthropology; fundamental non-European traditions, in particular Chinese medicine, and the Ayurvedic healing practices and theoretical reflections; the classical (Greek and Roman) world. This last includes culture (from mythology, to evidence for mental phenomena and disturbance in Homer, Hesiod and lyric poetry, and especially tragedy); medicine (from the foundational medical works of the Hippocratic Corpus, to Galen, to the late-antique and later reception of these doctrines); the contribution offered by philosophy, especially from the Hellenistic time onwards, to the devising of a 'talking cure' aimed at appeasing and healing the mentally disturbed patients. In this volume we also plan to touch on the hypotheses archaeology allows us to make about the social treatment of the insane in Neolithic an early historical communities.

Vol 2: *A Cultural History of Madness in the Medieval Age* (600–1400)
The volume explores the middle ages, with a chronology spanning roughly from the expansion of Islam to the 15th century. We shall problematise, and flexibly adapt the often-derogatory term 'middle ages' to various regions of the world within this eight-century long period. Not only, in fact, were the European Middle ages deeply influenced by the work of intellectuals, translators, and readers of ancient texts as far as Syria and North Africa, but we have access to the study of other important medical and anthropological traditions which were cultivated in other areas of the world (China, India). This volume begins the exploration of reciprocal influences in the medical cultures of the Eastern hemisphere; considers the role of authority and canonical medical texts; considers madness in the theology of world religions; and gleans stories of "mad people" from hagiography, miracle literature, healing stories, and cases of demonic possession.

Vol 3: *A Cultural History of Madness in the Renaissance* (1400–1600)
The European Renaissance is historiographically construed as a time of huge and fast intellectual changes and socio-political revolutions, marked to an important extent by the negotiation of new relationships between the Church and political authorities. These two centuries also mark a fundamental moment of expansion of European powers to previously unknown, or non-considered

[1] See Michael Gomez, *A New History of Empire in Early and Medieval West Africa* (Princeton: Princeton University press, 2016), viii.

areas of the world. We will thus consider Europe, the Middle East, North-Africa, East and South Asia, and to the extent sources allow, sub-Saharan Africa and American pre-Columbian cultures in their interaction with imperial powers. Apart from a new reception of classical antiquity, this phase is characterized, in fact, by the beginnings of true global interconnectedness, the rise of merchant capitalism, the violent advent of European colonialism, the Atlantic system and plantation complex reliant on the exploitation of slave labor. In this volume, many of the kinds of sources tapped in previous volumes will remain relevant, but there will also be, for many parts of the world, the emergence of large institutions for the mad, which were also rich sources of documents. Large institutions, named as retreats, asylums, and mental hospitals in various times, will become even more significant in the subsequent volumes.

Vol 4: *A Cultural History of Madness in Early Modernity* (1600-1789)
The developments described in Volume Three in turn made possible the 'discourses of madness' at the beginning of what Foucault called 'the classical era', the seventeenth and eighteenth century. In this era, as the modern world economic system was being elaborated and entrenched, European intellectual history was marked by the scientific revolution and the Enlightenment. Understandings of madness as a medical phenomenon were also being elaborated and entrenched. European medical culture more generally saw the beginnings of the slow decline of humoralism in Western cultures, leading to new and often more mechanistic ways of conceiving of the body, the mind, and madness. These developments take place largely in parallel to the rise of anatomic pathology, and a change towards a 'somatisation' of mental health. Yet both within Europe and in the wider world, professional attempts to somatize madness clashed with continuing spiritual and moral beliefs.

Vol 5: *A Cultural History of Madness in the Age of Revolutions* (1789-1900)
Over this period, the mad were confined in asylums to a growing degree, but this process was now accompanied by the growing specialization of medicine, and the rise of the figure of the alienist/psychiatrist —professional doctors for the mad. The materialistic outlook of the era manifested in growing attempts to locate madness firmly in the brain—yet here again, attempts to capture madness as purely bodily would be uneven. This era was also marked by a new association of madness with modernity itself. From European anxieties about the relationship between hysteria and the disruption of gender roles, to North American construal of the causes of neurasthenia, to deculturation theories of madness in the colonized world, modernity was often seen as itself generative of madness. In turn, the asylum came to be seen not simply as a way to contain madness, but to treat it, in part by providing refuge from the stress of modern life. The ongoing paradox of the medicalization of madness was embodied in the name of a major therapeutic movement: "the moral cure." The era was also stamped by the beginnings of a reformist impulse, often symbolized by the apocryphal image of Philippe Pinel unshackling inmates. This reformist impulse was expressed in repeated calls for a more complete recognition of the humanity of the mad and for their more humane treatment, an impulse expressed by figures such as Dorothea Dix which would have continuing resonance into the twentieth century.

Volume 6: *A Cultural History of Madness in the Modern Age* (1900- the present)
This volume covers two World Wars, decolonization, the Cold War, the rise of welfare states and the reaction against them in the form of neoliberalism, and post-modernity. The era saw a flurry of medical experimentation with physical treatments, such as shock treatments and lobotomy, that were meant to work directly on the body and especially the brain. The successes of these therapies raised great hopes, just as their failures aroused great fears. This was also, though, the era of the rise of psychotherapy, and the vast influence of the particular therapy, and philosophy, of psychoanalysis. The influence of psychoanalysis was seen as promising by many, and yet often raised anxieties about an overly therapeutic culture. Both the new physical treatments and psychoanalysis had global reach. Possibly for the first time in human history, there was a global cosmopolitan culture of medical psychology competing with older, local frameworks that continued to hold influence. Also global in scope was a crisis of the asylum. In strikingly diverse settings, overcrowding and alarming material conditions

inflamed the reformist impulse, which led to deinstitutionalization movements. All of these changes, in different ways, helped to create by the middle of the twentieth century a loosely related set of views encompassed by the term antipsychiatry—an outright rejection of the medicalization of madness. Yet no sooner did the antipsychiatry movement prosper than the psychopharmacological revolution took hold. In the last decades of the twentieth century, antidepressant and antipsychotic drugs started to be consumed by millions all over the world, even as local understandings of their meaning and efficacy continued to differ. There were concurrent efforts at a universal nosology, efforts considered work towards scientific precision by their proponents, and as cultural imperialism by their detractors. Finally, the era witnessed the rise of organized patient movements, of varying degrees of resistance to or advocacy for professional psychiatry, and the proliferation of sub-cultural communities in which the borders between psychiatric and healthy are discussed and redefined (for example, pro-anorexia groups; groups of individuals who identify with non-human animals; self-harming individuals; and so on).

CONTENTS LIST

Each of the volumes in a Bloomsbury Cultural History cover the same topics, so themes can be studied both within and across a period.

CONTENTS SUMMARY

1. Madness in Context

The opening chapter of each volume will consider madness as the product and expression of context in the broadest sense: natural, economic, political and social. While other chapters will, of course, necessarily touch on some of these factors, in this introductory chapter we wish to stress context in two important ways. First, there is the methodological point that madness never exists in a vacuum, but must always be a sign within a system. Context may produce the form and content of madness (for example, in specific delusions that characterize a time and society). But madness can also challenge context—challenge to, or heightened awareness of, consensual reality, considered in terms of religion, cosmology, and ontology.

Sexual identity, racial discrimination, class; as well as geographical location and the relationship with the natural environment may determine or aggravate mental disturbance. For example, we cannot explain the madness attributed to virgins or older women in ancient Greek medicine without considering the role of the female sex in those societies (Vol. 1); just as marginalization and exclusion from the main cultural narratives and economic opportunities bear responsibility for the mental illness of non-white communities in Western societies (and not only there) (Vol. 6). Geographical displacement is also a significant stressor, for which imperialism and colonialism bear much responsibility (Vols. 4, 5, 6). In this way, madness is a revealing index of a variety of factors in a given *world* or context, exposing the evident unbalances, but most of all exposing the hidden cracks in the structure, the contradictions, weaknesses

and deep-seated inequalities. We wish, at the same time to avoid the pitfall of excessive constructionism, and recognize that while specificity of context always matters, we should retain an openness to meaningful comparisons and similarities across time and space. Fundamentally, comparisons about madness in different contexts can be guided by four premises: the human mind reflects a biological brain, so at least some measure of universality can be assumed; the mind, mental life, are not confined to the brain, but involve other parts of the body, and thus our common evolutionary inheritance; the body and mind are shaped by culture, which produces variability; and there is an irreducible individual quality, a private-ness to every person.[2]

2. Madness and Health

While the nosologies and treatment regimens differ widely through human history madness has widely been considered a medical problem, that is, a problem to be treated by specialists in health, though perhaps not always by professional doctors as now conceived. Put another way, madness is often seen as a form of sickness. Medical cultures, however, vary greatly – about the hygienics, taxonomy, pathology, and therapy of madness. This chapter considers the eminently 'medical' approaches to madness: diagnostics; the therapeutics; the search for causes; the description of symptoms; the gathering of cases and details; the concept of curability, and the kind of cure appropriate for it (pharmacological, dietetic, psychological, in particular a form of 'talking therapy'); hospitalisation and confinement; the rise of pharmaceuticals. Each of these, of course, reflects the ideological schemata, scientific paradigms, and material culture of different historical periods. While taxonomy is a key topic from the ancient world to contemporaneity (Vols. 1 to Vol. 6 will engage with this topic), the devising of a precise therapeutics for mental distress *qua* mental is a later and largely modern phenomenon (Vols. 5, 6); the biochemical, pharmaceutical turn is characteristic of the last century (Vols. 5, 6), while the rise of the hospital is a topic best understood starting from the medieval times (Vol. 2) and into its key evolution into an institution of the state in the seventeenth century (Vol. 4).

While exploring medicalisation as a fundamental component in this history, we must remember that the relationship between the medical and madness has been fraught. On the one hand, there is the skepticism, if not radical dismissal, that the concept 'psychiatric' has received from the 1960s (Vol. 6). On the other, we want to avoid the approach of much historiographical research which sees medical responses to madness largely through their abuses or limitations, effectively adopting an antipsychiatric paradigm. The limitations of medical treatments for madness are well-documented, as are examples of medical abuse, and we do not flinch from acknowledging them. But historians of madness also need to hold in view therapeutic success, measured not just by clinicians' proclamations of healing, but in the active engagement with and reliance on their own therapy – even gratitude for its beneficial effects on the part of the mad. Accounting for successful mapping of the neurology and biochemistry of the mind is a fundamental step in placing this history into perspective. And so is the acknowledgement of parallel approaches and their achievements, such as cognitive therapy (to be mentioned in Vols. 5, 6), and of the foundational role played by Freudian psychoanalysis (for all its limitations, particularly evident *vis-a-vis* the conception of women) in returning the human mind - and its suffering - to the control and accountability of the single individual (Vol. 5).

3. Madness Embodied

Although much modern usage defines madness as "mental" illness, every era has understood and experienced madness as to some extent physical—in etiology or experience, or both. It is not surprising, then, that most societies have treated madness with some combination of physical, psychological and behavioral intervention. On the other hand, the thin line separating mind and body, matter and spirit, physical and intellectual has been notably shifting from one era to the other, one cultural context to the

[2] Chiara Thumiger, *A History of the Mind and Mental Health in Classical Greek Medical Thought* (Cambridge: Cambridge University Press, 2017), 27-29.

other, and even within the same society. This chapter will use the acute lens of madness to probe how different societies have understood mind and body, their relationship, and even whether they are regarded as separate entities. From the seminal reflections offered by ancient Greek philosophy and medicine, to the questions posed by Christian theology and their subsequent dogmas, antiquity largely set the terms of the discussion as they are known to us still today. If to some extent it has been agreed that madness should share a biochemical basis, the role of existential and psychological aspects in this human experience has remained undeniably central, and their importance in therapy obviously resists reduction. This chapter will cover these questions, and their shifting answers in different historical periods and regions.

4. Lives of the Mad

The experience of madness always has an elusive quality. The subjective experience of madness is hard to grasp by those who have not undergone it, and the mad themselves often find their experience enigmatic. Yet our understanding of madness is more compromised if we do not look beyond the fog of social and medical labels. This chapter will foray into the lived experience of madness: the processes, sometimes slow and sometimes sudden, by which one comes to be understood, by oneself or others, as mad; the recognition, or often resignation, that a person's madness might not be fleeting but a chronic or recurring part of their life; the often dismal experiences of stigma, isolation, and incarceration, but also the hopeful progress to recovery or even cure; and the affective lives of the mad, ranging from states of extraordinary dejection or elation to more mundane feelings such as contentment or boredom. Authors of this chapter will be encouraged whenever possible to include attention to the words of the mad themselves.

5. Madness and Politics

Charlotte Perkins Gilman's novella *The Yellow Wallpaper* at once registered a protest against a diagnosis, a treatment regimen, and sexist society broadly, providing us with a brilliant encapsulation of the politics of madness. This chapter will examine the demographics of madness, along multiple axes, including gender, class, income, ethnicity or race, and age. Madness is tied to social inequality in multiple ways. Well before the development of psychiatric epidemiology as a formal discipline in the twentieth century, observers noticed that certain social groups—often but not always those of lower social status —seemed more prone to madness, as well as experiencing much more difficult and long recovery.[3] The causes of this apparent susceptibility have been a subject of inconclusive debate, but we do know that madness can alter social status – and vice versa. Social responses to madness include incarceration or isolation, impoverishment, damage to status (including class, formal citizenship, or perceived ability to function), or more subtle forms of marginalization. Yet madness does not simply lead to victimhood. Madness can reverse social norms, and also exaggerate them to the point of being implicit parody. Feminist historians of madness, and historians of madness in colonial settings (to give two examples) have shown that madness in oppressed groups is often on a continuum with more organized and articulate protest against social orders; recognizing this is not to romanticize madness as always a form of resistance (though it could be, in some cases). The politics of madness also includes resistance to medicine itself, as expressed by patients who challenge their diagnosis and/or treatment, reject outright their designation as mad, or form psychiatric survivor groups.

6. Microhistories of Madness

As famously argued by the historian of psychoanalysis J. Forrester, there is a specific epistemology of 'thinking in cases' that is especially important in the fields of medicine, psychiatry and, in particular, psychoanalysis. The focused narrative on the individual person, the exception that confirms the rule, the micro-historical episode, all these add that dimension too often absent from the larger historical narratives of scientific discovery, authoritative figures, and dominant classes or social groups. This

[3] See Robert Burton, *The Anatomy of Melancholy* (New York: New York Review Books, 2001), 346, on poverty and melancholy in early modern England, for example.

chapter will be somehow *sui generis* within each volume a commentary on one case of a mad individual. For example: from Hippocratic medicine (Vol. 1); an episode of medieval collective madness (Vol. 2); a report from a clinician or clinical context in modern times (Vol. 5-6). The intent is to provide an in-depth, 'named' and idiosyncratic example that can reflect back on the preceding chapters, without necessarily aspiring to be representative; more generally, to reflect on the inexhaustible, irreducible individuality of the experience of madness, and its connection with the human individual as unique, resisting statistical reduction. From the point of view of genre, anecdotes, patient cases, but also epistolography, autopathographies, legends and historical accounts of the mad, even poetry could all belong here, offering an illuminating angle on the humanity of madness.

7. Madness, Creativity and Representation
This chapter will look at madness represented in artistic expression and how it has been regarded as generative of creative endeavor. A famous Aristotelian passage stresses precisely this intriguing fact, that melancholic individuals are often extraordinary for their intellectual and artistic abilities. Madness is often a subject of artistic fascination, both as an experience demanding representation, and also in the association of the mad with artistic personalities. Is the poignancy of Vincent van Gogh's art a product of descent into madness? Did Abraham Lincoln's melancholy foster empathic gifts that enabled his statecraft during the greatest crisis in his country's history? Are Sylvia Plath's searing diction, or Kurt Cobain's seething guitar riffs, expressions of their struggles with mental illness, or assertions of mastery over them? How has madness thwarted creative endeavor, and what are the dangers in too closely allying madness and creativity? The editors begin with no presumption as to whether madness, on balance, aids or thwarts human creativity. The chapter will also scrutinise how madness has been artistically represented, how it has been translated into figurative expression, put on display, and even exhibited? Examples will range across ancient figurative art (for instance, vase painting decorated with Dionysiac images of ecstatic possession); medieval illuminated manuscripts, paintings and statuary; as well as modern media such as photography and film.

GUIDELINES

Total length:	95,000 words (Introduction of c15,000 words + 7 chapters of c10,000 words (inclusive of all notes and references). *The contract will allow up to 100,000 words, so adding a 5000 word "cushion" for the volume editors.*
Illustrations:	c50 B/Ws per volume (c300 across the whole work). *The publishers will pay up to £6000 towards artwork permissions.*
Chapters:	Each chapter in each volume is to have the same generic title (as noted above), but more specific subtitles can be appended. Chapters are to be overviews of a theme in a period. Case material should be illustrative *not* substantive
Introduction	This is to be an overview of the period, *not* a summary of the chapters in the volume

All six volumes will be published together as a series/set in HB initially, then re-released as individual volumes. Assuming good sales/reviews, the series will then be republished in PB. The series will also be published digitally.

RELATED WORKS

This bibliography restricts itself to the small number of works that deal with a very wide spatial and temporal frame—of which there are few, and none on the scale we are proposing.

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Tyson et al. *Madness: History, Concepts and Controversies* (Oxon: Routledge, 2019)

READERSHIP

PRIMARY: History of Madness / Psychiatry; History of Medicine; Social History

GENERAL EDITORS

JONATHAN SADOWSKY
Jonathan Sadowsky is Theodore J. Castele Professor of Medical History at Case Western Reserve University. He is author of *Imperial Bedlam: Institutions of Madness and Colonialism in Southwest Nigeria* (University of California Press, 1999); *Electroconvulsive Therapy in America: The Anatomy of a Medical Controversy* (Routledge, 2016); and *The Empire of Depression: A New History* (Polity Books, 2020). My articles have appeared in venues including *The Journal of the History of Medicine and Allied Sciences*, *Harvard Review of Psychiatry, Bulletin of the History of Medicine*, and *History of Psychiatry*.
Address: Dept of History, Case Western Reserve University, Cleveland, Ohio 44106, USA
Email: jas34@case.edu

CHIARA THUMIGER
Chiara Thumiger is a classicist and historian of science at Kiel University, Germany. She is author of *A History of the Mind and Mental Health in Classical Greek Medical Thought.* Cambridge University Press (2017) and *Hidden Paths. Notions of Self, Tragic Characterization and Euripides' Bacchae* (*BICS*, London 2007); editor of *Holism in Ancient Medicine and its Reception.* Brill (2020); and co-editor of *Mental Illness in Ancient Medicine. From Celsus to Paul of Aegina* Brill (2018), *Homo Patiens. Approaches to the Patient in the Ancient World* Brill (2015), and *Eros in Ancient Greece*, Oxford University Press (2013).
Address: Schumanstrasse 15A, 10117, Berlin, Germany
Email: chiara.thumiger@cms.hu-berlin.de

VOLUME EDITORS
TBD