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通识读本

浅论精神病学

Psychiatry

A Very Short Introduction

Tom Burns 著
田成华　李会谱 译

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Preface

The current preference is for emphasizing that psychiatry is 'just another branch of medicine' like cardiology or oncology. In part this is to try and make psychiatry properly respectable by highlighting its scientific credentials, its commitment to precise diagnoses and evidence-based treatments, increasing its status within medicine and in society generally. It is also to reduce the stigma which has always been associated with mental illnesses. Stressing that these are illnesses like any other illness ('mental illnesses are brain diseases') should reduce prejudice experienced by sufferers and the sense of responsibility and shame felt by so many patients and families. We don't feel ashamed or blame ourselves if a family member develops arthritis, so why do we if they become depressed? It is against this backdrop of unnecessary additional suffering that the medical legitimacy of psychiatry is, quite rightly, stressed.

But it is not that simple. Psychiatry *is* different. Even those of us who work in it are treated as different. I am often asked, only half-joking, whether we become psychiatrists because we are odd or did we become odd as a result of being psychiatrists. The *New Yorker Magazine* produces compilations of its cartoons and there are invariably so many about psychiatrists that they regularly warrant their own volume.

Psychiatry can also inspire fear. It is, after all, the only branch of

medicine which can force treatment on individuals. Special laws exist in all developed countries, both to protect the mentally ill against punishment but also to force them to have treatment. There appears to be a remarkable consensus about the reality and importance of mental illnesses despite, as will be clear throughout this book, the absence of simple objective definitions of them.

There is a fascination about psychiatry that goes beyond the natural curiosity about how the body or mind works. Psychoanalysts have suggested that this fascination (often mixed with fear) is because mental illnesses act out our own inner dramas. We see the depression we are struggling with and containing displayed before us, or individuals losing control when we may fear or secretly long to let go and shed our inhibitions.

There is certainly some truth in this. As I will explore in Chapter 1 the illnesses psychiatry deals with are diagnosed on the basis of experiences and feelings so familiar to us all. Yet they convey a sense of 'difference' at the same time. We find ourselves identifying with the descriptions, yet aware that some important threshold has been crossed. Psychiatry's increasing scientific sophistication has sharpened that threshold with enormous advances in consistency of diagnosis. However, Chapter 6 questions this increased certainty which brings some undesired consequences.

Psychiatry is, like all medicine, a pragmatic problem-solving activity. It draws on scientific theories but is not derived from them or constrained by them. Unlike psychology or physics, psychiatry cannot be explained 'top-down' from theories. Psychiatry has been formed by the illnesses that it has been required (and agreed) to treat and further shaped by the treatments it had available at the time. Consequently Chapter 1 includes descriptions of schizophrenia and manic depression and how these diseases and the care they received moulded the fledgling profession. The development of psychiatry is dependent on the values and structures of the societies that fostered it. It is almost impossible to

understand current practices without understanding some of that history which is covered in Chapters 2 and 3. Similarly, the now relatively neglected contribution of psychoanalysis and psychotherapy is addressed in Chapter 4.

Chapters 5 and 6 deal with the controversies that have raged around and within psychiatry ever since it first emerged as a profession. It is a fair criticism of this book that it devotes more space to these than to the undeniable advances. I could have dwelt more on psychiatry's advances in new drugs, psychological treatments, and working practices which have made an enormous contribution to human welfare. Those who want to know more about these will easily find them elsewhere (increasingly on the web). I do not want to suggest any scepticism about the progress that psychiatry has made and is making. Psychiatry and the neurosciences are making remarkable strides.

I have devoted so much space to the controversial aspects of psychiatry for two reasons. First, because there are real philosophical and ethical differences between mental and physical illnesses that won't go away simply because we want them to. Nor will technological advances obliterate these tensions; rather, as explored in Chapter 6, more effective treatments may sharpen them. The challenge for psychiatry in the 21st century may be particularly acute in ethical and social questions posed by increasingly sophisticated and powerful treatments of the mind. Secondly, psychiatry is the arena where many of the big questions of the time – philosophical, political, and social – have to be hammered out in the crucible of real human relations and suffering. The philosophical debate about free will and determinism comes alive in the courtroom arguments about a psychiatric defence or in policy decisions about the management of psychopaths. The politics of power and social control drove the dismantling of the asylums and now frames the debate on compulsory treatment. The mind–brain dichotomy hovers throughout. The sustained battering from the anti-psychiatrists in the 1960s and 1970s (Chapter 5) raised the

right (indeed, they would say the existential *obligation*) to be different.

So welcome to an area of medicine that is both mysterious and exciting as advances in brain sciences continually bump up against the messy reality of human beings. It is an activity which despite the scanners and designer drugs still rests on establishing trusting personal relationships. And lastly welcome to a pursuit that keeps challenging us about what it is to be truly human; continually reminding us of those unresolved philosophical issues (free will, mind–body dualism, personal autonomy versus social obligations) that we usually push to the back of our minds in order to get on with life.

前言

当前倾向于强调精神病学“只是另一个医学分支”，就像心脏病学或肿瘤学一样。这样做一方面是通过强调精神病学的科学性，以及它致力于精确诊断和循证治疗的决心，来努力使精神病学获得与之身份相称的声望，提升这个专业在医学界乃至整个社会的地位。另一方面也是为了减少一直以来伴随精神疾病的歧视。强调精神疾病和其他任何疾病并无二致（“精神疾病是大脑疾病”），会减轻患者体验到的偏见，以及很多病人和家庭感受到的责任和羞耻。如果家里有人患了关节炎，我们不会感到羞耻或自责，那为什么他们患了抑郁症，我们就会有这种感受呢？鉴于这种不必要的额外痛苦，强调精神病学作为医学的合法性是相当正确的。

但是事情没有那么简单。精神病学**是**不同的。甚至我们这些在精神病学领域工作的人也受到不同的对待。人们常常半开玩笑地问我，我们是不是因为古怪才成为精神科医生，或因为成了精神科医生才变得如此古怪。《纽约客》杂志将自己的漫画辑录成册时，由于有关精神科医生的内容总是如此之多，以至于需要定期出专辑。

精神病学还会激起恐惧。毕竟这是唯一可以进行强制治疗的医学分支。所有发达国家都有专门的法律，既要保护精神病人不受惩罚，又要强制他们接受治疗。对于精神疾病，虽然没有简单、客观的定义（随着全书的展开，大家将会清楚地认识到这一点），但是对于其现实性和重要性，人们似乎有明显的

共识。

对精神病学的着迷超越了想要了解身体或心智如何运作的天生好奇心。精神分析师提出，这种着迷（常混有恐惧）是因为精神疾病演出了我们内心的戏剧。我们看到自己正在抗争和控制的抑郁呈现在眼前，又或者，当我们可能害怕或是暗自希望摆脱束缚、释放抑制时，看到的是失控的个体。

这一观点肯定有其正确性。正如我在第一章中将会探讨的，精神病学所应对的疾病是基于我们每个人都很熟悉的体验和情感作出诊断的。但是这些疾病同时也显露出一种“不同”。我们会发现自己认同这些描述，但也知道有个重要的界限被越过了。精神病学在科学上的日益精细化，已使诊断的一致性有了巨大进展，从而令这一界限愈见清晰。然而，第六章会对这种增加的确定性提出质疑，认为它带来了一些不良的后果。

精神病学和所有医学一样，是一种务实的、解决问题的活动。它会使用科学理论，但并非源于科学理论，或受限于科学理论。与心理学或物理学不同，精神病学不能通过理论“自上而下”地作出解释。精神病学由它需要（而且同意）治疗的疾病塑造成形，又经过当时的治疗方法进一步打造。因此，第一章描述了精神分裂症和躁狂抑郁症，还有这些疾病及其治疗如何塑造了这个专业的雏形。精神病学的发展依赖于所在社会的价值观和结构。如果不了解第二章和第三章涉及的一些历史的话，几乎不可能理解当前的实践。同样的，现在相对被忽略的精神分析和心理治疗的贡献将在第四章中阐述。

自从精神病学作为一个专业甫一诞生，在它的外围和内部就争议不断；第五章和第六章讨论的正是这样一些争议。对本书一个公正的批评是，它花了更多的篇幅去讨论争议而非不可否认的进步。我本来可以更多地介绍精神病学在新药、心理治疗和可行实践上的进步，这些进步对人类福祉做出了巨大贡献。有谁想要了解这些情况的话，在其他地方会很容易找到这些信

息（网上的这类信息越来越多）。对于精神病学已有和正在发生的进步，我不想表示任何怀疑。精神病学和神经科学正在大步前进。

我用这么多篇幅讨论精神病学的各种争议有两个原因。首先，精神和躯体疾病有真实的哲学和伦理差异，这些差异并不会因为我们想让它们消失就消失。技术进步也无法抹去这些矛盾；相反，正如第六章所探讨的，更有效的治疗可能使问题更加尖锐。随着治疗精神的方法越来越复杂、强大，21 世纪的精神病学可能在伦理和社会问题上面临尤为紧迫的挑战。其次，精神病学是一个舞台，在这个舞台上，所在时代的许多重大问题——哲学的、政治的和社会的——都不得不在真实的人类关系和痛苦中经受锤炼。在法庭上激烈的精神错乱辩护中，在针对病态人格患者管理的决策中，有关自由意志和决定论的哲学思辨变成活生生的现实。人们围绕权力和社会控制问题展开的政治活动曾经促成了收容院的拆除，现在又成为强制治疗辩论的框架。心智－大脑二元论一直都在精神病学中徘徊不去。20 世纪六七十年代反精神病学运动家不断发动攻击（第五章），提出了个体异于他人的权利（实际上，他们会说这是存在的**义务**）。

所以，欢迎来到一个既神秘又激动人心的医学领域，在这里，脑科学的进步不断迎头撞上人类混乱的现实。欢迎来到这样一种活动，即虽然有各种扫描仪和策划药，它仍然基于建立信任的人际关系。欢迎来到这样一种追求，它不断挑战我们怎样才是一个真正的人，不断提醒我们未解决的哲学问题（自由意志、心智－大脑二元论、个人自主和社会义务的矛盾），而我们通常为了生活将这些哲学问题抛在脑后。

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