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癡狂的艺术

中国精神病人艺术报告

Demented Art

Report on Chinese Mental Patients' Art

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1962年生于南京，1986年、1987年、2002年策划参与南京“晒太阳”艺术活动，1989年组建南京青少年心理咨询中心艺术分析部，2005年策划“病：我们今天的艺术”展。近年参加“我们的障碍”、“限制与自由”、“移步换景”、“各自表述”等多个主题的展览。

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Wang Yu

She was born in 1965 and graduated from Nanjing Medical Academy in 1991. She is currently the ward director of Nanjing Zutangshan Mental Hospital, where she has been since 2000.

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自序

Foreword/Author's Note

前言 / 自序

Foreword/Author's Note

艺术的治疗和我们时代的精神之“病”

朱 其

艺术可以作为一种自我精神治疗的手段，也可以将之称作一种语言的精神拯救。在2006年，艺术家郭海平勇敢地尝试了一个行为实验，他一个人住进了南京的一家精神病院，该院叫“南京祖堂山精神病院”。他在这家医院与精神病人一起生活了三个月，并且教这些精神病人进行绘画和陶塑的创作。

在进行下面的叙述前，首先要界定一个核心词：精神病，这个词是否成立？目前精神病院收治的所谓精神病人主要指两类，一类是具有攻击性行为的行为失控者，对他人人身和财物造成伤害者；另一类是指不具有攻击性行为，仅仅是生活日常行为错乱并严重失范。

所谓“精神病”是指精神上有病的人。但精神上是否有病，实际上是说这个人的精神是否逾越一个时代大多数人所能容忍的行为底线。事实上，历史上也有这样的时期，大多数人在某一个时代认为少数人精神有病时，往往真正有病的是大多数人，而不是最终被逼疯或被监禁的少数人。在三十年前的“文革”时期，红卫兵疯狂批斗知识分子，狂热地崇拜毛泽东，上万人在街头游行跳忠字舞，这实际上才是一种集体精神病现象。而少数怀疑这场政治运动的人则被认为是反革命和精神病，甚至被逼成疯子，而这些人今天看来恰恰是真正精神健全的人。

人类精神是自由和多元的，精神在理想的意义上应该是一种灵魂自由想象和漫游的状态，人类精神向何处走都是它自身的一种选择，没有对错和正常与否。精神本身并不存在是否有病的问题，就像在“文革”时期，当大多数人认定少数质疑政治运动的人精神有病时，实际上真正精神处于疾病状态的是大多数人。所以，精神病这个词带有一种多数人的精神排他性的专制色彩，在中国成为了一个人格主体贬义词。

实际上，没有一种精神是可以称作有病的，只有精神不适应主流社会的失常者或者行为失控者。所以，我不赞成使

用“精神病”或者“精神病院”这样的称呼，这实际上带有反人文主义的意识 and 立场。“精神病”称为“精神失常者”，“精神病院”称为“行为神经失控者治疗中心”，这样更为准确和人道一点。从严格意义上说，攻击性行为者和不具有攻击性行为者也不应该在同一个机构场所接受治疗，前者只是行为控制有问题，后者对他人行为没有伤害和攻击性，只是属于精神异常者，或与社会格格不入者，但这两者都不能将精神内容视为一种病，病症主要在于情绪和行为体系。精神病或者精神病院实际上是一个社会性的政治概念，并不是一个准确的科学称呼。

从精神本体上说，每一种精神都是值得肯定的。当然，每一种精神在它所处的时代可能会与这个时代的主流精神格格不入，或者实现方式上不能为现实社会所接受，这就造成精神异常者的行为反常，或者精神人格的问题，出现各种反常或超常的情绪和精神状态，比如忧郁、妄想、臆想、痛苦、幻觉、紧张、语言错乱和行为失序等。即使在今天这样的时代，我们这个社会的很多人巧取豪夺、抛弃人格独立、不断突破道德底线，这些人即使掌握了大量财富和权力，但实际上精神上是有病的。

在中国这样一个经济和社会急剧变化的伟大转折时期，实际上每个阶层的人都会有精神不适问题，上自高级官员、大企业家，下至知识分子、白领和底层民众。只不过每个人的心理健康的严重程度、自我控制力和自我治疗的方式不同而已。尤其是现在中下层社会的人群，他们善良、诚实、遵守社会规则，但没有获得应有的经济收入和公正的社会待遇，工作压力、生活保障和就业竞争却在加剧，这使得很多人都产生了心理问题，有些比较严重，但我们不能说他们精神上有问题，他们需要的是心理治疗。

在精神问题和精神治疗上，实际上还有一个更特殊的群体和治疗方式，即艺术群体和艺术的治疗方式。人类的艺术史和文学史有一个历史悠久的人文传统，这个传统从不将精神异常、反常、失常和超常的艺术家或作家看做是病人，而是欣赏这样的人，这个人文传统将这些人看做敢于越过人性在一个时代的禁忌底线的精神探险者，或者将这些人看做天赋的优异灵魂的持有者，他们身上具有常人没有的想象力、精神敏感和语言形式创造的天分，其中有些杰出者甚至被看做是精神先知、思想先驱或者伟大的哲学家。

尤其到了近代，人类社会在政治民主、工业革命、商业和资本主义变革、城市文化兴起的伟大转变时期，权力、财富和资源重新分配，阶级和贫富分化严重，大众文化兴起，精英文化和信仰衰落。在这个时期出现了很多伟大的艺术家、思想家、作家和诗人，他们表现和表达了与众不同的见解和人类集体走向的想象，批判现实和创造了新的语言世界，但他们中的很多人最终精神失常和崩溃了，或者被认为是疯子、同性恋者，或者被送入精神病院。但他们的思想和艺术语言已经成为今天普遍的主流文化或者大学课程的一部分，比如哲学家有现代性思想先驱尼采、存在主义先驱克尔恺郭尔、西方马克思主义先驱阿尔图塞、后结构主义思想家福柯；艺术家有文艺复兴后期的卡拉瓦乔、后印象派的凡·高、法国象征派诗人兰波、意识流女小说家伍尔夫、德国新浪潮电影导演法斯宾德、中国朦胧派诗人顾城等。

艺术领域实际上像人类社会所谓“精神病”者的一个精神避难所，这个领域从

不将精神异常或疯癫看做是一种病，而是将这些“精神病”者看做人类思想和艺术创造可能的精神探索者。即使在思想和艺术创造上没有天分的精神异常和疯癫者，也将艺术看做是一种精神治疗的手段。从人文主义的角度看，哲学、文学和艺术也确实帮助人类从精神苦难和压迫中自我拯救，艺术可以使人类痛苦审美化，文学可以使混乱的自我经验叙事化，哲学则可以使自我对总体性的认识形而上学化，从而找到一个把握自我和外部世界的参照系。在这个意义上，艺术和哲学都是一种真正意义的精神拯救和自我治疗的途径。

郭海平在他“精神病院”内的日记中写道：“我现在主要精力是集中在以艺术的方式关注当代社会公众的精神问题。”这是一个当代艺术或者社会学领域非常有开拓性的课题。他在2006年12月5日的一篇日记中还写道：“今天我突然发现自己不再畏惧黑暗了。刚来精神病院，医院将我的住处和病人们使用的画室都安排在一幢住院病房的顶楼。刚开始，每到夜晚就有一种恐怖的感觉，四五百平方米的整个四层楼只有我一个人，稍有动静，即使是走路都会有清晰的回音，为了减缓这种恐怖感，我总是打开整个楼层的灯光。两个月的时间过去了，不知不觉地我开始关闭一些灯光，今天晚上我看到一间房间的灯还开着，我便去关上这个房间里的灯的开关，当灯光熄灭时，房间里一片黑暗，这时我却感受到了一种莫名的舒畅，也就在这一刻，我忽然发现自己开始喜欢起黑暗来，也许是巧合，我今天画的一幅作品的背景选用的也是黑色。”

从这段日记中，可以看到郭海平在深入“精神病院”实施这项计划时，尽管他事先做好了各种思想准备，但是他的自我状态还是处在一种恐惧和探险的临界点上。即使他曾经有过心理医生的经历，他家族也有过类似的“精神病”患者，但在这段日子里，他这个算是与精神异常者有过接触经验的人，个人的内心还是走到了一个自我极限的边缘，但是他最终越过了这道界限，从而打开了一扇门，进入另一群被抛弃在社会边缘的人群的精神世界。在他深入的这个人群中，原先他只是想进入这群人的特殊内心世界，了解他们“精神病”产生的社会背景，并且用艺术这种更人道的方式去治疗他们。但这次本来只是一个社会调查和艺术治疗课题的实验行为，很快使他产生了意外的收获，很多“精神病人”的艺术创作像绘画、陶艺和诗歌写作，他们对色彩、空间形式和自我经验的取材能力都表现出了一种惊人的天赋。比如像崇拜机械装置的王军，他所画的机械装置绘画在色彩和空间上丝毫不比正常的艺术家逊色，尽管他没有受过专业绘画训练，但他形式感极强的机械绘画与法国怪异机器装置艺术家廷格里有异曲同工之妙。

艺术本来就不是一个纯理性和日常性的工作，它强调的是与众不同的自我想象和超越日常的体验，艺术的杰出创造主要来自人的潜意识和超现实经验领域，这一点恰恰是“精神病”者的精神领域最活跃的部分，只是这个精神的无意识和绝对自我的部分没有找到社会表达的语言体系和接受形式。郭海平教会了不少“精神病”人画画、做陶艺和写诗歌，这些人实际上也不是被教会的，而是郭海平激发了他们的艺术潜质。德国著名现代艺术家博伊斯说“人人都是艺术家”，就是强调每个人内心世界实际上都有成为艺术家的潜质，只是有些人被现实意识压抑了。郭海平从

这些“精神病”艺术家的作品中选出了一部分优秀之作，从艺术的角度看，这些“精神病”艺术家都具有相当高的艺术天分，很多作品如果以常人或者知名艺术家的名义展出，也许真的可以进入专业艺术展览体系。

我认为，没有精神痛苦和变态的艺术一定不会是伟大而深刻的艺术，伟大的艺术家一定是承受了远胜于常人的精神磨难，甚至达到精神崩溃的地步，才可能产生杰出的语言创造。在20世纪初，欧洲文化界开创性地从精神分析的角度在哲学、文学和艺术领域探讨了艺术与精神无意识的关系，并形成了著名的精神分析学派、超现实主义艺术和诗歌，以及无意识自动写作等，精神分析学派的著名学者像弗洛伊德、荣格、拉康等，将自己的学说应用于艺术和小说的精神分析。弗洛伊德的一个开创性思想，是认为现代社会不应该歧视所谓的“精神病”人，他们实际上拥有比常人更丰富的想象和情感世界，尤其是他们的超现实幻想。“精神病”患者中的一部分人由于成为了艺术家和巫师，而在社会体系中有了正常的生存角色，并转化了自我痛苦。而在现代社会，“精神病”人也可以通过精神分析的心理治疗重新适应社会。

在艺术不断商业化的时期，郭海平的这项实验计划具有一种难得的探索精神。在这之前他还策划过一个题为“病：我们今天的艺术”的展览。他的这个计划实际上也可以看做那个展览的深入延续，但这次“祖堂山精神病院”驻扎计划更具有一种实验性和探索性，在形式和主题上也越出了一个纯艺术项目的界限，而是一个社会学、精神分析和艺术的跨学科实验。这个项目本身似乎很难界定一定属于社会学、精神分析还是艺术实验，但重要的是，郭海平的这个行为实验坚持将艺术转向我们这个时代的精神困境，并且探讨人的精神拯救的问题，继而身体力行地闯入一个陌生领域，这是一个真正的艺术家所做的事情。我们时代的艺术现在过于资本化、生产化和中产阶级化，在这个背景下，郭海平表现出了一种难能可贵的艺术家的真诚和勇气！

2007年7月21日写于慧谷阳光

Artistic Treatment and “Illness” in the Spirit of Our Times

Zhu Qi

Art can be considered a form of self-psychotherapy, and also linguistic spiritual salvation. In 2006, artist Guo Haiping was courageous enough to try out a behavioral experiment. He entered the Nanjing Zutangshan Mental Hospital alone, where he lived with mental patients for three months and taught them painting and ceramics.

Before I comment on his experiment, I must define a key word first: mental patients. Is it appropriate? At present, there are two kinds of so-called mental patients admitted into a hospital. One is uncontrollable patients who can attack and threaten the safety and property of others. The other is patients without aggressive behavior, but their behaviors are abnormal and out of control in daily life.

The so-called “mental patients” refer to people with mental problems. But whether a person is mentally ill or not depends on how much he has crossed the limit that most people can endure in their times. There was a period in history when the majority of society thought a select few people were mentally ill. But in fact it was the majority of people who were ill rather than the few who were forced to be crazy or confined. Thirty years ago, during the period of the Cultural Revolution, red guards who worshiped Chairman Mao fanatically criticized the intellectuals, while thousands of people crowded onto the streets to dance. In fact, this can be considered a phenomenon of collective mental illness. The few people who doubted this political movement were considered as anti-revolutionists or mental patients; they were even forced to be crazy. However, these people were in fact mentally healthy from today’s viewpoint.

A person's spirit is free and multiple. In an ideal sense, one's spirit should be in a state of free imagination and saunter. One should be free to choose the state of one's spirit without being judged if it is right or wrong, normal or abnormal. The problem isn't in the spirit itself—just like in the period of the Cultural Revolution when most people were mentally ill yet they thought those who doubted the political movement were mental patients. Therefore, the word “mental illness” has an autocratic characteristic, where the “normal” majority excludes others, leading to this term becoming a derogatory word in China.



南京祖堂山精神病院旧址 (图1) Former Site of Nanjing Zutangshan Mental Hospital (Picture 1)

In truth, there should be no such term as “mental patients,” only people who are mentally deranged or abnormal and who do not follow the mainstream of society. Therefore, I do not agree with these terms, such as “mental patients” and “mental hospitals,” both defined from an anti-humane consciousness and standpoint. It will be more accurate and humane if we call “mental patients” to be “mentally deranged people” and “mental hospitals” as “treatment centers for mentally deranged people.” Strictly speaking, people with aggressive behavior and people without it shouldn't be treated in the same place. The former have problems in controlling their behavior, whereas the latter do not harm or attack

others—they are just mentally abnormal or incompatible with society. We cannot regard these two groups as mental patients because emotion and behavioral dysfunctions are the root cause of their illness. The truth is that “mental patients” and “mental hospitals” are political concepts of society, not accurate scientific titles.

In principle, every kind of spirit should be affirmative. But we cannot deny that not every spirit may be compatible with the mainstream in its times, or that its uniqueness can be accepted in reality. When this happens, it causes personality conflicts and abnormal behavior associated with those of “mental patients,” such as melancholy, paranoia, wild imagination, agony, hallucination, stress, incoherent speech, and uncontrollable behavior. Yet in our times, many people grab at riches, lose their sense of moral integrity and continually act unscrupulously. In fact, they are the ones who are mentally ill even if they possess wealth and power.

In the transitional period of dramatic economic and social changes in China, every class—including senior officials, entrepreneurs, intellectuals, white-collar employees and common people at bottom of the society—has some kind of mental problems. Their differences are the degree of mental illness, ways of self-control and self-treatment. People at the middle or bottom of society, for



南京祖堂山精神病院旧址 (图2) Former Site of Nanjing Zutangshan Mental Hospital (Picture 2)

instance, may be kind-hearted, honest and obedient to social orders, yet they do not get the deserving salaries and equal treatment. Add to that, working pressure, an uncertain future, and increasingly intense job competition—it's no wonder mental problems come about. But we cannot say these people are mentally ill—they just need to receive psychological treatment.

From the aspect of mental problems and treatments, there is a specialized form of treatment, that is, art group therapy. In the history of art and literature, there was a time-honored renaissance tradition where abnormal, perverted, and deranged artists and writers were not considered patients, but were admired by others. They were considered spiritual pathfinders in the field of psychology who crossed the limit boldly, or the owners of talented souls because they had extraordinary imaginations, sensitivity and linguistic abilities which normal people did not possess. Some were even regarded as spiritual prophets, pioneers, or great philosophers.

In modern society, we are experiencing great reformation in politics and democracy, industrial revolution, trade, capitalism and rise of urban culture. In this period of power, wealth and resource re-distribution, disparity of class and wealth grows wider, pop culture rises, and belief in elite culture declines. Many great artists, thinkers, writers and poets who express their unique opinions and imagination and criticize reality in this time, are considered to be mentally ill and deranged, insane or gay, and are sent into mental hospitals. However, their thoughts and artistic language become a part of popular culture or university subjects. Take for instance, philosopher Nietzsche with his modern thoughts, pioneer of existentialism Kierkegaard, pioneer of western Marxism Althusser, thinker of post-structuralism Foucault, and artists including post-Renaissance artist Caravaggio, post-Impressionist Van Gogh, French Symbolist poet Rimbaud, female novelist of the stream-of-consciousness technique Woolf, German Wave film director Fassbinder, and Chinese poet Gu Cheng of the obscure movement.

Being in the artistic field is similar to being in a spiritual shelter for so-called “mental patients” because in this field, mental abnormality and madness are not considered as illness and “mental patients” are considered as potential spiritual explorers of human thoughts and artistic creations. Even if they are mentally abnormal or insane with no talent for thought and artistic creation, they take art to be a form of mental treatment. Philosophy, literature and art can also help human beings obtain self-salvation from spiritual suffering and oppression from the perspective of humanism. Art may beautify human's agony, literature may pacify disordered experience and philosophy can simplify comprehensive understanding so that people can find a reference point to become a master of themselves and the external world. In this sense, art and philosophy are ways of spiritual salvation and self-treatment.

Guo Haiping once wrote in his diary when he was in the mental hospital: “I concentrated on the problem of public mental state by using artistic ways.” This is a very important topic in contemporary art and sociology. He also wrote on December 5th, 2006: “I found suddenly that I no longer feared darkness. When I first came to the mental hospital, my room and patients’ studio were arranged on the top floor of the same building. At first, I had a terrible feeling at night. It was only I that stayed on the fourth floor which occupied 400 or 500 square meters. Even a slight sound, or footsteps would create a clear echo. In order to ease this horrible fear, I always turned on all the lights on the floor. Two months passed, I turned off these lights unconsciously. I saw a light was still on in a room tonight, so I went to turn it off. When all lights were off, it was totally dark. I felt an inexplicable comfort. Still at this moment, I suddenly found that I began to enjoy darkness. Perhaps it was a coincidence that the background of my work I painted today was also black.”

From his diary, we can see that even though he had come fully prepared when he carried out this program in communication with “mental patients,” he was still in a terrible and hazardous state. Although he had experience as a psychologist, and his family had a history of mental illness, his inner mind was still on the edge of his limitations. But he crossed this boundary and opened a door for himself. Thus, he entered the spiritual world of people whose inner minds were also on edge and rejected by society.

At first, he just wanted to enter their special inner world by communicating with them, understanding the social background of “mental illness” and curing them with a more humane way—art. It should have been a social investigation and experiment of artistic treatment, but he received unexpected rewards. The mental patients’ artistic creations, such as paintings, ceramics and poetry, their sense of color, space and choice of materials, all showed their extraordinary talents. For example, Wang Jun who worships mechanical devices and painted mechanical devices, whose use of color and space was comparable to those of “normal” artists. Although Wang Jun had not had any professional training in painting, his painting of mechanical devices showed a good command of form. While his approach may be different, the result and quality were almost comparable to the works of French machinery and installation artist Tattingerli.

Art is not a purely rational and daily routine. It emphasizes unique self-image and transcends daily experiences. An excellent artistic creation comes mainly from a person’s subconscious and surreal mind, which is the most active part in the spiritual field of “mental patients.” But this spiritual unconsciousness and self have not found a way to express themselves in society, and have not gotten their recognition in society. Guo Haiping taught many patients painting,

ceramics and poetry, and it was him who inspired their artistic talents. Boris, a famous modern artist from Germany once said, “Everyone is an artist,” which implies that everyone has potential to become an artist, but some are oppressed by realistic consciousness. Guo Haiping has chosen some excellent works created by the mentally ill artists. From the perspective of art, these mentally ill artists have great artistic talents. If their works can be exhibited in the name of normal people or famous artists, maybe these works can be included in the system of professional art exhibitions.

In my opinion, art cannot be great art without spiritual suffering and abnormality. Great artists must endure spiritual suffering which normal people have not ever experienced, or have a nervous break-down so that they can translate these experiences into in-depth creations. At the beginning of the 20th century, the relationship between art and spiritual unconsciousness had been discussed in the European cultural circles in the fields of philosophy, literature and art from the perspective of psychological analysis. This has led to the creation of psychological analysis, Surrealistic art and poetry and unconscious automatic writing. Famous scholars in the field of psychological analysis such as Sigmund Freud, Jung and Lacan put their theories into the psychological analysis of art and fiction. One of Freud’s novel thoughts is that so-called “mental patients” should not be discriminated in modern society. “Mental patients,” especially with their surrealist hallucination, have richer imaginations and emotions than normal people. Some “mental patients” became artists or wizards so they could claim their “normal” roles in society and consequently relieve their agony. However, in modern society, “mental patients” can adapt to society again by receiving psychological treatment.

In the commercialization of art, Guo Haiping’s experiment takes on a significant pioneering spirit. This experiment can be regarded as a continuation of an exhibition he curated, titled *Disease: Our Art Today*. This new and experimental plan in Zutangshan Mental Hospital is an interdisciplinary experiment of sociology, psychological analysis and art, crossing a boundary of pure art in its form and theme. It is difficult to define which field this plan belongs to—sociology, psychological analysis or artistic experiment? What is more important, Guo Haiping insisted on putting art in the spiritual predicament in his experiment and discussing the issues of spiritual salvation. Furthermore, he dared to venture into a strange field. He is a true artist. Although art is immersed in capitalization and commercialization in our times, Guo Haiping expressed an artist’s commendable sincerity and courage.

written in Huigu Yangguang apartment on July 21st, 2007

前言二

Demented Art
癫狂的艺术

疯癫从来就不是一种疾病

汪民安

在生活世界中，疯癫习惯于被看做是一种奇观，它是不幸对于少数人的悲剧性降临。正是基于此，在现代社会，人们投给疯癫者的是同情和好奇的目光。疯癫，使疯癫的观看者暗自庆幸，他们深感幸运，没有被某种神秘的魔力所掌控。但是，他们不知道，他们实际上也历经疯癫，甚至有时候还强烈渴望疯癫。事实上，大多数人都经历过疯癫片断：或者酩酊大醉，或者被药物所催发，或者被某种激情彻底主宰，所有这些时刻，都构成短暂的疯癫经验。此时，人们甩掉了一切理性和道德的思虑，听任自然本性和冲动，屈从于自己的身体，让自己返归到一种原初的野兽状态。但是，在这片刻之后，人们会立即摆脱自己的野兽面目，洗刷自己的疯癫形式，重新回到彬彬有礼的生活常态——一旦酒精或者药物的功效失却，理性就会重新征服人们的身体。疯癫，通常就这样在人们身上昙花一现。这，实际上并不是疯癫，而是有关疯癫的短暂练习。

那么，谁是真正的疯癫者？只有那些具有特殊禀赋的英雄才能真正被疯癫降伏。不过，人们不应将疯癫看做是被动的结果：在人们看来，癫狂似乎是一种被压迫的后果，似乎有一种巨大的外部力量将人包裹住，使得人们难以抒怀，于是，人在内心反复地挣扎，从而导致了疯癫。但是，按照尼采的说法，人一旦受到了压抑，表现出的不是疯癫，而是内疚和抑郁。这种自我折磨透过愁苦的面容一览无余。这正好是疯癫的反面。

事实上，疯癫不是内敛性的自我折磨，而是危险的不顾一切的外向性的爆发力量，它划破习俗和道德的漫漫夜空而愤然地伸张。疯癫者正是对理性世界的砸毁和藐视，才获得了自己的疯癫形象，这个形象总是有一副张狂的面貌。这正是疯癫者为什么有时候被看做是神有时候被看做是兽的真正原因：他们和这个理性世界完全而绝对的不相容——不是暂时的不相容。这正是疯癫者和醉酒者的差异所在：后者只是疯癫的片断，是疯癫的假面具。醉酒者的归途还是世俗的理性世界。而疯癫者创造了属于自己的世界：神圣世界。这个世界和理性世界迥然有别：疯癫者可以置理性世界任何的律法和秩序而不顾。对律法和秩序来说，疯癫构成危险，同时也是这种危险，它们也招致了自身命运的劫数，它们通常被锁在高墙竖立的阴影之中。理性世界受到了疯癫的挑战，但它以禁闭的形式来迎接这种挑战。

疯癫世界，尽管经过了短暂的街头游荡，但长期以来，一直被关在逼仄的高墙之内，空间的闭锁只能遏制疯癫对理性世界的危险，并不能消除疯癫世界的自主神圣性——疯癫创造了一个没有物理空间的神圣空间，一个新的摆脱了理性世界的神圣世界。正是在这个意义上，德勒兹认为，疯癫者才是真正的欲望英雄。尼采就此说得更为明确：“一切生来不能忍受任何道德束缚和注定要重新创造律法的高人，即使他们实际上还没有发疯，也只能别无选择地让自己变疯或者装疯。”疯癫，为新生的思想铺平了道路。



树丛后的祖堂山精神病院大楼（图3） Building of Zutangshan Mental Hospital behind trees (Picture 3)

就此，疯癫传达出来的是意志的无畏勇气。胆小和懦弱的人无法疯癫，他们总是被自我保存的本能所牢牢地禁锢住，而无法向理性世界毫无回旋余地地猛烈撞击。或许我们可以说，疯癫是主动意志的蛮干，它表现为一种巨大的抗争能力。在这种意志的抗争中，丝毫没有妥协的成分，意志决不会在任何的压力面前收手。意志逼得它的对手要么将意志毁灭，要么使意志不得不以一种疯狂的形态展示出来——正是这种意志的无理要求，使得疯癫者和小人区分开来。疯癫者是小人的反面，后者知道迂回，知道巧妙地掩饰，知道如何维持理性的平衡，在意志可能毁灭的情况下，小人会理性地后退，重新躲在安全的理性的庇护之下。只有疯癫者会奋不顾身，一举僭越理性的界限，闪电般地获得疯癫的永恒。在这个意义上，疯癫只会青睐少数人。就此，我们看到，渴望甩掉理性的人很多，但是成为疯子的人很少。醉酒的人很多，发疯的人很少。要想一劳永逸地摆脱秩序的桎梏，人们必须成为疯子。但是，不是每个急于摆脱生活桎梏的人都能变成疯子，即便是那些梦想成为疯子的人，那些渴望疯癫的人，他们要想获得疯癫状态，需要学习疯癫，需要对疯癫的反复练习，更需要神的眷顾。“主，请赐我以疯狂！只有疯狂才能使我真正相信自己！请让我的头脑谵妄，让我的身体痉挛，让我的眼睛看到稍纵即逝的光明和周而复始的黑暗，请让我在凡人从未见过的冰与火面前颤抖，让我在巨大的声响和无声的阴影中惊恐不安；请让我像野兽一样咆哮、哀鸣和爬行吧。”要让疯癫降临自身，有时候需要祷告，需要赐福。在一个理性主宰的文明时期，疯癫是上苍赠送给少数人的珍品。就此，我们能够理解，为什么那些被疯癫眷顾的人中有如此之多的天才闪耀：荷尔德林、尼采、凡·高和阿尔托。正是借助疯癫，他们闪电般在一个既定的理性世界中创造了自己的神圣世界。也可以反过来说，正是创造自己的特殊世界的同时，他们也创造和习得了疯癫。

但是，这疯癫，却被理性世界看做是疾病——除了将疯癫看做是危险从而需要提防之外，理性世界还将疯癫看做是病态世界，他们要救治疯癫，试图让疯癫者重新返回到理性世界之中，就像让一个醉酒的人重新恢复他的清醒一样。就此，精神病院既是防御性的，也是治疗性的。为什么将疯癫看做是一种疾病？这是因为，在我们的文化中，理性建构了自己的合法垄断性，唯有理性，是人的正常而健康的确认标志。所有同理性存在着沟壑的人，都被看做是不正常的，是不自然的，是人的疾病形式。疯癫，或许是所有偏离理性世界的非理性类型中，同理性世界最相对立的一类形式。疯癫世界，当然会被看做是一种不自然和不道德的世界。在理性世界的眼中，疯癫是一种特殊的病人类型。要恢复自然而健康的秩序，要么就驱逐疯癫，要么就治疗疯癫——这正是文明社会中的疯癫的历史。问题是，在癫狂者的眼中，这个理性世界就是一个自然而健康的世界吗？这个理性世界不正是因为充满压抑而让癫狂者自己创造一个自主世界吗？这个癫狂世界难道没有自己的神曲？我们要问，在理性世界和非理性世界中，到底谁是疯癫？或者我们借用帕斯卡的话来回答，“人类必然会疯癫到这种地步，即使不疯癫也只是另一种形式的疯癫。”

问题是，疯癫到底怎样展现自己的声音？谁又会耐心地倾听疯癫的质疑声？谁会领悟疯癫世界的神曲？理性世界将疯癫和医生置身于一个隐秘而封闭的空间中，

医生能够随时撞见疯癫者的自我表达。但是，从医生的角度看，这些表达总是疾病的症候。医生借助这些表达，试图追溯疯癫者的病情根源。但是，如果这些癫狂者不是被看做病人，那么，这些表达将会看做是什么？

这正是郭海平新书的意义。同医生的看法不一样，在这里，疯癫者的表达，不是受制于一种内在的病情，相反，这些表达恰好是一种创造性本身。郭海平、医生和病人同时处在密闭的世界中，对于每个人而言，对方都呈现出不同的意义。对于医院而言，治疗总是要清除疯癫者的臆想，疯癫者只有消除了臆想，才是往健康的路上缓缓行进。与此相反，郭海平鼓励这些疯癫者臆想，他并不将疯癫者的自我表达看做是疾病的症候，相反，这些自我表达，这些充满奇思怪想的绘画，是疯癫世界的秘密：这些秘密无法被理性世界所洞穿。或许，艺术家是最接近疯癫世界的人。理性世界各类诡异的绘画，难道不正是疯癫欲望的隐秘表达吗？理性世界没有排斥这些绘画，只是因为这些绘画巧借了艺术之名。疯癫者的绘画，并不借助曲折的掩饰方式，这是疯癫者的自发创造，这也即是想象力本身。对这些作品，我们要做的并不是洞穿和破解其中的秘密，而是尊重和看护这些秘密，这些秘密是一个独特世界的抒情方式。现在，它聚集起来，以一种文明世界的运作方式，来到了我们眼前。我们如何对待这些疯癫者的绘画？它和我们的知识如此的迥异，或许，它并不会唤起我们对它们的怀疑，而是唤醒我们对自身的世界的怀疑。这是怎样的怀疑？用福柯的话来作结束吧：“凡是有艺术作品的地方，就不会有疯癫，但是，疯癫又是与艺术作品共始终的，因为疯癫使艺术作品的真实性开始出现。艺术作品与疯癫共同诞生和变成现实的时刻，也就是世界开始发现自己受到那个艺术作品的指责，并对那个作品的性质负有责任的时候。”

2007年7月5日

“Madness” is never a Disease

Wang Min'an

It is natural that we often consider madness to be a spectator sport in real life; a disaster and tragedy that has befallen a few unlucky people. Therefore, we often throw sympathetic and curious looks at the insane, secretly considering ourselves lucky enough not to be controlled by the mysterious madness. What we do not realize is that we have experienced madness, sometimes even desiring to be mad. Most people have experienced a fragment of madness, or getting drunk, or being stimulated by medicine, or being controlled by a kind of passion. All these moments compose a short mad experience. During that time, one abandons all rational and moral thinking, resigns oneself to instinct and impetus, surrenders to one's body and primitive physical state. However, one will return immediately to normality from this brutal state in order to disguise one's madness—once alcohol and medicine have lost their efficacy, rational thinking will conquer everything. Thus, madness appears just like a flash in the pan. In fact, it was not “madness” but temporary practice of madness.

Who are the real insane? Only those able to turn their madness into a gift can be subdued by madness. However, people shouldn't consider madness as a passive consequence, where madness seems to be the result of being oppressed. Perhaps there could be a tremendous external force restricting people, and as a result, this repeated inner struggle eventually leads to madness. However, according to Nietzsche, if people are oppressed, what he presents is not madness, but guilt and depression. His self-torture, which is just the contrary of madness, shows clearly from his worried look.

As a matter of fact, madness is not internal self-torture, but an external explosive force that bears no knowledge of

danger. It is a force that breaks customs and moral principles and extends outside of oneself furiously. The insane get their images by damaging and condemning the rational world, and this image often possesses an arrogant face. This is the real reason that the insane are sometimes considered as God or as beast. They are totally incompatible with this rational world—it is not a temporary phenomenon. This is the difference between the insane and the drunk: the latter just belongs to the fragment of madness, which is the false face of madness because they will inevitably return to the mundane rational world. On the contrary, the insane create their world—a sacred world. These two worlds have great differences: the insane can ignore all laws and principles belonging to a rational world. They are dangerous to laws and principles, and this danger causes their predestined fate. They are often restricted inside a high wall. The rational world is challenged by madness so it meets challenges by confining the insane.

Although the world of madness only experiences a short freedom, it is often confined inside the high wall for a long term. However, a closed space can only restrain the danger of madness to the rational world; it cannot eliminate its sanctity. Madness creates a sacred space without physical space, a new sacred world without restriction of a rational world. In this sense, Deleuze thought the insane are real heroes full of desire. Nietzsche expressed it more exactly: “Even if the great man who cannot endure the restriction of any moral principles and is determined to create new laws is not mad yet, he has no other choice but to be mad or pretend to be mad.” Madness can pave the way for new thoughts.

Madness conveys fearless courage. Cowards cannot be mad because they are often restrained firmly by the instinct for self-protection. The mad, on the other hand, have to go into a rational world that bears no tolerance. We can say madness is a kind of reckless act out of volition. It is a tremendous opposing force. There are no making compromises under this struggle, no option to retreat under any pressure. It can force its opponent either to destroy it or to choose to have to show in another form



南京祖堂山精神病院内的百年腊梅树 (图4)
Hundred-year-old calyx canthus in Nanjing Zutangshan Mental Hospital (Picture 4)

of madness. Because of the “unreasonable demands” of having to make a choice, the insane are separated from the villains. The insane are different from villains. The latter knows how to beat around the bush, how to disguise skillfully, and how to maintain rational balance. The villains will retreat rationally if they fear volition may be ruined. However, only the insane would disregard their safety by boldly going beyond the rational limit. In this sense, madness favors only a few people. We can see many people want to get rid of rational control, but few people become mad; many people get drunk, but few people become mad. If one wants to get rid of the shackles of order once and for all, one must become mad. However, not everyone who is anxious to get rid of these shackles can be mad, even though they dream to be. In order to fulfill their desire for the state of madness, they seek to learn it, practice it, and even to ask for Providence. “God, please bestow madness on me! Only madness can make me believe in myself. Bestow that my mind is blank, my body is convulsive, and my eyes can see transient light and recurrent darkness. Allow me to tremble in front of ice and fire that moral men have never seen, to fear tremendous sound and silent shadow, and to howl, whine, crawl like a beast.” Sometimes, in order to make madness befall, it needs to be prayed for. In a period of civilization dominated by the rational, madness is a treasure bestowed by God to few people. Judging by this, we can understand the reason that out of the few people favored by madness, there are so many great talents, such as Holderlin, Nietzsche, Van Gogh and Artaud. With the help of madness, they could create their sacred world in a rational world, and vice versa, create a special world where they could acquaint themselves with madness.

However, madness is also considered a disease by the rational world—a danger that needs to be watched out in a rational world, a morbidity that needs to be cured. People want to treat madness and “help” the insane return to the rational world, just like making the drunk sober. Therefore, the mental hospital is both for prevention and for treatment. Why do people consider madness as a disease? The reason is that the rational is dominant and considered reasonable in our culture. It is the benchmark for identifying a normal and healthy person. Anyone who is inconsistent with the rational is regarded as an abnormal person with a kind of disease. Perhaps madness, which belongs to an irrational world is the most polar opposite to the rational world. The world of madness is usually regarded as an unnatural and immoral world and madness is regarded as a special mental illness in a rational world. In order to maintain a natural and healthy order, people either drive madness away or try to cure it. But this is just the history of madness in civilized society. The question is whether the rational world is natural and healthy for the insane? Could it be that because the rational world is so depressing, the insane has to create their own world full of freedom?

Isn't there divine comedy in the world of madness? We want to ask which one is mad—the rational or the irrational world? Or we can respond with Pascal's words: "Human beings must go into the state of madness, and even not madness, it must belong to another form."

Another question is that how madness can show its own sound. Who will listen patiently to it? Who will understand the divine comedy in the world of madness? The rational world pushes the insane and doctors into a secret and closed space. Doctors can come across a patient's self-expression at any moment, but this expression is the symptom of illness from the perspective of doctors. Doctors try searching the root cause of illness of the insane with their expressions as a clue. But if these insane people aren't considered as patients, what's the meaning of expression?

This is the significance of Guo Haiping's new book. His opinion is different from doctors. In his book, the expression of the insane is not restricted by illness. On the contrary, it is a kind of creativity. Guo Haiping, doctors and patients are in the same closed world but they all have different meanings to each other. In a hospital, the imagination of the insane should be removed during the process of treatment. Only by doing this, can the insane be deemed to be recovering to a healthy state. But maybe the self-expression and pictures with bizarre ideas of the insane are the secrets of madness—secrets that cannot be understood thoroughly by a rational world. Maybe the state of artists is closest to the world of madness. Aren't various strange paintings in the rational world related to the secret expression of desire in the world of madness? These paintings aren't rejected in the rational world because these paintings are viewed in the name of art. The paintings of patients are their spontaneous creations that come simply from self-creation and imagination. Facing these works, what we should do is to respect and protect those secrets which are ways of expression in the special world, rather than trying to understand and thoroughly resolve these secrets. Here, we have gathered works of the patients to show them in the way of a civilized world. How can we treat these patients' paintings? They are significantly different from our knowledge. They probably do not arouse our doubts to them, but doubts to ourselves. What kind of doubts would these be? I would like to cite Foucault's words as a conclusion: "Where there are art works, there is no madness. However, madness is consistent with art works because madness makes the authenticity of art works appear. The time when art works and madness come true together is also the time when the world begins to find that it is the impetus for art works and is responsible for the characteristic of art works."

July 5th, 2007

自序

Demented Art
癫狂的艺术

郭海平

在我刚满 20 岁的时候，我接触到一帮年轻的艺术家的言谈举止，他们的思维和情感表达方式与我见到的其他同龄人明显不同，在他们的目光中我看到了一种奇特的神采。我为之倾倒，也正是从那一时刻开始，我便一直沉陷于这种“神采”之中不能自拔。有时我会认为这种“神采”就是一种生命的光芒，有时我也会认为这本身就是生命的一种燃烧形式。

毫无疑问，这种“神采”使原本就不安分的我变得更加放肆和任性，同时，我也感到了某种莫名其妙的惶恐和不安。我与这帮艺术家很快便成了形影不离的朋友，从此，与他们一道也开始神采飞扬了起来。我们标新立异，我们无拘无束，我们尽情享受自然生命的活力，热情，癫狂，痴迷，奔放。这一切让我的青春岁月残酷而难忘。

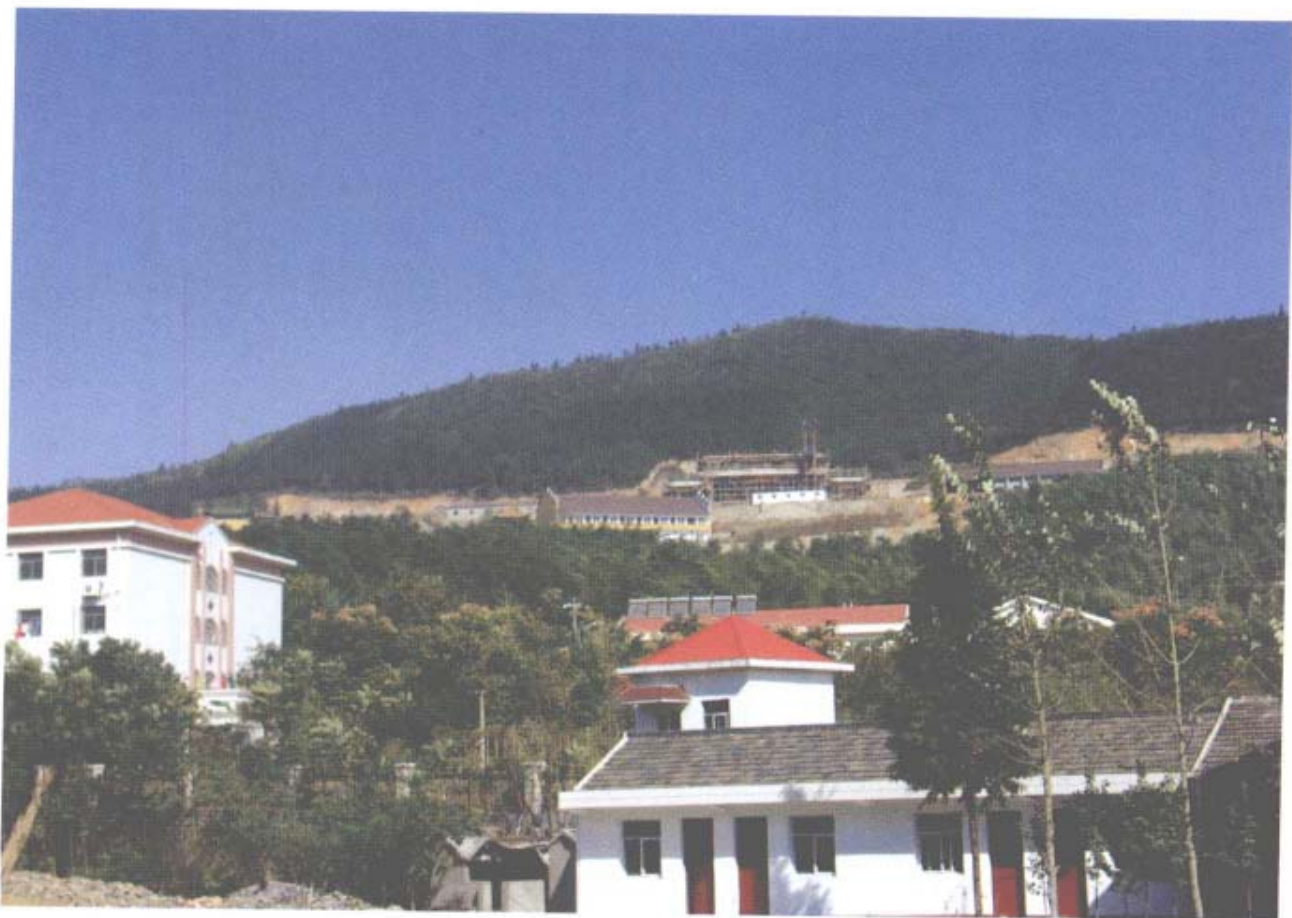
也正是从那一时期开始，我对艺术与人之间的异常关系产生了浓厚的兴趣。在精神层面上，艺术家和精神病人无疑具有某种相通之处。他们都是我们这个社会中极为特殊的一群。所不同的是，艺术家得到了社会一定的包容，而精神病人则往往受到社会的排斥和压制，常常成为人们歧视和排斥的对象。其实，对于精神病人的内心世界到底在多大程度上是一种病态，多大程度上是一种常态，多大程度上反映了真实的人性，又在多大程度上背离了生活的正轨，所谓的正常与不正常之间的界限究竟在哪里？——我常为之困惑不已。

有资料证明，在“疯狂”与“天才”之间的确存在着某种神秘的联系，疯子与天才只有一线之隔。像贝多芬、莫扎特、

安徒生、康德、巴尔扎克、凡·高、蒙克、伍尔夫、乔伊斯、叶赛宁、庞德等等都常常成为人们例举的对象。

在我的经验中似乎只有那些极富智慧、对事物极为敏感的人，只有那些不甘平庸、喜欢在自己精神世界里沉醉和畅游的人，才最容易与现实发生冲突并在心理上留下障碍，久而久之，他们的心理上便形成了某种错乱的病态表现。

有意思的是，在精神病医学尚未出现和尚未进入中国以前，不少艺术家就曾将“痴”、“癫”视为一种境界，如顾痴（顾恺之）、黄大痴（黄公望）、倪迂（倪云林）、梁风子（梁楷）、米颠（米芾）、颠张醉素（张旭、怀素）等。其实，这与西方社会理解的精神病还是有着本质的区别。中国文人的疯癫大多数都是受主观意识的控制，对此，我们会常常见到后人用“佯狂”和“佯疯”来描述他们的疯癫。事实上，在那些特定的年代，他们似乎只有通过这种“佯狂”和“佯疯”的方式才能逃避道德、法律和政治方面的限制和迫害，并从中谋取一些有限的精神自由，这也可以算作是中国文人在压力面前的一种独有智慧。而在西方，我们很少见到装疯卖傻的艺术家，像凡·高、蒙克等人都被医学确诊患有严重的精神疾病，不过这丝毫没有影响他们在精神世界里的崇高地位，也丝毫没有影响公众对他们艺术创作的欣赏和喜爱。遗憾的是，多数国人仍将精神疾病视为一种不光彩的精神残疾，精神病人和他们的精神世界仍然被主流社会有意无意地忽视。事实上，像凡·高和尼采这样的精神病人



山脚下的南京祖堂山精神病院（图5） Nanjing Zutangshan Mental Hospital at the foot of the hill (Picture 5)

已注定成为历史，这是因为，今天的法律、医学和道德已难以容忍他们的再次出现。但我依然坚信，自由的意义其实就是在不断的挫折与对抗中才能得到体现，但在多数人眼里，自愿选择“挫折”和“对抗”的人很可能就是人的一种病态的表现。这些年，我的精神状态一直在病与非病之间徘徊。我的精神世界有时变得脆弱而敏感。我亲眼目睹了周围亲朋好友乃至家人在社会快速变迁过程中发生的种种变故。我终于发现我已经不能遵循正常人的生活，我无法像大多数同龄人一样结婚生子，上班下班，过着规矩矩的正常人的生活。现实中，我也常常对自己的不正常产生怀疑，这时，似乎只有艺术才能够帮助我摆脱这些困境。

精神疾病与艺术创作之间的这种剪不断理还乱的关系一直吸引着我，同时也让我常常感到困惑。1989年，一个偶然的机，我从一家印刷厂的设计室调到一家政府主办的心理咨询机构工作，一干就是四年。在那一段时间里，我每天都要接触到许多寻求心理支持和帮助的青年人。在他们身上我看到了人性中挣扎的种种表现。我发现精神疾病其实早已真实地存在于我们这个社会的各个角落，所谓病态其实正是我们这个社会的常态。它促使我从更为广阔的视角思考病与非病、健康与不健康、道德与非道德、正常与不正常、意识与潜意识和无意识等等问题。为此，我邀请了多个领域的专家成立了“艺术分析部”，期望能够从中获得更多的解答。但最终我还是把希望投向了艺术创作的实践，因为我对艺术与人精神之间的那种紧密联系渐渐有了越来越多的领悟，或者说，只有进入艺术创作的实践，我才能真正领会什么是“自由”，什么是精神“障碍”和“疾病”。

十年过去了，我没有停止在艺术上的探索。有一天，我在画画的实验中获得了一种从未有过的感觉，这是一种类似于电流穿越全身的感觉，或许这就是我们通常所说的茅塞顿开和豁然开朗。与以往有所不同的是，这是一次全身心的瞬间体验，正是这种神秘的体验感受让我放弃了手上的其他工作而做出了做一名全职艺术家的决定。对此，很多人并不能完全理解，甚至有人认为，这又是一次带有病理特征的不同于正常人的决定。从那时开始，我尝试了各种自由开放的艺术表现方式，除了绘画，我还涉足摄影、装置、行为艺术等等。为了进一步拓展自己的视野，我参与了多个展览的策划，期望与更多的艺术家和公众形成更为开放的互动。与传统的绘画和心理咨询实践相比，当代艺术则是一种开放的文化互动过程，我非常享受这种互动的过程，从中我获得了一种前所未有的满足，这也许就是一种人的自由的实现和健康生命的具体体验。

2005年我邀请了27位中国当代艺术家围绕着“病”的主题在南京美术馆举办了一场“病：我们今天的艺术”展，在这个展览画册的前言中，我试图对近二十年的中国当代艺术发展状况进行一个整体的理性反思。我认为，近二十多年来中国的先锋艺术中，“病”作为一个重要的主题，其表现是十分充分的。从上个世纪80年代初开始的“伤痕美术”[注1]到90年代初兴起的“玩世现实主义”[注2]，然后再到21世纪初“青春残酷”[注3]主题的兴起，其大量作品背后都隐藏着一个共同的“病”的主题。过去，大家之所以不愿正视，一方面也许是因为“病”与“美术”理念的冲突，另一方面，也许与中国人讳疾忌医的传统习性有关。我之所以选



与精神病院相邻的寺庙 (图6) Temple next to the Mental Hospital (Picture 6)

择“病”作为主题，是因为这些年的所见所闻使我对“精神疾病”有了更为痛切的感受。我希望有更多的人来反思和关注这些问题，用艺术的方式介入这一主题，这应该是我对精神疾病和人的自由问题思考的另一种延续。

2006年，我认识了江苏康曼科技文化发展有限公司总经理聂鹰先生。正是因为有了他的慷慨帮助，我才如愿以偿地住进了依山傍水的南京祖堂山精神病院，在精神病院里，我实现了近距离观察和了解精神病人的愿望，并最终顺利地完成了研究精神病人艺术创作的计划。应当承认，我们对精神病人文化及其精神世界的研究要远远落后于西方许多国家，直到今天大多数中国人对精神病人仍然并不了解也不愿了解，即使是医疗系统，关锁式治疗[注4]仍是我国大多数精神病院对精神分裂症病人施行的普遍治疗管理方式。而早在一百年前西方社会就出现了弗洛伊德这样的精神病研究大家，尤其是法国艺术家杜布菲[注5]坚持不懈的努力，使得精神病人的艺术逐渐受到公众关注。通过对这些艺术作品的欣赏，公众对精神病人的精神世界有了更为生动和具体的认识。今天，法国、德国、瑞士、巴西和美国等许多国家都相继成立了展示精神病人艺术的博物馆，精神病人的艺术创作已经成为人们探索人类心灵和潜意识的重要渠道。我与聂鹰先生交谈最多的内容就是力争在中国建立第一座“精神病人艺术馆”[注6]，以改变国人对精神病人存在的种种偏见。不可否认的是，在社会多方面的努力下，作为社会的弱势群体，精神病人的权益已受到越来越多的关注。

南京祖堂山精神病院始建于1952年10月，它坐落于南京市著名的南郊风景区内。祖堂山有着漫长的建寺历史，所谓“南朝四百八十寺，多少楼台烟雨中”，南朝最后两个皇帝死后就埋葬在祖堂山山脚下，著名的“弘觉寺”与精神病院也仅仅一墙之隔。这真是一个绝妙的安排。皇帝陵墓、寺庙与精神病院，三者均与出世和人的灵魂有关，冥冥之中似乎有一个神秘之手相牵。郁郁葱葱的丛林、沁人心脾的空气、飘荡在夜色山谷里打更的声响，让我有种跨越时空之感。在实施整个计划的三个月里，我们为病人们提供了油画、丙烯、水彩、彩色铅笔、油画棒、陶土等多种艺术工具，但由于参与这项活动的一百多位男女病人（全院七个病区都参与了这项活动）绝大多数都不曾有过绘画的实践经验，因此他们无法适应各种绘画材料属性的特殊要求，如很难掌握调色中应当遵循的擦笔、洗笔、换笔，以及轻重缓急的基本要求。在这种情况下，选择用油画棒画画就成为大多数病人的首选，再加上他们一意孤行的思维方式和药物的干预，他们的作品便呈现出了自身特有的意味。在三个月的时间里，他们一共完成了三百多幅（件）作品。通过对他们创作过程的细心观察和分析，我从中获得了许多从未有过的体验与领悟。

大多数住院病人给我的第一印象是“不自信”，一般情况下他们都表现出十分的谦卑和温顺，这一点与我们通常认为的精神病人的“疯狂”正好相反。但很快我便发现他们之所以会出现这种集体的“不自信”，一个重要原因就是抗精神病药物和医院的特殊环境的持续作用。正因为他们普遍表现出极度的不自信，使得大部分病人很难介入到我们为他们安排的艺术活动中来。在我接触的一百多位病人中，主动要求参与艺术活动的只占极少比例。大多数病人需要的还是不断地鼓励。相比之下，那些住院时间不长的病人，则表现出较为积极的参与热情。本书介绍的作品大部分属于这两种类型的病人所作：第一种是生命力和意志力特别顽强的病人；另一种则是属于住院不久的病人。

但不管平时多么谦卑和不自信，一旦拿起画笔，大部分病人都会表现出相当的独立、坦诚和自由。在具体的艺术实践中，不少人没有我所预想的那些心理障碍。他们随心所欲，他们自由自在。这也许就是精神分析学家们常说的“真实让你获得自由”。极度的不自信和极度的自信就这样奇异地交织在一个人的身上，由此形成了另一层意义上的精神分裂。

习惯于从高空俯瞰事物，这是我观察到的精神病人作画的一个独特现象。之所以会出现这种视角，我认为至少可以反映出他们经常具有这种特殊的俯视体验，这是一种飞翔在天堂中的体验，这在一定程度上表明了他们不同寻常的精神运动状态，这也许是精神药物的作用，也许这就是精神病人对世界的特殊感知方式。这一发现立刻让我联想到中国当代艺术眼下正在盛行的“升天”、“飞翔”、“飘”、“登高”和“俯视”的画面，这或许是一种巧合，或许是这些艺术家的精神也出现了某种与精神病患者相似的体验。艺术家、精神病人、现实、超现实和自由等等文化概念在我头脑中又一次陷入到了无法理清的混乱状态。

这一次住院的体验，使我对精神病医学、精神病人以及他们的艺术创作和感知世界的方式等问题都有了许多新的认识和感受。从社会设定的角色看，我是以一个

健康的艺术家的面目出现在病人们面前的，但从另一个方面看，我却又更愿意与那些被称之为是病人的患者为伍，这不仅仅是因为情感，更多的应该还是一种内在精神的相通。在观察精神病人的同时，我也在不断地反省自己的内心世界，这一切渐渐又会聚成了一个全新的没有头绪的谜团。为了表达住在医院的种种感受，我除了以日记的方式来记录每天观察的结果与心得之外，也经常会在病人们都离开画室之后便拿起画笔来表现我内心深处的特殊感悟和感受。在这批绘画作品中，无数扭曲的形体挣扎着相互缠绕、相互交织在一起，他们也许是从黑暗中蓬勃而出的生灵，他们挣扎着，相互纠缠在一起，（见图 147、148、149）其实，在那一时刻，我发现挣扎、纠缠的不仅仅只是他们这些住在精神病院里的病人。

这一次住院的体验，也让我对精神病医学、精神病人、艺术以及灵魂等问题都有了许多新的认识和感受。我感受到了当今精神病医学的欠缺和浅薄，也感受到了精神病人内心的那份悲哀与凄凉，同时我也隐约感受到人的灵魂的存在和艺术对人精神关照的无限可能性。作为一名艺术家，我希望通过自己的努力，能够让公众在欣赏精神病人艺术作品的过程中去了解他们的精神状态和我们今天现存文化的真实处境。

这次深入精神病医院的艺术实验活动得到了医院领导的热心支持，他们不仅为我和病人们提供了宽敞的艺术活动场所，同时还从紧张繁重的医疗第一线抽调担任过男女多个病区主任的王玉女士协助我开展工作。王主任一方面要负责自己病区里大量繁忙的工作，另一方面又要照顾到我这里的每一步进程，短短的三个月时间里，王主任共计病倒了五六次。正因为有了王主任细心周到的安排和介绍，才使我与病人之间最终实现了非常完美的合作。

为了让读者和观众更好地把握精神病人的艺术创作，我与王玉分别撰写了“艺术评述”和病人的“病史及临床表现”。另外，我还邀请了国内著名当代艺术策展人兼批评家朱其博士和著名文化学者汪民安博士为本书撰写了前言，我相信他们的介入一定能够弥补我的许多缺陷与不足。朱其博士是中国当代艺术领域内具有一定影响力的批评家和策展人，十多年来，他对当代人的精神状态和走向始终都保持着高度的关注。汪民安博士则是研究西方后现代文化的著名学者，不仅如此，他在中国当代艺术理论领域也有着较高的声誉，他的专著《福柯的界线》是让中国读者走进西方后现代文化的优秀启蒙读物，眼下，他的另一本从全新的视角研究尼采的专著即将与广大读者见面。我确信，有了上述三位专家学者的支持，这本书的文化艺术价值一定会得到较大程度的提升，借此机会，我对他们的热情帮助表示最真诚的感谢。

2007年4月27日

Author's Note

Demented Art
癡狂的艺术

Guo Haiping

When I was twenty years old, I met a group of young artists. The way they talked and the way they lived, the way they thought and expressed their feelings, even the clothes they wore, were all very different from those of the people I knew. I saw a strange look in their eyes. I was deeply impressed, and from that time on, I fell into this “look” and could not pull myself away. At times I thought it was a kind of determination.

It made me restless; discontented by nature, I soon became even wilder and headstrong. At the same time, I felt inexplicable fear and anxiety. I made friends with these artists, and our “look” flew sky high—we were unconventional and bohemian, we enjoyed all the pleasures of natural life, we were passionate, frivolous, obsessive and bold. I had a brutal and unforgettable youth.

My interest in the relationship between unusual people and art began then. On a spiritual/psychological level, artists and mentally ill people have undeniable similarities. Artists and insane people are both very special groups in society. The difference between them is that society extends a kind of leniency to artists, but rejects insane people; the mentally ill are almost always objects of hatred and discrimination. To what degree is the internal world of the mentally ill pathological, and to what degree is it normal? To what degree does it reflect the actualities of human nature, and to what degree does it abandon the



新建的南京祖堂山精神病院病房 (图7) Wards of Nanjing Zutangshan Mental Hospital (Picture 7)

proper course of human life? Where does the boundary between the “normal” and the “abnormal” lie? I often wonder about these questions.

There is evidence that there is an intimate relationship between “insanity” and “greatness.” The line between madness and genius is slim. Take for example Mozart, Hans Christian Andersen, Immanuel Kant, Balzac, Van Gogh, Munch, Virginia Woolf, James Joyce, Sergei Esenin, and Ezra Pound, etc.

In my experience, it seems that only people who are rich in wisdom, who are sensitive to the material world, who are not willing to be commonplace—like getting drunk and going for a good swim in their own mental world—tend to develop mental blockages and internal conflicts, and sooner or later they fall into states of madness.

It is interesting that before modern psychological science had appeared, and certainly before it had reached China, many artists regarded “idiocy” and “madness” as a desirable state, like Gu the Idiot (Gu Kaizhi), Huang Big Idiot (Huang Gongwang) Ni Circles (Ni Yunlin), Crazy Liang (Liang Kai), Mi the Mad (Mi Fu), Crazy Zhang and Drunken Su (Zhang Xu and Huai Su), etc. There is a fundamental difference between the way these artists understood “madness” and the way it was regarded by Western medical science. The “insanity” of most Chinese literati was consciously controlled, and is often described by later

commentators as a kind of performance—"feigning madness." Actually, at that time feigning madness was the only way to escape moral, legal and political restriction and persecution, and to seek a limited kind of spiritual freedom. Feigning madness could be regarded as a strategy unique to Chinese intellectuals under pressure. In the West, on the other hand, we rarely encounter artists who pretend to be crazy or stupid. Munch and others like him were all diagnosed with severe mental illness, though this diagnosis did not affect their spiritual status, or people's appreciation and enjoyment of their art. Unfortunately, many of our countrymen still regard mental illness as a shameful deformity, and the world of mental patients is still consciously or unconsciously ignored by mainstream society. Individuals like Van Gogh and Nietzsche have already been consigned to history, because the contemporary legal, medical and moral orders cannot tolerate their reappearance. I firmly believe that freedom can only be realized through a process of continual opposition and resistance. However, to most people, the methods of "opposition" and "resistance" are symptoms of illness. Over the last few years, my mental state has alternated between sickness and health, and my mental world has sometimes been weak and over-sensitive. I watched the fortunes of the people around me and even my family members transformed by the rapid pace of social change, and I realized that I was already incapable of living a normal life, that I could not get married and have children, hold down a job, live an average kind of life the way most people my age were doing. I felt uneasy about my inability to be normal, and at this time, it seemed as if only art could help me to escape my predicament.

The inextricably complex relationship between art and mental illness confused and attracted me. In 1989, I had the opportunity to transfer from the print and design shop where I was working to a government-run counseling services organization. In all, I stayed there four years. In that time, I encountered many young people who were seeking spiritual help and support and I observed every kind of conflict endemic to human nature. I realized that mental illness was appearing in every corner of our society and that what we called pathological was actually normal in our society. This experience caused me to consider questions like the relationship between illness and health, morality and immorality, normality and abnormality, consciousness, subconscious and unconsciousness—and their reciprocal functions—from a broader perspective. As a result of these considerations, I invited experts from many fields to form an Art Analysis Group, in the hopes of developing deeper explanations. I placed my hopes on artistic practice because I was becoming more and more aware of the deep relationship between art and the human soul or only by entering artistic creation, I can thoroughly understand what the "freedom", mental "blockage" and "illness" are.

In the last 10 years, I have never paused in my explorations of art. One day, as I was painting, I suddenly experienced a feeling I had never felt before, like

an electrical current passing through my whole body. Perhaps it was what we often call enlightenment. I was transformed. I decided to give up all my other jobs and focus on being an artist. Most people are unable to understand this experience, and some people might even think that my unusual decision suggests mental illness. But from this time forward I freely tried out every kind of artistic practice, including drawing, photography, installation and performance. In order to expand my horizons, I participated in planning many art exhibitions, hoping to share liberating activities with more artists and viewers. Compared to traditional painting and drawing and traditional forms of mental health counseling, contemporary art is an uninhibited, active cultural process. I really enjoy this process and in it I have found a satisfaction that I never felt before. It might be called the realization of human freedom.

In 2005, I invited 27 Chinese contemporary artists to participate in an exhibition on the theme of “disease” held at Nanjing Art Institute. This exhibition was titled *Disease: Our Art Today*. In the preface to the exhibition catalog, I attempted to rationally reconsider the last 20 years of contemporary art in China as a whole. I believe that in the last 20 years, sickness has been a central theme of China’s contemporary art, and has been represented in many different ways.



正在绘画的精神病人 (图8) Mental patients painting (Picture 8)

From the 1980's "scar art" [Note 1] and the "cynical realism" [Note2] of the 1990's to the "brutal youth" [Note 3] of the first years of this century, most of these artworks contain a common theme of disease. In the past, many people were unwilling to recognize this theme, in part because of the conceptual conflict between "disease" and "fine art," and in part, perhaps, because of the traditional Chinese habit of hiding or ignoring problems rather than confronting them directly. I chose "disease" as a theme because in the last few years I have had many deep and poignant experiences with mental illness. I hope that more people will reflect on these questions. Certainly, I will continue to use the methods of art to approach the problem of mental illness.

In 2006, I met Doctor Nie Ying, the executive director of the Jiangsu Careman Scientific Development Co., Ltd. Because of his generous help, I was able to fulfill my dream of working at the scenic Nanjing Zutangshan Mental Hospital; to work closely with mental patients in order to understand them and to investigate their art. I must admit that our research on the cultural and inner worlds of mental patients lags far behind that of many Western countries; most Chinese people still do not understand and are not willing to understand people with mental illness. The same could be said of the medical system, lock-treatment [Note 4] —the vast majority of hospitals still use tranquilizers to manage and treat schizophrenics. Western societies long ago produced Freud and other great mental-illness researchers. French artist Dubuffet [Note 5] continuously sought to bring the art work of mental patients to a public audience, and by appreciating these works audiences were able to develop a vivid and concrete impression of the spiritual world of mental patients. Today, France, Germany, Switzerland, Brazil, The United States and many other countries have museums to display the works of mental patients, and such artworks have already become an important channel through which people explore the human spirit and subconscious. Dr. Nie Ying and I have often discussed establishing an Art Brut Gallery [Note 6] for the art of mental patients, in order to change the prejudices that most Chinese people bear against people with mental illness. But we must admit that although mental patients remain a vulnerable group in society, through multi-faceted efforts their rights have already begun to receive more attention and respect.

Nanjing Zutangshan Mental Hospital was established in October 1952, in a famous scenic spot in the suburbs south of Nanjing. Zutangshan (Ancestral Hall Mountain) has a long history of temple-building, mentioned in the phrase: "The four hundred and eighty temples of the Southern Dynasties, countless towers in mists and rain." The last two emperors of the Southern Dynasties are buried at the foot of this mountain, and there is only a wall between the famous Hongjue Temple and the hospital. This is a truly ingenious arrangement. The imperial tombs, the temples and the mental hospital all have an intimate relationship with the human soul and the renunciation of the world; it seems as if an imperceptible,

mystical hand were drawing them together. The green forests, fresh air, noises drifting up from the ravines in the dim of the night, all gave me a feeling of leaping across space and time. In the three months it took to complete the project, we provided the patients with oil paints, acrylics, watercolors, colored pencils, oil pastels, ceramics and many other artistic media. But the vast majority of the more than one hundred patients (from each of the hospital's seven wards) participating in the activity had no experience with artistic practice; they could not get used to the particular qualities of the various materials. For instance, they had difficulty grasping the ordered process of wiping, cleaning and changing



病房走廊 (图9) Corridor of Mental Hospital (Picture 9)

brushes required for mixing colors, and as a result, most patients chose to use oil pastels to draw. Add to this, their headstrong independence and the interference of their medications, and their works all clearly display individual characters and temperaments. In three months, they had completed more than three hundred works of art. By carefully observing and analyzing their creative processes, I obtained unprecedented understanding of their lives.

My first impression of most of the patients was that they lacked self-confidence. They were meek and diffident most of the time—exactly the opposite of the way we usually imagine “crazy people.” But I quickly realized that the

main reasons for their timidity were their anti-psychotic medications and the special conditions of living in the hospital. Because they were so withdrawn, most of the patients had difficulty joining in the art activities we had planned. Of the hundred-plus patients I interacted with, only a small proportion had actively sought to join. The vast majority of them needed continuous persuasion and encouragement. Those who had not lived in the hospital for very long were more active and enthusiastic. Most of the work presented in this book were produced by patients with extraordinary, indomitable willpower, or by patients who had only recently arrived in the hospital.

But no matter how modest and timid they were in ordinary circumstances, as soon as they picked up their brushes most of the patients exhibited independence, honesty and freedom. In the concrete process of art-making, they did not encounter the obstacles that I had anticipated. They were carefree and did as they liked. Perhaps this is what psychoanalysts mean when they say “the truth will set you free.” Extreme confidence and extreme reticence were woven together in the same individuals, lending a new meaning to “schizophrenia.”

One of the peculiarities I noticed in the art of many mental patients is the use of an aerial perspective, viewing things as if from high in the sky. I suspect it is because they frequently experience this feeling of looking down at the world, of “hovering” in “heaven,” which suggests that their inner world is dynamic, floating. This kind of hallucination might be a side-effect of the medications, or it might be a peculiarity of the sensory perception of people with mental illness. When I noticed how the patients were using aerial perspectives, I immediately thought of the “ascending heights,” “hovering,” and “floating” points of view that were then popular in contemporary painting. It might be that this was merely a coincidence, or it might be that these artists and the patients in the hospital shared a mode of experience. I felt confused again about the cultural concepts such as artist, mental patient, reality, surrealism and freedom, etc.

Living in the hospital gave me a new understanding of psychology, people with mental illness, their art and their perception of the world. From the perspective of social categories, I appeared before these mental patients in the role of a healthy artist; but from another perspective, I was ready and willing to associate with those who are called “sick,” not merely out of sympathy, but also because of a kind of inner, spiritual communion. While I researched the lives of the patients, I was also continuously examining my own inner world, which became a completely new and inaccessible puzzle. In order to express the series of feelings I experienced living in the hospital, I not only wrote a diary every day, I also painted and drew. In these paintings, countless distorted figures tangled together, struggling against one another, (Picture 147, 148, 149) perhaps representing different people, and perhaps representing ideas or feelings inside of me.

Living in the hospital gave me a new understanding of psychology, mental patients, art and the soul. While I became acutely aware of the weaknesses and limitations of psychological medicine and of the sorrow and desolation of the mental patients, I also perceived, however faintly, the existence of the human soul and art's limitless potential to heal it. As an artist, I hope to make audiences appreciate the art of mental patients and in the process come to understand their own spiritual conditions.

This artistic activity was greatly supported by leaders of the hospital. They not only provided us with generous space for artistic activities, but also the assistance of Ms. Wang Yu, the director of wards and who was often at the busy front line of medical treatment. Although director Wang was very busy with her work in the ward, she paid much attention to every step of my plan, such that she was taken ill five or six times during those three months. The perfect cooperation between me and the patients was achieved only because of director Wang's careful arrangement and assistance.

In order to help readers and audiences understand the artistic creations of the mental patients better, director Wang and I introduced each patient with a write-up on artistic comments and the patient's clinical history. In addition, I invited Dr. Zhu Qi, the famous contemporary art curator and critic, and famous cultural scholar Dr. Wang Min'an, to write a preface for us. I believe their support can make up for my disadvantages and shortcomings. Dr. Zhu Qi is an influential critic and curator in the field of Chinese contemporary art. Dr. Wang Min'an is a famous scholar who studies the post-modern western culture. His monograph *The Limits of Michel Foucault* is also the best enlightenment book, which helps me understand post-modern western culture. I am sure that, with the support of these three scholars, the cultural and artistic values of the book will reach a high standard to some extent. I'd like to take this opportunity to express my sincere thanks to their generous help.

April 4th, 2007

另亦的萌面嫩几在倒拜 章一策

THE FARMER WHO WORSHIPS
MECHANICAL DEVICES



第一章 拜倒在机械面前的农民

THE FARMER WHO WORSHIPS
MECHANICAL DEVICES

王军，男，49岁，农民，已婚，汉族，小学文化。因“疑妻外遇、行为紊乱10年”，于2006年5月17日首次住入我院。患者十年前无明显诱因，出现自言自语，失眠，有时整夜睡不着觉，怀疑自己的妻子同邻居及小叔叔关系暧昧，有外遇，经常无故与邻居及小叔叔吵闹，打骂妻子及儿子，冲砸家中物品。五年前，妻子及儿子不能忍受患者的暴力而离家出走，至今未归。患者整天在外面到处乱跑，称邻居家的宅基地是他的，是被人设计谋夺了他的财产，说村里人都在背后议论他，说他坏话。曾先后住马鞍山精神病院五次，服氯氮平[注7]治疗，经过不详，每次出院后，均不能坚持服药。近半年来，患者上述症状加重，经常无故殴打叔叔及邻居，到邻居家吵闹，冲砸别人家的物品，看到人就骂，要用刀杀人，说别人把他老婆藏起来了，严重影响社会秩序，由村委会领导及派出所干警送入我院，要求住院治疗。

入院时精神检查，意识清晰，接触被动（对医生问话不愿回答），存在幻听，（听到有人在背后议论他），存在继发性被害、嫉妒妄想（怀疑有人在背后害他，怀疑自己的妻子有外遇），意志行为减退，不能胜任自己的工作，无自知力（否认自己有病）。入院诊断：精神分裂症[注8]，给予氯氮平治疗，最大剂量也是目前的剂量为250毫克/日。

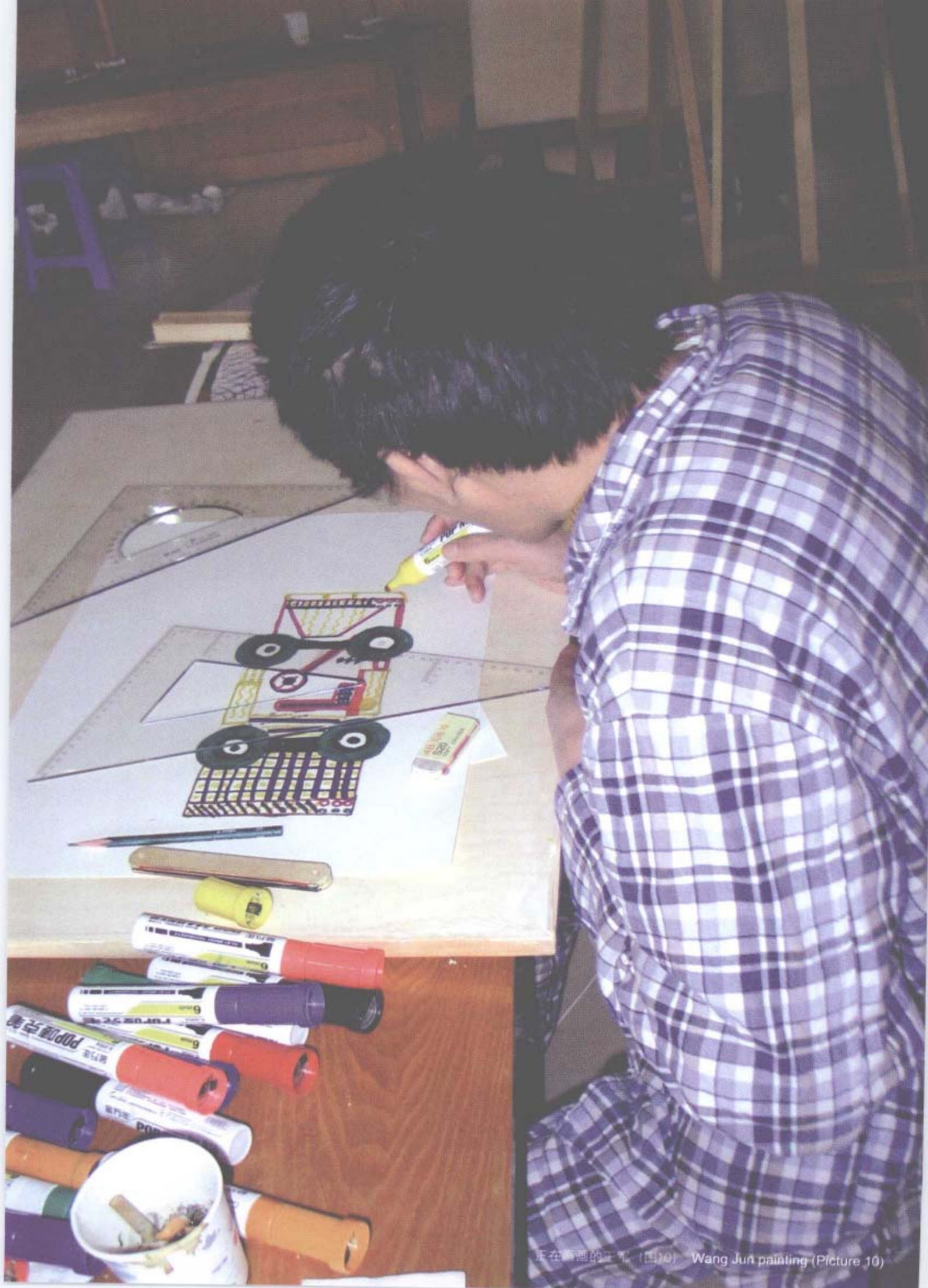
患者在病房内表现安静，配合医护人员治疗与管理，无陌生感，与其他病友接触少，常一个人静静地坐于一处，偶尔自言自语，总是向工作人员要香烟抽。当谈到他的妻子时，情绪非常激动，常与工作人员吵闹，称为什么把他关在这里，自己没有病。

患者平日沉默少语，很少与其他病友交流，对工作人员有礼貌，和病友和睦相处，偶有想家念头，没事时喜欢听收音机，坐在活动室内看电视。主动参与病房的各种工娱疗活动，打扑克，大合唱，做广播体操。

患者非常有爱心，经常照顾年老体弱的病友。

患者参加了这次艺术创作活动，他非常投入地画每一张画，每根线条、每种色彩都经过精心安排，他常常画完一张画后，称“我头疼，我脑子用多了”。但是第二天他仍然会很积极地来到画室非常认真地画每一幅作品。

（王玉）



正在画画的王军 (图10) Wang Jun painting (Picture 10)

王军是一个农民，今年快五十了。他给我的第一印象，是在画画时总要用橡皮、笔、硬币和茶杯等当做直尺和圆规来使用。也许是因为那一次病人来得较多的缘故，当时，我竟没有过多地去注意他的作品。一个月后，一次偶然的的机会我在一些废弃的纸张中看到一幅让我感到莫名其妙的图案，幸好我们当时曾要求病人在画面上留下各自的姓名和所在的病区，所以，医生很顺利地到二病区找到了作者并将他带到画室，这时我才注意到，这位叫王军的中年男子略显驼背，但身材厚实，脸形轮廓方正，满脸和气。我拿着画问他画的是什么，他兴奋地说：“这是我们农村田地里常见的一种水闸。”（见图 12）他一边讲一边比画，说得非常详细。我问他：“喜欢画画吗？”他说：“喜欢。”我又问他：“学过画吗？”他不好意思地对我说：“没有学过，都是瞎画。”另外，他还告诉我，在家里感到苦闷的时候就会想到画画。

在与他的聊天中，我还进一步地了解到他在家画画也同样是离不开直尺、圆规等工具的。为了让他画得顺手一些，我拆掉了一只画架，并从中挑选了两根可以暂时替代直尺的木条。

很快，王军便完成了重新来画室后的第一幅作品，但大家都不明白他画的是什么，一问才知道，他画的是工厂车间里吊在顶棚上的行车。（见图 14）也许是担心别人看不懂他画的机械，王军每画完一幅作品都会详细地向每一位观看他作品的人进行讲解。在持续一个多月的创作中，他几乎每天都会来画室画画，随着与他交往的日渐加深，我对他为什么总是画一些机械和离不开工具画画的特性有了一些了解。

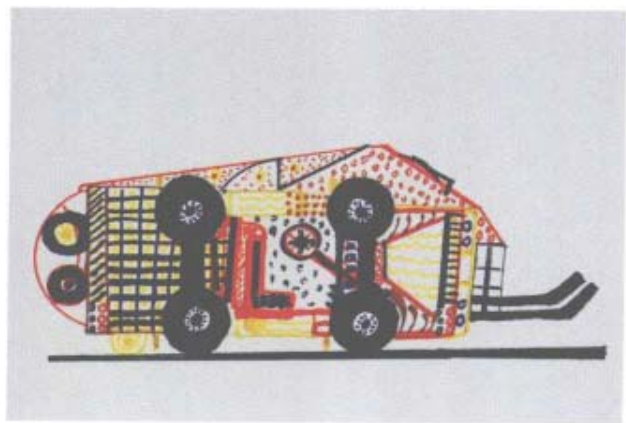
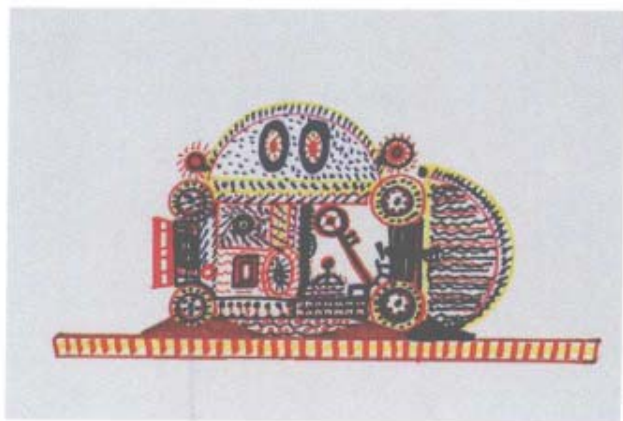
与其他病人不同，王军特别遵守医院的各项规定，因此，医生们会安排他在病房里做许多一般病人不能胜任的工作，如让他照料一些卧床不起的病人，让他去洗衣房干一些力所能及的工作等，医生们对他都表现出充分的信任。由于他这一段时间天天来画室画画，以至于让病房里的护士们突然感觉到缺少王军还真有点不适应。

有一次，我想给王军的茶杯里加一点茶叶，他立刻表示拒绝并说“喝茶会降低药性的”。对于他说的这个道理，其他病人其实也都非常清楚，但大部分病人都不顾忌医生的劝阻，私下都会向我要一点茶叶。也许是医生们照顾到他们来画室画画的确要比平时多动些脑筋，所以一般也都睁一只眼闭一只眼。但王军则不同，即使看到大家都在喝茶，他还是非常严格地要求自己。

王军作画所使用的画笔也不同于其他人。我曾经为他们提供了油画、丙烯、水彩、油画棒、彩色铅笔和马克笔等，但大多数病人最喜欢使用的还是油画棒，这是因为油画棒着色不用费力也不需要受到洗、擦等繁琐过程的制约，使用极其方便。很多病人也尝试过马克笔，但使用这种笔的时候会受到画写速度和时间的限制，再加上画写完毕后为了防止颜料挥发还必须套上笔套，由此使得大部分人很难适应。而王军则能很快适应马克笔的使用规则，而且运用得也非常自如，不论是画写的速度，还是需要及时为画笔套上笔套，他都能一一遵守。

也许正因为王军事事都会想到按“规矩”办事，这才使得他在画画时始终都不敢离开直尺和圆规等工具的制约，或者说，他希望看到自己的作品都是规规矩矩的，只有这样他似乎才会感到安心和踏实。王军身为农民他深知自己体力有限，他告诉我说“这次住进医院就是因为中断了吃药”。其实，大部分精神分裂症病人一旦被

确诊为精神分裂症，就必须终生服用抗精神病药物，而擅自中断服药就意味着病情会出现失控的危险。当我问王军为什么要停止服药时，他的回答让我十分意外，他说：“吃了药就没力气种田了。”他还告诉我他有两个儿子要上学，上学的费用让他感到精神压力非常大，没有其他办法，他只有靠出卖苦力。为了支付家庭开支，他常常不得不到县城去找活干。后来，他看到人家都相继盖起了小楼房，自己却仍住在破烂不堪的平房里时，这其中的压力更让他感到难以承受，因为儿子很快就要到娶亲的年龄，没有房子就意味着儿子的婚姻会遇到麻烦。面对重重压力，无论他怎么忍受最终还是没能逃脱崩溃的命运。他告诉我说，发病的那一段时间他天天都会抱头痛哭。王军的讲述，让我从更深的层面认识到隐藏在他作品里面的意义，他之



所以喜欢画这些机器装置，我想，这一定是他希望自己能够像那些机械装置一样不知疲倦，并具有强大的力量。

在我看来，王军的精神分裂应该是从他一方面固执地坚守中国农民老实本分、因循守旧的传统，另一方面却又迫于社会环境的压力而不得不崇拜现代化的机械力量开始的。他的精神持续受到来自两个不同方向的力的撕扯，一种是自然的、身体的力量和千年不变的传统惯性，另一种是现代高科技迅速发展的力量和日新月异的社会变化节奏。对于一个文化学历低、家庭负担重的传统中国农民而言，欲想统一这两种力量显然是无力胜任的，在这种严峻的现实挑战面前，他终于付出了精神分裂的代价。为了缓解精神分裂带来的痛苦，他不知不觉地选择了绘画，王军说，每当“遇到苦闷的时候，我就会想到画画”。他还告诉我“被送进医院前，我还给自己画了一张毕业证书”。与大部分艺术家不同的是，他画画的针对性是非常明确的。有一次他看到一位年轻的女病人在画一块折起的棉布，便责问这位女病人：“你画这块布有什么用啊？！”那位病人看了他一眼，觉得莫名其妙。我赶紧向她解释说：“王军认为自己画的水闸、拖拉机用处都是非常大的。”这位病人毫不理会，而是继续画她的棉布。我想，在这样的医院里，每个病人每天一定都会听到很多莫名其妙的语言，他们也许早已养成了不去理会他人的习惯。

其实，王军的功利追求是极其朴素和单纯的，甚至是极其原始的。从这个意义上理解，王军的绘画作品又很像我们史前人类的图腾，唯一不同的是他崇拜的不是神而是现代化机械。正因为崇拜的对象差异很大，这也导致他所用的线条都是机械

的直线、曲线和圆。无论王军崇拜的是自由的神明还是冰冷的机械，至少他在依照绘图工具作画的那一时刻，他还是找到了属于自己的“标准”和“归宿”。有了这一个“标准”和“归宿”，他的内心冲突才有可能实现最终的统一，哪怕这种“统一”只是瞬间或暂时的。但艺术中的“统一”毕竟不能替代现实中的“统一”，所以当我们透过“统一”的画面去寻找作者的灵魂时，我们却发现王军的视角并非是站在田地里，他飞向了天空，他只有在空中才能感受到现实的存在，这就是王军通过他俯视的视角为我们描绘出的场景。出现这种特殊视角的原因，我认为这可能是他的灵魂与身体和现实出现分离的具体表现，这也就是我们通常所说的“分裂”和“魂不附体”。

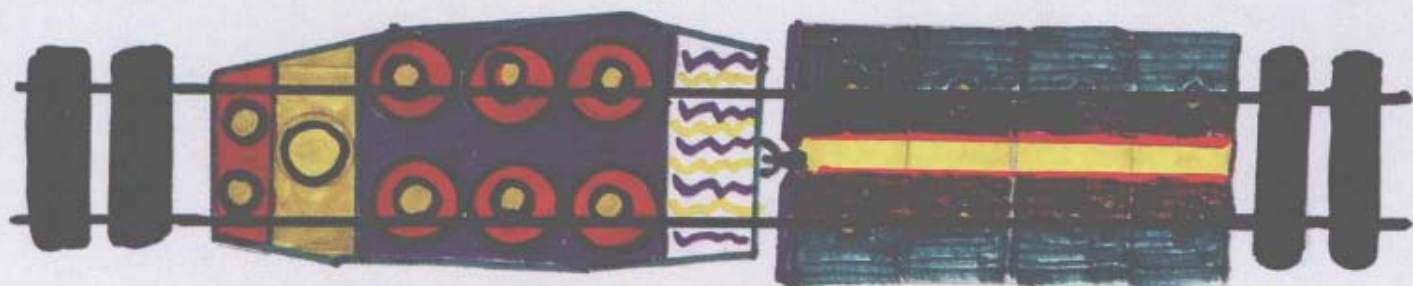
王军指着他画面上家乡的三座大山上的圆圈和圆点对我说：“中间的圆是山顶，周围的圆点都是树。”（见图 13）对于他画的火车，他轻描淡写地说了一句：“我只是在二十几年前坐过一次火车。”除此之外他什么也没有解释。至于一目了然的俯视特征，谁也没有提出疑问，也许对于这样的视角，大家也都习以为常了。（见图 11）

王军家境贫寒，无法承担住院期间的治疗费用，因此得到了民政局的财政补贴。即使如此，王军还是不住地想离开医院回到他自己的家中。我建议他还是安心地住在医院里算了，否则回到家里又将面对那么多现实的压力，心里一定又会感到难受。但他似乎并不太愿意接受我的奉劝，他说：“还是在家里自由一点。”对此，我只能表示理解而不再敢去多说什么。

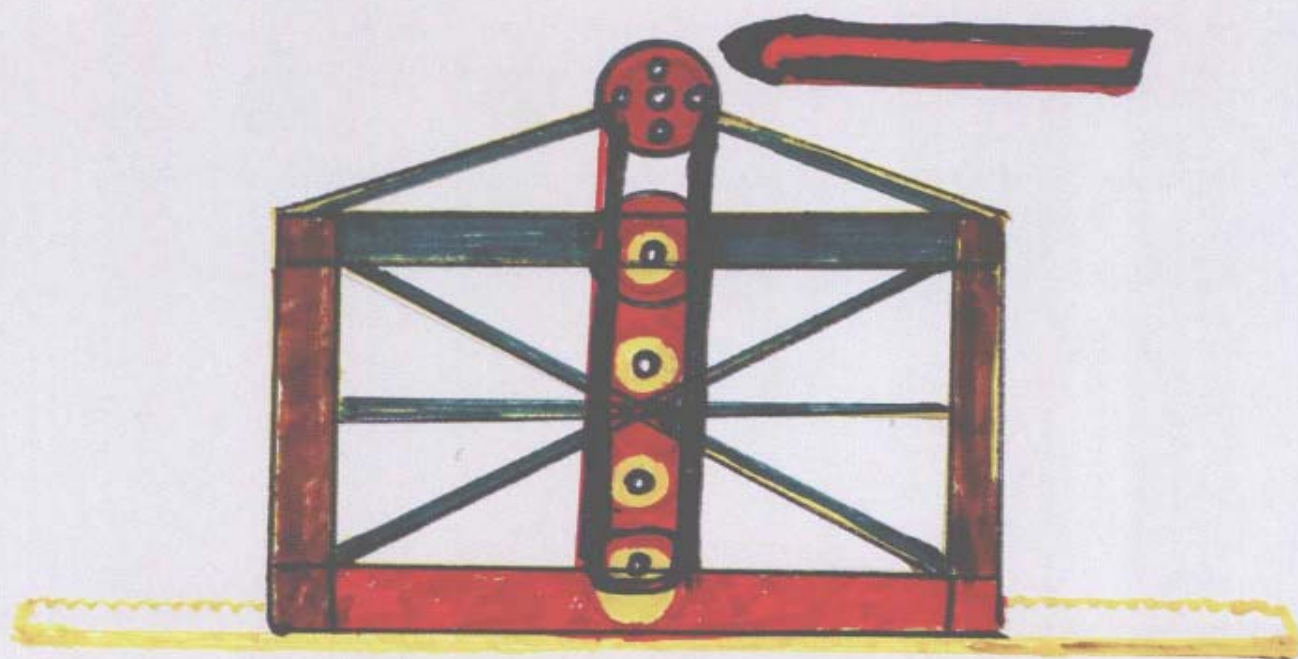
王军作品的色彩是丰富鲜艳的，但我发现，他使用的色彩虽然丰富，但不同色彩的比例却比较均衡，他不会偏好任何一种色彩和色调，因而他的作品始终给人以五颜六色的浓烈感觉，这与很多中国农民画很相似。这也许是因为他们虽然无比向往丰富多彩的生活，但不论怎样丰富，他们都不能让自己走向任何一种极端，这似乎已经成为积淀在中国农民精神深处的集体无意识。然而，正是这种不敢越雷池一步的顽固心理，才使得王军的画面色彩保留着强烈的集体共性，对此，如果仅仅从艺术的视角进行评价，我是很难做出是非判断的。对于王军个人而言，我还是认同他眼前的选择，因为只有如此，他才能够在对“集体”和“工具”的依靠中找到心理和精神上的平衡。

结束了医院里的计划后，我总会常常对我的那些艺术家朋友谈到王军和他的作品，看过他作品的的朋友都认为他完全可以借助自己的艺术才能来改善自己的生活。每当听到这番善良的建议时，我仿佛就会看到王军自由自在地在家乡生活的幸福场景，这时我也会意识到这是一种幻觉，但正是这种“幻觉”的不断显现，才让我更深地体会到幻觉对于我们这些容易悲观绝望的人来说，实在是一种不可或缺的生命体验。

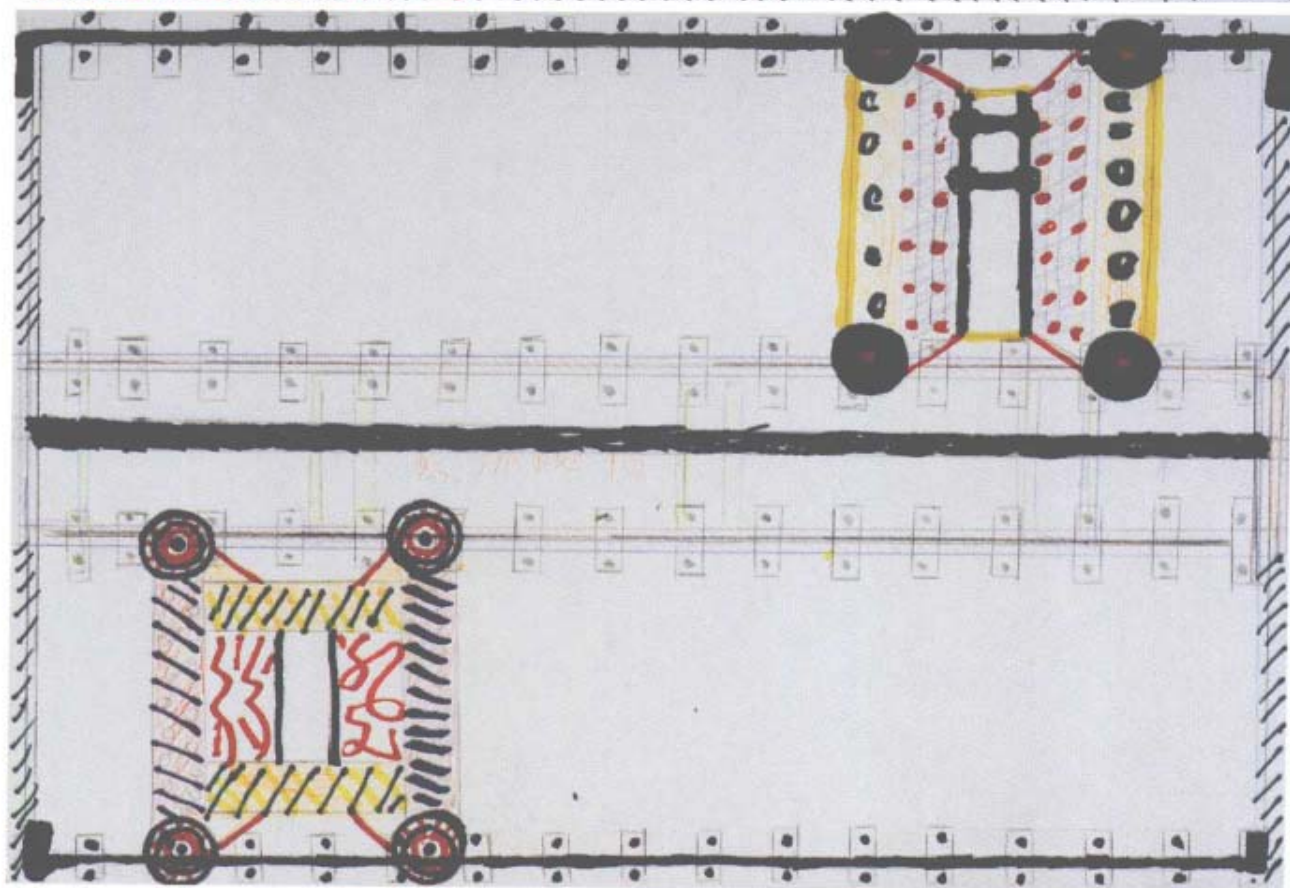
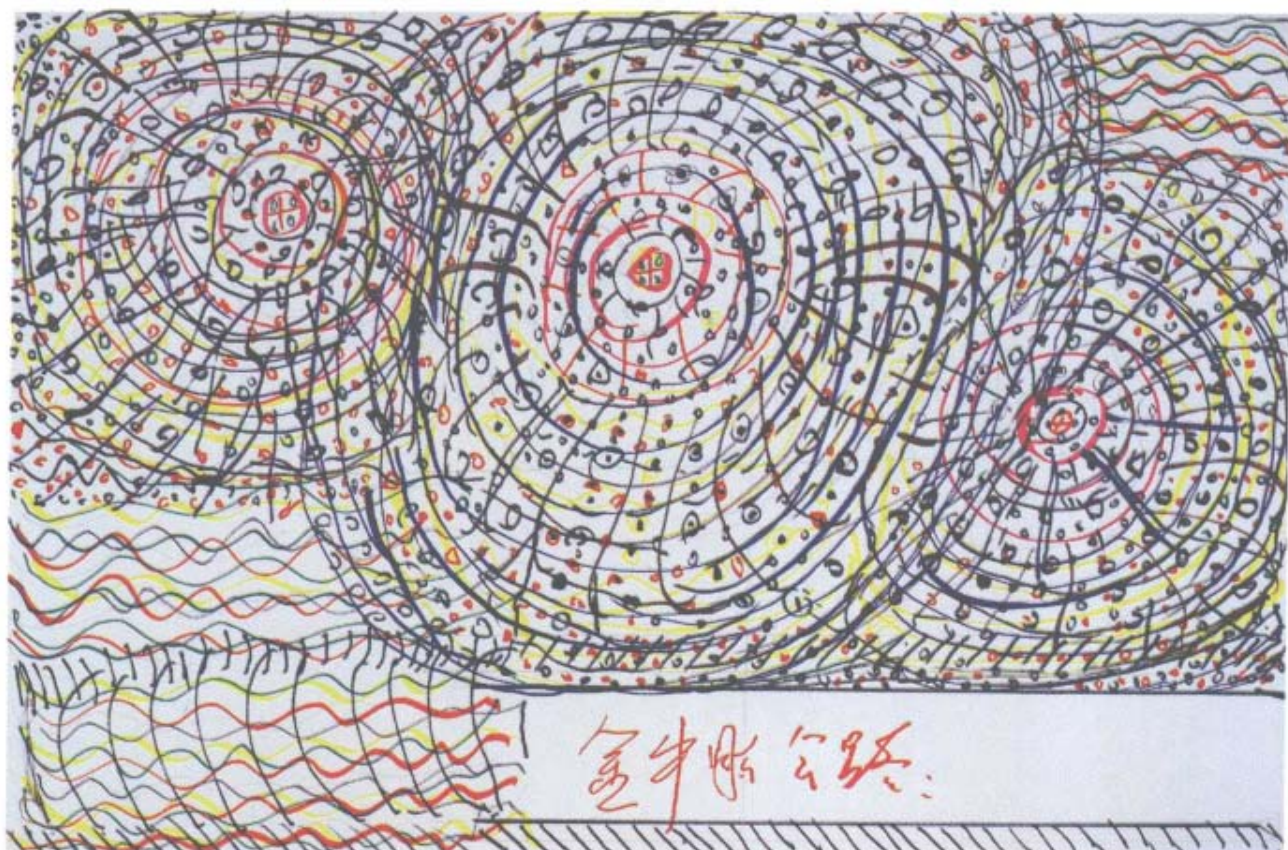
（郭海平）



在天上看到的火车 / 纸上马克笔 / 52cm × 38cm (图11) *Train Seen from Sky/ Parker pen on paper/52cm×38cm (Picture 11)*



水闸 / 纸上马克笔 / 52cm × 38cm (图12) *Water Sluice/Parker pen on paper/52cm×38cm (Picture 12)*



在天上看到的三座山/纸上马克笔/78cm×54cm (上 图13) *Three Hills Seen From Sky/ Parker pen on paper/78cm×54cm (Picture 13, Top)*

行车/纸上马克笔/52cm×38cm (下 图14) *Locomotive/ Parker pen on paper/52cm×38cm (Picture 14, Bottom)*

The Farmer Who Worships Mechanical Devices

Wang Jun, male, 49, farmer, married, ethnic Han, primary school education. Often “worried that his wife was having extramarital affairs,” “displayed abnormal behavior for 10 years,” entered my hospital on the 17th of May 2006. Prior to this, for reasons that are not clear, he had been talking to himself for 10 years. He was also often unable to sleep the whole night, suspecting that his wife had inappropriate relations with his neighbors or his younger brothers, and as a result he often fought with them, hit and cursed his wife and child, and broke household objects. Five years ago, the patient’s wife and child could no longer stand his violence, left the house and never returned. After this the patient frequently spent the whole day wandering outside; he claimed that his neighbor’s houses belonged to him, that people were scheming to take his property, that they were saying bad things about him behind his back. He was committed to the Ma’an Shan Mental Hospital five times, and each time was given clozapine [Note 7] (specifics unknown). Every time he left the hospital he was unable to persist in taking his medications. For the last half year, the patient’s symptoms were increasingly severe. He often hit and cursed his neighbors without provocation, went to their homes and broke their property; he cursed anyone he saw, and tried to stab people. He claimed others were hiding his wife. He was a great threat to public safety, and so the village committee leaders and the police department committed him to my hospital for treatment and containment.

The report on the patient’s admission to the hospital states: consciousness clear, passive in interaction (unwilling to answer doctor’s questions), aural hallucinations (hears people talking about him behind his back), paranoia, jealousy and wild imagination (thinks people are harming him, that his wife is having affairs), depressed behavior, is unable to complete his work, lacks self-awareness (does not think he has a problem). Diagnosis: schizophrenia [Note 8]. Medication: clozapine, maximum dosage as at present, 250 milligrams per day.

In the hospital ward, the patient is peaceful, cooperative with staff, and does not feel estranged. He has little contact with his ward mates, and mostly sits by himself, occasionally talking to himself. He frequently asks staff for cigarettes. When he speaks of his wife, he becomes agitated, and argues with staff members, asking why he is in the hospital, and claiming that he does not have a disease.

The patient is mostly very taciturn. He has little interaction with ward mates but gets along with them, and is polite to staff, though he is occasionally homesick. When he can he likes to listen to the radio, or sit in the activity room watching television. He actively participates in the hospital's work, entertainment and treatment activities, plays poker, sings in the choir, and does physical exercises to music.

The patient is very compassionate, and often cares for older patients and those who are physically weak.

The patient invested a great deal of time and effort in the paintings displayed in this art activity. Every line, every color was planned with great care. After finishing a painting he would often say, "I have a headache, I've been using my brain too much." But the next day he would return to the painting studio with great enthusiasm and apply himself to a new piece.

Wang Yu

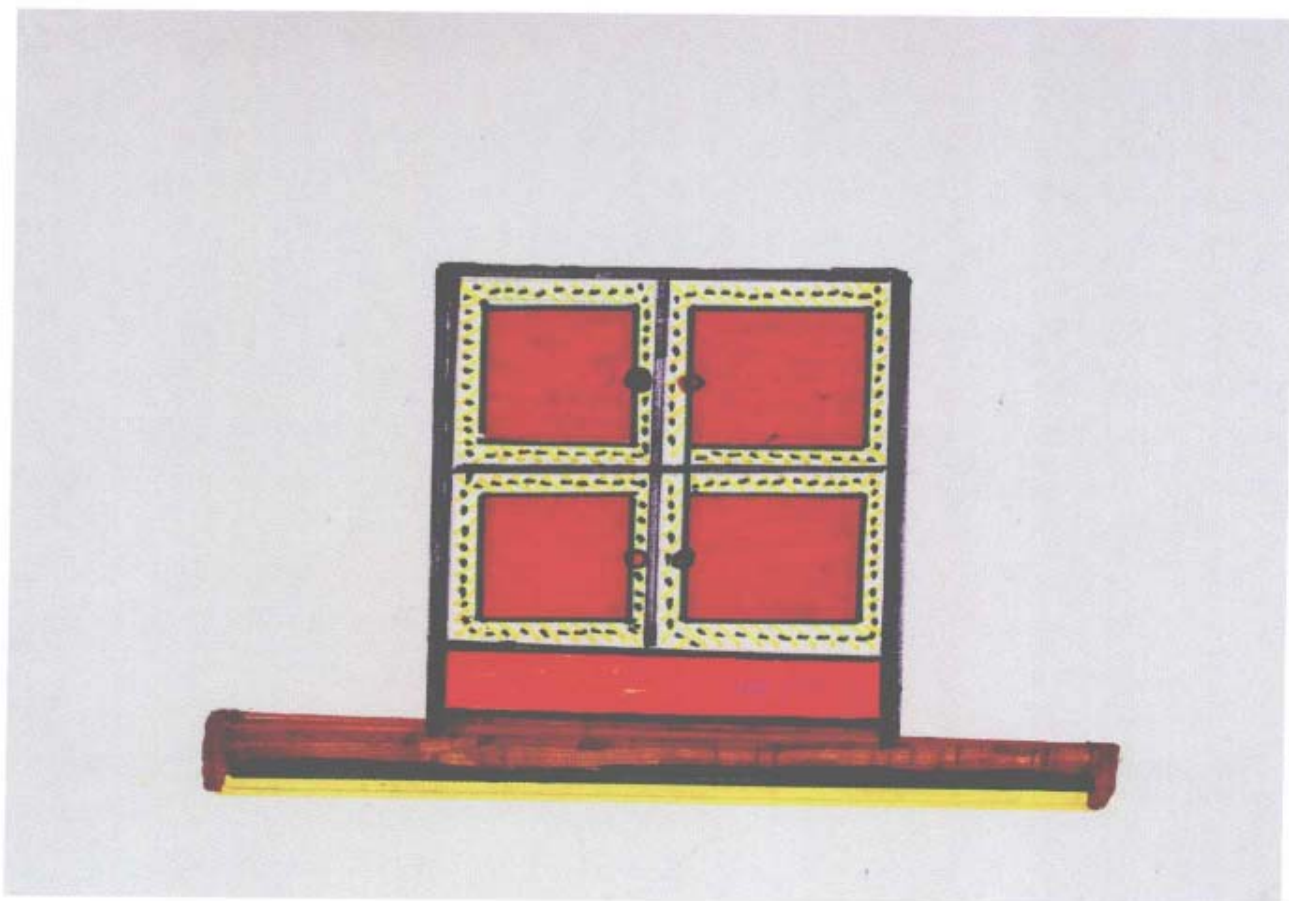
Wang Jun is a farmer; this year he will be 50 years old. The first impression I had when he came to the painting studio was that he always wanted to use erasers, pens, coins and cups as rulers and compasses. Perhaps because that day there were a lot of patients in the painting studio, I didn't pay too much attention to what he was painting. A month later, I accidentally found a baffling drawing lying in a stack of wastepaper. It was a good thing that we asked all the patients to write their names and ward numbers on their paintings. The next day, the doctor easily found the artist in the second ward and brought him to the painting studio. This time I realized that Wang Jun was slightly hunchbacked, but he had a sturdy frame and a square face with an amiable expression. I showed him the painting and asked him what it was. He said excitedly, "This is a kind of water sluice that's common in our village." (Picture 12) He gestured with his hands as he spoke, and described it in detail. I asked him, "Do you like to draw?" and he said "I love it." I asked him, "Did you ever study drawing?" and he said with shame, "I've never studied, its all just scribbling." But he also told me that at home, whenever he felt depressed he would think about painting.

Chatting with him I realized that the drawings he'd made at home were also always made with rulers, compasses and other tools. For his convenience, I took apart an easel, and chose a few wood strips to serve as rulers.

Very quickly, Wang Jun finished a new painting, but nobody understood what it was. He explained that it was a locomotive hanging from the ceiling of a factory. (Picture 14) Fearing that people wouldn't understand the machinery he was painting, every time he finished a painting he would explain it in detail to

anybody who looked at it. Over the next month of work, he came to the painting studio almost every day. As our communication deepened, I slowly came to understand the unique aspect of his art, that is, why he always painted machines, and always used tools.

Unlike the other patients, Wang Jun follows all the hospital's regulations, and so the doctors allow him to do all kinds of work that other patients are not allowed to do, such as taking care of bed-ridden patients, or going to the laundry



橱柜 / 纸上马克笔 / 52cm × 38cm (图15) Cupboard / Parker pen on paper / 52cm × 38cm (Picture 15)

room to do simple tasks. The doctors all trust him. During the period when he was always in the painting studio, the nurses on the ward really felt his absence.

One time, I wanted to put some tea leaves in his cup, but he quickly refused, saying, "Tea can interfere with my medication." All the other patients understand this rule, but they do not pay attention to it, and secretly ask me for tea. Perhaps considering that coming to the painting studio is more mentally demanding than sitting in the ward, the doctors mostly turn a blind eye. But Wang Jun is different. Even if he sees everyone else drinking tea, he will still be very strict with himself.

When Wang Jun paints, the tools he uses are different from the tools

everyone else uses. I provide the class with oil paints, acrylic paints, water colors, oil pastels, colored pencils and markers, but most of the patients like to use oil pastels, because it is easy and convenient—you do not have to wash them or go through any complicated processes. Lots of patients have also tried to use ink pens and markers, but because these materials makes the drawing process slower, and you have to remember to put the cap back on the pen when you are done drawing, many patients cannot get used to using them. Wang Jun figured out how to use markers very quickly, and used them with great facility, both in terms of drawing speed and remembering to put the caps on right after using them. He always observes the rules.

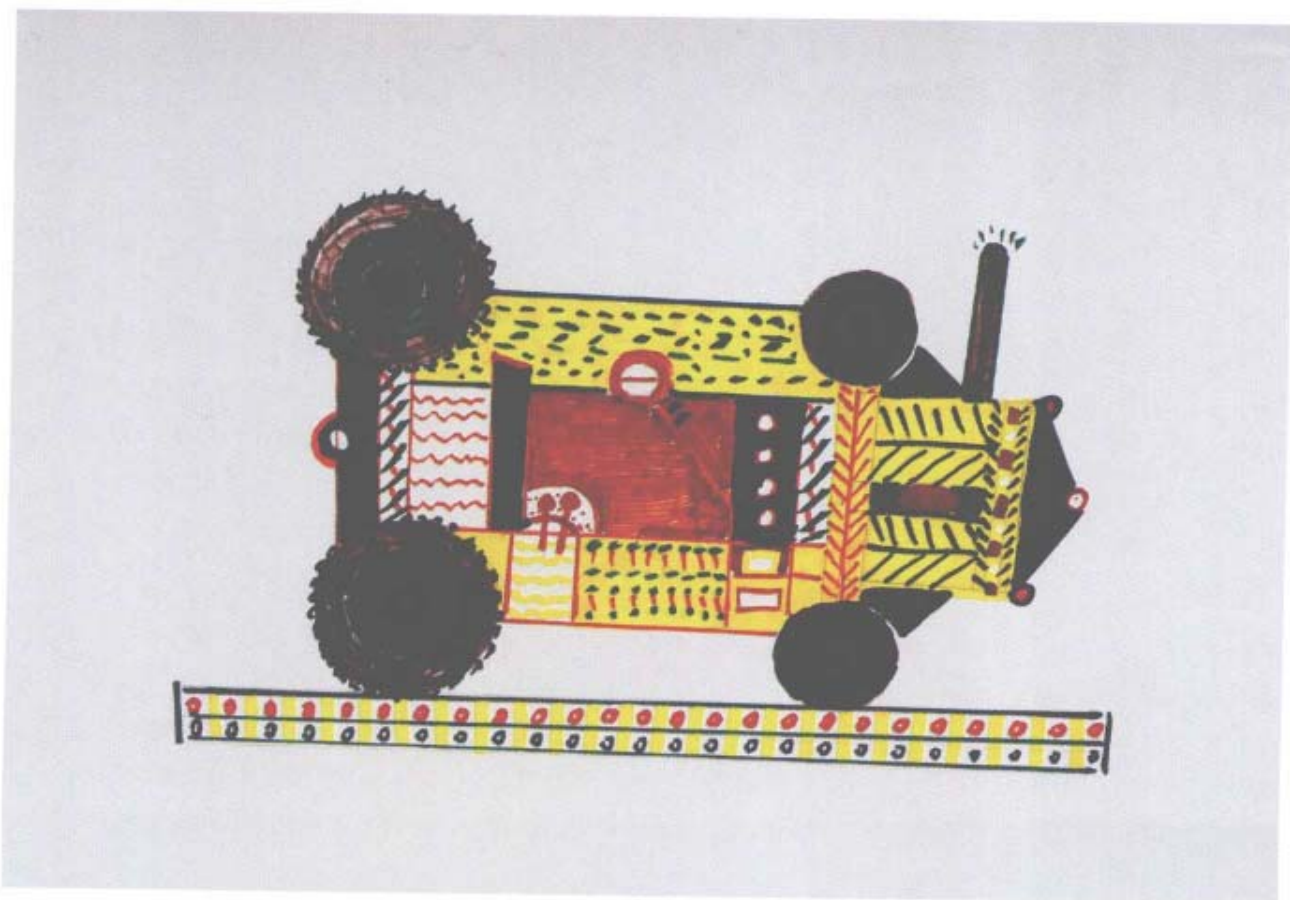
Perhaps because no matter what he is doing Wang Jun always follows the rules, he doesn't dare to paint without using rulers, compasses and other tools; or perhaps he likes his drawings to be regular and orderly—he only feels comfortable using these tools. As a farmer, Wang Jun knows very well the physical limitations of his body. As he told me once, “I was committed to the hospital because I wasn't taking my medicine.” From the time of diagnosis on, most schizophrenics have to take antipsychotics for the rest of their lives. If they decide to stop taking the medicine, they risk losing control of themselves. When I asked Wang Jun why he had stopped taking his medicine, his answer caught me by surprise. He said, “When I take the medicine I do not have the energy to farm.” He also told me that he has two sons who both need to go to school, and the school fees gave him intense pressure. He had no other choices. He could only live by selling his hard labor. To support his family, he often had to go the city to find odd jobs. Many people were building multi-story houses, and he still lived in a broken down one-story house. He couldn't bear the stress. No matter what he suffered he had no way to escape his wretched fate. He told me that during the period when his symptoms returned he cried every day. Wang Jun's story helped me understand the meaning hidden in his drawings in a deeper way. I believe that he likes to paint mechanical devices because he wishes that he could be like these machines: to have indomitable strength and never feel tired.

In my opinion, Wang Jun's schizophrenia must have started from the tension between his traditional farmer's perseverance—honestly doing his duty and following the beaten path—and the pressures of modern life. This tension forced him to start worshipping the power of modern machinery. His mind was torn apart by the strain of these two forces pulling in different directions: on the one hand, the forces of nature, bodily strength and several thousand years of unchanging tradition, and on the other hand, the rapid pace of mechanization and the beat of a society changing day by day. A person with little education

or culture, a traditional farmer bearing the burden of a family, had no hope of harmonizing these two forces. Facing the severe challenges of reality, he finally paid the price of his sanity. To mitigate his suffering, he unconsciously turned to painting. As he said, "Every time I feel depressed I want to paint." He also told me, "Before I was committed to the hospital, I painted a college diploma for myself."

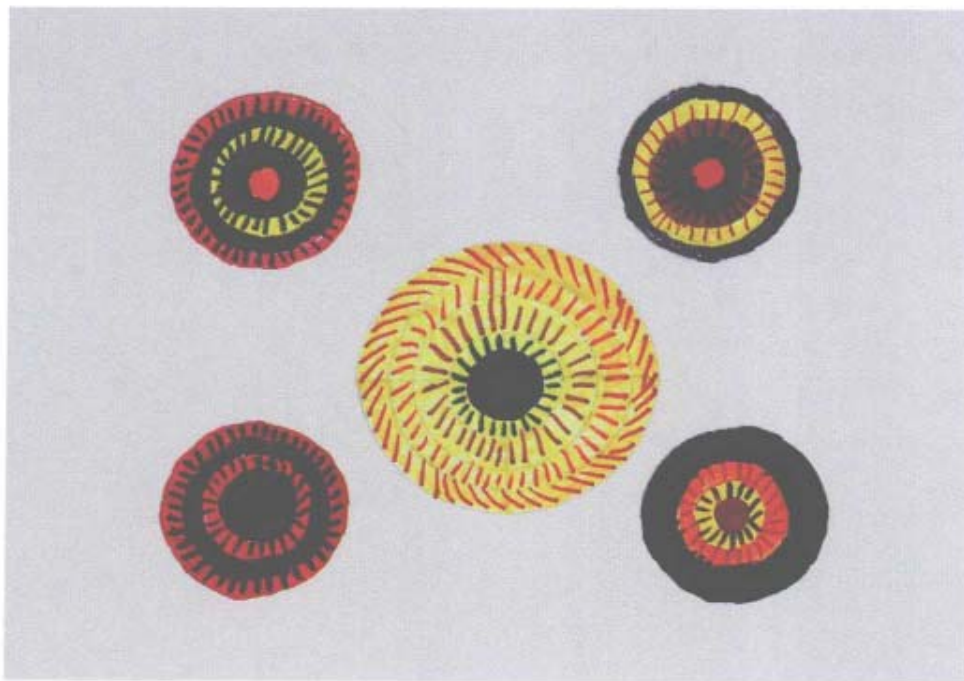
Unlike most artists, his ability to focus on painting was very strong. One time he noticed a young female patient painting a folded piece of cotton, and reproached her saying, "What use is this piece of cloth you're painting?!" The patient looked at him with surprise. I rushed to explain to her, "Wang Jun thinks that the water sluices and tractors he is painting are very useful." She paid no attention to him and continued painting. I suppose that in the hospital patients hear lots of strange talk all the time and they have probably already gotten used to ignoring other people.

Actually, Wang Jun's utilitarian goals are very simple and plain, even primitive. From this perspective, his drawings are like the totems of prehistoric people, the only difference is that instead of worshipping spirits he worships modern machinery. Because the object of his worship is different, this has also



拖拉机 / 纸上马克笔 / 52cm × 38cm (图16) Tractor / Parker pen on paper / 52cm × 38cm (Picture 16)

led him to use mechanical, straight lines and perfect circles. No matter whether Wang Jun worships spirits or ice-cold machines, at least when he is using rulers and compasses to draw he has found a “standard” and a “home” of his own. But “unity” in art cannot replace “unity” in actual life, even if this unity only exists for a moment. So when we try to seek the author’s soul through the “unitary” artwork, we realize that Wang Jun does not view the world from the field, but flies into the air, and that only in the air can he experience real existence. This is the scene that Wang Jun depicts for us from his towering viewpoint. The reason that he has this unique perspective is that his soul and his body have split apart. This is what we often call “losing your mind” or “being frightened out of your senses.”



五个水缸/纸上马克笔 / 52cm × 38cm (图17) Five Water Vats/Parker pen on paper/52cm×38cm (Picture 17)

Wang Jun pointed to the circles and dots on a painting of his home village’s three large mountains, and said, “The circle in the middle is the mountain summit. The dots around it are trees.” (Picture 13) Looking at his painting of a train, he merely said, “I only went on a train one time. It was more than 30 years ago.” He didn’t explain any more, and as for the aerial perspective of the drawing (which was clear at a glance), no one raised any questions, because everyone was already accustomed to his use of this perspective. (Picture 11)

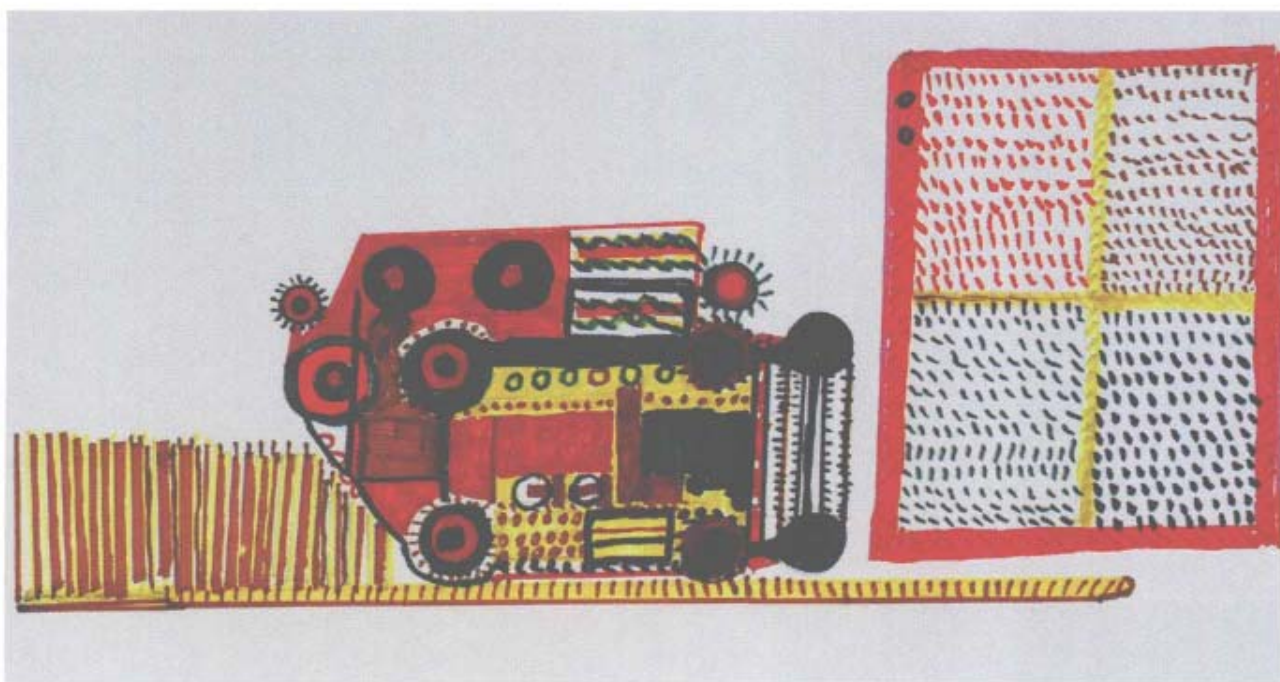
Wang Jun’s family is poor. They have no way to cover the cost of his treatment, and so his stay in the hospital is subsidized by the Bureau of Civil Affairs. Even so, he is always thinking about leaving the hospital and returning home. When I suggest that he stays in the hospital, as he will again face a great deal of stress and unhappiness if he goes home, he is unwilling to accept my help, saying, “At home, I still feel freer.” I can only express my understanding, and not say anything more.

The colors of his artwork are very bright. He uses many different colors,

and the proportions of different colors are quite balanced. He doesn't favor any particular color or tone, and so the paintings are often multi-colored, like many typical Chinese villagers' paintings. Perhaps their paintings look like this because they yearn for an abundant multicolored life. On the other hand, no matter how abundant life is, they cannot let themselves go to extremes. This seems to have become the deep collective unconscious of China's farmers. And because of this obstinate unwillingness to transgress boundaries, Wang Jun's paintings retain a collective generality; as a result, if you ask me to assess his work from a purely artistic standpoint, it is very difficult for me to make a positive or negative judgment. It is just the same as his inability to abandon drawing tools. Regarding him as an individual, I identify with his choices, because only by relying on "the collective" and "tools" can he find the balance he is seeking in his mind and heart.

After the project at the hospital concluded, I often discussed Wang Jun and his works with my artist friends. When people saw the works he had made, they all thought that he could use his artistic skills to improve his life. Every time I hear these kind remarks, I seemed to see the happy scene of Wang Jun living free and contented in his village, but at the same time I knew that this was a fantasy. However, because this hallucination appeared continuously, I saw the use of this fantasy—for people like us who are inclined to pessimism and hopelessness, it is an indispensable experience.

Guo Haiping



收割机/纸上马克笔 / 52cm × 30cm (图18) *Reaper/Parker pen on paper/52cm×30cm (Picture 18)*

密蘇帕“伴天”天卦 章二策

FIND SECRETS IN "HEAVENLY BOOK"

Handwritten symbols in red and blue ink, possibly representing a cipher or a specific code.

第二章 打开“天书”的秘密

FIND SECRETS IN "HEAVENLY BOOK"



专心写天书的李丽现场 (图19) Lili intently painting her Heavenly Book (Picture 19)

李丽,女,12岁,江苏人,汉族,文盲。患者因“自幼智力低下,行为紊乱数年”,于2006年6月29日,由社区将其和其母亲一起送入我院。据社区负责人反映,大约十六年前,患者母亲曾带着当时年仅6岁的大女儿到处乱跑,后被人拐卖到苏北农村。四年后,大女儿被她的姑姑找回带到身边抚养,患者的母亲仍然留在原处。在此期间,生育了李丽。其他具体情况不详。2004年7月患者和其母亲一起住入大厂区长芦精神病院,诊断为“精神发育迟滞”[注9]。根据出院记录描述其主要症状为智能障碍,不能学习和劳动,生活不能自理,语言表达差,简单计算不能完成。在长芦精神病院住院期间服用脑复新治疗,疗效不佳。

入院时精神检查:意识清晰,注意力不集中(谈话无法进行,东张西望),定向(人、时、地)不能,智能差,言语表达能力差,不能进行有效交流,不能学习和劳动,简单计算不能完成,基本常识欠缺,连一个手有几个手指都不知道,问其什么问题回答都是妈,情感淡漠(面部表情呆板,对周围环境漠不关心),意志行为减退(生活懒散,需他人协助料理),无自知力(不认为自己有病)。

进入病房后坐于大厅一处看着病友痴痴地笑,摆弄桌上的废纸,常做张嘴吐舌状,傻笑,衣着不整,头发凌乱,走路时,身体左右摆动,有时挥舞双手。她母亲说“这是在跳舞,她调皮着呢。”大小便均由其母亲定时带其如厕。

入院诊断：“精神发育迟滞（重度）”，曾给予抗精神病药奋乃静治疗，最大剂量达8毫克/日，治疗无效，目前未服任何抗精神病药。

患者入院以来，在病房表现乖巧，喜欢与人撒娇，让其跳舞，即刻与工作人员拉手舞动，笑容呆滞，舌头常“弓”形吐出。每天见到工作人员便笑咪咪地打招呼：“嗨”，并凑上来说“好香啊”，遇到熟悉的工作人员便趴于其胳膊与肩上，有时会上前搂抱。喜欢在病房乱走，在房间和走廊乱窜，嘴里叽叽咕咕不知说什么，常一个人在大厅内摆弄手上的东西。平时喜欢独处，自己一个人玩耍，一个人玩扑克，常抱着一本书坐在桌前，认真仔细地阅读，对周围的事漠不关心。

听到音乐就会自己唱歌跳舞，摆动着身体，挥舞双手。性格大方，常把自己不多的食品硬塞给工作人员，工作人员拒绝时，显得失望。有事宁愿与工作人员说，也不与其母亲沟通。

和病友相处融洽，整天乐滋滋的，每每有工作人员陪伴，做可爱状，听话乖巧。回答问题仅是“嗯、是”，不能说一句较长的句子，问其较复杂的问题，如“你将来想干什么”，便低头伸舌不语。

有时喜欢干点小坏事，把病友杯子手柄弄断，与病友嬉闹时，将病友推倒在地，在病房造成小骚动，总是笑咪咪地向人撒娇，样子惹人疼爱。

喜欢参加各种活动，唱歌、做广播操、画画。在艺术家与休养员共迎新年联欢会上，得了一等奖，把小奖品当宝贝藏着，常偷偷地看。

她是一个重度精神发育迟滞患者，她没事时喜欢看书，尽管书上的字她一个也不认识，甚至连书都拿倒了。但她每天都很高兴地来到画室，她的画像“天书”，也许只有知道生命根源的人才能看懂她的画。

（王玉）

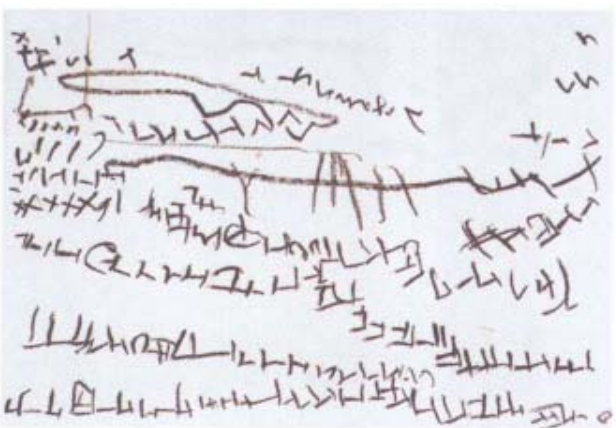
李丽是一位年仅12岁的妙龄少女，医院对她的诊断是患有“智力发育迟滞障碍”。第一次看到李丽我感到有些不能适应，她长着我们通常所说的典型的弱智面孔，面部的奇怪表情更让我感到十分陌生和难以面对。她画画时有一种特别的姿态，即趴卧在画桌上，头枕着左臂，从背后观察很像是在熟睡的样子。（见图19）她画的第一幅作品是一连串像生命细胞和胚胎一样的图形，这些图形让我联想到生命最原始的形态，现在再看这幅作品我会认为这也许正是李丽对自己生命感知的真实反映。（见图20）

也许是因为她给我的第一印象过于强烈和刺激，以至于我在后来的半个月时间里一直没敢邀请她再来画室。我在寻找一种坦然面对她的感觉，但结果还是找不到任何方向。最终我还是鼓足了勇气将李丽再次请到画室。也许是心理上有了些准备，所以当我再次看到李丽的时刻，心理上已经没有第一次见到她时的那种“不适应”。与此同时，李丽的神情似乎也不像上次那么紧张了。这一次，她画的内容既像是奇怪的西洋文字，又像是一连串的音符，画写时，她有时会从左向右地写画，但有时也会从右向左。有时还会将画纸从桌子这头移到另一头，然后再去移动板凳。

李丽画画时对色彩和环境都相当敏感，她常常会在一阵激情书写之后，再认真地挑选一种色彩去小心翼翼地调整画面，整个过程非常诡秘。有一次，她觉得窗外的光线过于强烈，便指使我去拉上窗帘，对此，我是一点也不敢怠慢的。还有一次，有人在画室里发出噪音，她便立刻表露出非常愤怒的情绪。直到大家安静下来，她才重新伏案写画。由此可见，李丽的写画过程绝非是一般意义的随意涂鸦，而它更像是一种通灵体验[注10]过程的再现。

为了尽快走进李丽的精神世界，每当她走进画室我都会全程跟踪，以此期望从她的一举一动以及细微的表情变化中去获得一些线索和启示，但结果却是越看越神秘，也越看越糊涂。有一天，一位李丽所在病区的护士来到画室看大家画画，我便抓紧机会向她询问李丽在病房里的详细情况，当护士说到“李丽一个字都不认识，却常常抱着一本书长时间地阅读，而且读得还非常认真”，听到这句话我立即兴奋了起来，我当即说道：“她现在画写的这些像文字一样的图画，一定与她所看的文字有关。”护士说：“她不识字能看懂什么呢？”我说：“她看的一定是笔画。”在李丽看来，文字的意义并非是我们理解的概念，而很可能只是不同的抽象笔划的抽象组合，与其说她看的是文字，不如说她是在看图画和看不同笔画组成的间架结构中所传递的意义及信息。

李丽的精神世界与我们这些常人之间是存在着很大差异的，她不识字，也不会说话，但对周围发生的一切都会表现出高度的敏感和警觉。我们之所以会对她的行为和绘画感到陌生，是因为我们对李丽的精神世界存在着太多的误解，





或者说，对于李丽而言，我们这些自以为是的正常人或许也存在着思维和感知等多方面的障碍。

追溯我们文明的源头，绘画与文字原本就是难解难分的，中国传统艺术中经常提及的“书画同源 [注 11]”就是一个例证。对于李丽而言，她看到的“字”既可能是“画”，也可能是“音乐”，或者是其他什么更神秘的力量，这一切在她那里似乎从来就不曾有过任何界线。正因为如此，她才有可能在没有阻碍的情况下去获得她所向往的属于她自己生命中的那份和谐。观察中我发现她自始至终都是将她自己的身心与环境及自然融为一体，这与我们通常想象的“弱智”似乎并不存在着任何联系。在观察李丽创作的整个过程中，我经常怀疑她是否就是“天使”，她画写的图画是否就是一种“天书”。不过，没有身临其境看到她画画的人一定不愿接受这样的事实。对此，我建议我们这些“正常人”不妨尝试一下停止自己习以为常的经验性判断，让自己用眼和心去意会，去感受，只有这样，我们才有可能真正走进李丽向我们展示的这一和谐世界。

李丽是这个医院里唯一不需要服用任何药物的病人，因而她的精神状态明显地要好于其他任何病人，自从她第二次来画室后每天都会来画室画画，精神非常饱满。一进画室的门，她都会主动热情地向我招手说一声“嗨”表示问好。李丽无法用语言与我进行交流，但她一定是感觉到了我内心的变化，所以才会如此迅速地从原来看到我觉得有些紧张的心理中转变成为对我的亲切问好。在以后的日子里，每当看到她的身影出现，我甚至会情不自禁地感到一阵轻松和欢欣。正因为有了李丽的出现，

才使我住在精神病院里的日子变得不再那么沉重和压抑，这也许就是一种天意。

为了缓和画室里的气氛，有一天我用笔记本电脑在画室里播放了几首乐曲，李丽进门一听到音乐便翩翩起舞起来，情景让我十分感动，不仅如此，她还热情地拉着我的手，邀请我与她一起跳舞，这更让我觉得欢快无比。这时我已经完全将她当成了天使，而决非是一个什么弱智病人。相反，我觉得自己则更像是一个病人，迟钝、犹豫、分析和盘算，自以为得到了许多经验和知识，结果却陷入到更深的困惑和迷惘之中。

李丽画写的这些“天书”完全颠覆了我们通常的阅读习惯，在这种全新的阅读中，我感受到的是一个天人合一的生命整体的统一表现形式，她的“天书”既不是单纯的来自于人的大脑思维，同样也不是单纯地来自于身体的表现。不断阅读李丽的“天书”，我相信我们的心智、思维和身体都将会接受一种不知不觉的清理和修正，这也许就是李丽为我们这些自以为是的“正常人”所作的有益贡献。

李丽在持续画写了近一个月的“天书”后，便在“天书”中增加了一些新的元素，这就是她在翻阅了一些艺术画册后改变了一些笔画的形式。说实话，在现场我也感受到她试图想画一些具象的图形，但她始终都无法实现。（见图 28、29）然而，她并不会因为不能实现就会因此变得闷闷不乐，相反，她则会很快将图式进行调整和改变，并最终使她的画面形成整体和谐的抽象图画。面对着这种超常的随机应变能力，我想，对于李丽而言画具象与抽象都不是她追求的目标，“和谐”才是她追求的唯一目的。与我们常人的“目的”不同，李丽的“目的”是属于无意识的，或者说，这完全是一种人的生命在追求和谐发展时的本能反应。从这个意义上说，李丽确实存在着“智障”，因为她的确不会分析，不会谋划和算计，所以她也只能如此的“天真”。

李丽出生于一个不幸的家庭，没人知道她的父亲是谁，她的母亲和同母异父的姐姐都患有精神分裂症，她们三人曾同住一间病房。即使如此，李丽却丝毫没有感到悲哀和痛苦。她不认识字也不识人间烟火，面对眼前发生的一切，她都能表现出特别的从容和随遇而安。李丽是“不幸”的，但同时又是“不幸”中的“万幸”，上帝在为她关闭进入现实世界大门的同时，却始终向她敞开着通向天堂的大门，而我则正是从她的“天书”中分享到了属于李丽的天堂的存在和快乐。

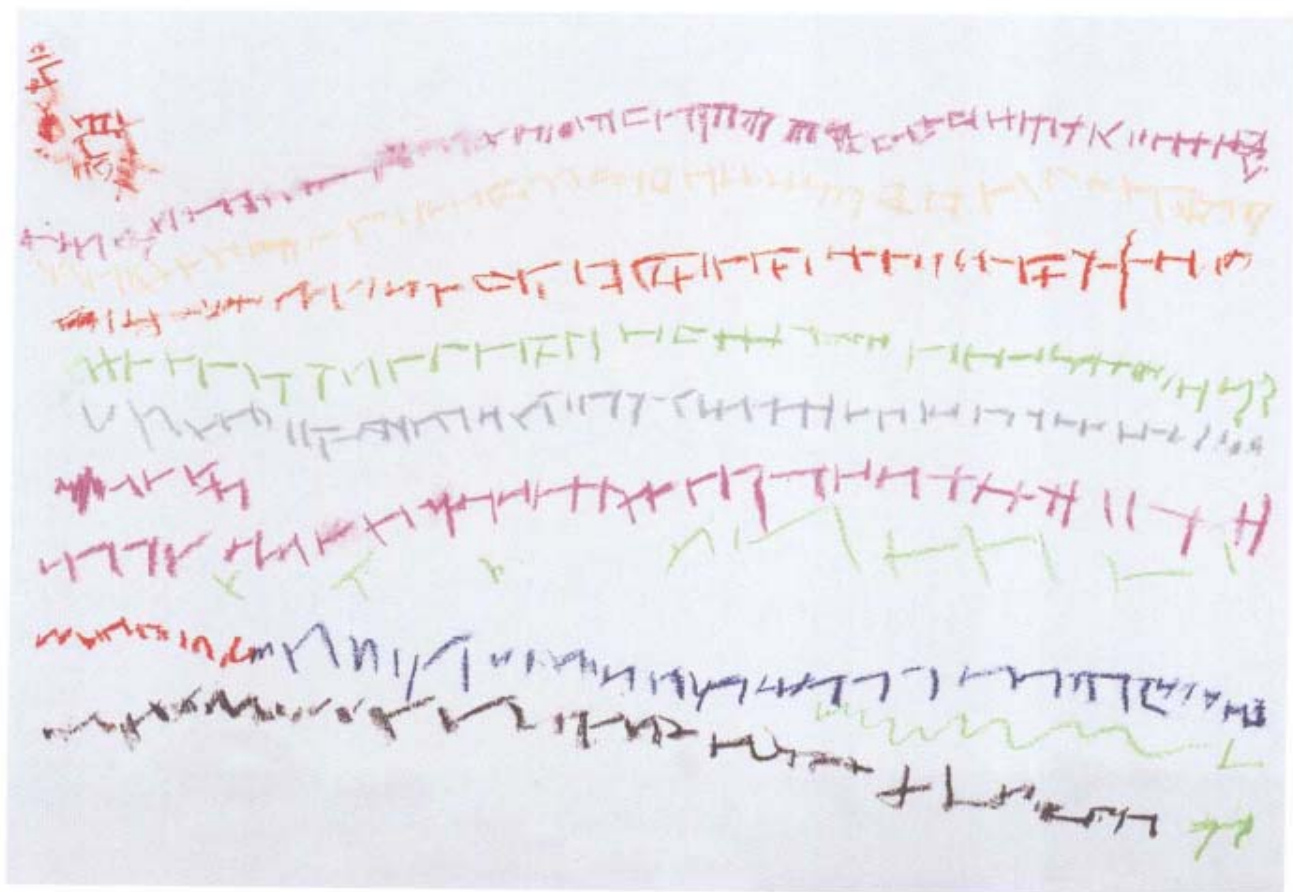
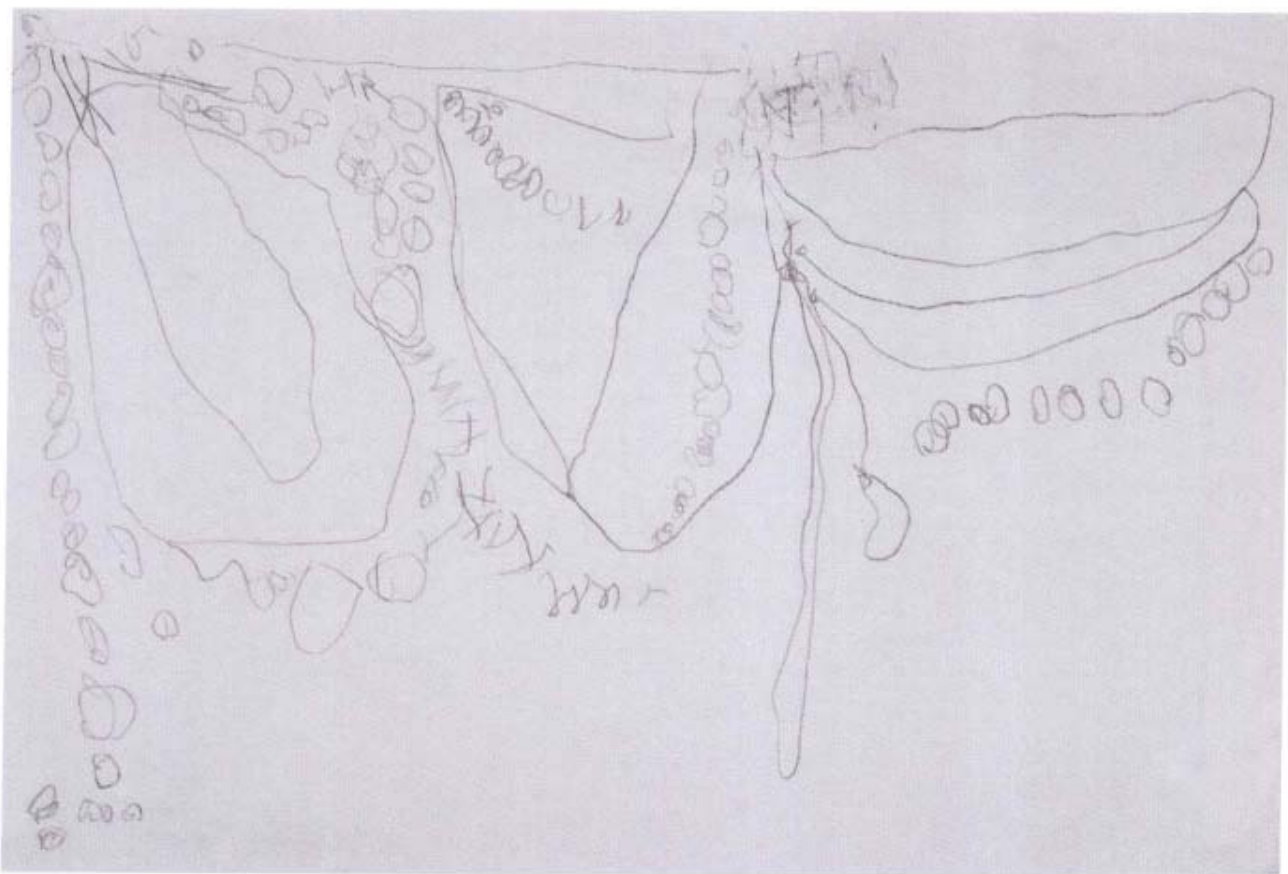
（郭海平）

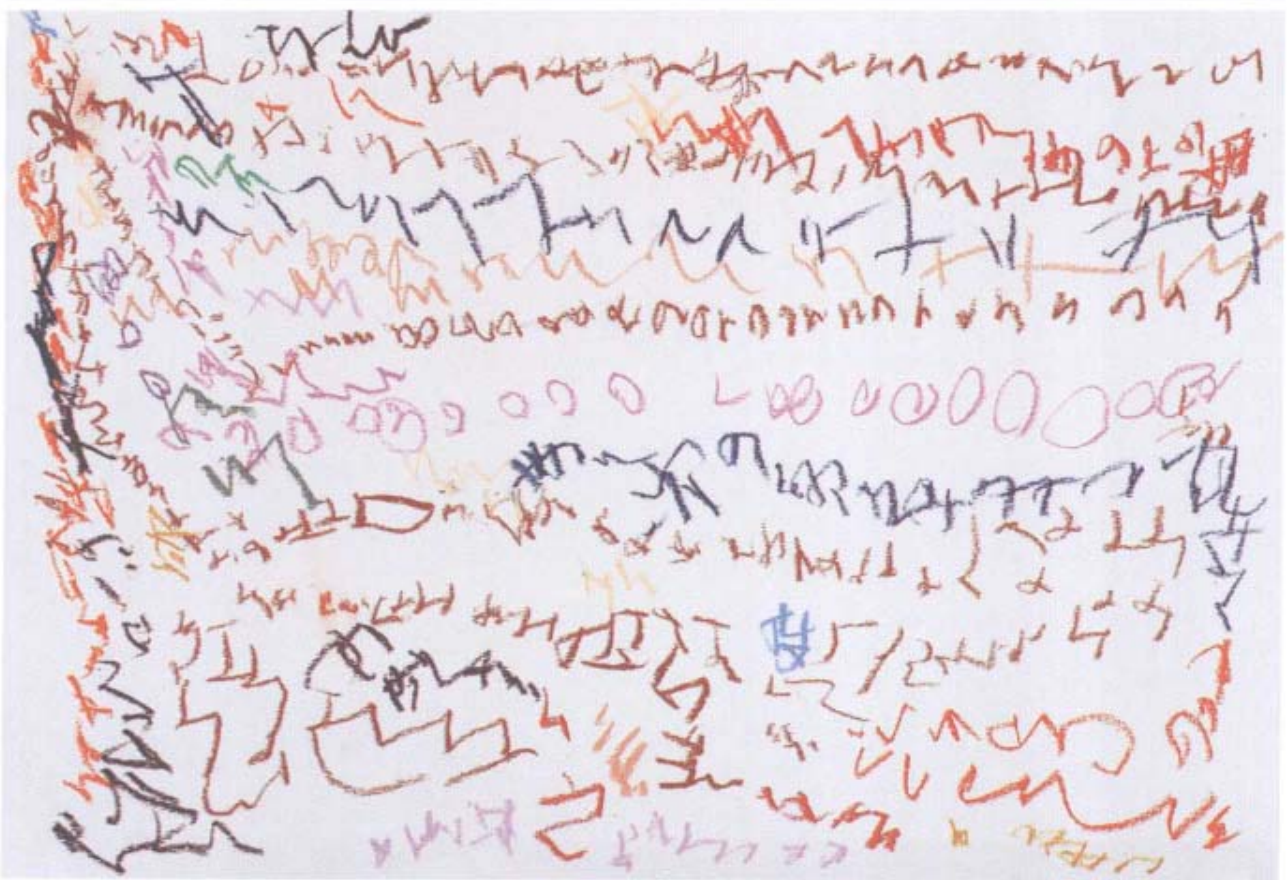
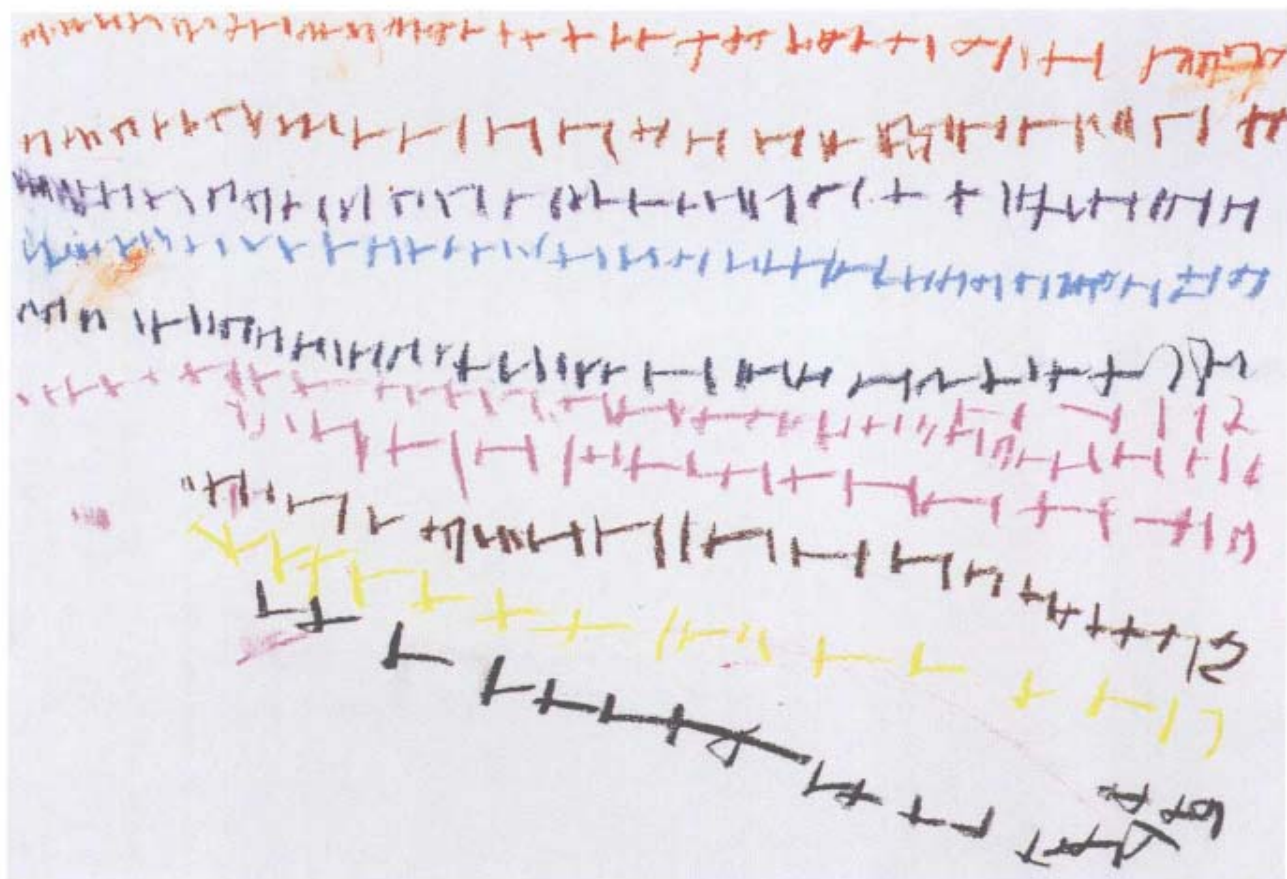
李丽的第一幅作品 / 纸上铅笔 / 38cm × 27cm (右上 图20)

The first work painted by Lili/Pencil on paper/38cm×27cm (Picture 20, Top Right)

天书系列 / 纸上油画棒 / 52cm × 38cm (右下 图21)

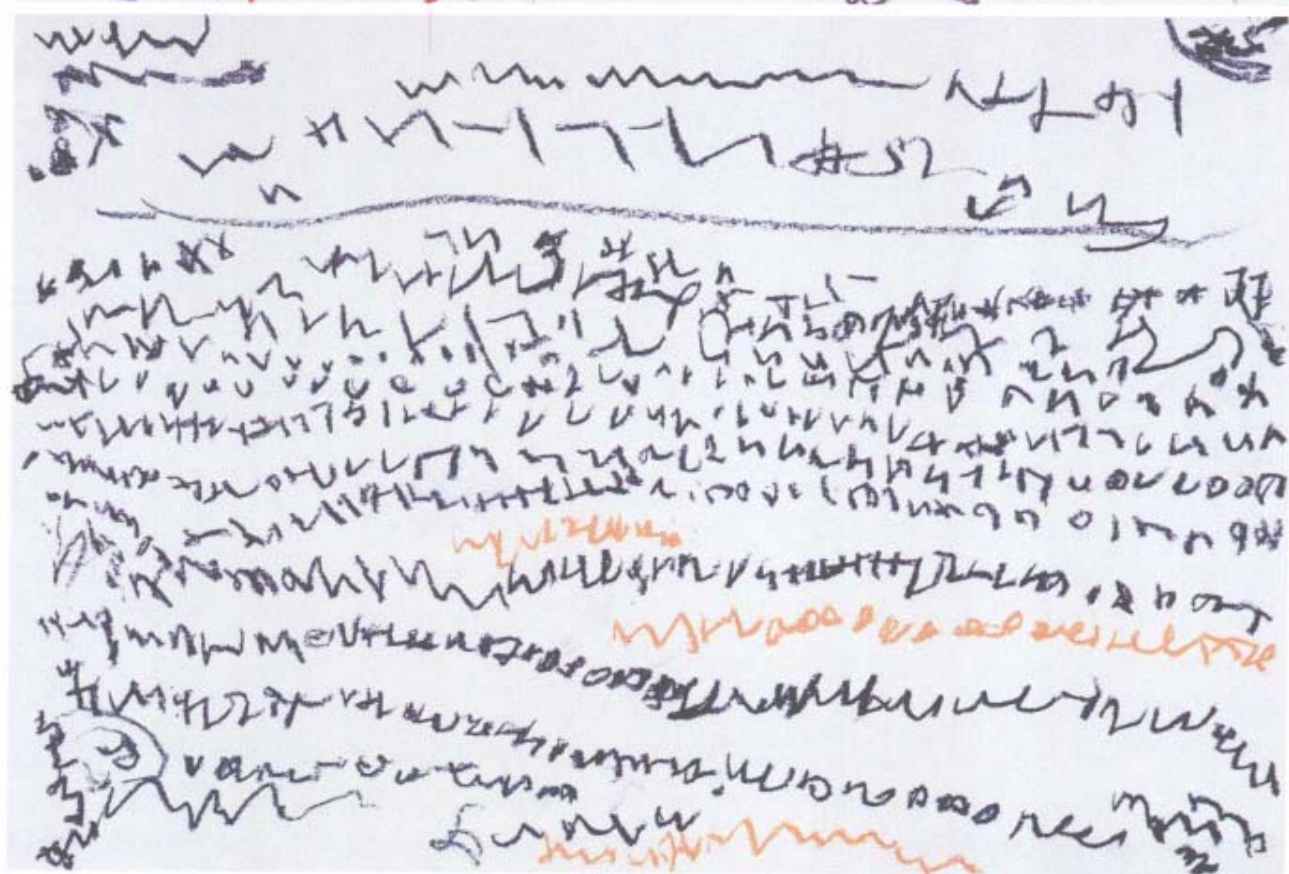
Series of Heavenly Book/Oil pastel on paper/52cm×38cm (Picture 21, Bottom Right)





天书系列 / 纸上油画棒 / 52cm × 38cm (上 图22, 下 图23)

Series of Heavenly Book/Oil pastel on paper/52cm×38cm (Picture 22, Top, Picture 23, Bottom)



天书系列 / 纸上油画棒 / 52cm x 38cm (上 图24, 下 图25)
Series of Heavenly Book/Oil pastel on paper/52cm×38cm (Picture 24, Top, Picture 25, Bottom)

Find Secrets in "Heavenly Book"

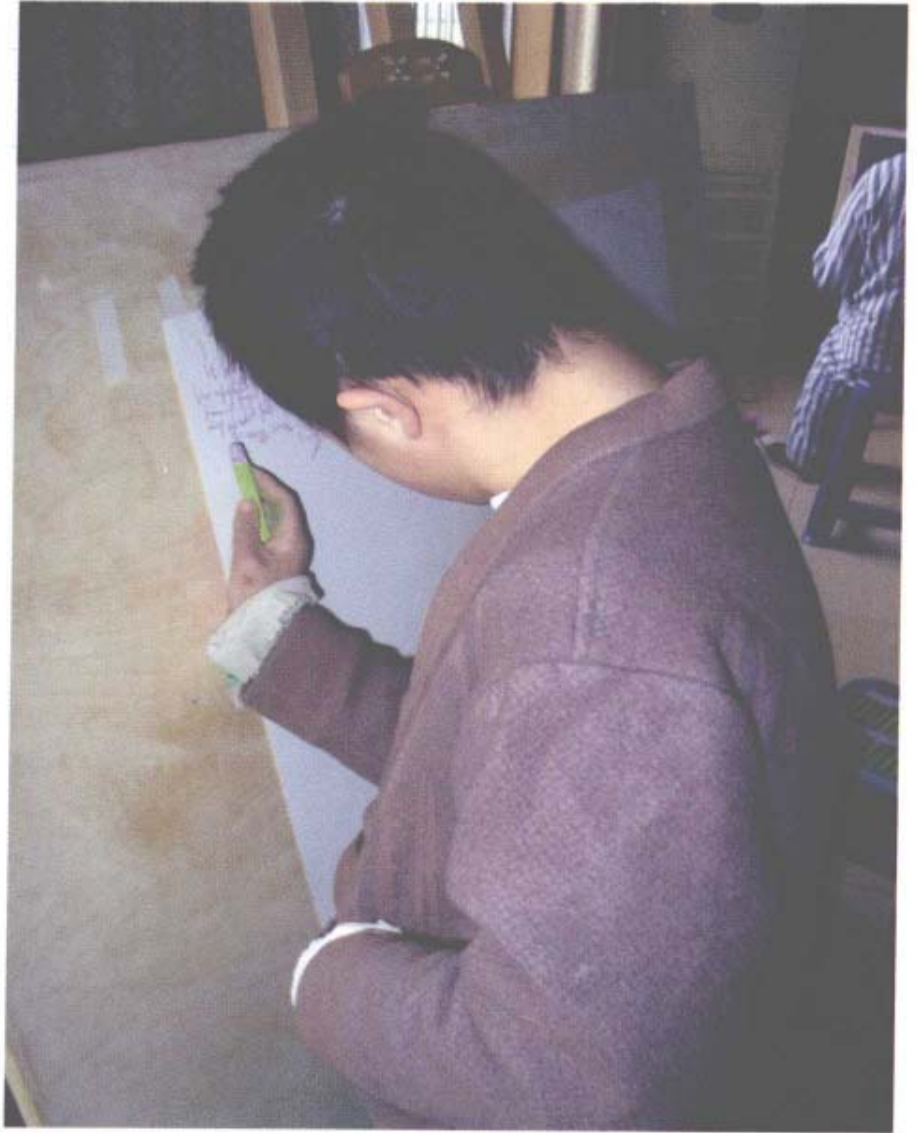
Li Li, female, 12, ethnic Han from Jiangsu province, illiterate. From infancy she suffered from limited intelligence and her behavior was immature. On June 29th 2006, she and her mother were both committed to my hospital by their neighborhood committee. The neighborhood committee leader told me that about 16 years ago, the patient's mother was wondering around aimlessly on the street with her older daughter (then only about 6 years old) when the child was abducted and sold to a village in Jiangsu. Four years later, the girl was found by her father's sister, who fostered her. The mother remained where she was. At about the same time, Li Li was born. The circumstances of her birth are not clear. In 2004, the patient and her mother were committed to the Dachang area Changlu Mental Hospital, and Li Li was diagnosed with mental retardation [Note 9]. According to the report issued on their release, the symptoms were: mental retardation, inability to learn or work, inability to manage daily life, difficulty with verbal expression and simple calculations. While in the hospital she was given treatment for her mental problems, but they had no effect.

The report issued on her commitment to my hospital states: consciousness clear, unable to focus (difficulty speaking, looks about in all directions), unable to orient herself in space or time or towards other people, mental ability weak, verbal ability weak, cannot conduct effective interaction, unable to study or work, unable to complete simple mathematical calculations, lacks basic common knowledge (does not even know many fingers are on a hand); when asked any question she only responds by saying "Mom." She is also emotionally indifferent (facial expression dull, does not respond to surroundings), lacks volition and action (indolent in daily life, requires the help of others) and lacks self-awareness (does not think she has a problem).

On her first day in the hospital she sat in the main hall, watching the other patients with their tousled hair laughing and giggling, playing with the paper on the tables, sticking out their tongues and lolling their heads, walking about swaying from side to side, waving both hands. Her mother said, "They are dancing." Her mother then decided on a time for taking the chamber pots to the toilet.

Her diagnosis is "severe mental retardation." In the past she was given perphenazine in quantities up to eight milligrams per day, but the medicine was ineffective; other than that she has never been given any medications.

Since being admitted to the hospital, she often displays her cleverness in the ward. She likes to act naughty and make people dance. She likes to pull on the hands of staff members with a dull smile on her face and her tongue curled out. When she sees staff members, she greets them with a smile, saying, "Hey!" and drawing close to them, saying, "Smells good." When she sees staff members she knows well, she leans on their arms and shoulders, or hugs them. She likes to wander around the ward, running through the rooms and halls



正在画画的李丽 (图26) Lili painting (Picture 26)

mumbling to herself, or to play alone in the main hall. Most of the time she likes play by herself, even to play poker by herself or she often sits at a table holding a book, reading it intently, totally ignoring her surroundings.

When she hears music she will dance, moving her body and waving her hands. She is very generous—she will often try to give her food to staff members, and if they refuse to take it she is disappointed. At times it seems she would rather be with staff members than with her mother.

She is on good terms with the other patients. She is contented when accompanied by staff members, and is charming and obedient. When she answers questions, she always says, "Uh-huh, yeah," because she cannot say any longer sentences. If asked more complicated questions, such as, "What do you want to do in the future?" she drops her head, sticks out her tongue and doesn't reply.

Sometimes she likes to get into mischief, breaking the handles on her ward

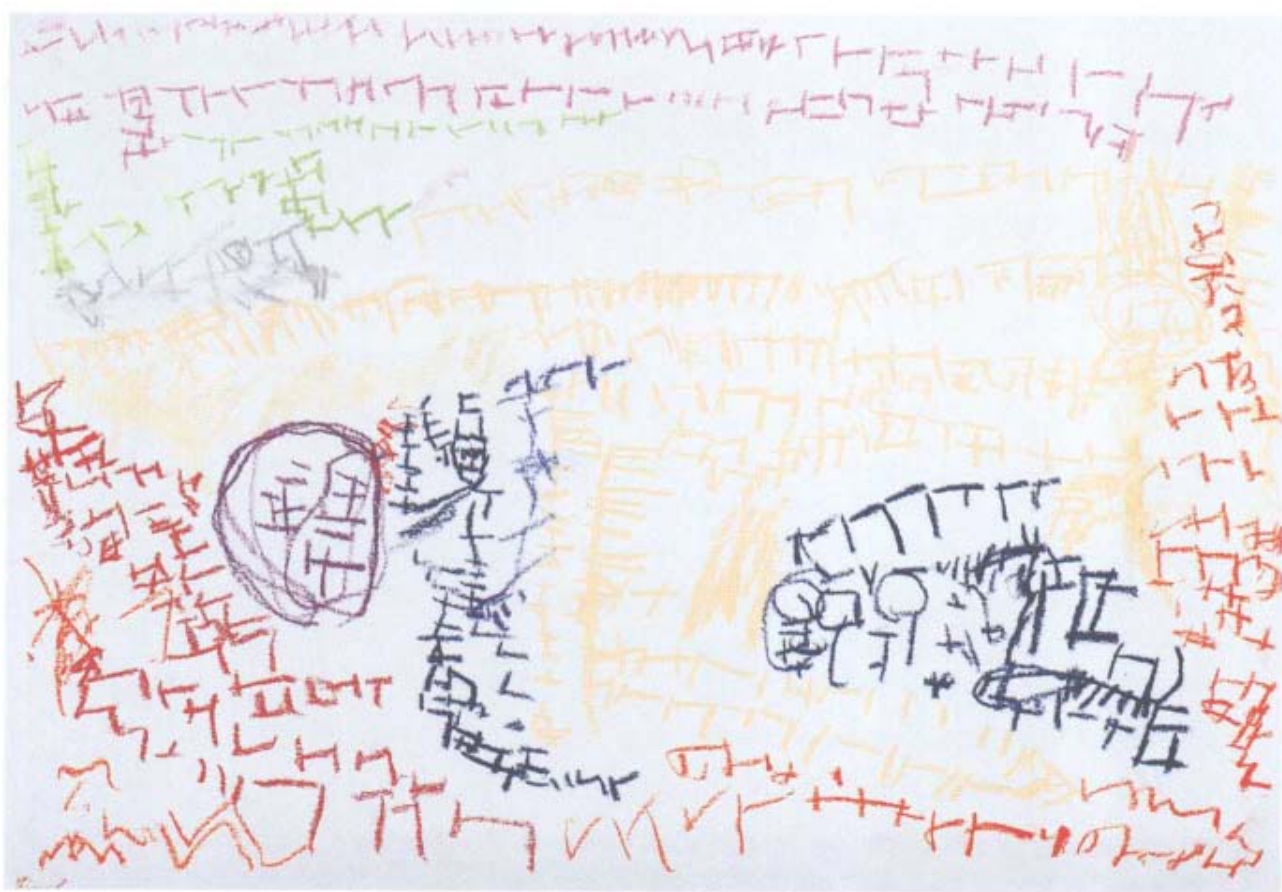
mates' cups, or pushing them to the floor. When she causes a disruption in the ward, she always smiles at people in a way that steals their hearts.

She likes all kinds of activities, such as singing songs, doing group exercises and painting. At the New Year's party for artists and patients she received an award, and she treats the award like a treasure, often stealing glances at it.

She is severely mentally retarded. When she has free time she likes to read books, even though she doesn't recognize a single character and often holds the book upside down. But she goes to the painting studio very happily every day, and her paintings are called "heavenly books". Perhaps only those who know the meaning of life can understand her paintings.

Wang Yu

Li Li is a 12-year old adolescent girl; the hospital has diagnosed her with "severe mental retardation." The first time I saw her I was a bit uncomfortable—the long face typical of retarded people and its peculiar expression, made me feel strange. When she painted, she took on a strange posture, lying sprawled on the painting table, her head supported by her left arm. From the back she seemed to be sleeping.(Picture 19) Her first painting depicted a string of shapes like cells



天书系列 / 纸上油画棒 / 52cm x 38cm (图27) Series of Heavenly Book/Oil pastel on paper/52cmx38cm (Picture 27)

and embryos, which made me think of the beginnings of life. When I look at this painting now, I recognize that it really reflects her clear understanding of her own life. (Picture 20)

Perhaps because her impression on me was so strong, for a half a month afterwards I did not invite her back to the painting studio. I was searching for a way to face her calmly. Finally, I screwed up my courage to ask her to come back to the painting studio. Perhaps because I had prepared myself, when she returned to the studio I did not feel the discomfort I felt the first time, and as a result she was not as nervous as she had been the first time. This time, her painting looked like strange roman characters, or a string of notes. She would sometimes write



天书系列 / 纸上油画棒 / 40cm x 60cm (左 图28 左 图29)
Series of *Heavenly Book*/Oil pastel on paper/40cm x 60cm (Picture 28, Left, Picture 29, Right)

from left to right, and sometimes from right to left; she would move the paper around on the table, and sometimes put it on the bench.

When she paints, she is very sensitive to colors and to the environment. After finishing a painting she often chooses a new color in a burst of enthusiasm and very carefully alters the painting. The whole process is extremely furtive. One time she felt the light from the window was too bright, and pointed with her hand to make me close the curtains. I was quick to respond. Another time, when another patient was making noise in the studio, she immediately expressed her anger. Only when everyone had quieted down did she bend to her table and begin to write again. From this it is evident that her painting is not merely careless scribbling, but is a kind of instantiation of a process of supernatural art. [Note 10]

In order to enter the world of Li Li's art, every time she came to the studio I would always follow her around, hoping from some movement or action or some subtle change in expression to achieve enlightenment and understand her. But the more I watched her, the more mysterious she was to me, and the more confused I became. When one of Li Li's nurses came to the studio to watch everyone painting, I took the opportunity to inquire about the details of Li Li's situation in the hospital. The nurse told me that Li Li "cannot recognize a single character,

but frequently holds a book and reads it intently.” I immediately got very excited, and said that “the word-like images she paints in the studio must have a relationship with the words she reads.” The nurse asked, if she doesn’t recognize characters, how can she understand what she is looking at? I replied, “She is looking at the lines.” In Li Li’s view, the meaning of script is not concepts, as we understand it, but an abstract composition of lines. She is not reading words; she is looking at pictures.

There is a big difference between Li Li’s mental world and the one that we normal people occupy. She is illiterate and cannot speak, but she expresses a deep sensitivity to and awareness of her environment. The reason that we feel her behavior and her paintings are strange is because we have too many misconceptions about her mental world, or lack understanding or our so-called normal people have many obstacles in thinking, perception and intelligence.

In the earliest days of our civilization, painting and writing were inextricably linked. The phrase, “painting and calligraphy arose together,” [Note 11] which was often used in traditional Chinese art theory, is only one example. To Li Li, the “characters” she sees might be “paintings,” and might be “music.” It seems that for her there are no divisions between these things, and consequently, it is possible for her to achieve the harmony she yearns for, a kind of harmony that belongs to her own life. In observing her, I realized that she takes herself, her environment and nature as being continuous with one another. This is nothing like the way we normally imagine “retarded” people. In observing her whole process of creation, I often wondered if she was an “angel,” and her writing “heavenly books.” Those who have not watched her paint in person will not be able to accept this idea. I suggest that it wouldn’t hurt us “normal” people to try to stop making judgments according to our conventional experience, and to force ourselves to use our sight and our hearts to feel and sense. Only in this way can we genuinely approach the harmonious world that Li Li shows us.

Li Li is the only patient in this hospital who does not need to use medications, because her mental state is clearly much better than those of the other patients. Since the second time she came to the painting studio, she has returned ever single day, and her mood was always buoyant. She would wave her hand and call, “Hey,” to express a greeting every time she walked through the door. Li Li cannot use language to communicate with me, but she has sensed the change in my feelings, and so her feelings toward me have quickly changed from nervousness to warmth and friendliness. And every time she appeared in the studio, I could not help but feel light and happy. Because of Li Li, my days in the hospital were no longer so depressing; perhaps this is what people often call God’s plan.

To lighten the mood in the studio, one day I brought my notebook computer to play songs. As soon as Li Li entered the studio and heard the music, she began to dance gracefully, and the scene was deeply moving. Not only that, she grabbed my hand to make me dance with her, and I felt incomparably happy. At that moment I truly considered her an angel and not a mental patient. On the contrary, I thought that I was sick: dull-witted and irresolute, analytical and calculating, thinking I had achieved understanding and was full of experience, when in fact I had fallen into perplexity.

The “heavenly books” that Li Li wrote have completely transformed our normal reading habits. In this new form of reading, I can experience the unity of man and nature. Her “heavenly books” do not simply come from a single person’s brain, or from bodily expression. Reading Li Li’s “heavenly books,” I believe that our knowledge, thought and bodies all undergo an imperceptible correction. This is Li Li’s contribution to those of us who think we are “normal.”

Li Li continued painting “heavenly books” during the last month, and new elements starting appearing in her painting. After browsing a few art books, she began to change the forms of her calligraphy. Actually, I have seen her attempting to paint concrete images, but it is impossible for her to manage representation. (Picture 28, 29) However, her inability to depict recognizable images did not frustrate her. She quickly corrected the painting so that it inevitably turned into a completely abstract design. Given her extraordinary adaptability, I believe that what Li Li is seeking in her painting is neither abstraction nor realism, but harmony. Her “goal” is different from the “goals” of normal people, in that her “goal” is unconscious, or you might say, it is an instinctive reaction, a kind of natural process by which people seek a harmonious development. From this perspective, Li Li certainly has a kind of “mental handicap,” in that she cannot calculate or make plans, she can only be remain at the level of “innocent human nature.”

Li Li was born to an unlucky family. No one knows who her father is; her mother and half-sister are both schizophrenic, and the three of them live together in the mental hospital. Even so, Li Li does not feel any sorrow or suffering. She doesn’t recognize conflict between people any more than she recognizes words; she can face any circumstance anywhere with calmness. She is “unlucky,” but she is also a “lucky” person in the midst of tragedy. For her, God closed the door to real life, but opened the door to heaven and I have shared the existence and happiness of her own heaven from her “heavenly book”.

Guo Haiping

用豆腐製成的金塔 第三章

USE TOFU TO MAKE A PYRAMID



第三章 用豆腐建起的金字塔

USE TOFU TO MAKE A PYRAMID

张兵，男，57岁，江苏南京人，未婚，初中文化，建筑工人。因“兴奋、话多、行为紊乱与情绪低落，反复出现十年余”，于1993年6月20日住入我院至今。患者自1982年开始，无故与邻居、单位领导、同事发生纠纷，领导处理他，让他停职在家休息，因经济受到影响，闹思想情绪，逐渐出现失眠、烦躁、整天大剂量饮用烈性酒，酒后到处惹是生非。1983年被家人送入南京脑科医院诊治，诊断为“心源性反应”，给予安定等药物治疗，住院三个月后以“好转”出院，出院后不能坚持服药，一直休息在家，整日无所事事，好英雄主义，好饮酒，易激惹，认为家人对他不好，整天和他们无休止地吵闹。1992年时自感生活没意义，大剂量口服抗精神病药物，被家人送入南京脑科医院，诊断为“精神分裂症（未定型）[注12]”。给予氯氮平治疗，住院三个月，出院后，不能坚持服药，一直在家休息，整日饮酒，无目的到处乱跑，双手拿着刀，跑到大街上，见人就要砍，公安人员赶来，连公安人员也要砍，严重影响社会治安，被公安人员抓获，送入我院住院治疗。

入院诊断“双相情感障碍”，入院时精神检查：意识清晰，注意力不集中，接触欠佳，思维奔逸（谈话时东扯西拉，句与句之间缺乏内在联系），思维内容无异常，智能无异常，情感高涨（兴奋话多，胡言乱语，滔滔不绝），无自知力（不认为自己有病）。入院后给予抗精神病药氯氮平、碳酸锂[注13]治疗。氯氮平最大剂量达400毫克/日，碳酸锂最大剂量达0.5毫克/日。另给予心理治疗、行为治疗[注14]、脑电治疗等辅助治疗。

患者入院已有十三年余，在住院期间，能配合医护人员的治疗与管理，和病友相处融洽，几乎与世隔绝的生活，未能磨灭患者的意志。躁狂发作时，情感高涨：表现为轻松、愉快、热情、乐观、兴高采烈、无忧无虑。常在病房内举着手，跺着脚，大声歌唱。但不能完整地唱完一首歌。思维奔逸：表现为言语增多，高谈阔论，滔滔不绝，有时出现音韵联想，随境转移，自我感觉良好，言辞夸大，说话漫无边际，他常说：“小五子万岁，×××受罪，东方红，太阳升，中国出了个小五子，地球是我造的，银行是我开的，虎门销烟是我和林则徐搞的，我有六八四十八个老婆，我老婆是嫦娥，我是奔月，我是3.14，圆周率是我发明的，华罗庚是我教的，我是清华的，他是北大的，向小五子学习，向小五子致敬。”意志行为增强：表现为活动增多，在病房内来回走动，不知疲倦，爱凑热闹，爱管闲事。

抑郁发作时，对平日感兴趣的事丧失兴趣和愉快感，不愿参加各种活动，称活得没意思，自己快死了，称自己的灵魂上天了，称精神病就是这样，不会好了。有时整日不说话，无精打采，问话不愿回答，有时甚至整日卧床不起，不肯吃饭，给予鼻饲时，不予抵抗，睡眠差。

症状缓解时，言语、行为、饮食、睡眠一切如常人。

看电视是他获得外界信息的唯一途径。随着患者年龄不断增长，发作周期越来越短，发作频率加快，躁狂与抑郁交替出现，缓解期很短。

患者参加了这次艺术创作活动，开始时，他正处在躁狂发作期，兴奋、话多、夸大，每天都积极地要求去画室。他的每张画色彩丰富，内容夸张，正反映他情感高涨，思维奔逸，意志增强。这种状态持续了约二十天。患者进入了抑郁状态，他

的画面开始单调。再后来他不愿意去画室了，怎么劝说也不行，就连最能刺激他的香烟也不管用了。每天在病房里唉声叹气，称活得没意思，还画什么画。

(王玉)

张兵是一家建筑公司的建筑工人，今年已步入了“知天命”的年龄。他第一次拿起画笔，便在一张 38cm × 27cm 的绘图纸上一口气画了 30 个形态迥异的物体和人像，每一个图形都被他抽象简化到了极致，再加上依次平行排列成六行的布局，第一眼看上去很像是我们祖先画写的象形文字。(见图 34) 对于张兵而言，这些图形其实既是一个个实物，同时又是一个个意义十分明确的文字，或者说，在张兵看来，画画比写字要更直接、更亲切，也更接近于他所希望表达和指称的对象。

张兵一边作画，一边还会在口中念念有词地说一些似乎与所画图形有关的内容。若不是事先知道他是一位精神病人，大多数人一定会错将他当成占卜算命的风水先生。遗憾的是，正因为我们事先已将他设定为“精神病人”，这才导致我们大多数“正常人”会忽略他的画和语言中所潜藏的精神含义。

就在张兵画完那张“象形文字”作品的一个星期后，他第二次来到画室，他这一次的作品与上一幅相比，不仅在数量上有所减少，每一个形象也比上一次具体丰富了许多。(见图 35) 对比两幅作品，我们发现，第一幅图画比较抽象，而第二幅图画则具象了许多，表现出两种不同的思维形式。面对张兵思维上的这种变化，王主任告诉我说：张兵这一段时间正处于极不寻常的“发病”阶段，过不了多久，他的情绪就会变得相当低落，以至于很少会听到他说一句话。听到王主任的这番介绍，我便决定以后每天邀请张兵来画室画画，这样我们可以记录他精神情绪变化的整个过程。没想到的是，



正在做陶艺的张兵 (图30) Zhang Bing doing ceramics (Picture 30)

癫狂的艺术

第二天张兵又将注意力转移到人物的肖像上来，而且一画就是半个月。在这一段时间里，他每一天都会依照自己的想象画一幅人像。第一幅画的是一位被他称之为“三星上将”的将军，这位“将军”长着一对猪八戒的耳朵，像鸡爪一样的手，两个上衣口袋还被解释成一对“乳房”，唯一能表明将军身份的特征就是这个人的肩上佩戴着一副三颗星的肩章。（见图 32）

在接下来的时间里，他还画了“一颗星少将”、“二颗星中将”（见图 42）、“法国美女”（见图 44）、“医生”（见图 33）和“三毛”等等。越到后面，他画的线条越是简洁，也越来越理性和抽象，以至于最后他每画一根线条时都会考虑再三，然后再确定用什么颜色和怎么下笔，整个过程十分用心和投入。在这一段时间里，他的画面经历了从相对抽象到相对具象，再由相对具象到相对抽象的演变过程，这些心理上的反复变化也许就是王主任所说的“双相情感障碍”，即在躁狂与抑郁之间不停地摇摆。

张兵从未有过学习艺术的经历，但他在作画的整个过程中自始至终都表现出非常的自信和从容。我行我素，唯我独尊，做派很像一位艺术大师。若有人说他哪里画得不好，他丝毫不会介意，但若有人赞扬他的画，他还是会流露出一些掩饰不住的喜悦。有几次，我正准备将他刚画完的作品拿到另一间房间陈列时，他立刻阻止我，让我不要动，他说：“放在这里让我看看。”他每次画完一幅作品都要反复欣赏很长时间，即使到了第二天，他一踏进画室的第一件事就是先去欣赏一下自己前一天画的作品。



张兵在病房里眺望远方（图31）

Zhang Bing staring into the distance (Picture 31)

张兵给我最深的印象就是说话从不绕弯，也从不遮掩，而且十分要强。其实，这是一种非常容易受挫也非常容易受到伤害的性格，尤其是对于像他们这样没有专业技能和没有社会地位的底层百姓而言就更是如此。他告诉我说：在他 20 岁刚出头的时候，他经常抢着加班，也经常不分昼夜地干活，有一次他连续干了三天三夜没有睡觉，最后被送到医院进行抢救。他还经常向我炫耀当年一天能搬运上千包水泥的纪录。对于张兵而言，那是一段让他感到无比骄傲的光荣历史，至于这段历史与他被确诊为精神病之间有什么联系，想必他是不曾想过的。

两个星期后，张兵亢奋的精神状态便如王主任所说的那样渐渐出现明显的衰退，在这个阶段，他只是埋头

画画，或静坐在画桌前沉默不语。后来他也画了几位医生和护士的肖像，但画得还是有一点勉强。一天下午，来了两位年轻的女护士，她们知道张兵天天在这里画人像，便让张兵为她们也画两张。在大家一再劝说下，他只画了一张。（见图43）然后另一位护士也要求为她画一张，张兵不肯，旁边病人开玩笑说：“不肯就打针。”张兵当即答道：“打针就打针。”不过那位护士还是坚持让他画，他有一些无奈，便说了一句：“你长得实在太丑啦，画不起来。”这位护士仍旧没有介意，并继续让他画。张兵没有退路，只好答应。结果，他把这位护士画得“愁眉苦脸”。看到这幅“愁眉苦脸”的画像，我再一次领教到张兵自如表达自己情绪和心理活动的绘画能力，在这次的写生插曲中表现得非常充分。



三星上将 / 纸上油画棒 / 38cm × 27cm (图32)

Three-star Admiral/Oil pastel on paper/38cm×27cm (Picture 32)

从张兵随心所欲所画的肖像作品中，我们还是能够比较清晰地感受到他内心的变化，例如我们可以从他的作品中感受到他内心喜怒哀乐的变化轨迹。画完人物后，他持续几天都在思考下面该画什么，这种“不知道再画什么的状态”持续了两三天，后来他突然想到了画建筑。他画的第一个建筑，是南京著名的鸡鸣寺，（见图40）然后在后面的几天里，他先后画了几座自己想象中的大塔楼和小塔楼，后来他又想到了埃及的“金字塔”。（见图37，38，39）我发现，他作品中的建筑不论在构图还是在色彩和线条的运用上，都要比他的人物肖像更和谐也更优美。在他心目中，这些建筑一定比人更可爱，因为相比之下，作品中的那些人物肖像大部分都显得焦躁不安，作品表现手法也带着较多的戏谑成分。作为一名最基层的建筑工人，张兵对建筑始终保留着如此的审美情意，这非常出乎我的预料。面对张兵，我不知道该如何表达自己的情感，是欣赏？敬仰还是同情？

像张兵这样的病人，若没有奇迹出现的话，他的余生注定会在精神病院里度过。住在这家医院十多年里，他说他曾多次经历过病房里不同年龄的病人死亡的场景。他没有述说自己的具体感受，我也不愿去追问，我确信这一切都会让他感到十分的悲凉与忧伤。

“画完了，脑子空掉了”，这是我住在医院里经常听到病人们挂在嘴边的一句话，张兵也不例外，在最后的几天里，他经常静坐在画桌前发呆，医生看到这种情景，就会关心地问他：“是不是先回病房？”这时他会说“再坐一会儿”。

有一天，他突然带着疑惑的口气问我：“明天画豆腐怎么样啊？”我下意识地

答道：“当然可以。”可是回答完他的疑问后随后我转念一想，这一定是他绞尽脑汁后好不容易想出来的一个形象。而在此之前，他绝对不会张口问人他下面该画什么。即使有人建议，他也绝对不会予以理睬。但是现在，他开始变得不再“自信”和“自大”，他开始对自己产生了怀疑。针对病人们脑子经常出现“空空”的现象，我分别询问过病人、医生和护士，他们的答案基本一致，这就是“药物的作用”。

张兵画豆腐大约用了两个小时，直到听到他叫我：“郭老师，画好了”，我才走到他面前。我之所以一直没有去看他画豆腐的过程，是因为我非常害怕看他画豆腐的那种感觉。在我看来，豆腐形象在他脑海里一定就像一根救命稻草，因为他非常希望自己能够每天来画室画画。只是后来他渐渐感觉到了力不从心，即使我们不断劝他要顺其自然和不要逼迫自己，但他似乎还是在不断地强迫自己。过了二个小时，当我走到他面前，看到他刚刚完成的豆腐作品，我的内心有一种彻底被融化的感觉。他用一块块五颜六色的豆腐建搭起了一座“金字塔”一样的宏伟建筑，在每一块豆腐上他还写上一个彩色的英文字母。其实，这座由豆腐建起的“金字塔”也正是张兵为自己画的“自画像”，看上去宏伟壮观，而实际上却柔弱得就像一块经受不住任何折腾的豆腐。（见图 36）

画完豆腐的第二天，他没有来画室。又隔了一天，王主任告诉我“张兵不来了，他说他脑子空掉了，画不出来了。”我感到一阵悲哀，我不愿意去多想张兵一个人静坐在病房里的心情，我甚至不敢去多看一眼他刚刚完成的那座用豆腐块建成的“金字塔”。

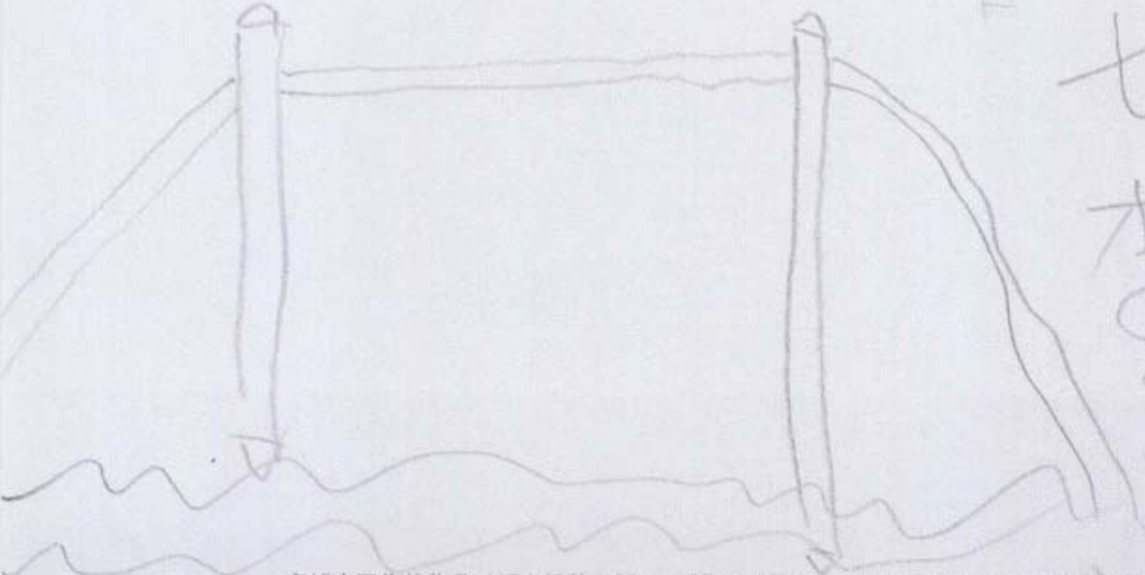
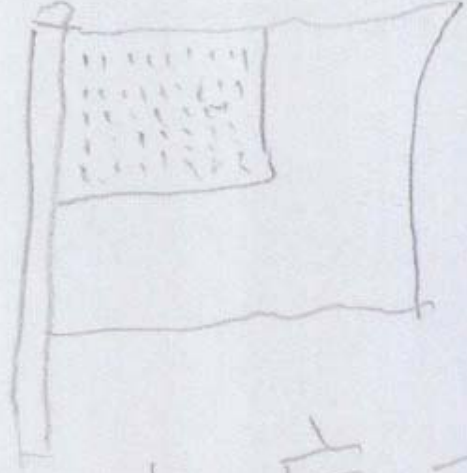
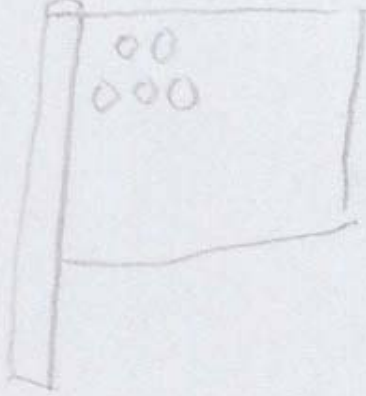
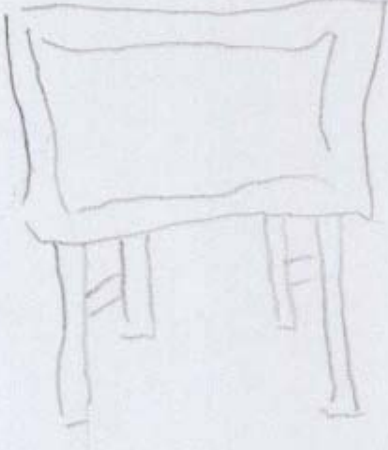
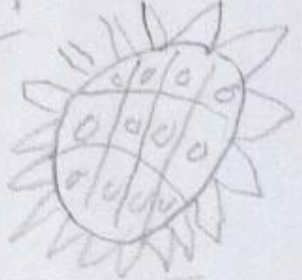
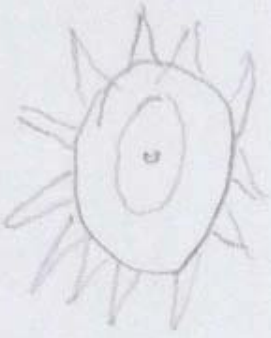
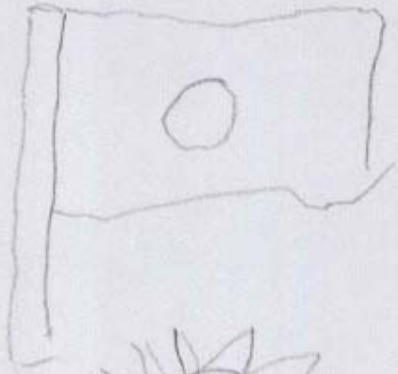
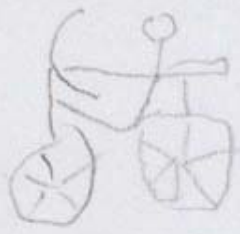
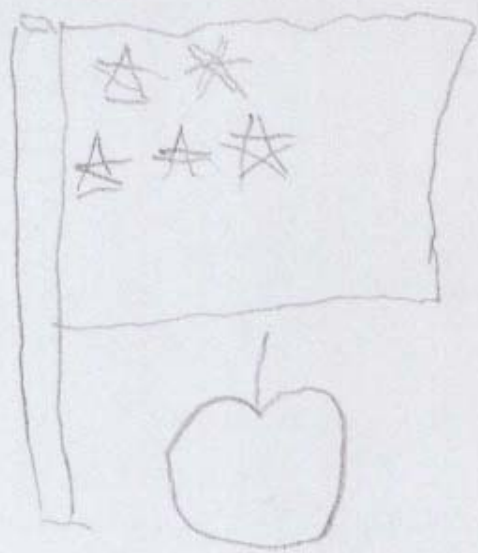
又过了近一个月，张兵突然出现在了我的面前，我知道这是王主任带他过来的。这时的张兵面色红润，神情怡然，我非常高兴。我只是让他在画室里转一转，玩一玩，而没有再提起让他画画的事。可他坐下来后还是画了一只氢气球，然后便站在窗口，眺望着户外的景色。（见图 31）12月初的南京已经有了寒意，刚来医院时看到的那些绿色植物，眼下也都光秃得只剩下了树干。

12月26日上午，我与王主任一起安排了一次由五十多位病人与院领导参加的迎新年联欢会。前一天，我建议王主任，可以安排张兵代表所有参与画画的病人在联欢会上谈一谈画画的感觉，王主任说“很难”。我问其原因，王主任为难地告诉我说：“张兵这几天突然拒绝进食，医生正用皮管通过鼻腔向他的胃里强行注食。”听到这番解释，我立刻便从期望联欢会办得欢快一点的期待中跌进了深渊。联欢会开始了，当王主任让我发言时，我竟无法控制住自己的伤感。在那一刻，我无法回忆任何一位病人在画室经历的一切，因为任何回忆都会让我感到无比的悲哀与绝望。

（郭海平）



医生的肖像 / 纸上油画棒 / 38cm x 27cm (图33) *Portrait of a Doctor / Oil pastel on paper / 38cm x 27cm (Picture 33)*



七病区
李 荣
2006年
10月23日

有13个图像的作品 / 纸上铅笔 / 38cm x 27cm (图35) Thirteen Images / Pencil on paper / 38cm x 27cm (Picture 35)



豆腐 / 纸上油画棒 / 38cm × 27cm (上左 图36)
 Tofu/Oil pastel on paper/38cm×27cm (Picture 36, Top Left)

宏觉寺 / 纸上油画棒 / 38cm × 27cm (上右 图38)
 Hong Jue Temple/Oil pastel on paper/38cm×27cm (Picture 38, Top Right)

石塔 / 纸上油画棒 / 38cm × 27cm (下左 图37)
 Stone Tower/Oil pastel on paper/38cm×27cm (Picture 37, Bottom Left)

金字塔 / 纸上油画棒 / 38cm × 27cm (下右 图39)
 Pyramid/Oil pastel on paper/60cm×40cm (Picture 39, Bottom Right)



南京鸡鸣寺塔 / 纸上油画棒 / 38cm x 27cm (图40) Nanjing Ji Ming Temple/Oil pastel on paper/38cmx27cm (Picture 40)

Use Tofu to Make a Pyramid

Zhang Bing, male, 57, born in Nanjing, Jiangsu Province, single, with only a middle-school education, worked in building construction. Over the course of 10 years, from 1982 when he first contracted mental illness to 20th of June, 1993, he was frequently “excitable and talkative,” his “behavior erratic, mood low.” When he first entered my hospital, he frequently developed conflicts with neighbors, co-workers and superiors at work. His superiors would discipline him by making him leave work to rest at home. Because of the loss of pay, he often experienced emotional and mental problems, and increasingly suffered from insomnia, agitation, and drank excessively from morning to night, after which he would often get into trouble. In 1983 family members sent him to the Nanjing Mental Hospital for treatment. The diagnosis was “mental trauma,” and he was given tranquilizers. After three months in the hospital he showed considerable improvement and was released, but after his release he was unable to continue taking his medications. He was idle at home, with nothing to do all day. He began drinking excessively and became obsessed with heroism. He was also easily excitable, thought that his family had wronged him and fought with them constantly. In 1992, after many long years, he himself came to feel that life was meaningless, and took a large quantity of antidepressants. His family again admitted him to the Nanjing Mental Hospital, and this time his diagnosis was “schizophrenia (disambiguation),” [Note 12] and he was prescribed clozapine. He was in the hospital for three months, but after being released, was unable to continue his medications, and was again idle at home and drinking heavily. One day, for no reason, he ran onto a big street with a knife in each hand, looking to attack people. The police rushed to the scene and he tried to attack them. He was arrested as a threat to public order, and brought to my hospital for treatment.

When committed, he was diagnosed with personality conflict disorder. The examination report states: consciousness clear; difficulty focusing, difficulty engaging with others, escapist thought; speech not related to reality, often little relationship between one sentence said and another. His thoughts were bizarre, but his intelligence was also clearly extraordinary, and his emotions ran high (when he was excited he would rave extensively). He had little self-awareness, and did not consider himself ill. After being admitted he was prescribed antidepressants, clozapine and lithium carbonate, [Note 13] clozapine at the maximum dosage of 400 milligrams per day, and lithium carbonate at the maximum dose of 0.5 milligrams per day. He was also given psychotherapy, behavioral therapy, [Note 14] electroshock therapy, and other assistive treatments.



南京长江大桥 / 纸上油画棒 / 38cm × 27cm (图41)

Nanjing Yangtze River Bridge/Oil pastel on paper/38cm×27cm (Picture 41)

The patient has been in the hospital for 13 years now. He cooperates with the doctors and nurses and gets along with fellow patients. But though he lives in isolation from the world, he cannot eliminate the mental patient's personality. When he is manic, his feelings surge: he becomes ecstatically happy, passionate, totally without worries, and frequently raises his hands, stomps his feet and sings

loudly. But he can never manage to complete a song. His mind runs away with itself. He talks incessantly, chatters, and at times produces musical sounds strung together, without any order. He is very pleased with himself. His words are exaggerated and disorderly. He says things like: “10 thousand years to Little Fifth Son, (someone) suffered much, the East is Red, the sun rises, China produced a Little Fifth Son, I created the earth, I opened a bank, I helped Lin Zexu burn the English opium at the Tiger Gate, I have six eight forty-eight wives, the Lady in the Moon is my wife, I am fleeing to the moon, I am 3.14, I invented pi, I taught Hua Luogen (a Chinese mathematician), I went to Tsinghua University, he went to Beijing University, Learn From Little Fifth Son, pay your respects to Little Fifth Son.” His willpower is strong, as suggested by his excessive speech and the way that he walks around the clinic. He never feels tired, likes to make trouble and get involved in other people’s business.

But when he gets depressed, he loses all interest and pleasure in his normal pursuits, is unwilling to participate in any activities, says that life is not worth living, he is already dead and his soul has already ascended to heaven, that his depression is incurable. At times he says nothing the whole day, has no energy, does not respond to questions, will not get out of bed, has problems sleeping and is unwilling to eat—though when fed through a tube, does not resist.

When his symptoms are not active, his speech, behavior, eating patterns and sleep are all completely like those of a normal person.

His only access to the outside world is the television. As he ages, the cycles of mania and depression become shorter, symptoms more frequent; mania and depression follow each other closely, and periods of calm are increasingly short.

When the patient participated in the present art activity, at first he was in the manic state—excited, active, exaggerated, and wanted to go the painting studio everyday. The colors of all his paintings were rich and various, the content wild, reflecting the surge in his energy, his racing thoughts and strong will. This mood persisted for approximately 20 days. When he fell into a state of depression, his paintings became drab. He was unwilling to go to the painting studio, despite all persuasion; even cigarettes (which can normally stimulate him) had no effect. He spent all day in the clinic moaning, complaining that life was meaningless, and there was no reason to paint.

Wang Yu



二星将军 / 纸上油画棒 / 38cm × 27cm (图42)

Two-star Lieutenant Admiral / Oil pastel on paper / 38cm × 27cm (Picture 42)

Zhang Bing is a construction worker. This year he has entered the age “when one knows one’s life span” (middle age). The first work he completed was an image of over thirty different human figures arranged in six lines, painted on a 38cm × 27cm blueprint. Each figure is extremely simplified to the point of abstraction. At first glance, it looks like ancient Chinese pictographic writing. (Picture 34) To Zhang Bing, these images are on the one hand real objects, and on the other a script whose meaning is completely clear. Or it might be said that to Zhang Bing, painting is more direct than writing, more familiar, and more able to approach the object he hopes to depict and describe.

Zhang Bing simultaneously paints and speaks words that seem to have some connection with the paintings. If you didn’t know that he was mentally ill, you might take him for a fengshui practitioner conducting divinations. Unfortunately, because we take him for a “mental patient,” “normal people” are inclined to overlook the deep meaning hidden in his paintings and speech.

Only a week after Zhang Bing had painted his first “image writing,” he came back a second time to the studio and made a painting that was similar to the first. Only there were fewer figures, and each figure was fuller and more concrete. (Picture 35) Comparing the two pictures, we realized that the first was more abstract, and that the two pictures represented two kinds of thought. Observing this change in Zhang Bing’s thought process, Director Wang told me that he was in an extremely symptomatic period and that before long he would fall into depression, to such an extent that he would hardly say anything. On hearing Director Wang’s suggestion, I decided that I would encourage Zhang Bing to come to the painting studio more often, so that we could record the process of his

mood swings. But to our surprise on the second day, he also focused his attention on the human portraits, and the painting took half a month. In this period, he would paint a single portrait every day, according to his imagination. The first image he called *Three-star Admiral*. This general has long ears like Pigsy (from *Journey to the West*), hands like chicken claws, and two pockets on his clothing which Zhang Bing described as breasts. The only thing that suggests he is a general is the three-star epaulets on his shoulders. (Picture 32)

Zhang Bing continued painting: *One-star Rear Admiral*, *Two-star Lieutenant Admiral*, *Pretty French Girl*, (Picture 44) *Doctor*, (Picture 33) *Three Hairs*, etc. As he painted, his line quality became progressively simple, his images idealized and abstracted. After painting each line he would stop and consider what colors to use or how to move the brush. This process where he went first from the abstract to the concrete, and then from the concrete to the abstract, reflected changes in his internal emotional state, which Director Wang attributed to bipolar disorder, his continual oscillation between mania and depression.

Zhang Bing has never had any artistic training, but in the entire process of painting he expressed great self-confidence and satisfaction, stuck to his own way of doing things, did not listen to anyone, and put on airs like a famous artist. If anyone says that he does not paint well, he takes no offense, but if anyone praises his paintings, he is unable to conceal his pride and happiness. A few times, I wanted to take a painting he had just completed to another room to display, but he stopped me and said, "Leave it here and let me look at it." Every time he finishes a painting, he would spend a long time admiring it; the first thing he does when he goes into the painting studio is to admire his work from the day before.

The thing I most admire about Zhang Bing is that when he speaks he is never evasive or shy. On the contrary he is quite assertive. This kind of personality is fragile and easily offended. This is especially true of those without professional skills or social status. Zhang Bing told me that when he was 20 years old, he often competed to work overtime, and regularly worked both day and night. One time he worked for three days and nights without sleeping, and was finally forced to go the hospital. He often boasts of how at that times he could move a thousand bags of concrete in one day. To Zhang Bing, this is a glorious history that makes him intensely proud. It has never occurred to him to consider the relationship between this time of his life and his mental illness.

After two weeks, Zhang Bing's excited mental state gradually began to



护士小王 / 纸上油画棒 / 38cm × 27cm (图43)

Nurse Xiao Wang / Oil pastel on paper / 38cm × 27cm (Picture 43)



法国美女 / 纸上油画棒 / 38cm × 27cm (图44)

Pretty French Girl / Oil pastel on paper / 38cm × 27cm (Picture 44)

subside, just as Director Wang had said it would. In this period, he was always either fully engaged in painting or sitting silently at the painting table. After this he painted several portraits of doctors and nurses, but the painting was a bit forced. One afternoon, two young female nurses who knew that Zhang Bing painted there every day, came to visit and asked him to paint their portraits. He was persuaded to paint one picture, (Picture 43) and then the other nurse asked him to paint another for her, but he refused. The other patients standing by started to mock him, saying, "If you won't paint, you'll get a shot." Zhang Bing said, "Then give me a shot, I do not care." But the nurse still demanded that he paint her portrait. He replied, "You are too ugly, I cannot paint you". She didn't take offense, but persisted. Since he had no other choice, he agreed to paint her portrait, but he painted her with a bitter and worried face. When I saw this painting, I was impressed by Zhang Bing's ability to express himself through images, to make his feeling toward these two nurses so clear.

Looking at Zhang Bing's paintings, we can sense his emotional changes, which is to say he paints according to his mood. We can sense his joy and sadness because all these feeling progress according to nature. After he finished painting his portraits, Zhang Bing spent a few days considering what to paint

next. This state of indecision continued for two or three days, and then he decided to paint architecture. The first image he painted was of Nanjing's famous Jiming Temple. (Picture 40) In the following days he painted a series of large and small towers from his imagination, and finally thought of the Egyptian pyramids. (Picture 37, 38, 39) I realized that his paintings of buildings were more harmonious and beautiful than his paintings of people, in terms of composition, color and line quality. In his mind, these buildings were more loveable than people. In comparison with his buildings, his portraits express a feeling of anxiety and distress. As a low-level construction worker, Zhang Bing retains a feeling of tender affection and aesthetic appreciation for buildings; this is something I never expected. I do not know how to express my feeling toward Zhang Bing—is it admiration, reverence or sympathy?

Barring a miracle, patients like Zhang Bing spend their whole lives inside the mental hospital. He said that in the 13 years he has lived in the hospital, he has frequently witnessed fellow patients of different ages die. He did not say how he felt about this, and I did not dare to ask, but I believe it makes him feel extremely forlorn.

“When I've done painting, my mind is empty.” This is something that patients in the mental hospital often say, and Zhang Bing is no exception. For a few days, he spent a lot of time sitting at the painting table staring blankly. When the doctors saw him like this, they got worried and asked him if he wouldn't like to go back to the ward. He always said, “Let me sit a while longer.”

One day, he asked me (with a face full of doubt), “Tomorrow I think I'll paint tofu, what do you think?” Without thinking, I replied, “Go right ahead.” After I had answered him, it occurred to me that this idea must have been very difficult for him to conceive. He had never asked anyone what he should paint before, and if anyone suggested that he paint something, he paid no attention. He had suddenly lost his self-confidence and bravado, and had developed doubts about himself. Considering the phenomenon of patients experiencing mental blankness, I asked the patients, doctors and nurses about it, and they all said that it was “a result of the medication.”

Zhang Bing took about two hours to paint tofu. Until he called me over saying, “Teacher Guo, the painting is finished!” I hadn't gone to check on the progress of the painting because I was afraid to look at it. In my mind, tofu was just a straw he had grabbed at to save himself, because he wanted to come to the

painting studio to paint every day, but wasn't able to paint. We told him not to force himself, but he would not let himself rest. Two hours later, when I went over to his side and saw the "tofu" he had just finished, my heart melted. He had used blocks of tofu of all different colors to build a grand pyramid. On every block he had written a Roman character in a different color. In fact, this pyramid of tofu was Zhang Bing's self portrait: grand and imposing in appearance, but in reality just as weak as tofu, unable to stand up to any force. (Picture 36)

The day after he painted the tofu, he didn't come to the painting studio. Another day passed, and Director Wang told me, "Zhang Bing won't come to the studio. He says his mind is blank, he cannot paint." On hearing this I was overcome with grief. I couldn't bear to think of him sitting alone in the ward, and couldn't bear to go look at the tofu pyramid he had just finished.

A month passed and Zhang Bing appeared in the studio. I knew that Director Wang had made him come. This time his face was ruddy and he was in a good mood. I was very happy, and encouraged him to walk around the studio, hang out and have a good time. I didn't raise the question of painting, but he sat down and painted a hydrogen gas bubble, and then went to stand at the window, staring at the scenery outside. (Picture 31) It was December and Nanjing had already turned cold; when I first arrived at the hospital, the leaves were sprouting on the trees that were now dead and bare.

On December 26th of last year, Director Wang and I planned a gathering of fifty patients and hospital staff to welcome the New Year. I suggested that Director Wang encourage Zhang Bing to represent the patients participating in the art program, and discuss his experiences in the painting studio with the other patients. Director Wang replied that it would be difficult, and when I asked why, he told me with reservation that "for the last few days Zhang Bing has refused to eat, and he is now being force fed through the nose." When I heard this news I lost all my excitement for the party, and fell into a deep sorrow. When the party started and Director Wang asked me to give a speech, I couldn't keep from crying. At that moment, I couldn't bear to talk about any of the experiences of the patients who came to the studio, because all these memories made me feel terribly sad.

Guo Haiping

俞樾的朴学不惑 章四策

A PERSPECTIVE OF
"SOUL DETACHED FROM BODY"



第四章 魂不附体的视角

A PERSPECTIVE OF
"SOUL DETACHED FROM BODY"

刘宁，男，46岁，汉族，高中文化，未婚，无业。因“渐起自语，傻笑，疑人害己，疑自己有病一年余”，于2002年6月4日入院。患者2001年被原来的单位解聘后，下岗在家，渐表现情绪易激动，爱发脾气，失眠，整日不肯出门，把自己关在一个房间里，连自己的家人也不肯见。下岗后，原单位给的生活费也不要，说自己没有上班就不应该拿钱，目前国家有困难。半年后，患者出现自言自语，无故傻笑，经常对家人乱发脾气，担心自己得了一些重病，反复求医，一会儿说自己头部不适，一会儿又说自己的内脏有病，手脚都烂掉了等，到处求医，拿回来的药也不吃，称这些药都有毒，称家中的东西都有毒，把家中的所有物品全部扔到外面去，不肯吃家中饭菜，称饭菜中有毒，称家中有一种异味，整天用手掩着鼻子，饿的时候，到外面买一点零食充饥，称自己全身都是病，而且是治不好的病，用包装袋子把自己的脚包扎起来，用剪刀把自己的衣服剪破，扔到外面去。2002年初家人将其送到南京脑科医院门诊，诊断为精神分裂症。入院前一个月，患者上述症状加重，被家人送入我院住院治疗。入院诊断：“精神分裂症——偏执型”。

入院时，患者赤身裸体，只穿着短裤，蓬头垢面，双脚用塑料袋套住。进入病房后，不肯吃饭，不肯吃药，称这里的饭菜都有毒，不愿穿病房的衣服，只穿一件内衣，称这里的衣服也有毒，上身裸露，说要不是担心别人说自己是流氓，就一丝不挂，对住院环境感到恐惧、焦虑。称周围环境气味不对，称吃过饭后，吃过药后，感到头昏，浑身不适。称自己的甲沟、外阴生殖器都发炎了，称心前区不适，小便后疼痛，怀疑同别人说话时，别人把病菌传染给了他，吃饭时，反复在自己的碗里翻找，看看是否有其他东西。不肯盖病房的被子，称有毒。

入院后给予抗精神病药氯丙嗪 [注15] 治疗，最大剂量时达500毫克/日，但精神症状无任何改善，换用氯氮平治疗，当剂量达400毫克/日时，患者阳性症状消失，但患者一度出现转氨酶增高，又换用奋乃静 [注16] 治疗，阳性症状复又出现，又换回氯氮平治疗。目前氯氮平剂量为150毫克/日。

目前，患者在病房内表现安静，阳性精神症状已消失，以阴性症状为主，思维迟钝，情感淡漠。整日面部表情呆板，意志行为减退，对未来毫无打算。每天多数时间独处一处，或发呆，或趴在桌子上睡觉，偶尔与病友一起打牌、下棋。生活自理能力好，配合医护人员的治疗与管理。有时也能帮助工作人员做一些力所能及的事。

患者参加了这次艺术创作活动，也许是药物的影响，也许是病程长的原因，他感觉他的脑子是空的，他每天都很积极地去画室，但是每天都没有东西可画。终于有一天，他画了几幅令人惊叹的画。但是再让他去画室，他怎么也不去了，他说“我已经没有东西可画了。”

(王玉)



正在做陶艺的刘宁 (图45) Liu Ning doing ceramics (Picture 45)

刘宁因精神分裂症住院已有多
年。在我住进医院的三个月时间里，
他来画室一共不超过十次，若将他
说的话全部加在一起，也不会超过
十句。平时他总是沉默不语，坐在
那里埋头画画，在这种情况下，研
读他的艺术创作过程就成了我走进
他心灵世界的唯一通道。

刘宁刚来画室的那几天，他总
是爱找一些别人废弃的纸张，然后
再利用其中的一些十分有限的空白
去临摹画报上的内容。其实，在他
来画室之前，我们就在他的画桌上
准备好了绘图本和绘图纸，为此，
我劝说了两三天，他才勉强同意在
绘图本和空白的绘图纸上画画。后
来我才逐渐明白，他之所以不用空
白的纸张，是因为他总认为自己画
的那些图画是在浪费纸张，这是在
我多次劝说后十分难得地听到他低
声说了句“我画得不好”之后才恍
然大悟的。由此可见他对自己的要

求是何等的苛刻。与此同时，我也听到他的病友张兵多次向我介绍说：“刘宁这个人蛮好的，老实！”

好不容易让他在空白纸张上画画，他却总是离不开临摹，如临摹其他病人的作品，或临摹报纸画报上的图像。我鼓励他依照自己的想象大胆去画，但无论怎么劝说他都不敢尝试。也许是他担心我继续劝说，或者他感到了某种压力，所以在我劝说了几次后他便拒绝再来画室画画了，对此，我感到十分意外。

中断了一个星期后，没想到他又出现在画画的病人中间。这一次，我没有再劝说一句。结果，他坐下后不久便大胆地依照自己想象画了几个图像。这是一幅一个人骑自行车的画面，这幅画面上的人的身子、臂膀和脚都是完全分离开的。（见图 48）即使是两条粗壮的腿，在他笔下也只是用一根曲线来表现，这让我想到了立体主义画派的风格。不过，我想得更多的还是医生们常常说的专业知识，“一些精神分裂症病人存在着思维散漫和破裂的病理性思维障碍。”至于这幅作品与他的“思维障碍”到底有多少内在的联系，我不敢确定，不过我还是相信这二者之间一定有着某种联系。完成这幅作品后，他接着又画了第二幅。由此可见，这一次来画室之前他一定是做好了充分的思想准备，或者说，他还是非常希望克服自己心理上的那些弱点。

刘宁的第二幅作品描绘了一个人开着一辆轿车。这幅画面的特别之处就在于他描绘对象的视角，比如，他画了一个汽车的侧面，同时却又以俯视的角度描画坐在车里的驾驶员。这是否意味着他在画这一幅图时同时具有脚踏陆地上和飘浮在天空中的两种不同视角。（见图 47）这种变幻不定的感觉对我来说非常神秘，我怀疑这是否就是我们通常所说的“魂不附体”。我翻阅了精神分裂症医学的不少相关资料，据称精神分裂症病人的思维是经常“脱离现实”的。资料中所说的“思维脱离现实”，在此是不是可以理解为灵魂与躯体的分离呢？这又是一个无法证实的主观假设。至今为止，我们的科学好像还无法证明人的灵魂的存在，不过，如果真的得到了科学的证明，我想，艺术也许就会失去它存在的价值和意义。对此，在能不能证明或该不该证明的矛盾中，我感到无比困惑，因为从医学治疗的角度，我是赞同证明的努力的，但从人的存在意义上说，这种“证明”又一定会将人推到一个物质化的危险境地，这是一种进退两难的选择，这就如同我们如果真的寻找到了避免疾病和死亡的秘方，我们人类不知道又将面对一场什么样的威胁和灾难。

刘宁在画室里创作的作品很少，但有限的几件作品都给我留下了较深的印象，如《看病》、《洗澡》和《坐在椅子上的人》等，（见图 46、55、49）不过印象最深的还是他捏制的几件陶艺作品，如他捏制的《小轿车》我们只能看到它朝天的部分，这让我联想到他在前面表现的俯视视角。（见图 50）由此可以推测，这辆扁平的轿车并非是来自外力的重压，而应该是他在天空中观察到的情景。通过一段时间的观察，我发现精神病人的艺术创作都非常忠实于自己的感受，这一点与我们常人极不相同。常人通常会绕过自己内心的真实，在社会习俗、经验知识与思维定式的框架内进行思考、整理和修饰，因而常常使得最终呈现出来的作品与大脑中存在的真实想法相去甚远。从这个意义上说，精神疾病也许就是真实地表现自己，或者说就是对社会现实的反叛和不能适应。

刘宁捏制的狗也是一个俯视中的形象，它的四条腿是向四周伸展的。（见图 51）刚开始我并不知道他做的是是什么奇怪动物，当一位病人说这是“四脚蛇”时，刘宁立刻解释说“是狗”，大家一听，说是“狗”都笑了起来。至于他为什么会让他原本直立的四条腿向四周伸展，我感到不可思议。我想，如果没有这“四条腿”，刘宁就会觉得这实在不像是一只狗，装上了这“四条腿”，毕竟要比没有它更接近于狗的模样。由此可见，刘宁的内在视觉与思维常常处于矛盾之中。不过，从刘宁的脸上表情可以看出，在别人将这条狗当做“四脚蛇”时，刘宁也表现出了同样的困惑，因为在这之前他确信这只狗捏得还是比较满意的。从刘宁面部表情的变化中，我意识到这只是一只出现在刘宁大脑中的“狗”，而并非存在于我们现实生活中的动物。

刘宁是我接触到的最喜爱画画的病人之一。也许他内心深处极度的自卑，或者是因为他对自己过分的苛刻，以致他在听到别人误读他的作品时，便立刻退缩到自己原有的状态之中。所以在捏制完几件陶艺后，他便决定不再来画室了，不论王主任怎么邀请他，他都回答说“我画得不好”。一直到我离开医院他都没有再来过画室画画。

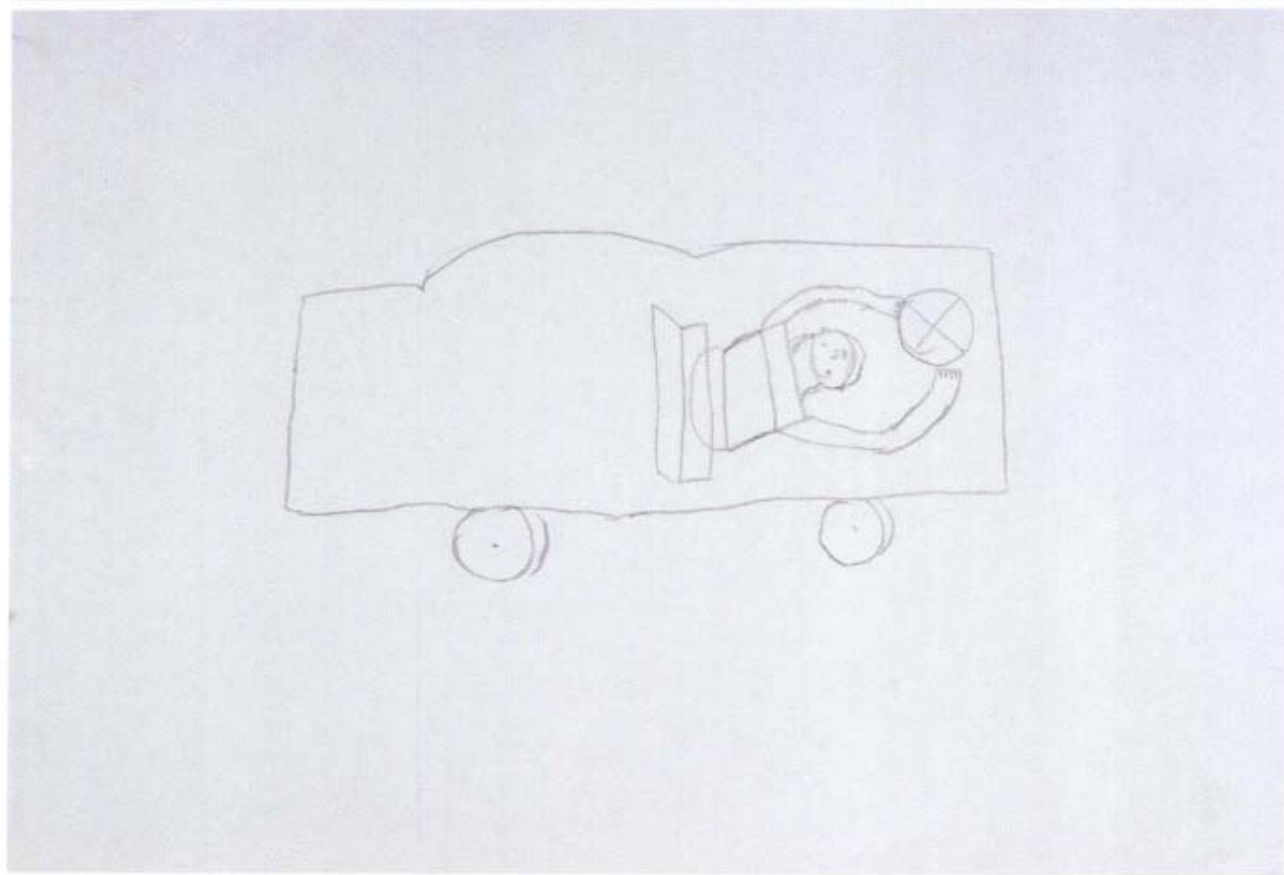
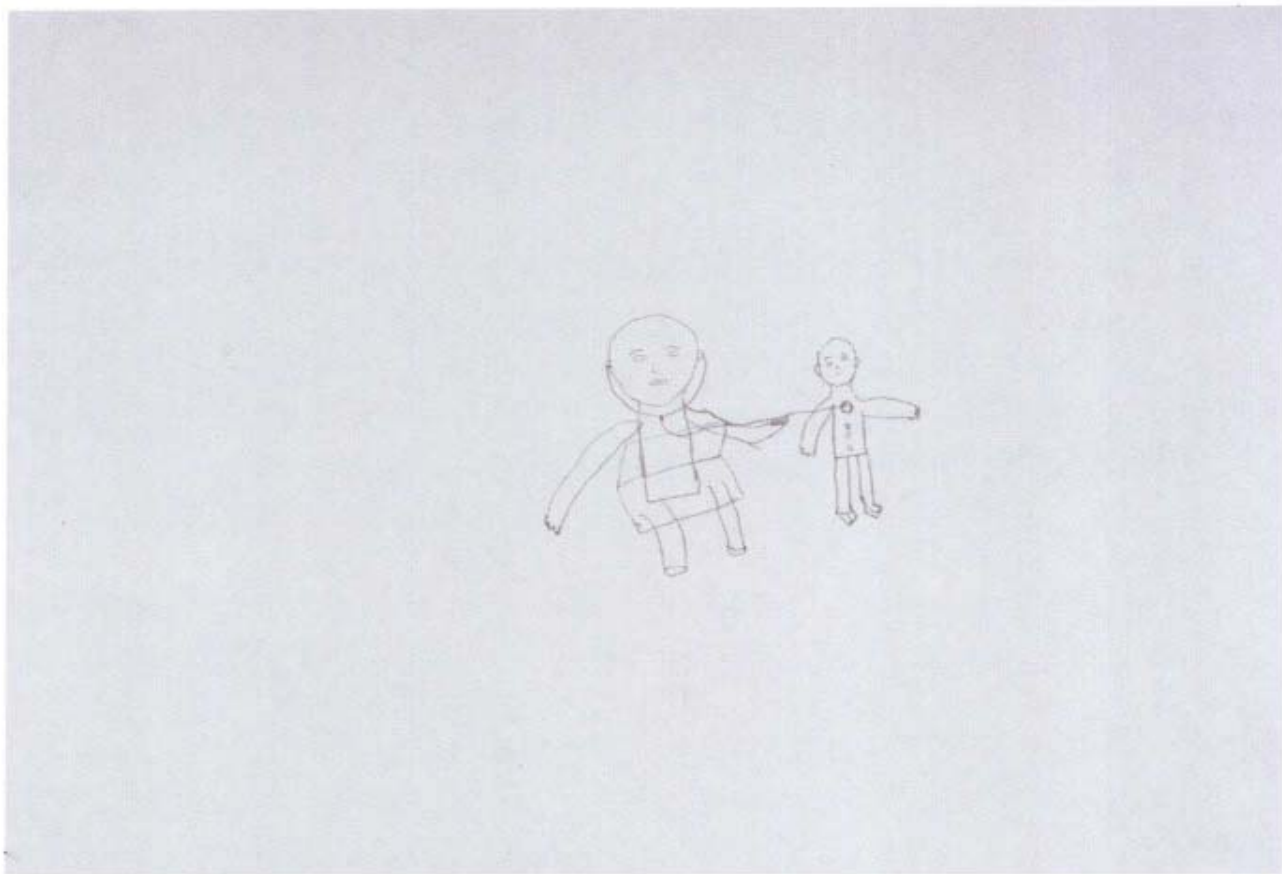
最后一次见面，是在我准备离开医院时王主任带着刘宁和其他几个病人来画室

帮我收拾行李。这次见面，他依然是沉默不语，别人在帮我包装行李，他却捧着一本艺术家的画册专注地欣赏。我没有打扰他。事后我将这本画册送给了王主任，让她带到病房给病人们没事的时候翻一翻。在与他们的交往中，我似乎也学会了沉默，对于他们而言，话语的意义是非常苍白无力的。在精神病医院里，大家似乎都学会了默默用心去感受周围的一切。

对于刘宁的内心世界，我也曾经尝试去分析和理解。我认为他始终都生活在一个现实与超现实的矛盾冲突之中，他无法摆脱这种“冲突”和“矛盾”的纠缠，正如他睁开眼睛看到的现实总是无法和他大脑中感知的世界统一起来。这也许就是我们所说的“精神分裂”。刘宁之所以钟爱临摹，我想，也许只有在临摹中他才能找到“统一”，这是因为只有在临摹中他画的对象和他临摹的对象才是一致的。一旦离开了临摹的对象，他画的内容便立刻脱离了现实，并无法在现实中找到相同和相似的视角。这也许就是刘宁一再表示自己“我画得不好”的真实原因。

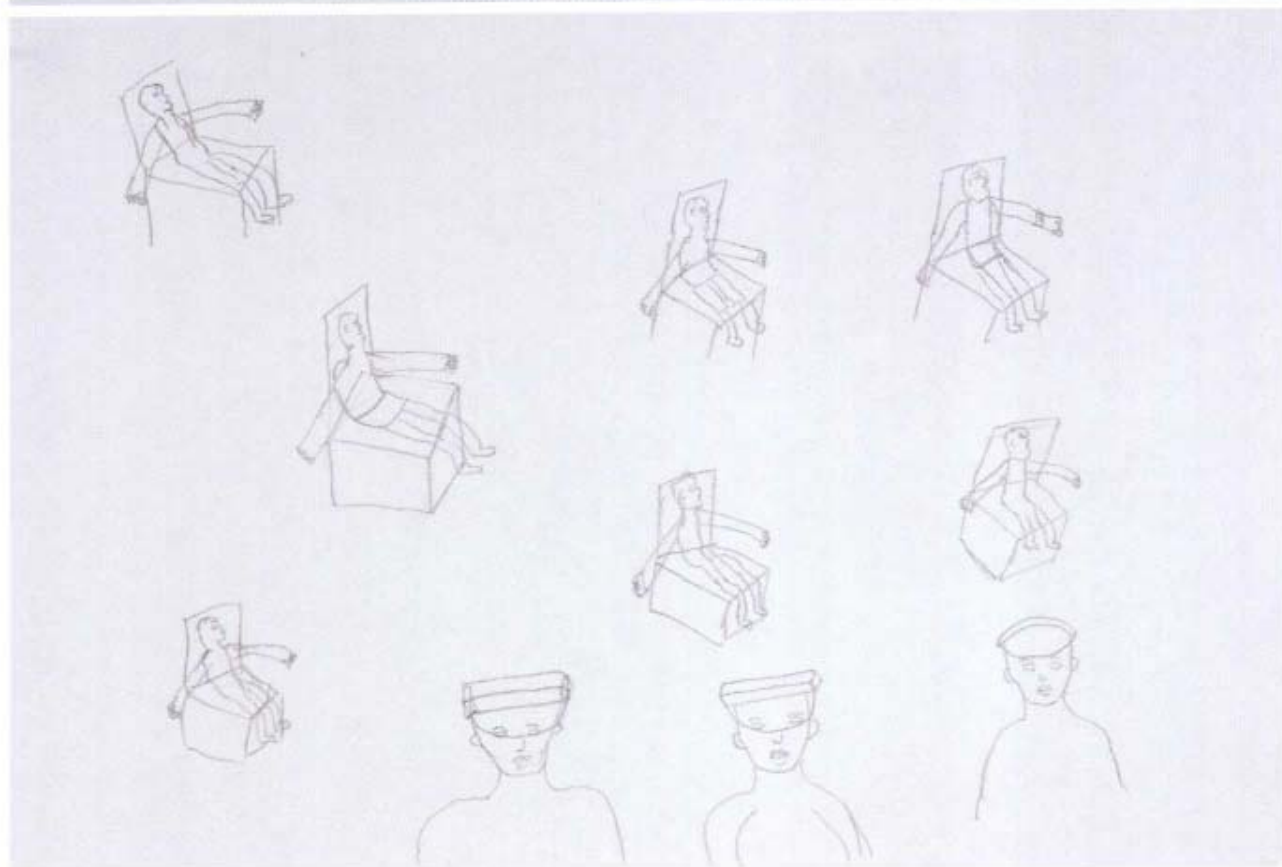
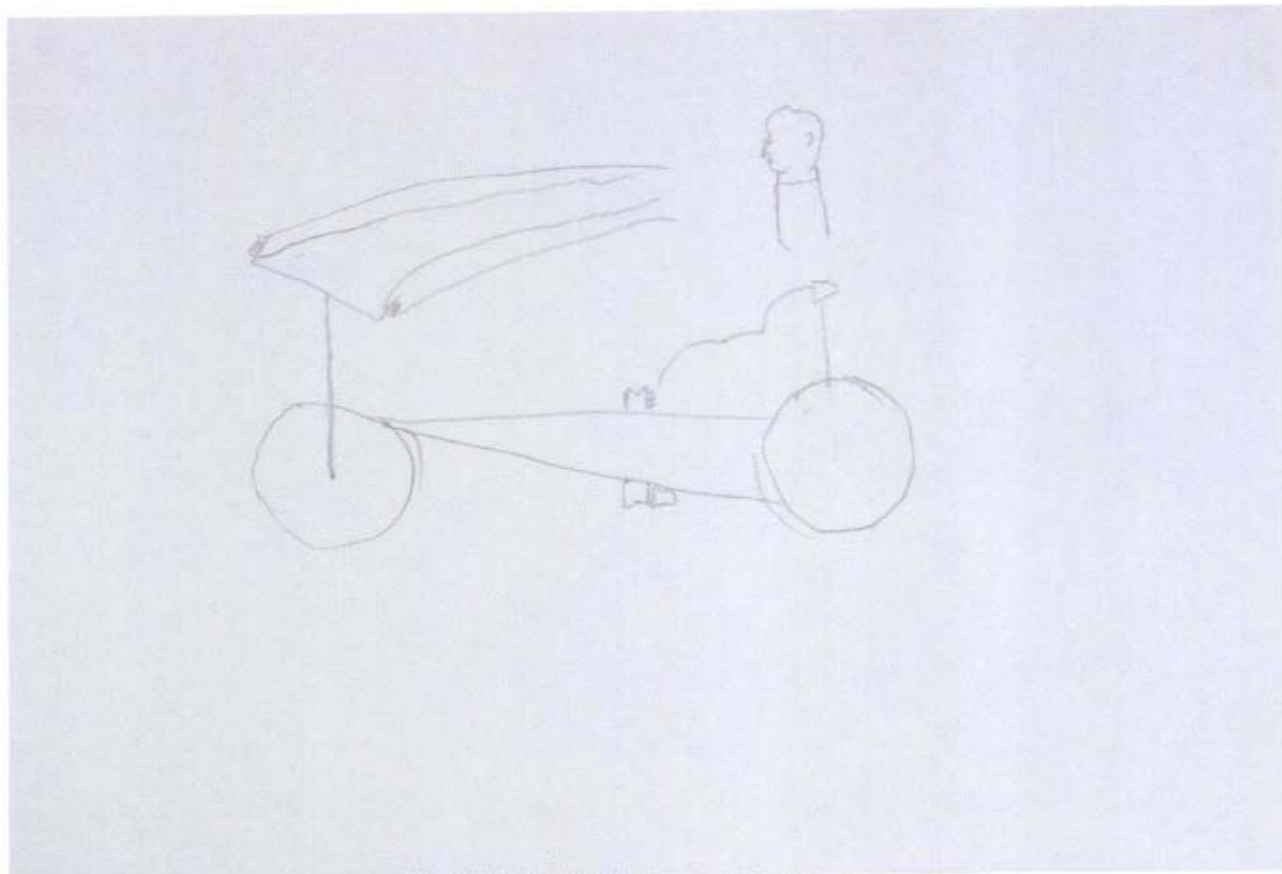
刘宁的精神世界与他身处的现实世界之间是分裂的，刘宁的灵魂与他的躯体同样也是分裂的，正是这些分裂让他不知所措，正是这些分裂让他感到极度的脆弱和自卑。为此，他似乎只能保持沉默。稍不小心，现实就极有可能让他身陷绝境。遗憾的是，这一次绘画经历并没有给他带来多少积极的意义，相反，却一次又一次地让他感受到了自己的无能和失败，对于这样的结果，一直到我离开医院之后才开始有所察觉。

(郭海平)



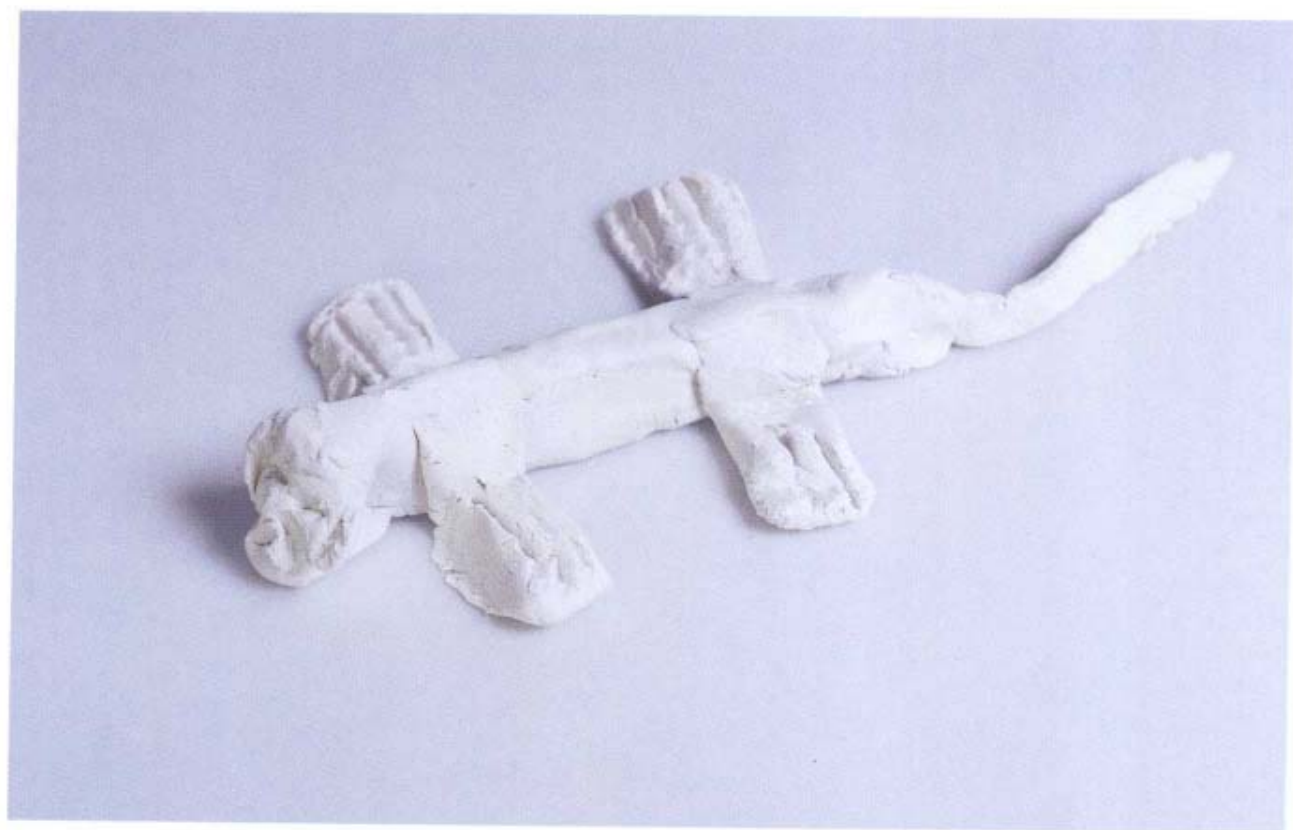
看病 / 纸上铅笔 / 52cm × 38cm (上 图46) *Seeing a Doctor/Pencil on paper/52cm×38cm (Picture 46, Top)*

开轿车 / 纸上铅笔 / 52cm × 38cm (下 图47) *Driving a Car/Pencil on paper/52cm×38cm (Picture 47, Bottom)*



骑自行车 / 纸上铅笔 / 52cm × 38cm (上 图48) *Riding a Bike/Pencil on paper/52cm×38cm (Picture 48, Top)*

坐在椅子上的人 / 纸上铅笔 / 52cm × 38cm (下 图49) *A Person Sitting on the Bench/Pencil on paper/52cm×38cm (Picture 49, Bottom)*



小轿车 / 陶 / 20 × 10cm (上 图50) *Car/ceramics/10cm × 20cm (Picture 50, Top)*

狗 / 陶 / 20 × 10cm (下 图51) *Dog/ceramics/10cm × 20cm (Picture 51, Bottom)*



坐在椅子上的人 / 陶 / 10cm × 15cm (图52) *A Person Sitting on the Bench/ceramics/10cm × 15cm (Picture 52)*

A Perspective of "Soul Detached from Body"

Liu Ning, male, 46, ethnic Han, with a senior high school education, single and unemployed, entered hospital on June 4th, 2002. He talked to himself and giggled, suspecting others may harm him. He doubted that he had been sick for more than a year. After being dismissed from his job in 2001, he stayed at home. Gradually, he became agitated easily and was apt to lose his temper. He suffered from insomnia and didn't go out all day long, shut himself away in his room, and was unwilling to see his family. After dismissal, he didn't accept the living expenses offered by his former employers. He said that he shouldn't take money without working since China is currently in a difficult situation. Six months later, he started talking to himself and giggling without provocation, or he would get angry with his family. He was afraid of getting seriously ill so he visited doctors frequently. Sometimes he said there was something wrong with his head. Sometimes he said he felt sick about his entrails or said his hands and feet had become rotten. He went to see many doctors, but didn't take medicine after getting it because he thought all the medicine were toxic as well as all things in his home. He threw all the objects outside and refused to eat at home because meals were toxic, hid his nose in his hands and said there was a strange smell in his home. When he got hungry, he would go outside to buy some snacks. He thought he had an incurable illness from head to foot. He used packaging to cover his feet and used scissors to cut his clothes, and then threw them away. He was committed to the clinic of Nanjing Mental Hospital by his family at the beginning of 2002. The diagnosis was schizophrenia. One month ago the patient's symptoms became increasingly severe, so he was committed to my hospital by his family. The diagnosis was "schizophrenia-paranoia."

When he entered the hospital, he wore nothing except shorts with disheveled hair and a grimy face. His feet were covered by plastic bags. After entering the ward, he refused to eat and take his medicine. He said they were all toxic. He was unwilling to wear hospital clothes—just wearing his underwear although he still thought it was toxic. His upper body was naked. He was afraid of being considered a hooligan, for if not, he would wear nothing. He felt worried and anxious about the environment of the hospital and said the smell of the surrounding environment was unpleasant. After having dinner and taking his medicine, he would feel dizzy and unwell. He said he had paronychia and his genitals were inflamed and felt uncomfortable about his heart and felt sore after urinating. He suspected others may spread virus to him when he spoke with them. During dinner time, he would search repeatedly in his bowl to see if there



在街上行走的人（局部） / 纸上油画棒（图53） *People Walking in the Street (Part)/Oil pastel on paper (Picture 53)*

were any strange things in it. He refused to use the hospital quilt which was toxic in his eyes.

After being admitted to hospital, he was given anti-psychotic chlorpromazine [Note 15] at the maximum dosage of 500 mg per day. But his symptoms showed no improvement. He began to use clozapine for treatment at the maximum dosage of 400mg per day. The patient's positive symptoms disappeared but the transaminase increased. He was then treated with perphenazine [Note 16]. Soon, his positive symptoms appeared again. Following that, his medicine was exchanged for clozapine at dosage of 150mg per day.

Currently, the patient is quiet in the ward. His positive psychopathic symptoms have disappeared, with predominantly negative symptoms: cognitive retardation and emotional indifference. He has a dull facial expression all day long and lacks volition with no plans for the future. He keeps alone most of the time or sleeps on the table. Occasionally, he plays poker and chess with other ward mates. He can manage his own matters well and cooperates with therapy and the paramedics' management. Sometimes, he will do what he can to help the staff.

The reason for the patient to participate in this artistic activity was either the influence of drug or the long course of illness. He feels his mind is blank. He goes to the studio actively every day, but feels there is nothing worthy of painting. Finally, he painted some excellent pictures. After that, he didn't go to studio despite all persuasions. He said, "I have nothing to paint."

Wang Yu

Liu Ning was hospitalized for schizophrenia for many years. During three months when I was in the hospital, he went to the studio not more than 10 times. His total words spoken did not exceed 10 sentences. He always buried himself in painting without a word. In such circumstances, studying his art creative process became the unique way for me to enter his spiritual world.

In the beginning, Liu Ning found some waste paper in the studio and copied the content of pictorial magazines within the limited space of the waste paper, although we had prepared drawing books and papers on the table for him before he came. I persuaded him for nearly two or three days, till he reluctantly agreed to paint on drawing books and blank drawing papers. Later, I gradually understood the reason why he didn't use blank paper. He thought those pictures painted by him would waste paper. This judgment was concluded from his words after I had continuously asked him. He breathed, "My pictures are not good." This showed how strict he treated himself. Meanwhile, I often heard from his ward mate Zhang Bing that Liu Ning was a good guy. "He is honest," he says.



站在窗口写生的刘宁 (图54) Liu Ning sketching beside the window (Picture 54)

Finally Liu Ning painted pictures on blank paper but he couldn't help copying. For example, he copied other patients' works or images from newspapers and pictorial magazines. I encouraged him to paint audaciously according to his imagination, but he didn't dare to try it out despite all persuasions. Perhaps he was worried about my continuous persuasion or he felt psychological pressure. Thereafter, he refused to come to the studio to paint after my constant persuasion. I was so surprised by that.

After about a week

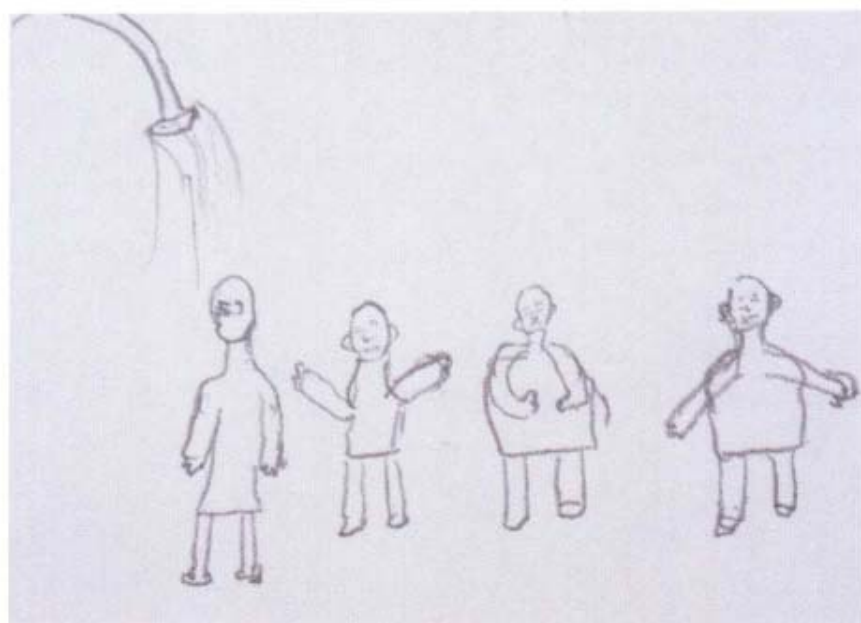
of absence, I did not expect that he would come back to the studio to participate in the activities with the other patients. I didn't pressure him this time. As a result, soon after he sat down, he painted several images audaciously at will. This was a picture of a person riding a bicycle. The person's body, arms and feet were completely separated in this picture. (Picture 48) But with his pen, he used one curve to present it, complete with two sturdy legs. This made me think of Cubist paintings, but what I considered more was that doctors always discussed, "Some schizophrenic people have a disorganized way of thinking and fear rational thinking obstacles." As for this painting, I was not sure how much of an internal link there was between the work and the "thinking obstacle." However, I was sure there existed links. After finishing this picture, he painted the second. Obviously, he must have been fully prepared for painting before he came to studio, or we can say that he really wanted to overcome his psychological weakness.

The second work painted by Liu Ning was the scene of a person driving a car. The perspective in which he drew the objects was peculiar. For example, he painted the side face of a car, but drew the driver from aerial perspective. Does it mean that he painted this picture from two different viewpoints, both standing on land and floating in the sky? (Picture 47) I felt intrigued by his changeable perspectives. I doubted if this was the concrete representation of what we call "soul detached from body." I have looked up some related information about schizophrenia, which says that a schizophrenic's thinking is often "out of reality." Does it mean that "out of reality" can be considered a separation of soul and body? This is another unverifiable subjective hypothesis. It seems that our science cannot prove the existence of soul so far. But if we get scientific proof, I think, art is sure to lose its value and significance. I feel torn between wanting to find proof, and wondering if we should even try to find proof. The reason is that from the perspective of medical treatment, I support proven efforts. However, from the perspective of the existence of human beings, this "proof" will definitely push human beings to a dangerous materialized situation. This is a dilemma. It is just the same as us wanting to find the secret recipe to avoid illness and death, but not wanting to know what threats and disasters we will face.

Liu Ning produced very little works in the studio, but I am deeply impressed by his limited works, such as *Seeing a Doctor*, *Bath* and *A Person Sitting on the Bench* (pictures 46, 55, 49). What impresses me most are his several pottery works. For example, he kneaded Sedan and we can only see its upturned part which I associated with his aerial perspective previously. (Picture 50) From this we can see this flat car was not formed from the stress of outside force; it was the scene that he observed from the sky. Through my observation over time, I

find the artistic creations of mental patients are true to their own feelings. This is significantly different from normal people who often avoid connecting with their innermost feelings. They think, arrange and decorate according to the society, the community and mundane expectations. Thus, their works that are finally presented to us are far away from the reality. In this sense, mental patients represent themselves truly and refuse to succumb to their social environment.

The dog kneaded by Liu Ning is also an image from an aerial perspective. The dog's four legs are extended all around. (Picture 51) At the beginning, I didn't recognize the strange animal he had made. When a patient said it was a "four-footed snake," Liu Ning explained immediately that it was a dog. All laughed when they heard that. It was inconceivable for me to understand why he



洗澡 / 纸上铅笔 (图55) *Bathe/Pencil on paper(Picture 55)*

had decided to shape four outstretched legs. I thought, if there were no four legs, Liu Ning would think it didn't look like a dog. Once he had given the dog four legs, the image was much closer to a dog. From this we can see Liu Ning's inherent vision and thinking were often in contradiction. However, we can make out from Liu Ning's facial expression that he felt puzzled when others considered the dog as a "four-footed snake" because he was sure the dog kneaded by him was satisfactory. I realized from his facial expression that the "dog" that appeared in Liu Ning's brain wasn't the dog which existed in our real life.

Liu Ning is one of the patients I came into contact with who enjoyed painting the most. Perhaps because he is rather self-contemptuous deep in his heart or because he is strict with himself, he would retreat immediately to his original state when he knew that others misunderstood his works. So he was determined not to come to the studio again after finishing several pottery works. No matter how director Wang invited him, his answers were always the same, "My pictures are not good." He did not come to the studio again.

When I left the hospital, director Wang, Liu Ning and the other patients

helped me pack my luggage. It was the last time I met Liu Ning. He still kept silent. While the others helped me pack my luggage, he was holding an artist picture album and reading it intently. I didn't bother him. Subsequently, I gave this picture album to director Wang, asking her to take it to the ward so that the patients there could read it when they were free. It seems that I have learned to keep silent during the period of communicating with them, because the meanings of discourse are dull and weak to them. In a mental hospital, it seems that everyone learns the lifestyle of experiencing everything in their heart.

I once tried to analyze and understand the inner world of Liu Ning. I think he always lives in the contradiction between realism and surrealism. He is unable to get rid of the entanglement of "conflict" and "contradiction." The reality cannot match with the perceptive world in his brain. Maybe this is what we call "schizophrenia." The reason why Liu Ning loves copying is that he finds "unity" in copying. It is because objects he paints and copies are coherent only in copying. Once without objects to copy, the content of his picture will immediately detach from the reality and he cannot find similar perspectives in reality. This may be the real reason that Liu Ning always said, "My pictures are not good."

Liu Ning's spiritual world is separated from the realistic world he lives in. His soul and body are also separated. Because of this separation, he is at a loss. Because of this separation, he feels extremely vulnerable and self-contemptuous. As a result, it seems that he cannot do anything but keep silent. If he is slightly careless, the reality will push him into a hopeless situation. It is a pity that this drawing experience did not give him much positive meaning. On the contrary, he felt incapable and unsuccessful. I realized these only after I had left the hospital.

Guo Haiping

界世怕人蚱育受 章正榮

OWN WORLD WITHOUT OTHERS



第五章 没有他人的世界

OWN WORLD WITHOUT OTHERS



在窗前专心画画的杨娟娟 (图56) Yang Juanjuan painting intently by the window (Picture 56)

杨娟娟，女，24岁，江苏六合人，汉族，小学文化，未婚。因“渐起自语，凭空闻语，疑人害己，行为问紊乱10年”，于2005年12月1日入院。

患者很小的时候，父母给她算过一次命，算命先生说她14岁时就会生病。患者长期受到心理暗示。到了14岁时，逐渐出现烦躁、焦虑现象，常自言自语，称天要塌下来，楼房要向她倒来，走到马路上，感觉汽车都向她开来。耳边常听到有人说话的声音。总是感到有人要害她。称家里有鬼，常坐在家里的某个角落里抽烟。有时整天闭门不出。曾被家人送入“南京脑科医院儿童心理卫生中心”，诊断为“精神分裂症”。给予氯丙嗪等抗精神病药物治疗。治疗效果欠理想。住院8个月后转“马鞍山精神病院”住院治疗。诊断及治疗同上。住院三个月后以“显进”出院。出院后间断服药，上述症状反复发作。近三个月来，常“裸奔”。称是听到八个男人的声音，叫她脱衣服“裸奔”的。在家打开煤气阀门，打开水龙头，任意放气、放水。睡眠倒错。家人难以管理，在当地民政局工作人员协助下送入我院住院治疗。

入院诊断“精神分裂症”，给予氯氮平治疗，最大剂量达350毫克/日。

患者入院后表现为焦虑、情绪不稳。认为自己没有病，常说头痛，浑身痛，称房子好像都在动。有时大喊大叫，要求回家。有时见其原地旋转后坐下，如此反复的刻板动作。有时突然跪在地上。常用力踢门，趁工作人员不备冲向门外，称我要

回家，找妈妈，找皇上，找贾宝玉。常表现神情慌张，胡言乱语，一会儿说“医生，给我吃不会怀孕的药”，一会儿又说：“叫我爸爸接我回家”。一会儿主动要求工作人员将其约束，一会儿又到处乱窜，猛力关门又开门。常将衣服全部脱光，站在厕所里，或站在走廊里，称有八个男人叫她这么做的。常用冷水冲头。纠缠工作人员说，我头痛，让我去办公室坐一会儿，让我出去透透气。工作人员将其保护性约束在床上，患者甚至将床背翻。

患者病情缓解时，表现为孤僻、少语，常一人独处，低头不语，或发呆或傻笑。接触被动，问话少答，对周围的人和事都不关心，表情刻板，目光呆滞。常拿着玩具坐于床侧，或将玩具藏于被褥中。个人卫生需要别人帮助料理。偶尔，也与病友一起打牌。

患者少年时即被诊断为精神分裂症，而且经过积极的药物治疗、心理治疗等治疗，患者精神症状没有得到很好的控制。她参加了这次艺术创作活动，她的作品虽然不多，但是她具有较好的艺术天赋。她每天能安静地很认真地画画，这是出乎我预料的。

(王玉)

刚住进医院，王主任就建议我让男病人和女病人轮流来画室画画，我说：“不行，怎么去面对女病人我心理没有一点准备。”王主任似懂非懂地没有再坚持自己的观点。其实在我进医院之前就已经意识到在面对女病人时我有可能出现心理障碍。之所以会出现这种情况，是因为在我的习惯性思维中，女人都应该是优雅美丽的。由于过去在精神病院里曾多次远远地见过女精神病人的身影，以至于一提到女精神病人，我头脑中就会立刻出现凌乱的头发，奇异的举止和蓝色条纹的病人制服等。正因为如此，在我住进医院一个月以后，我才鼓足勇气重新请王主任带女病人来画室。

女病人来了，她们是在一阵阵的吵闹声中走进画室的，我匆忙为她们安排座位，然后再手忙脚乱地为她们配备铅笔和纸张。女病人坐下不到几分钟，我就不断听到她们喊：“老师，来看我画的。”还有的人喊我去听她们朗诵刚刚写完的诗歌。还有一位病人干脆离开自己的座位拉着我去看她的画，为此，病人之间还出现了一些争执。

面对着这些情景我有一种陷入泥潭的感觉。正不知道如何是好的时候，我发现靠近画室墙角的地方，有一位病人在不声不响地埋头画画，我走到她跟前，看到这位病人正在对照着一棵仿真植物写生，线条流畅，栩栩如生。我问这位病人：“原来画过画吗？”她回答了一句“没有”。尽管声音很低，不过还是能清晰地听出她的年龄应该在二十岁左右。她抬头看了我一眼，这时我才看清她的面容，眼睛很大，皮肤白净，眼神中流露出几分惊恐和警觉。她的眼神多少让我感到有些不安。

她坐在画桌前没有任何动静，不注意的话，大家一定会忽视她的存在。有一天，我突然觉得她非常像一只十分安静却又十分警觉的猫，随着时间的推移，我越来越觉得她就是一只猫。以至于在后来我一看到她，第一感觉就如同看到了一只猫。一天，

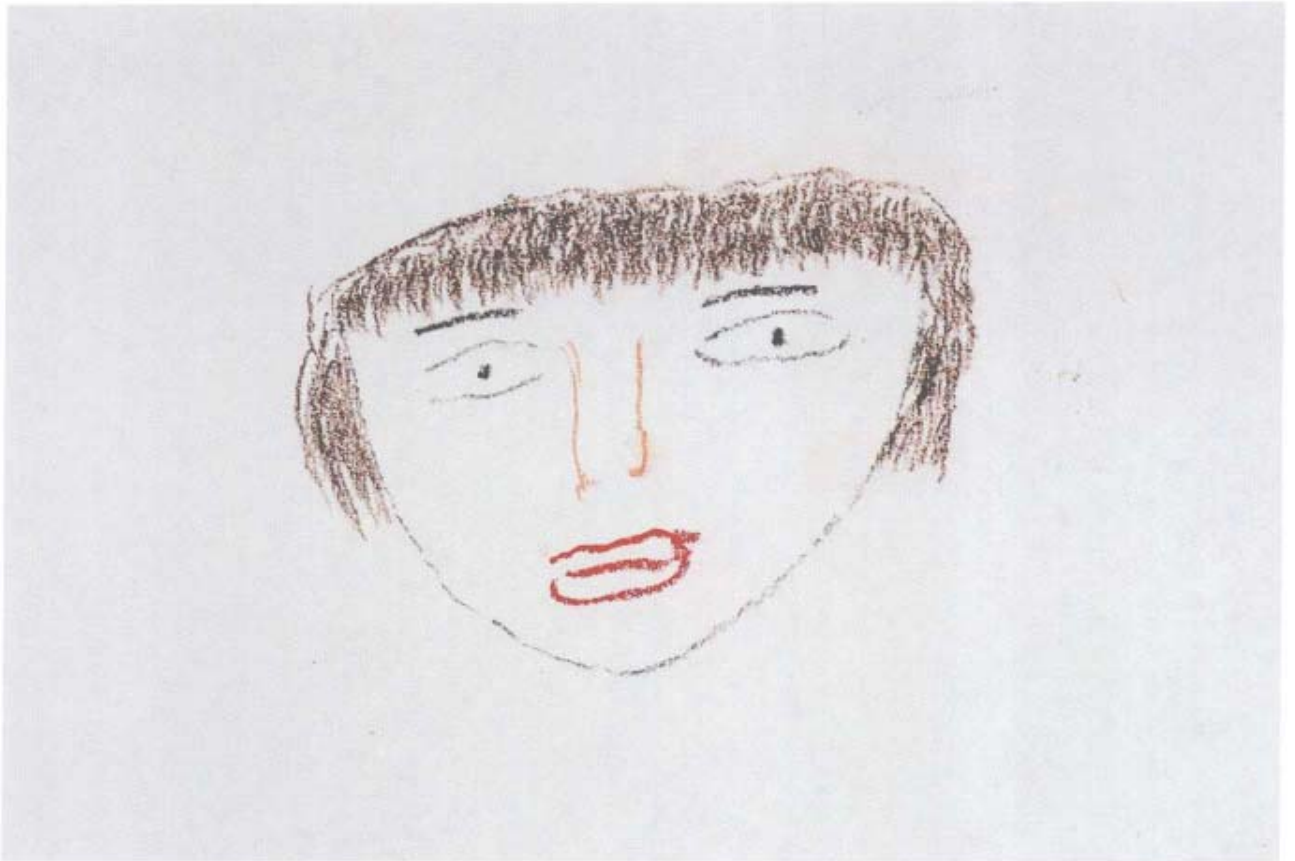
她突然起身，迅速奔跑着冲出画室，医生赶紧追出画室，问她发生了什么事，她告诉医生说“有人在病房里喊她”。医生对此的解释是“这是她的幻觉”。我问护士平时她在病房里的表现，护士告诉我说：“杨娟娟是我们病房里最文静的女孩。”这时我才知道这位年轻的女病人叫杨娟娟。眼前发生的这一切既是实实在在的现实，同时我也实实在在地感受到了现实的消逝，这一定也是一种幻觉。

有了前几天的接触，我便对杨娟娟和她的画特别留心。不久，她画了一张有着奇特神情的女孩面孔，一问她才知道她画的正是她自己。（见图 57）我立刻将她们进行对比，这才发现画像中的杨娟娟与现实中的杨娟娟的确有很多神似，或者说，正是她的这幅自画像才让我对她的内心世界有了更进一步的了解。在现实中，杨娟娟的穿戴是十分的邋遢和不拘小节，头发也有些凌乱，尤其是看到她平日拖着鞋绊，懒散的走路姿态，一般人是很难将画像中敏感警觉的杨娟娟与现实生活中的她相联系的。我曾经问过医生：为什么不让杨娟娟将鞋绊扣起来走路？医生的回答：“她喜欢这样，我们也没有办法。”其实，杨娟娟在画中向我们展示的完全是她内心的体验和感受，比如她在自己大大的眼睛中用了一个黑点表示眼球，对于这个“黑点”，我认为她画的一定是瞳孔而不是眼球。瞳孔之所以被她画得如此细小，从生理心理学的角度来看，一个人处在消沉、戒备、厌烦和愤怒时，瞳孔就会出现自然收缩的现象。由于杨娟娟常年生活在自己内心的体验之中，所以她也只能感受到自己眼睛中的瞳孔，至于别人看到的外部世界，对她来说都是一些没有任何意义的存在。再比如，她将她自己的头发画得整洁有序，但在现实生活中，我却从未看到她的头发像自画像那样整洁而有序。

杨娟娟从来没有学习过绘画，但她对自己却具有这样的感知能力和表现天赋，这让我备感意外。我也尝试过让她为其他人画肖像，但结果都难以与这幅“自画像”相比，我想，那是因为她对别人的性格特质和精神世界并不了解。她之所以能够如此生动地描绘自己，我认为这与她终日沉浸在自己的世界里有直接的关系。她对自己太熟悉了，只有这样她才可能如此轻而易举地准确地画出自己的精神肖像。对此，我也试探性地问过杨娟娟：“画得像吗？”她非常肯定地回答道：“像！”这个“像”指的一定是“神似”，至于外貌特征，我想她早已无所顾忌了，正如她天天拖着鞋绊在人前走来走去。

看到杨娟娟的“自画像”，我算是终于明白了她平时为什么会有那些特殊的举动和表现。那是一种看似冬眠，其实却又十分警觉的状态。正如每次我走到她身边，她都会有一种受到惊吓的感觉，即全身都会不自觉地颤动一下，这一点与猫实在是太相似了。她之所以会沉浸在这种状态之中，我推测一方面可能是因为外界总是让她感到危险和不安全，另一方面也有可能是缘于她的过度自恋，而“过度自恋”又促使她感到了更加的“不安全”。

（郭海平）



杨娟娟的自画像 / 纸上油画棒 / 52cm×38cm (图57)
Yang Juanjuan's *Self-portrait*/Oil pastel on paper/52cm×38cm (Picture 57)

Own World without Others

Yang Juanjuan, female, 24, from Liu He, Jiangsu Province, ethnic Han, single, with primary school education. She entered the hospital on December 1st, 2005 because she talked to herself, feared others may harm her and had behaved abnormally for 10 years.

When she was young, her parents had asked a fortune teller to tell her fortune. The fortune teller predicted that she would fall ill at the age of 14. Because of this, she had always suffered from the fear of his prediction. When she was 14 years old, she became increasingly anxious and worried, often talking to herself and fearing that the sky was about to fall and buildings would collapse. She was even afraid that cars would run into her while walking on the street. She often felt someone was talking to her and wanted to harm her. Thinking there was ghost in her room, she would sat by herself and smoke in the corner. Sometimes she would shut herself up all day long. Her family once admitted her to the Children Mental and Health Center of Nanjing Mental Hospital. The diagnosis was “schizophrenia” and she was given anti-psychotic medicine, such

as chlorpromazine for treatment, but it was not very effective. After eight months, she was transferred to Ma'anshan Mental Hospital with the same diagnosis. She was eventually discharged because of “considerable improvement.” After leaving the hospital, she took medication intermittently. As a result, her symptoms appeared repeatedly. For nearly three months after, she would often streak through the streets with no clothes on, saying that there were eight men asking her to do it. She would also turn on the gas valve and tap, letting them run, and had trouble sleeping properly. Her family could not deal with these problems, so they sent her to my hospital with assistance from the local bureau of Civil Affairs.



为护士画像的杨娟娟 (图58) Yang Juanjuan painting a Nurse's Portrait (Picture 58)

Her hospital diagnosis was “schizophrenia” and she was given clozapine at the maximum dosage of 350mg per day.

She was anxious and emotional when admitted into the hospital, saying that she did not have a problem, and complaining that she had a headache and felt pain from her hands to her feet and that her house was moving. Sometimes she would shout aloud and ask to go home. Sometimes she would sit down after walking around. Sometimes, she would suddenly kneel down on the ground. Or she would kick the door and run outside, saying that she wanted to go home to see her mother, the emperor and Jia Baoyu(a character in *A Dream of Red*

Chamber). She was also often nervous and talked nonsense, saying, “Doctor, please give me some medicine that will not make me pregnant,” or, “Call my father to take me back home.” Sometimes she would ask people to discipline her, but soon after, she would become active again and opened and closed the door furiously. She often stood in the restroom and corridor with no clothes on, saying that eight men asked her to do this. In addition, she washed her hair with cold water, and badgered the staff to let her go to the office for a moment because of a headache. To protect her, the staff bound her to bed, but she even turned over the bed.

In the process of her treatment, she became eccentric, taciturn and kept alone. Her head was always lowered, or she was in a daze or giggled. She also needed help with her personal hygiene. She had little interaction with others and showed indifference towards her surroundings. She had a dull and blank expression and often played with her toys, sitting on the bed or hiding these toys in her quilt. Occasionally, she played cards with her ward mates.

The patient was diagnosed with “schizophrenia” in her youth. Her mental state was not controlled well even after medical and psychological treatment. She then participated in this artistic activity. Although she had few works, I felt she had artistic talent. I didn’t expect that she could pay much attention to painting and sit quietly doing it everyday.

Wang Yu

Soon after I came to the hospital, director Wang suggested that male and female patients should take turns to come to the studio. I said, “No, I still do not know how to face female patients.” Director Wang felt a little puzzled but did not stick to her opinion. In fact, I had realized before entering the hospital that perhaps I would have a mental blockage facing female patients. It was because in my conventional experience, women were elegant and beautiful. I had seen female patients many times from a distance in the mental hospital, so when female patients were mentioned, I would associate them with disheveled hair, eccentric behavior and blue-striped uniform. A month passed, I screwed up my courage to allow director Wang to bring these female patients to the studio.

When they came noisily to the studio, I arranged their seats hurriedly and prepared pencil and paper for them. They sat down, but not long after, I heard someone shout, “Teacher, look at my picture!” Then someone else asked me to listen to their recitation of poems, while another patient left her seat and pulled me towards her picture. All this commotion began to cause quarrels in the studio.

Facing the scene, I had a feeling of sinking into mud. I didn’t know how to deal with it. At that moment, I noticed a patient in the corner buried in painting her pictures. I walked in front of her, and saw that she was sketching a fake plant. The lines were sleek and the picture was vivid. I asked her, “Have you ever

“画过之前?” She answered me in a low voice, “Never.” I guessed she must be about 20 years old from her voice. I didn't see her appearance until she raised her head and looked at me. She had big eyes and fair skin. I could feel her fear and alertness from her eyes. Her eyes made me nervous.

She sat at the table so quietly that if one did not pay enough attention, one may not even have noticed her existence. One day, I suddenly felt that she was like a quiet and alert cat. As time passed, this feeling became stronger. It seemed that as long as I saw her, my first impression would always be that of a cat. One day, she suddenly stood up and rushed outside the studio. The doctor followed her quickly and asked her what had happened. She told the doctor that someone in the ward had called her. The doctor explained to me, “This is her hallucination.” I asked a nurse about her behavior in the ward. The nurse told me, “Yang Juanjuan is the gentlest girl in their ward.” I hadn't known her name until the nurse told me. All these happened in real life, yet at the same time, I felt reality was passing away, which must be a kind of hallucination.

I paid much attention to Yang Juanjuan's pictures because I had contact with her for several days. Before long, I saw her picture of a girl's face with a magical expression. I asked and guessed that the picture was her self-portrait (Picture 57). I made a comparison between her and the picture immediately and found



生长在医院里的野生植物 (图59) Wild plants in the hospital (Picture 59)

they were alike in spirit. Or we can say, her self-portrait made me understand her inner world better. In reality, she wore dingy clothes and her hair was disheveled. People would hardly imagine that the sensibility and alertness in the picture were connected with her behavior in real life, especially when she dragged her feet on the ground and slouched. I once asked her doctor why not ask her to tie up her shoelaces? The doctor answered me, “She likes that, so we cannot do anything.” In fact, what Yang Juanjuan presented to us in her pictures were her inner experiences and feelings. For example, she painted a black dot inside each of her big eyes to represent eyeballs. But I think what she actually painted was the pupil rather than the eyeball. The reason why she painted such small pupils, from the perspective of physiological psychology, was that the pupils would contract naturally when one is depressed, alert, bored or angry. Yang Juanjuan just lived in her own inner world so she could paint pupils in her mind, whereas the external world that other people saw was meaningless to her. In another example, she painted clean and neat hair, but in reality, her hair was different from what she painted.

Yang Juanjuan never had any painting background, but to my surprise, she had the ability to perceive and present. I once tried asking her to paint portraits for others, but compared with her self-portrait, those pictures weren't good because she could not thoroughly understand the spiritual world of others. In my opinion, the reason she could paint her self-portrait so vividly was because she immersed herself in her own world all day long. I've asked her, “Does the self-portrait look like you?” She answered me affirmatively and quickly, “It looks alike.” This “likeness” referred to the “likeness in spirit.” But she didn't care about her appearance, just like the way she dragged her shoes in the ground every day.

After I've seen her “self-portrait,” I understand why Yang Juanjuan has such special behavior. This is a feeling that seems dormant but alert. Just like every time I am near her, she feels frightened, in that, she will subconsciously tremble—rather similar to a cat. According to me, the reason why she buries herself in this state is that, on the one hand, she feels dangerous and unsafe about the external world, and on the other hand, she immerses in “excessive narcissism” which deepens her sense of insecurity.

Guo Haiping

章六第 自 治 台 府

SELF-TREATMENT



第六章 自我的治疗

SELF-TREATMENT

陈小军，男，33岁，江苏南京人，汉族，初中文化，未婚，工人。患者因“凭空闻语，疑人害己，行为紊乱4年”于2003年2月27日入院至今。

患者1999年因恋爱失败后出现失眠、自言自语、无故发呆、哭笑无常、工作能力明显下降。继而怀疑有人对他不好，要害他。整天担心害怕，不敢出门。被单位送到“南京脑科医院”诊治，诊断为“精神分裂症”。服用氯氮平等抗精神药物治疗，三个月后以“显进”出院。出院后不再上班。与患精神病的父亲一起生活，无人照料，间断服药，病情时好时坏，入院前一周，患者出现自语，有时大喊大叫，紧张恐惧，说有人要来抓他，害他。并且能听到母亲来的脚步声。晚上不敢睡觉，乱敲邻居家的门，说感到害怕。跑到厂里要求上班，说家里不安全。说话语无伦次，再加上其父亲病情加重，单位接到邻居汇报后考虑病人父子生活无人照料，一同送来我院住院治疗。入院诊断：“精神分裂症——偏执型”。

患者入院时表现为孤僻、少语，不与其他人接触。称睡眠不好，称头痛，认为太吵，常能听到乱糟糟的声音，有人说话，男女都有，有的在议论我，有好话，有脏话，有认识的，也有不认识的。有走路的，还有锤子敲打的。白天、晚上都有，有的能看到，有的看不到。有时在病房内大喊大叫，称太吵了，太吵了。称有人要害他，要拿东西砸他的头，被砸后感觉头痛。认为喝的水有苦味，有咸味。认为电视里、收音机里说的事与他有关。被害妄想、思维内容、行为都受幻觉的支配。并且认为自己没有病，为什么要和这些精神病人住在一起，常纠缠工作人员要求放他回家。

入院后给予抗精神病药氯氮平治疗，最大剂量时达400毫克/日。另给予心理疏导、行为治疗等辅助治疗。一个月后，患者阳性精神症状基本消失。但仍无自知力。表现为孤僻，整日沉默无语。说话和动作都很缓慢。面部表情始终无变化。每天除了吃饭、睡觉，照顾其父亲的饮食起居外，别无他求。问及将来有什么打算时，称我现在很好，只要每天有烟抽就行了，最好单位的人能经常来看看我。

患者参加了这次艺术创作活动，经过很长时间的尝试，终于找到了自己的表现形式，他每天都画着看似简单，却变化无穷的线条。一段时间以来，他变了许多，脸上有了笑容，有时还积极地参加一些活动。他说：“我画画不是为了成名，也不是为了谋利，我只是每天都有事做了，我感到很充实。”

(王玉)

陈小军今年 33 岁，住在这家医院里已有四年多了，现在与他的父亲同住在一间病房，他们都来自于同一家石膏矿场。第一次见他就觉得他十分腼腆和内向。

开始几天，他总是反复地画一条鱼，而且画得特别用心和专注。对此，我们可以从画面上的一片片鱼鳞中感受到这一点。（见图 62）后来他看到其他病人的画面内容比较丰富，便开始想画一些别的东西。表面上看，这是一个非常简单的愿望，但对于陈小军来说，实现这个愿望却感到十分吃力。想了两天，也只是画了两条大小不同的蛇。（见图 63）我问他为什么不能让自己随意一点，他十分苦闷地告诉我说“脑子空空的，什么也想不起来。”然而，我却能明显地感觉到他仍具有强烈的表现欲望，他希望自己能像其他病人那样画出丰富多彩的内容。不知是劳累还是紧张，我看到他常常不停地淌着汗珠，我问他怎么会流这么多汗，他没有回答，也没有任何表情上的变化。对于陈小军的这些表现，我十分疑惑不解。王主任向我解释说：“陈小军住院已经四五年了，服用的药量算是比较大的，再加上长期缺乏运动与锻炼，

现在的体质自然就非常虚弱。”

与其他病人不同，大多数病人画不出来就不愿意再来画室了，而陈小军却不同，即使画不出来，他每天还是坚持要来画室。于是我建议他用点、线和几何形画一些抽象的图画。听到这个建议，他便画了一幅由平行的彩色波纹线条组成的作品。他喜欢画波浪般的曲线，对于这种喜好我们可以在他之前画的“鱼”和“蛇”的图像中看到。面对这幅作品，我便意识到这种波纹样的曲线非常适合陈小军，因为这样的抽象作品应该不需要太多的



正在画画的陈小军（图60） Chen Xiaojun painting (Picture 60)

想象，线条看似重复，却又不可能完全重复，其中一定总是伴随着绘画者身心的微妙变化，这就是人的生理、心理与线条色彩中物理能量的相互作用。这种自然而然的“互动”，对陈小军的身心健康而言应该具有一定的积极意义：它可以排解内心的郁闷和紧张，以及缓解内心的无聊和空虚。然而，人的欲望似乎常常会忽略自己的客观承受能力，对此，陈小军也不例外。比如在他画曲线的近三个月时间里，他也尝试画过一些新的内容和形式，但最终都因为力不从心而不得不放弃这些念头。王主任事后告诉我说：“有几天他急得直冒汗，但又不知道怎么创新。”

据我观察，陈小军的这些线条虽然不需要动太多的脑筋，但我确信通过这一段时间的艺术实践，他开始获得了一些自信。当我告诉他“这些画一定会有许多人喜爱”时，他却告诉我一个相反的事实，他说：“劳动局已将我鉴定成‘完全丧失劳动能力’的人。”我知道他说这句话的真实意图是想表明自己还是“有用”的人。其实在此之前我就非常清楚，住进精神病院的大多数病人都是持有民政局印制的“残疾人”证书，当然，这里的“残疾”指的是精神残疾。

精神病人在现实生活中常常被当做一种社会负担。正是这种错误的指导思想才导致这些精神病人常常受到许多不公正的待遇。作为艺术家，我们应该懂得人的非理性因素在艺术创作中的积极意义。然而，当我们无法分辨什么是非理性，什么是经过精心策划和盘算的非理性时，精神分裂症病人的非理性艺术则成为我们获得非理性经验的可靠来源。当然，由于药物和一些管理机制的影响，我们眼前看到的精神病人作品已不再是一种原生的非理性表现。但作为一种特殊文化的见证，我认为



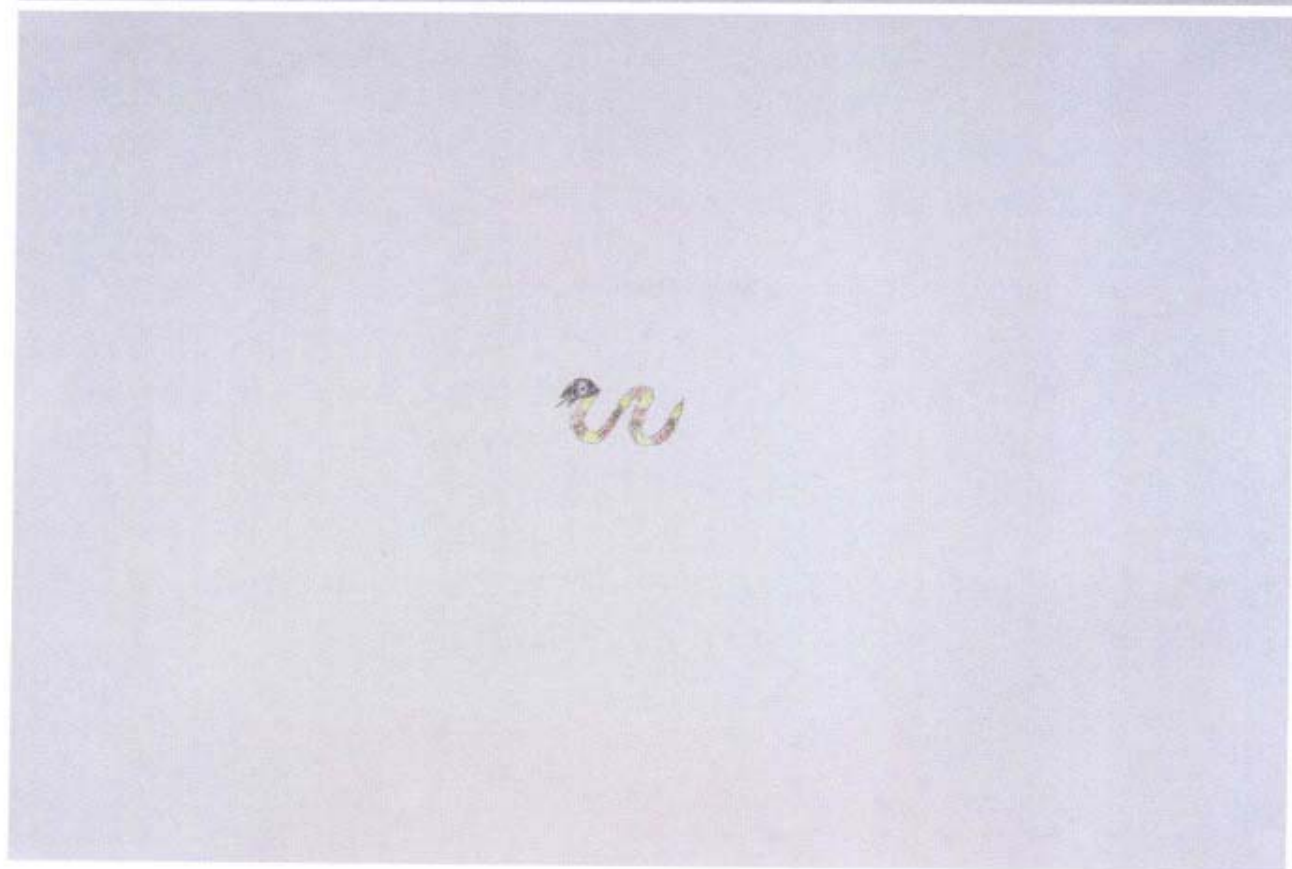
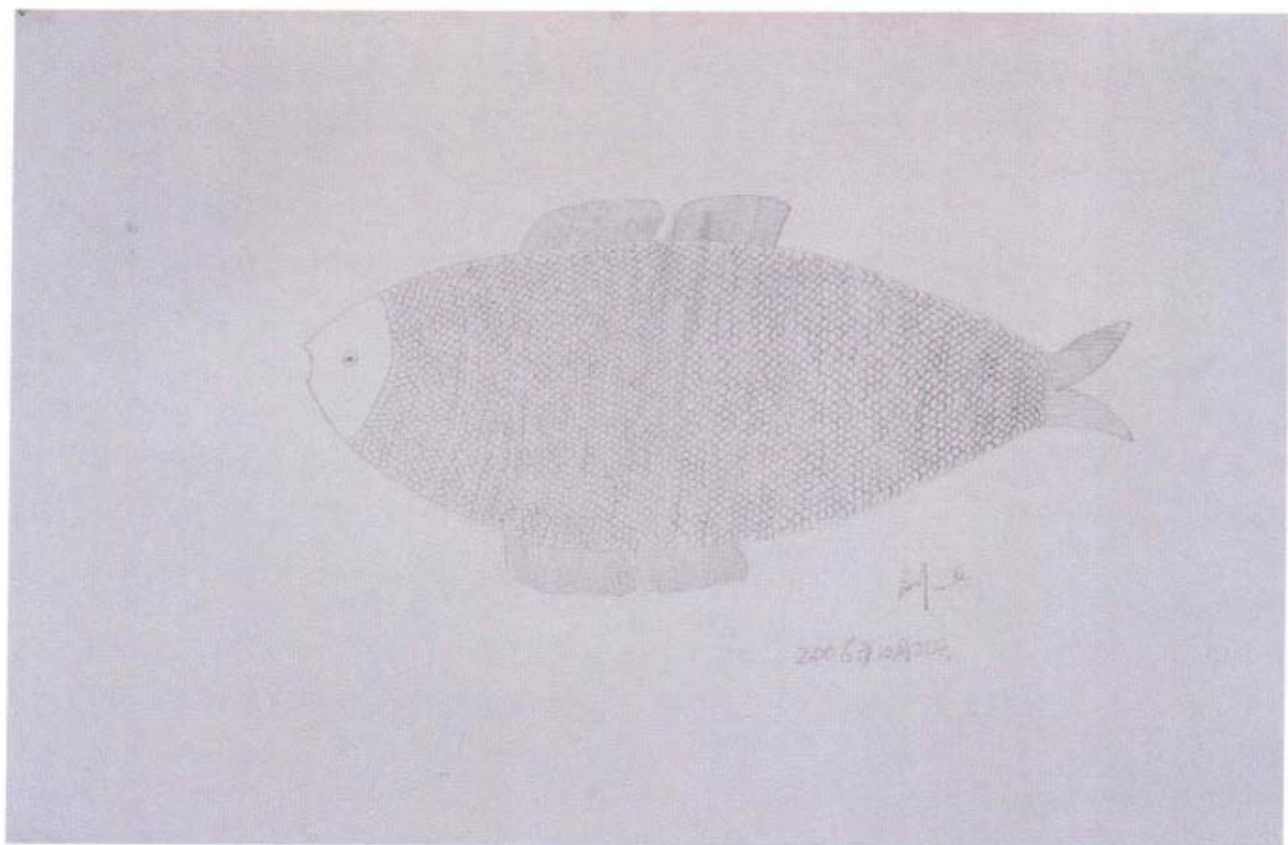
曲线系列 / 纸上油画棒 / 78cm × 55cm (图61) Series of Curves/Oil pastel on paper/78cm×55cm (Picture 61)

它仍具有十分重要的文化现实意义。

对于陈小军来说，找到自信是经历了一番周折的。在开始的一个月时间里，他每天都会完成一张画满曲线的作品，但很快我就发现，他在画每一张新的作品之前都会问我选用哪几种颜色搭配，虽然每次我都会建议他应该学会自己做决定，但最后他还是脱离不了我的建议。这让我触动很大，也许这就是长期服用大量抗精神病药物和接受医院严格规范管理的结果，这些药物和长期“服从”的管理迫使病人们难以维护自己的自信，以至于使他们的“依赖”与“服从”心理不断受到强化。对此，我在医院也强烈地感受到了这点，比如病人对医生的训诫普遍都表现出十分的顺从。对于他们的这种无条件服从，我也询问过医生，医生告诉我说，他们非常害怕因为不服从管理而增加他们的药量。药物对于精神病人而言是一种非常容易实施也非常“有效”的管理方式，在这种绝对的权力面前病人不可能存在任何抗拒的能力。如此一来，是否“听话”则成为检测病人是否正常、或是否可以减药，以及是否可以重返社会的重要依据。

为了让陈小军从顽固的依赖心理中摆脱出来，我与王主任商量，让陈小军在病房里画画，即每天不需要再来画室，这样陈小军便能独立面对自己的创作。这一建议得到了王主任的认同。两个星期后，王主任将陈小军带来画室，一进画室，他就展开了手中十几幅完成的作品，除了两三张作品还保留了原来在画室里画的那些特征之外，其他作品都完全具有了他自己个人的风格，即喜欢块面的颜色和块面颜色之间的对比。（见图 64、65）看到这些变化，我知道陈小军为此一定付出了很大的努力。与医院外面艺术家的抽象艺术相比，陈小军的作品反映的不单纯是对美的追求，而是一个被限制在精神病院内接受治疗的人的身心投射，在他的作品中，我看到的是一个在药物作用下丧失想象能力的人是如何顽强表现自己的生命欲望的，这既是一种挣扎，同时又是一种追求。陈小军之所以要做出如此艰苦的努力，我想这是缘于他的不甘心，他不甘心自己默默忍受疾病的折磨，不甘心自己成为废人和不甘心任凭命运的摆布。为了这一条条看似轻描淡写的曲线，他付出的却是他的全部心血。从这个意义上看，陈小军的作品与我们通常所说的抽象艺术应该具有完全不同的属性，因为仅仅用一般的专业艺术理论去阐述陈小军的作品是无法对号入座的。写到这里，我大脑中突然闪现出陈小军那种让我感到十分熟悉的期待目光。在与他相处的日子里，每当接触到那种目光，我便会迅速地躲闪到别处，这是一种本能的“躲闪”，即使是在眼前，即使是在我的记忆中，我依然还是不敢去正视，这是因为至今我仍不知道有谁能够让陈小军的“期待”真正地变成一种现实。

（郭海平）



鱼 / 纸上铅笔 / 78cm × 55cm (上 图62) *Fish/Pencil on paper/78cm×55cm (Picture 62, Top)*

蛇 / 纸上彩色铅笔 / 78cm × 55cm (下 图63) *Snake/Colored pencil on paper/78cm×55cm (Picture 63, Bottom)*



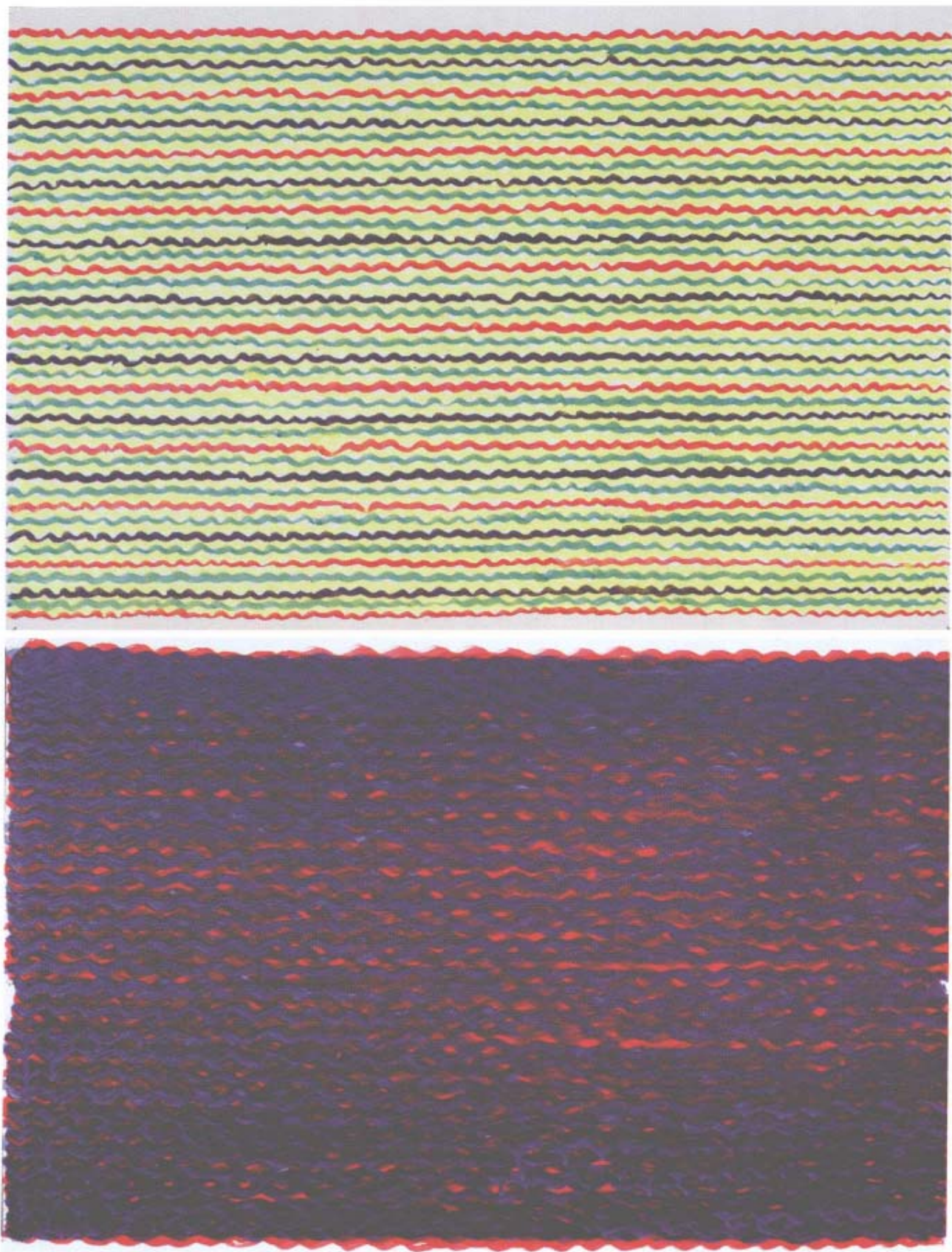
曲线系列 / 纸上油画棒 / 78cm × 55cm (上 图64, 下 图65)

Series of *Curves*/Oil pastel on paper/78cm×55cm (Picture 64, Top, Picture 65, Bottom)



曲线系列 / 纸上丙烯 / 78cm × 55cm (上 图66, 下 图67)

Series of *Curves*/Acrylic on paper/78cm×55cm (Picture 66, Top, Picture 67, Bottom)



曲线系列 / 纸上丙烯 / 78cm × 55cm (上 图68, 下 图69)

Series of *Curves*/Acrylic on paper/78cm×55cm (Picture 68, Top, Picture 69, Bottom)



正在画画的小陈 (图70) Chen Xiaojun painting (Picture 70)

Self-treatment

Chen Xiaojun, male, 33, from Nanjing, Jiang Su province, ethnic Han, with middle school education, single, factory worker. He was admitted to the hospital on February 27th, 2003 because he imagined rumors about him, suspected others may harm him and behaved abnormally for four years.

The patient was disappointed in love in 1999 before symptoms such as insomnia, talking to himself, being in a daze, crying and laughing hysterically and declining work ability started to appear. Subsequently, he suspected that someone wanted to harm him. So he was scared all day long and did not dare to go outside. He was sent to Nanjing Mental Hospital by his work unit. The diagnosis was "schizophrenia." He took anti-psychotic medicine chlorpromazine for treatment and was released because of "considerable improvement." After leaving the hospital, he did not go to work and lived with his father who was also a mental patient. Nobody looked after him and he took his medicine intermittently, causing his condition to become unstable. One week before

coming into the hospital, he was talking to himself and sometimes shouting loudly, fearing that someone wanted to catch and harm him and saying that he heard his mother's steps. He did not dare to sleep at night, was knocking on his neighbors' doors and was feeling terrible. He went to the factory and asked to work because he thought it was not safe at home. He began talking nonsense. In addition, his father's condition was getting severe. Taking all these things into consideration, his work unit sent him and his father to my hospital after receiving his neighbors' reports. The hospital diagnosis was "schizophrenia paranoia."

When he was in hospital, he was eccentric, taciturn and did not like to communicate with others, saying he couldn't sleep well and felt pain in his head. That it was too noisy, and there were men and women talking about him, including praises and dirty words, familiar people and unknown people, and the sound of walking and hitting of a hammer. He could hear noises all day long. Occasionally, he shouted loudly in his ward, claiming that it was too noisy, saying that someone wanted to harm him and hit his head, giving him a headache. He thought the water he drank was bitter and salty, and things reported on TV were all related to him. His delusion of persecution, thoughts and behavior were all controlled by hallucination. He didn't think he had a problem, though, and felt he shouldn't be staying with those patients and often badgered the staff to allow him to go home.

He was given anti-psychotic medicine clozapine for treatment at the maximum dosage of 400mg per day. In addition, he was given some assisting treatment, such as psychological therapy and behavioral treatment. A month later, his positive symptoms disappeared but he still had no self-awareness. He was eccentric and taciturn all day long, spoke and acted slowly and had a dull expression. He made no demands and simply ate, slept and looked after his father. If asked about his future, he would say, "I am fine now. I will be satisfied if I can smoke every day. It will be better if my colleagues could see me frequently."



He joined in this artistic activity, and after making great efforts, he finally found his own form of expression. He painted some simple but varied lines. He has changed a lot after a long period of time. Smiles now appear on his face and he actively joins in some activities. He said, “My purpose of painting is not for reputation and profit. I feel very satisfied and happy.”

Wang Yu

Chen Xiaojun is 30 years old. He has been in this hospital for four years. He and his father both live in the same ward now. They are both from a mine of making plaster. I felt he was shy and introverted the first time I saw him.

In the beginning, he would repeatedly paint a fish, intently and attentively painting from fish scales. (Picture 62) Later, when he saw the pictures of others were colorful, he changed his mind and wanted to paint something else. It may seem simple, but it was too difficult for Chen Xiaojun. Thinking about it for two days, he decided to paint two snakes in different sizes. (Picture 63) I asked him why not just feel relaxed. But he was depressed and told me, “My mind is blank, I cannot remember anything.” However, I could feel clearly his strong desire to express himself and that he wanted to paint rich and colorful pictures like others. I did not know if he was tired or nervous, because he perspired profusely. I asked him the reason, but he did not answer me and gave me a blank facial expression. I felt very puzzled. Director Wang explained to me, “Chen Xiaojun has been in hospital for four or five years. He takes masses of medicine. He also lacks exercise. That's why he is very weak.”

Chen Xiaojun was different from other patients who would not come to the studio if they were unwilling to go. On the contrary, even though Chen Xiaojun did not know what to paint, he still insisted on going to the studio every day. I suggested to him to paint abstract images with dots, lines, and geometric figures. After which, he drew a picture composed of colored wavy parallel lines. We can see he favors wavy curves from his pictures of fish and snakes. Seeing this picture full of wavy lines, I realized that Chen Xiaojun suited this painting style very much, because abstract pictures did not need too much imagination. His works weren't completely same, and they changed along with subtle changes in his body and mind. It was the reciprocal effect between one's body and mind and colored lines. This natural “interaction” was beneficial to Chen Xiaojun's health, as it could help him relieve stress, anxiety, boredom and a sense of emptiness. However, a person's desire can often be beyond one's capacity to fulfill, and Chen Xiaojun was no exception. For example, during the three months, he also tried out new content and form besides painting curves. But he finally gave up his

other ideas because it was beyond his power. Director Wang told me, “Sometimes he is so anxious but he still doesn’t know how to innovate.”

According to me, Chen Xiaojun did not need to think a lot when he painted these lines, but I was sure he became a little more confident through a period of artistic practice. I told him, “I’m sure many people will like these pictures,” but he told me, “Labor department has identified me as a man who loses ability to work.” I knew what he really wanted to express was that he was still “useful.”

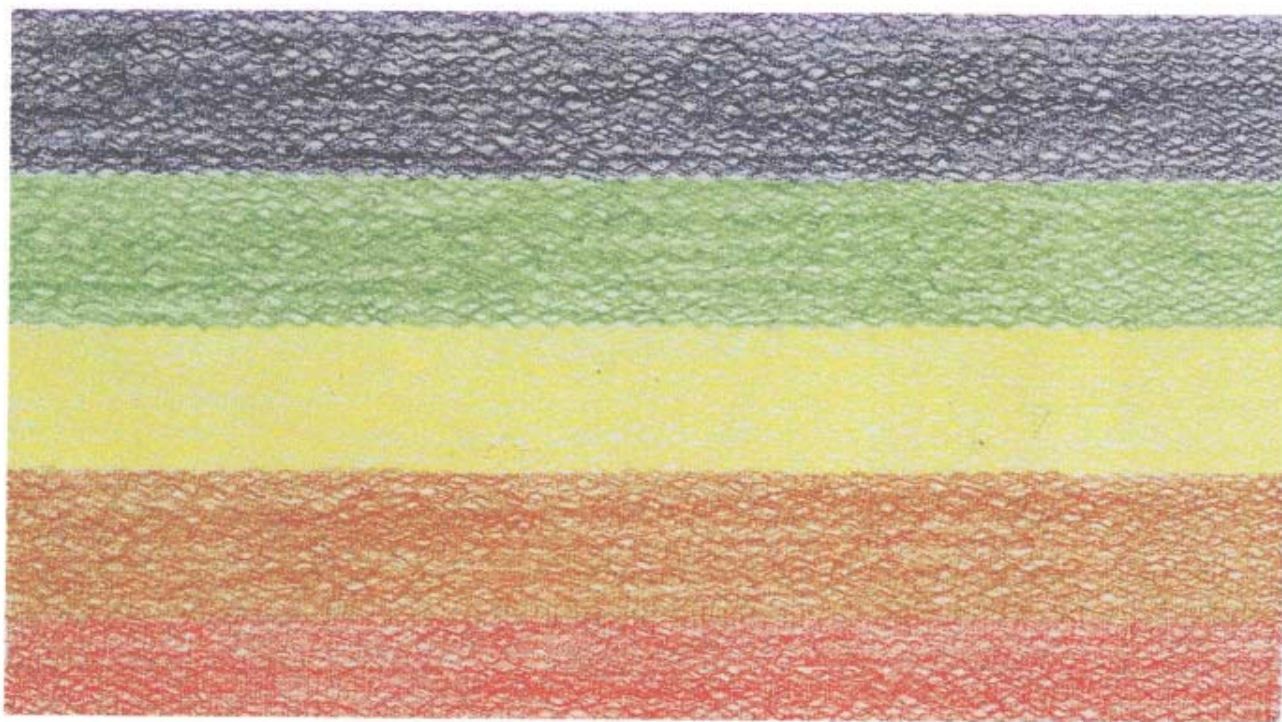


I learnt that most patients had a “certificate of disability” printed by the bureau of Civil Affairs when they enter hospital. This “disability” refers to mental handicap.

In real life, mental patients are often considered a burden to society, and this mistaken idea causes unfair treatment to mental patients. Artists are able to understand the positive meaning of irrational factors in artistic creations. However, when we cannot distinguish between irrational thinking and carefully considered irrational thinking, the art of mental patients becomes a reliable source for attaining an irrational experience. Although the works of mental patients may not always be presented in its original irrational state because of medical and administrative regulations, it has significant cultural meaning.

Chen Xiaojun became confident by overcoming lots of difficulties. During

the first month, he could finish a picture full of curves every day, but he would first ask me how to choose colors before he painted a new one. I suggested that he should choose and decide by himself, but he always depended on me. From his behavior, I was deeply aware that this was the result of taking masses of anti-psychotic medicine and being controlled by strict rules in the hospital. The medication and long-term “obedience” made it difficult for patients to gain confidence, as they were used to dependency and obedience. This phenomenon impressed me deeply when I was in the hospital. For example, patients were very obedient to their doctors. I asked a doctor about their unconditional obedience, and the doctor told me that patients feared their dosage would be increased if they disobeyed orders. Increasing dosage was a simple and “efficient” way to control mental patients. Facing absolute power, those patients didn’t have the ability to resist. Therefore, whether a patient was obedient or not became an important standard for judging if he was normal, if he can take less medicine and if he can return to society.



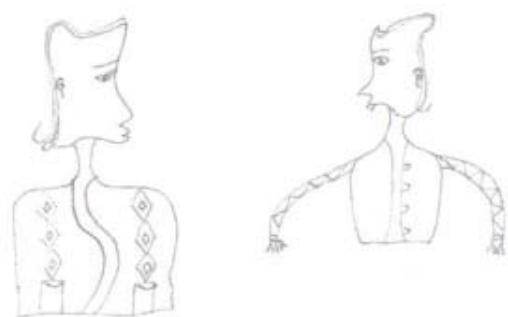
In order to rid Chen Xiaojun of this dependency, director Wang and I decided to ask him to paint in the ward, that is, he did not have to paint in the studio. This was to allow Chen Xiaojun to face his own creation independently. Two weeks later, director Wang brought Chen Xiaojun to the studio. Shortly after he had entered the studio, he showed me over 10 finished pictures. Except for two or three works that still kept his original style, his new style existed in other

pictures. He liked the color of canvas and contrast. (Picture 64, 65) I knew that Chen Xiaojun must have made great effort for these changes. Compared with the abstract art of artists outside the hospital, what Chen Xiaojun's works reflect is not simply the pursuit of beauty, but the reflection of his inner world as being confined in the mental hospital. From his works I can see how a man expresses his desire persistently even under medicinal control and the loss of ability to imagine. This is a kind of struggle, and also a kind of pursuit. I think Chen Xiaojun's great efforts come from his unwillingness. He is unwilling to suffer from illness silently, unwilling to make himself useless, and unwilling to be controlled by fate. Therefore, he spares no pains to paint these seemingly casual lines. In this sense, Chen Xiaojun's works and abstract art have totally different properties because it is not possible to explain his works from a professional artistic point of view. Chen Xiaojun's expectant eyes suddenly appear in my head. In communication with him, I always avoided eye contact. This "avoidance" is a kind of instinct. Even now and in my memory, I still dare not face it, because I still do not know who can help make Chen Xiaojun's "expectations" come true.

Guo Haiping

章士釐 一个“主公”的命运

THE FATE OF A "PRINCESS"



第七章 一个“公主”的命运

THE FATE OF A "PRINCESS"

余丹,女,46岁,南京人,高中文化,离异,工人。因“渐起疑人害己,凭空闻语,行为紊乱17年”,于1996年7月入院。

患者因谈恋爱失败而逐渐出现失眠,怀疑有人对她不怀好意,想害她,认为周围人看不起她。曾去南京脑科医院门诊,诊断为“精神分裂症”,具体治疗不详,治疗效果也不好。1985年患者曾离家出走,在山东和一农民非法同居,被公安机关遣送回家,回家后经常和邻居一男人亲热、搂抱。

1987年3月又出走,在江阴县和一痴呆男青年勾搭,被乡司法办送回,于1987年6月送入我院住院治疗。入院后给予氯氮平等抗精神病药物治疗。1996年2月16日其父母带其回老家疗养。出院后开始能坚持服药,并做一些简单的家务。不久经人介绍认识了一位姓裴的男士,开始交往较好。后渐起失眠,怀疑姓裴的男人对其不怀好意,和别人勾搭,想置她于死地。觉得能闻到那个男人身上有一种特殊的味道。其味道又传到她的身上及家里。特别是饭菜里也有一种味道,并且有毒。于是不敢吃饭菜。称邻居看不起她,向她使眼色,吐口水,有时在家里还能听到别人议论她,说她不要脸。整天情绪低落。说自己快不行了,要死了。在家里三四天不吃东西,家人难以管理第二次送入我院住院治疗。

患者自1987年3月第一次住入我院,1996年时曾被家人接回,但五个月后又被家人第二次送入我院。至今,患者住我院已近20年。患者19岁起病,总病程已近37年。患者入院后一直口服抗精神病氯氮平治疗。最大剂量达425毫克/日。经过治疗,患者大部分时间精神症状被控制处于稳定状态。在病房内表现突出,铺床叠被,打扫卫生,积极参加各种工娱疗活动。还写得一手好字,常帮助工作人员抄抄写写。尚能见风使舵,见到不同的人说不同的话,因此工作人员对她都关爱有加。患者个性张扬,活跃,好表现自己。每每有人来病房参观,立刻上前表演,或朗诵诗歌,或载歌载舞,然后蹭到男士身边,挤眉弄眼,并撒娇说,“哥哥,给根烟抽好吗?”但和其他病友在一起时却显得霸道、任性,病友们对她都礼让三分,有好吃好喝的都要分点给她,她得到食物后,便极尽讨好之能事,骗得病友们开开心心,对她都很崇拜。

患者发病时却是另一种表现,生活懒散,个人卫生不知料理,衣着不整,常一人独坐一处,目光呆滞,面无表情,对周围的事漠不关心,沉默不语,问话不愿回答,连每天和她朝夕相处的人也不认识。拒绝吃饭,拒绝服药。称有人要害她。认为饭菜中、药中、连喝的水中都有毒。称在病房内能闻到死人味。如果强行喂下药后,便号啕大哭,说自己不行了,活不到明天了。认为所有人都在针对她,和她过不去,不信任任何人。每次发病大约持续二十天。通过药物治疗、心理治疗,缓解后又如上所述。

患者参加了这次艺术创作活动,她的病程长达37年,长期住在精神病院内,几乎与外界隔绝,但是她的创作能力,她的艺术天赋,令人惊叹。她是临床上难得碰到的长期住院长期服用抗精神病药物而不衰退的病人。

(王玉)

在我住进医院一个月后，女病人才开始纷纷来画室画画。有一天来了五六位年龄都在五十岁左右的病人，开始，她们都比较安静，后来有一位病人一边写一边唱起自己写的诗歌，另一位病人便离开自己的座位，跑到我面前用非常自信的口气说：“我也会唱。”那位病人见此情景立刻便不敢再发出任何声音，从二人的表现中我可以看出来，那位唱歌的病人显然有点畏惧这位后来者，这位跑到我面前的病人在放声高唱了几首戏曲之后便拉我去看她的画作。我走过去，发现她画的图像很像我们平时见到的“卡通”形象，再看画上的签名，我才知道这位激情澎湃的病人叫“余丹格格”，事后医生告诉我她的真实姓名叫“余丹”。



正在画画的余丹格格（图71） Arrogant Princess Yu Dan painting (Picture 71)

若未曾见过余丹本人，是很难想象画里的这位“格格(公主)”就是画室里这位头发凌乱、仪容不整、面容憔悴、烟不离手的中年妇女。她给我初次的印象是肢体语言极度夸张，自负和亢奋中还带有一些蛮横，从她混浊虚眯着的眼神和黑黄的牙齿中我可以感觉到她抽烟的数量之大是我们正常人难以想象的。俗话说“画如其人”，但眼前看到的却不能不说是一个例外。

开始，在心理上我多少有一些本能地排斥这位“格格”，与她进行交流更让我感到不太适应，她讲话滔滔不绝、咄咄逼人，经常会打断对方的说话，并强迫

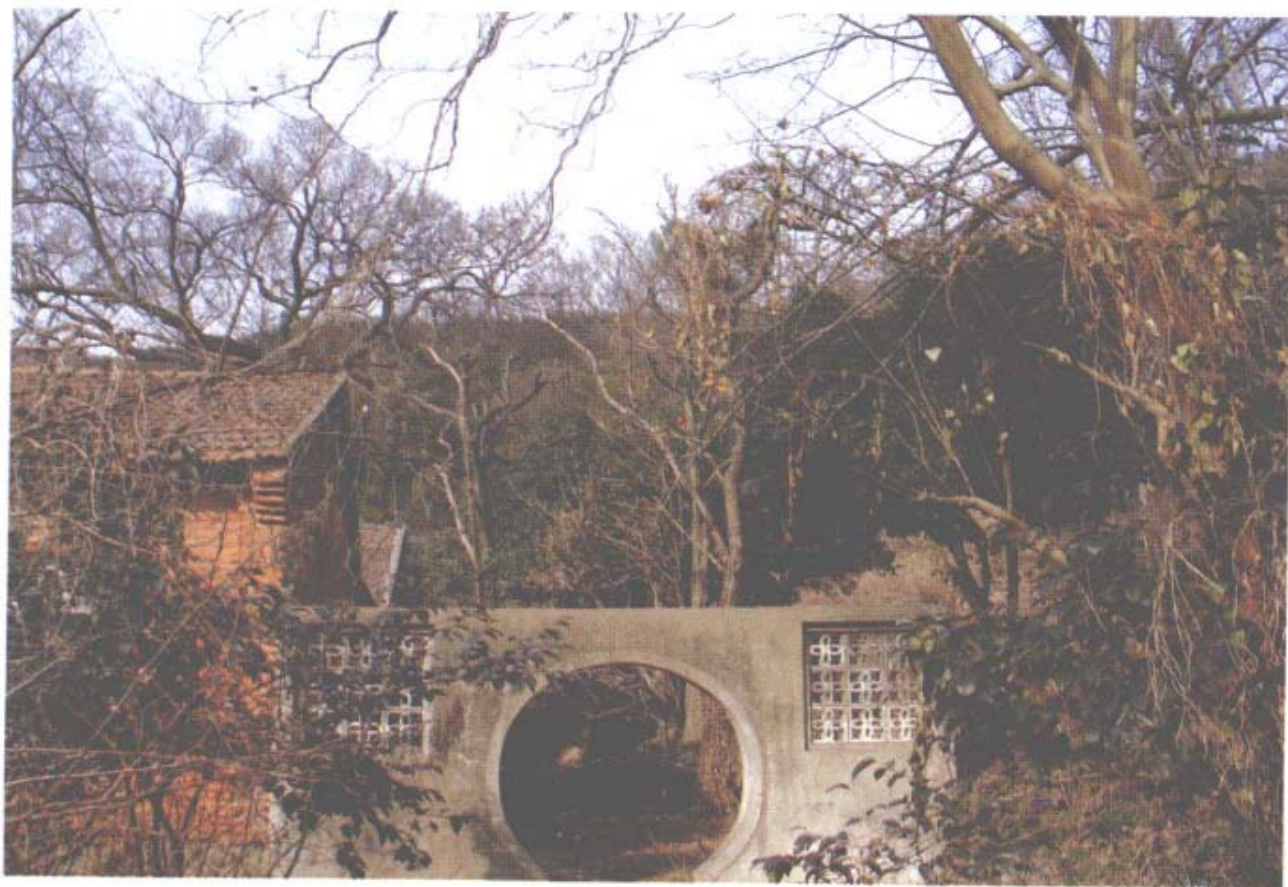
对方只听她一个人的表述，若别人说话的内容稍不顺她的心意，她就会立刻加以无情地反击。结果只要有她出现在画室，大家都不得不听她一个人没完没了地唠叨。即使没有人与她说话，她一个人也会不停地解说自己画面上的内容，而且对大家来说，那些“故事”也都是些不断重复的老故事。有时为了让她不干扰其他病人，我也会劝她不要影响别人，也许是碍于我的情面，她一般会暂时关上话匣，但不超过十分钟，她又会重新开始，无奈之下，大家似乎也只能培养自己的承受能力了。

听余丹格格重复讲述最多的，就是“大肥总和小肥总”的故事。为此，我让她把这个故事画出来并注明文字内容，她非常乐意。其实我也想借这种方式能让她少说几句。需要说明的是，她说的“大肥总”就是我们大家熟知的歌星刘欢，“小肥总”是谁，我们也听不明白，她自己也说不太清楚。但从她画的“小肥总”形象来看，他就是一个小丑和怪物，再结合她的表述，我想这个“小肥总”可能就是一个现实社会中最底层的小人物。（见图 73）

余丹格格非常势利，而且从不掩饰，她喜欢描述她与美国总统的亲密关系，每当谈及这个话题的时候，她都会流露出无比幸福的神情。相反，面对病友，她却表现得非常冷漠，甚至无情无义。至于她为什么会不同的社会角色做出如此不同的反应，我想可能与她本人长期生活在社会底层和精神病院内有直接的关系。我从医生那里得知，她曾经做过一家制袜厂厂长的秘书，二十多岁就被诊断为精神分裂症，住进精神病医院至今已有二十多年的历史。这些人生的经历对于像她这样自命不凡的人来说，一定是非常残酷的。让医生感到无比惊奇的是，住院这么长时间，却没有见到她的大脑功能出现明显的衰退。王主任说：“在我二十年的工作经验中，像余丹这样不曾出现衰退的现象是极其罕见的。”

随着与余丹格格交往日渐加深，我逐渐在她身上发现许多超常的艺术天赋。她画画从来没有任何心理障碍，你让她画什么东西她就画什么，而且从来不需要修改。对于她来说，艺术似乎从来就没有任何对与错的区别，一切都是随心所欲，一切又都是天性使然。我曾经让她画鱼，她便不假思索地一口气画了十几条有名有姓的鱼。（见图 78）

在余丹格格爱画的题材中，除了上层人物之外，她还特别喜爱画小轿车、飞机和地毯，其实这些对象也都是某个阶层的标志。开始，她画的这些内容都是按照自己的想象来画的，有一天我偶然发现，她画的一辆小轿车非常写实和逼真，正在我纳闷的时候，她却把我拉到窗边，指着楼下停着的一辆银灰色轿车说：“我画的就是这辆轿车。”（见图 74 左下角）与她过去创作的轿车相比，这一辆车不论是透视



废弃的祖堂山精神病院（图72） Deserted Zutangshan Mental Hospital (Picture 72)

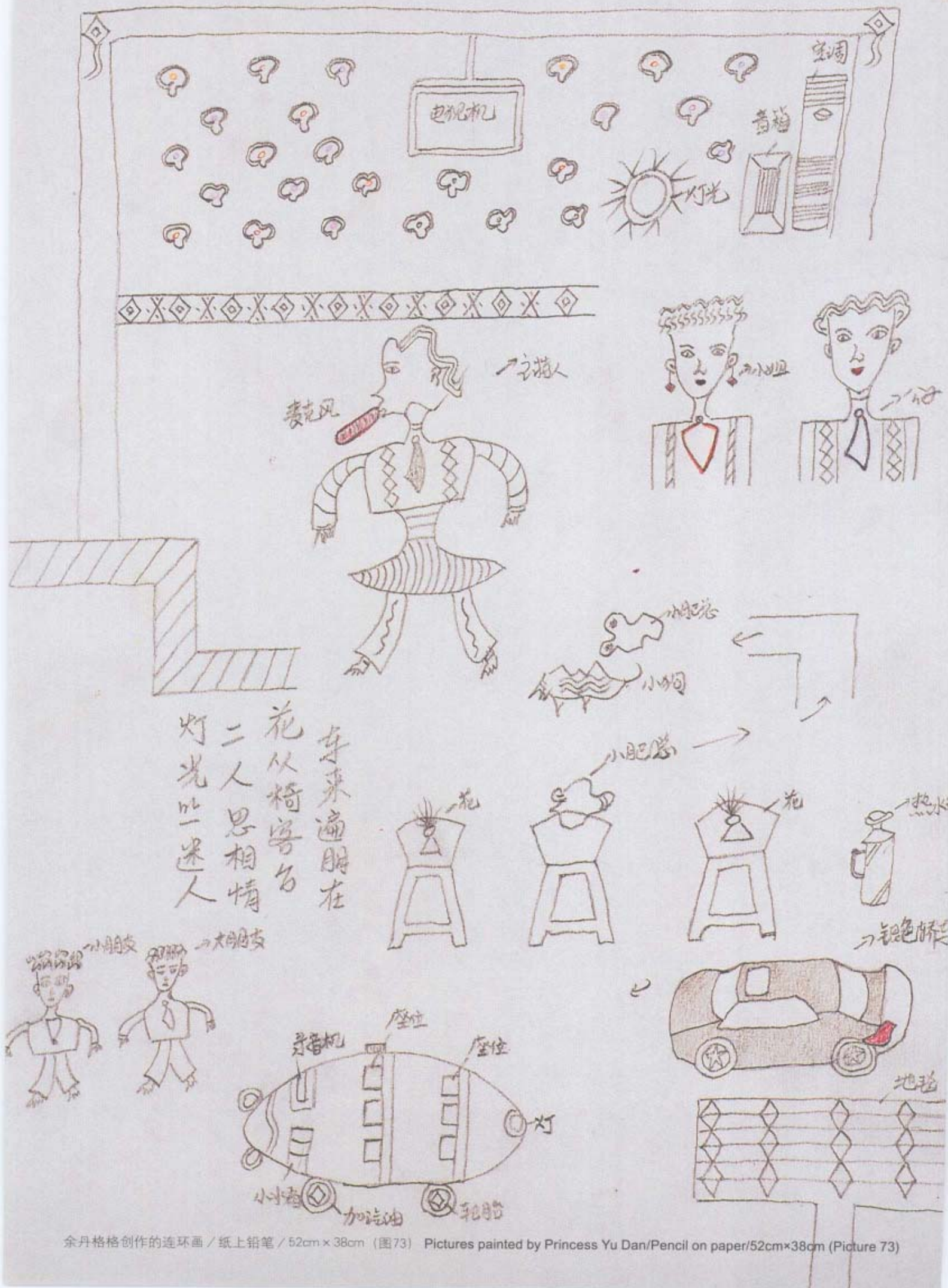
还是造型，都与她之前画的轿车存在着很大的差异。（见图 74 右下角）比如之前画的轿车的造型都十分奇异，而且也都采用了俯视的视角。而这辆写生的轿车却不同，不论是造型还是透视都非常准确。面对着余丹格格一个人画出的两种截然不同的风格，我突然意识到：在她用视觉观看到的世界和内心感受的世界之间，似乎存在着极大的差异。为了进一步证明我的判断，我让她对照着画室窗外的风景实地写生，又让她为我和医院的工作人员进行面对面的写生。这时我发现，余丹格格把握形象的能力非常惊人，（见图 74、75、76）而且我还发现在短短的一个月时间里，她的写生造型能力进步得非常神速，例如在半个月前后她分别为我画过两张肖像写生，而后一张显然比前一张更加精练、准确和传神。我将余丹格格的作品分为两类：一类是属于她自己内心世界的真实表现，这个世界是超现实的；另一类则是她视觉看到的外在客观现实。

通过一个多月的接触，余丹格格让我对艺术与人的精神之间的关系有了更进一步的认识。她之所以具有这些超出常人想象的艺术才华，我觉得首先是在于她性格中的无畏和自信。在与她的交往中，她自始至终都表现出良好的自我感觉，不论面对任何人任何方式的批评，她都能够应付自如、游刃有余。在我的记忆中，她似乎永远都保持着胜利者的姿态和神情。因为“无畏”、“自信”和“顽强”，才使她内心自始至终都很难留存任何杂质和障碍。对此，我们只要身在现场亲眼观看她一次绘画的过程，就一定会从中获得一种实实在在的感受，如只要她一动画笔，她便立即进入全神贯注的状态，这种全心投入与她丢下画笔之后的散漫随意截然不同，前者面对的是自己心灵的表现，后者则是对付外在现实的表现。

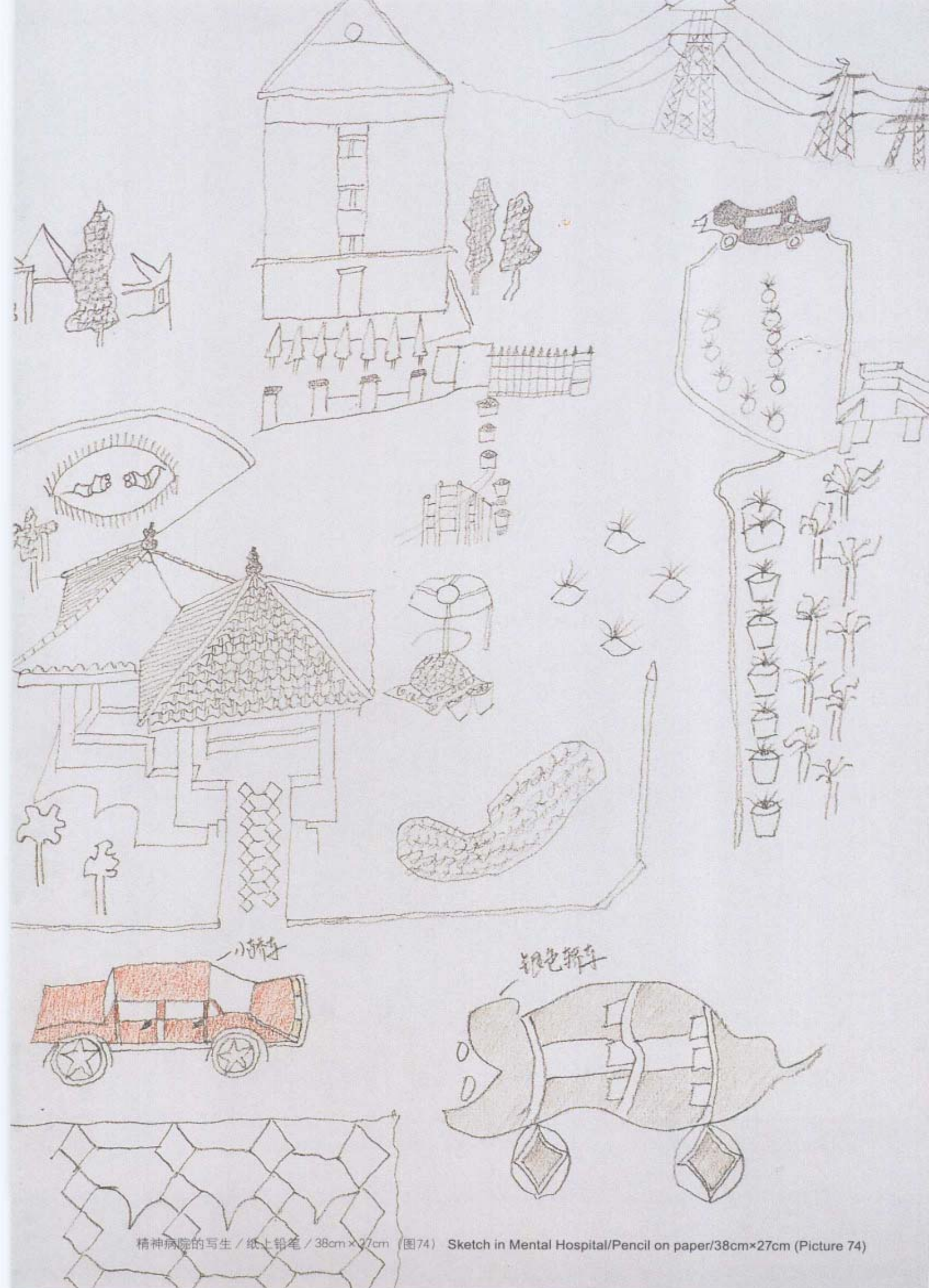
余丹格格的精神分裂，在她所画的“小轿车”中表现最为突出，我们可以看到一辆轿车在她大脑中存在着多种表现形式。如果将它们排列起来，我们就可以觉察到客观现实与她内在精神之间无时无刻不在产生着的相互影响。在她的系列作品中，我们可以感受到她个人的精神力量始终都处于强有力的主导地位，比如那辆“银灰色的轿车”在脱离了客观对象之后，便渐渐变得“卡通”起来。（见图 74 下方两辆轿车）这里的“卡通”不是一种世俗间的风格流行，而是余丹格格的主观精神对客观现实的无意识改造。这是一种没有预先设定和不受任何外界影响的“无意识改造”。随着余丹格格创作的不断深入和继续，展现在我们面前的便是脱离客观现实的超现实形象，即完全精神化了的艺术形象。从这个意义上说，越是精神化的形象，便越是超越现实也越是“分裂”的。至于到底什么是真正的“分裂”，若欲脱离现实的文化环境，这恐怕又是一个无法分辨的概念，如在我们今天这些“常人”来看是“分裂”的，但对于我们的祖先或眼前的精神病人而言则未必如此。

余丹格格由于受到自己“无畏”、“自信”和“顽强”的天性支配，残酷的现实最终还是消耗掉了她最后的精力。在这种情况下，她不得不进入到分裂的状态，似乎只有如此，她才能够在“分裂”中重新找回属于她自己的那份“无畏”、“自信”和“顽强”。从这个意义上说，“无畏”、“自信”和“顽强”又都是一种人的性格悲剧。

（郭海平）



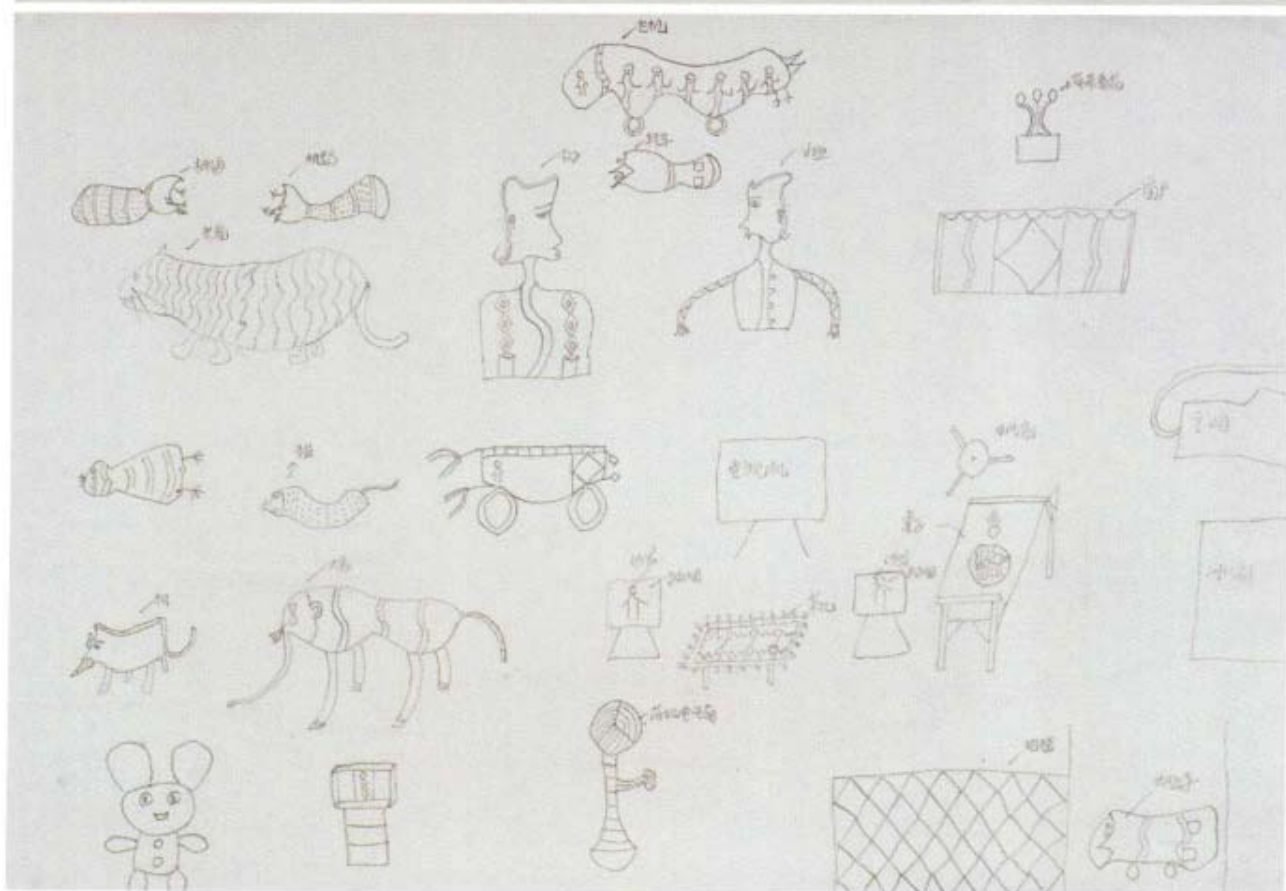
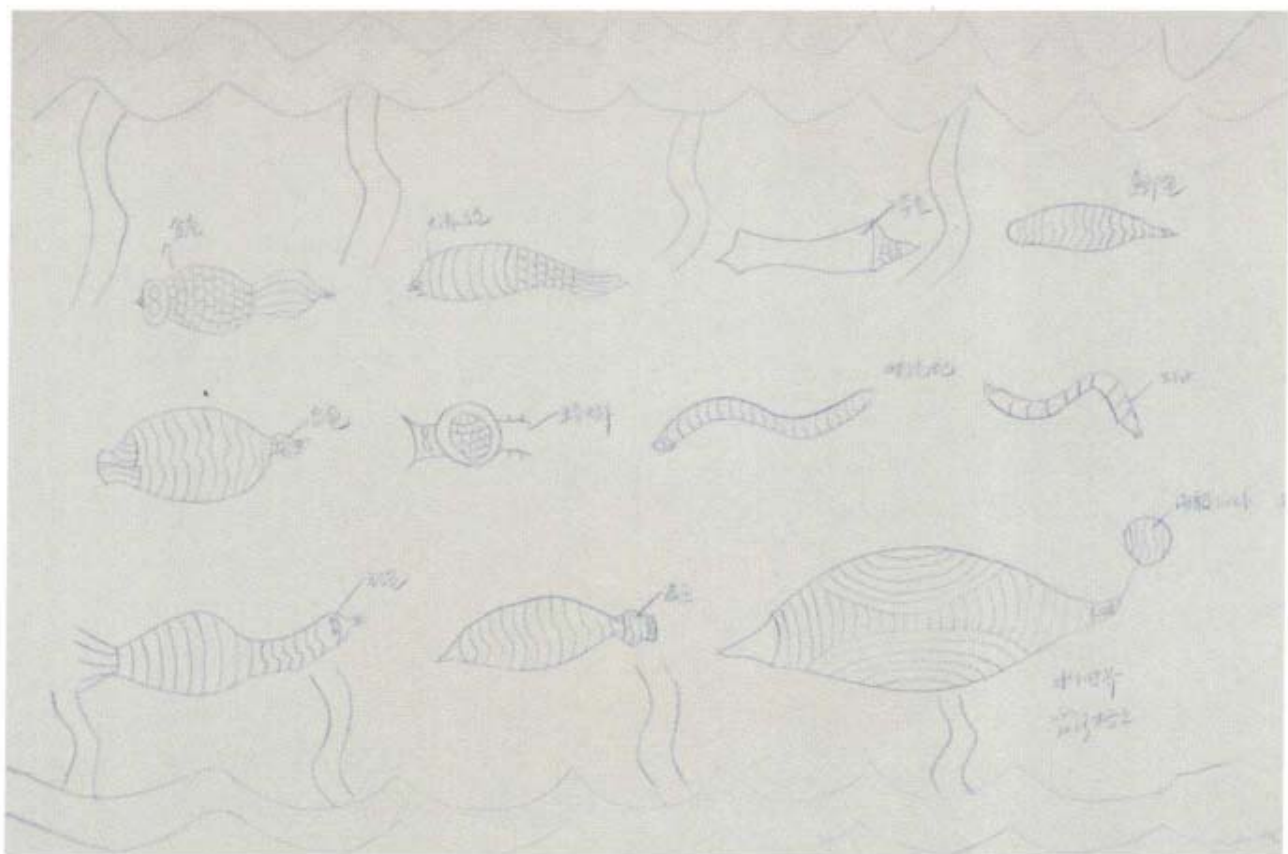
余丹格格创作的连环画 / 纸上铅笔 / 52cm x 38cm (图73) Pictures painted by Princess Yu Dan/Pencil on paper/52cm*38cm (Picture 73)



精神医院的写生 / 纸上铅笔 / 38cm x 27cm (图74) Sketch in Mental Hospital/Pencil on paper/38cm x 27cm (Picture 74)



郭海平的肖像写生 / 纸上铅笔 (上左 图75) Portrait sketch of Guo Haiping/Pencil on paper 38 x 27cm (Picture 75, Top Left)
 医院工作人员的肖像写生 / 纸上铅笔 (上右 图76) Portrait sketch of hospital staff/Pencil on paper 38 x 27cm (Picture 76, Top Right)
 余丹格格的作品 (局部) / 纸上铅笔 (下 图77) Princess Yu Dan's works (Part)/Pencil on paper 58 x 32cm (Picture 77, Bottom)



余丹格格创作的鱼 / 纸上铅笔 (上 图78) Fish painted by Yu Dan/Pencil on paper 58 x 32cm (Picture 78, Top)
余丹格格的作品 / 纸上铅笔 (下 图79) Princess Yu Dan's works /Pencil on paper 58 x 32cm (Picture 79, Bottom)

The Fate of a "Princess"

Yu Dan, female, 46, from Nanjing, senior high school education, divorced, worker. Entered the hospital in July, 1996 because she imagined others were trying to harm her, and had been behaving abnormally for 17 years.

After being disappointed in love, she started suffering from insomnia. She also began imagining that people were being malicious to her and wanted to harm her, and that they looked down on her. At the clinic in Nanjing Mental hospital, she was diagnosed as "schizophrenia." Her treatment was not very effective, and detailed information about it was unclear. She once fled home in 1985 and illicitly cohabited with a Shandong farmer. She was sent back home by the police. Back home, she often embraced and showed affection to her neighbor.

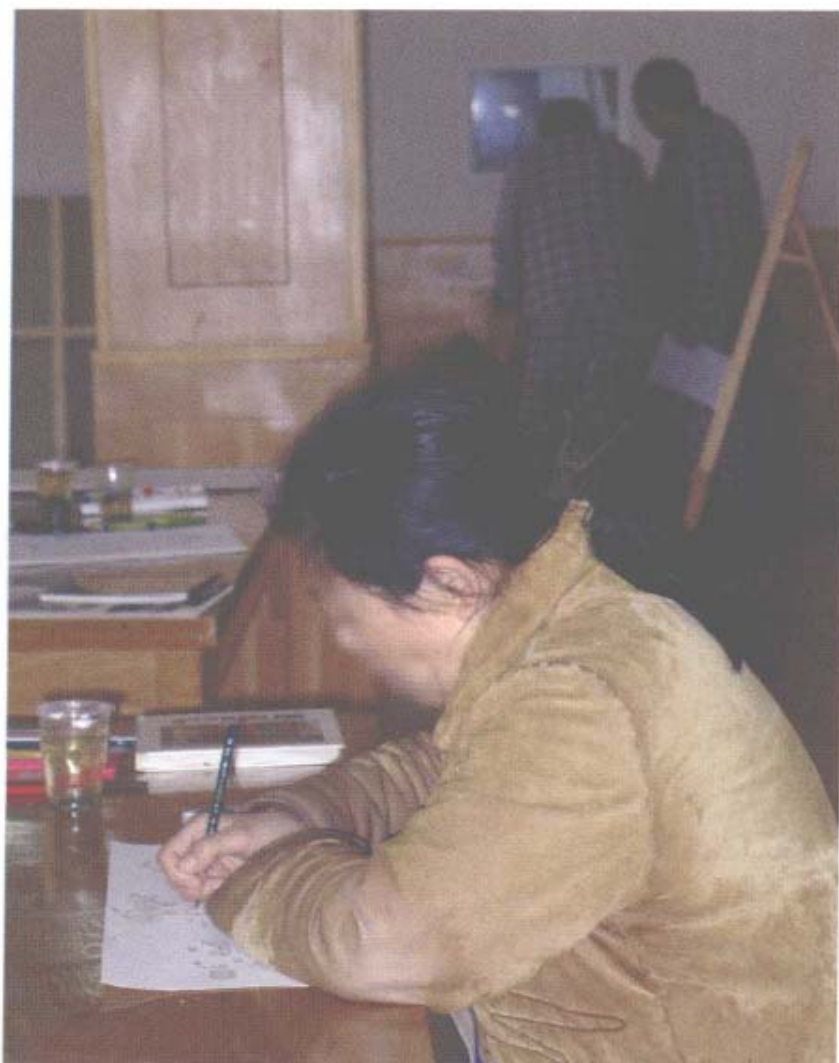
She fled home again in March, 1987 and carried on with an idiot in Jiangyin county till she was sent home by the village department of justice. She was admitted into my hospital in June, 1987. At the hospital, she was treated with the anti-psychotic medicine chlorpromazine. On February 16th, 1996, Yu Dan's parents took her to her native home. Soon after leaving the hospital, she took medicine continually and was able to do some housework. Before long, she met a man named Mr Pei and they got along well in the beginning. But she gradually started to suffer from insomnia and believed that Mr. Pei was malicious to her and wanted to kill her as he was carrying on with another woman. She felt he had a "special" smell and this smell was spreading to her, her room, and into her food, and that it was toxic. She didn't dare to eat. She also thought that her neighbors looked down on her, cold-shouldered her, spat on her, and gossiped that she was shameless. Therefore, she felt depressed all day long. She thought she was about to die, so she ate nothing at home for three or four days. It was difficult for her family to deal with her, so she was sent to my hospital for the second time five months after she had left.

This patient was in my hospital in March, 1987 for the first time and her family took her back home in 1996. She was sent to my hospital for the second time after five months. She was mentally ill at the age of 19, and the course of disease has lasted for 37 years. She has been in my hospital for nearly 20 years now. Here, she took anti-psychotic medicine chlorpromazine orally at the maximum of 425mg per day. After this treatment, her symptoms were under control and her mental state was stable most of the time. She was well-behaved

in the ward—she made her bed, cleaned the room and joined various recreational activities actively. She wrote well so she often helped the staff copy some material. She was good at communicating with different people, and the staff loved and cared for her very much. Yu Dan was confident, active and willing to show off. If there were people visiting the ward, she would perform, recite poems, or sing and dance. There were times when she would even approach a man and wink at him like a cheeky, spoiled child, saying, “My brother, can you give me a cigarette?” However, she was overbearing and headstrong towards her ward mates. But they still admired her and were very tolerant towards her, often giving her food. In return, she would try her best to amuse them.

On the contrary, when she suddenly took ill, she became lazy, didn't care about her personal hygiene, dressed badly and sat alone with dull eyes and expression. She was indifferent to her surroundings and was taciturn and unwilling to respond to others. She didn't seem to recognize anyone anymore, even people whom she had been familiar with. She refused to eat and take her medicine, saying that the meals, medicine and water were all toxic, and that she smelt dead people in her ward. If forced to take her medicine, she would cry hysterically, saying she was about to die the next day. Thinking that everyone was all against her, she didn't trust anyone. It lasted almost 20 days. After a course of medical treatment and psychotherapy, she became normal, but these symptoms would appear periodically.

Although her course of disease has lasted for 37 years, causing her to be

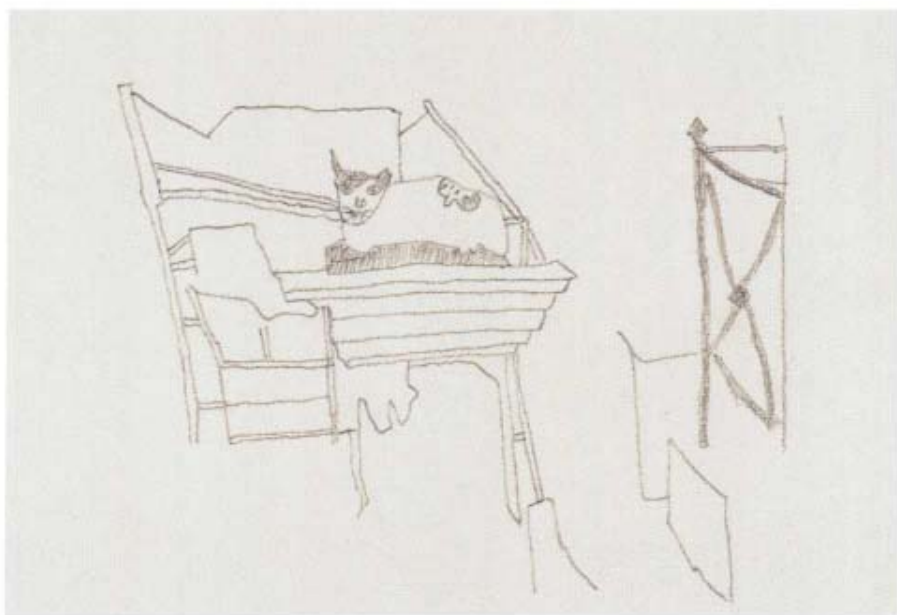


正在画画的余丹格格 (图80) Princess Yu Dan painting (Picture 80)

isolated from the outside world, she demonstrated marvelous creative ability and artistic talent when she joined the artistic activity. It was rare to find such a patient who wasn't weak after taking anti-psychotic medicine for such a long time.

Wang Yu

After one month in the hospital, female patients began to come to the studio. One day, there were five or six patients around the age of fifty. In the beginning, they were quiet. Then one patient started writing something and singing her



poem. Another patient left her seat and came in front of me, saying confidently, "I can also sing," and the former stopped singing. From their behavior, it was obvious that the former feared the latter. After the latter had sung several operas loudly, she pulled me to her

picture. At that time, I found her picture rather cartoon-like. Seeing the signature on her picture, I knew this enthusiastic patient was called "Princess Yu Dan." Later, the doctor told me that her real name was "Yu Dan."

It was difficult to imagine this badly dressed middle-aged woman with disheveled hair, a haggard face, cigarette in her hand and exaggerated gestures as a "princess." My first impression about her was that she was conceited, aggressive and a little rude. I could feel she was a heavy smoker from her half-closed eyes and black and yellow teeth. It's often been said that "a picture is similar to its painter," but hers was an exception.

At first, I excluded this "princess" instinctively and felt uncomfortable in communication with her. She talked endlessly and aggressively. She often interrupted conversations and forced others to listen to her. If she was dissatisfied with someone else's words, she would respond mercilessly at once. As a result, as long as she was in the studio, everyone had to listen to her endless chatter. Even if there was nobody talking to her, she would still explain her pictures incessantly

even though these “explanations” were just old stories to everyone. Sometimes, I would persuade her not to affect the others and she would stop for a moment, but it wouldn't last for ten minutes before she began to talk again. In the end, it seemed that all the patients here had to form a habit of tolerance.

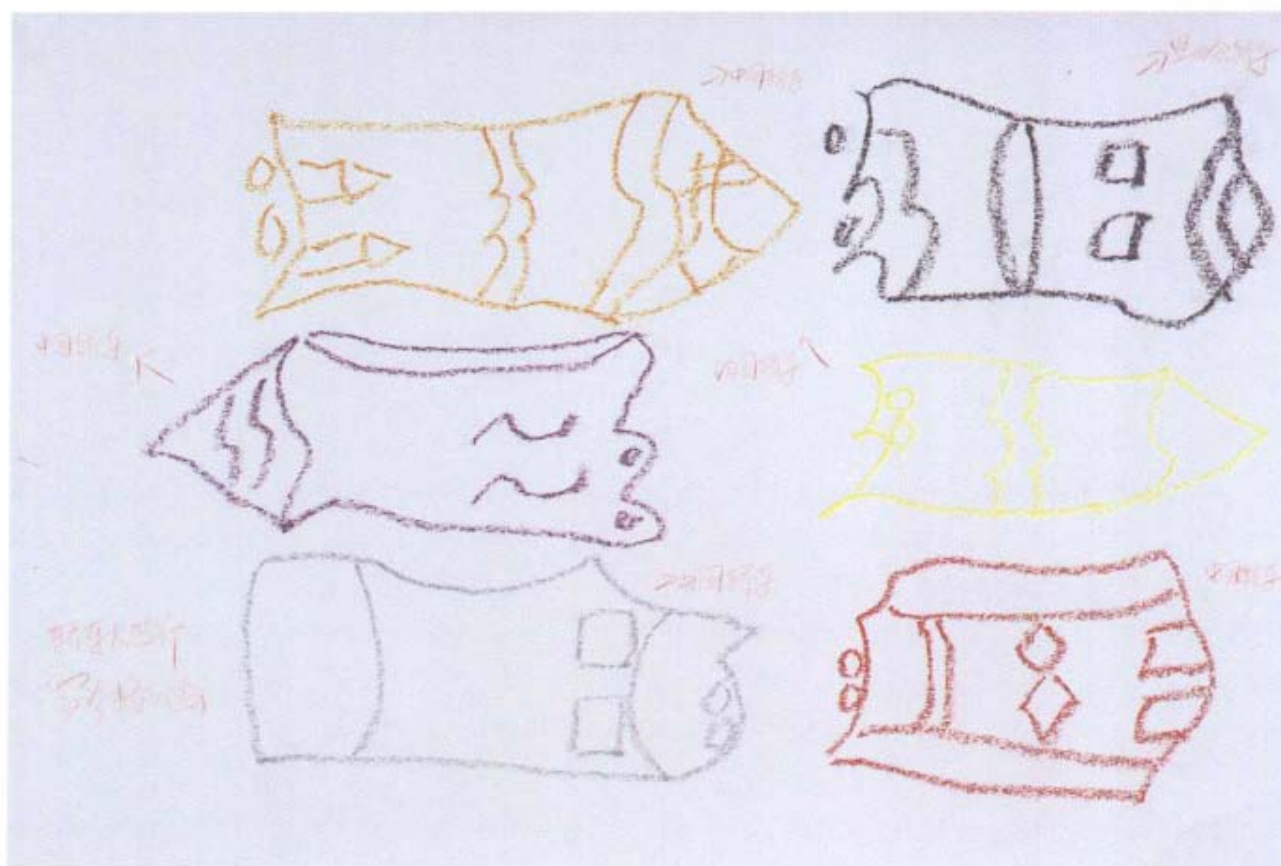
One story she told repeatedly was “Big Fat Manager and Small Fat Manager.” I asked her to paint according to this story and attach characters to it. She was willing to do it. In fact, I wanted to make use of it to stop her endless talk. I should point out that “big fat manager” referred to the famous Chinese star singer Liu Huan. As for the small fat manager, we could not understand her explanation. Meanwhile, she could not explain it clearly either. However, in her drawing of “small fat manager,” she depicted a clown and monster. In addition, according to her explanation, I thought the “small fat manager” was an insignificant person at the bottom of society. (Picture 73)

Yu Dan was rather snobbish and she never concealed her snobbishness. She said she liked painting and often talked about her intimate relationship with the American president. When she mentioned it, she was incomparably happy. On the contrary, facing her ward mates, she was indifferent, even heartless. Why would she have different attitudes towards different social classes? I thought it was directly related to her life at the bottom of society and long-term hospitalization. I learned from doctors that she was once a secretary to a director in a hosiery factory before she was diagnosed with schizophrenia at the age of nearly twenty years old. She has been in hospital for more than twenty years. This life experience must have been rather cruel to her. What surprised doctors was that the function of her brain didn't decline drastically even though she has been in hospital for a long time. Director Wang said, “During my twenty years of working experience, it is a rare phenomenon.”

Through my communications with her, I gradually discovered that Princess Yu Dan had extraordinary artistic talent. She never had mental blockages when she was painting. She would paint everything according to requirement and her works never needed amending. It seemed to her that art wasn't the problem of right or wrong. All her works were painted at her will. All were natural. For example, I asked her to paint fish, and she painted several fishes without hesitation. Each fish had its own name. (Picture 78)

As for the content of her pictures, besides depicting upper-class people, she especially liked to paint cars, airplanes and blankets. In fact, all these objects were symbols of a certain class. At first, she painted these objects according to her imagination. One day, I saw that she had painted a car vividly and realistically. I felt extremely puzzled. At that moment, she pulled me to the

window, pointing to a silver-grey car parked downstairs. “This is what I painted,” she said. (Bottom Left-hand corner of Picture 74) Compared with the cars she had painted before, this car was different from the viewpoint of perspective and form. (Bottom Right-hand corner of Picture 74) Most of her other cars were painted from a strange aerial perspective. However, she had painted this car from life and it was excellent in both form and perspective. Princess Yu Dan could paint pictures of totally different styles, which made me realize that the world she saw was greatly different from the world she felt. In order to prove my point further, I asked her to draw from the scene outside the window and to sketch me and the staff face to face. I found that her ability to paint portraits was extremely



轿车 / 纸上油画棒 (图81) Car/Oil pastel on paper 58 x 32cm (Picture 81)

excellent. (Picture 74, 75, 76) She made rapid progress in one month. She painted two portraits of me in half a month, with the second picture being more concise, accurate, and vivid than the first. I classified Princess Yu Dan's works into two categories: the first was the representation of her inner world, which was surreal. The other was the reality she saw.

One month passed and Princess Yu Dan led me to have a further understanding about the relationship between art and the spirit of human beings. I think that Princess Yu Dan's extraordinary and unimaginable artistic talents

came from her intrepidity and confidence. In communication with her, she was always confident from beginning to end. She could cope with any criticism perfectly. She could always keep the posture and expression of a victor. It was her intrepidity, confidence and indomitable will that kept distracting thoughts and obstacles away from her heart. If we see her in the process of painting, we can see her totally absorbed in it—quite different from her undisciplined state after she lays the painting brush down. The former is the representation of facing her heart, while the latter is the representation of facing the external reality.

Princess Yu Dan's schizophrenia is obviously shown in her work *Car*. We can see there were various car forms in her brain and that objective reality and inner spirit were mutually influenced. From her works, we can see the power of her spirit was the leading factor. For example, if she didn't have a "silver-grey car" reference, she would paint many cartoon-like pictures. (Bottom of Picture 74) These "cartoons" were not from a popular illustration style, but Yu Dan's subjective mind unconsciously remolding objective reality. It was a kind of "unconscious remolding" without presupposition and external interruption. She created continuously and eventually, we can see the surreal image detaching from the reality that she painted, that is, an artistic image in a mental outlook. In this sense, the more spiritual her artistic images became, the more split these images were. However, if detached from the realistic cultural environment, I am afraid that the real "split" is still an indistinguishable concept. For instance, our "normal" people consider something to be split from today's viewpoint, whereas they have different meanings towards our ancestors and those mental patients.

Princess Yu Dan was dominated by her nature of intrepidity, confidence and indomitable will, but facing this cruel reality, she felt exhausted. Therefore, she had to be in the state of schizophrenia. Only in this state could she find her nature of intrepidity, confidence and indomitable will again. In this sense, intrepidity, confidence and indomitable will are elements causing human tragedies.

Guo Haiping

笑端帕里堂天 章八策

SMILES IN FIGHT



第八章 天堂里的微笑

SMILES IN FLIGHT



王玉主任正在与吴俊勇交流 (图82) Communication between Director Wang Yu and Wu Junyong (Picture 82)

吴俊勇，男，22岁，高淳人，汉族，初中文化，未婚。因“渐起胡言乱语，疑人害己，行为紊乱7年”，于2006年11月27日入院。

患者2000年起因迷恋玩游戏，逐渐出现性格改变，逃学。家人带其去南京脑科医院予以心理咨询，未果。后又出现胡言乱语。称有人要打他，要害他，拿着烟头来烫他。手里拿着刀追杀其母亲，口中喊道：“杀死你，杀死你。”被家人送去脑科医院门诊，给予维思通治疗。患者间断服药，治疗效果欠佳。2001年夏天的一个晚上，患者突然倒在地上打滚，口中乱喊乱叫，称看到了“小仁”等很多神仙。被家人送去南京脑科医院门诊，给予氯丙嗪治疗。患者间断服药，疗效欠佳。2004年春天，症状再次发作，家人将其送入南京脑科医院住院诊治，诊断为“精神分裂症”，给予氯丙嗪治疗，住院半个月后因经济困难，转入南京市青龙山精神病院，住院四个月后以“好转”出院，出院后自行减药，入院前两天患者拒绝服药，称有毒，乱喊乱叫，冲砸家中物品，打骂父母，家人无法管理，送入我院住院治疗。

入院诊断“精神分裂症”，给予氯丙嗪治疗，最大剂量达450毫克/日。

患者进入病房后，表现为孤僻、少语，接触被动，不与其他人交流。常独坐一处，低头，沉默不语，整日心事重重，眉头紧锁。有时在病房内来回走动，表情淡漠，问话很少回答，说话声音很低，只是“嗯、嗯”作为回答。有时痴痴地微笑，问其

笑什么，不予回答，转身就走。生活懒散，需要工作人员督促料理，周围发生的任何事都与他无关，只生活在自己的世界里。

患者来到画室时，他刚入院几天，精神症状非常丰富，他的画正表现了他的思维混乱。但经过几天的绘画实践，他的精神症状逐渐受到控制，他的心境也变得平静了许多，如果把他的画用来作心理分析，肯定具有很高的临床价值。

(王玉)

我在医院里接待的病人大多数都是慢性病人，他们住院时间一般都超过了两年以上。有一天王主任带来了一位二十多岁的年轻人，王主任向我介绍说：“他叫吴俊勇，住进医院只有三天，眼下正处于特级护理阶段。”

吴俊勇身高接近 180 厘米，身体健壮，相貌端庄清秀，看到他看人的目光总是虚眯着的，便知道他一定是近视。我问医生，为什么不让他戴眼镜，医生说：“可能是匆忙，眼镜丢在家里忘记带来了。”

吴俊勇坐下来后，由于视力很差，他只好将头贴近桌面上的纸张，(见图 87)然后选了一支灰色的油画棒在纸上埋头画了起来。大约画了二十分钟，他便站起身在画室中间走来走去，这时，我看到他脸上不时地露出甜蜜幸福的笑容。我走到他的画桌前，看到他刚刚完成的画面，那是一组锯齿状的线条和几个不规则的图形。(见图 84)我的第一直觉是作者正处于紧张状态，心理上有某种力量正在向外寻求释放。这些图形也许正是一个人的青春活力在受到抑制后的外在表现形式。当然，这只是我的一种主观判断，为了求证，我与王主任将他叫到桌前询问，希望能从他的表述中获得一些启示，然而，他没有说一个字，他只是在看了我们一眼之后便继续沉浸在他甜蜜幸福的微笑之中。面对着眼前的画和“甜蜜幸福的微笑”，我想这种不统一也许又是另一种精神分裂的表现。

在见到吴俊勇之前，我也多次领略过精神分裂症病人所特有的微笑，那是一种与现实没有任何牵连的微笑，因为我们很难从这种微笑中找到与环境有关的联系。医学上通常称精神分裂症病人的这种“微笑”为“傻笑”，对此，我感到非常疑惑。自从近距离地见到吴俊勇不停地微笑之后，我便期望自己能够了解到这种“微笑”背后的特殊意义。

吴俊勇在经历了一两天的不适应之后，每天都坚持来画室画两个小时。有一天他反复用橡皮在擦自己的画，我便走过去看个究竟。走到他面前，才知道他正在修改自己画的一个形象，这个形象是一个人站立在一只小凳子上，双手向天举着，但他很快就擦掉了举起的双手。经过几番修改，我看到他将举起的双手修改变成了一对举起的翅膀。(见图 83)看到这情景，我立刻说了一句：“吴俊勇飞起来了！”听我这么一说，吴俊勇用从未有过的亲切目光看了我一眼，然后又露出他神秘兮兮的微笑。这时，一直站在我与吴俊勇身边的王主任竟笑出了声音。从笑声中可以感到，王主任也相信吴俊勇的确是在努力让那个画面上的人飞翔起来。对于这个长着一对翅膀的人的形象，后来在他的其他作品中也多次出现。我想，这个反复挥舞着一对展开着翅膀的人也许正是吴俊勇心目中自己的形象，这不是他的想象，而应该是他

此时此刻的一种真实体验和感受,精神病学通常将这种症状称之为“幻觉”或“妄想”。

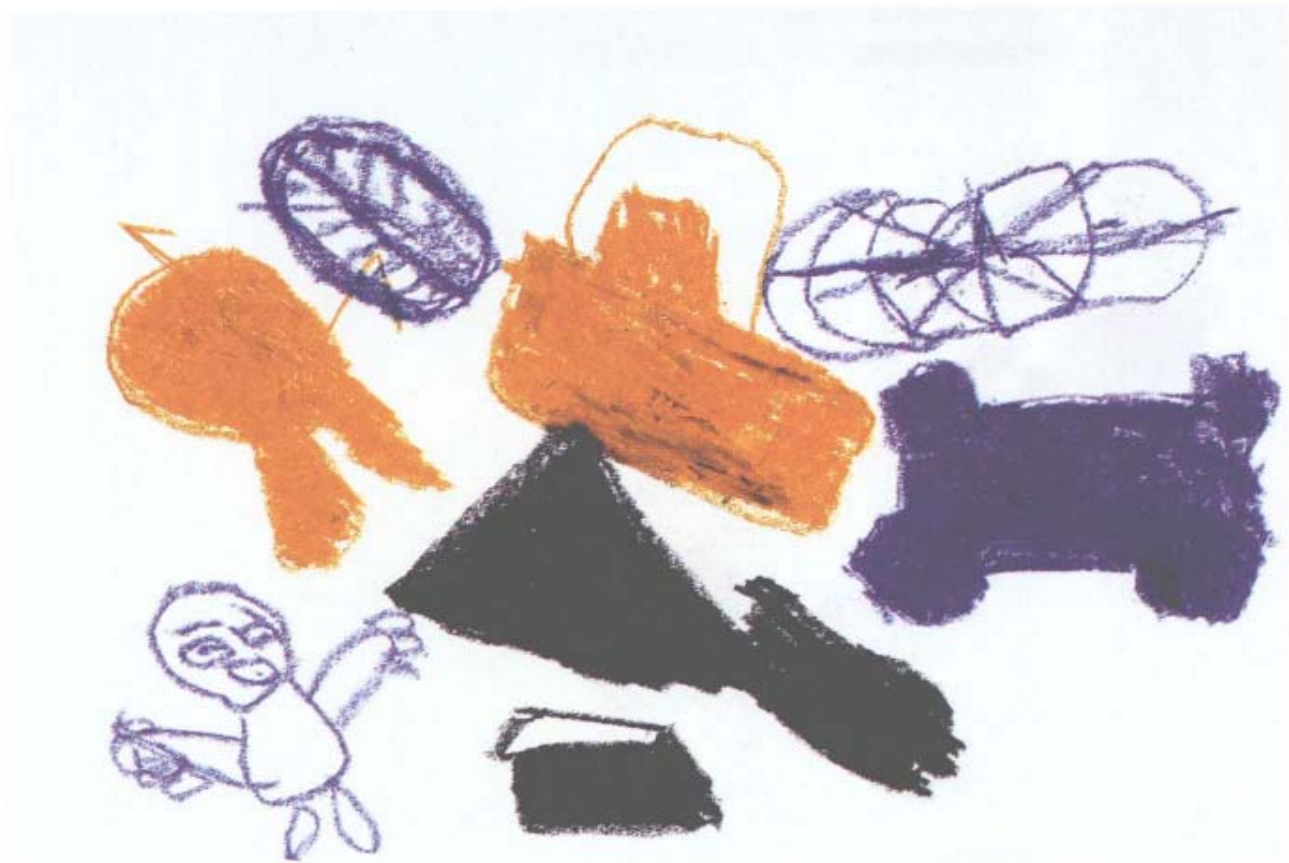
吴俊勇在作画时还有一个特别之处:他喜欢在一个形象上用油画棒反反复复地涂画抹,一根10厘米长的油画棒在吴俊勇手中只能涂画满比鸡蛋还小的面积。(见图85、86)针对这种奇特的涂画方式,我与艺术家朋友有过专门的交流,朋友们认为反复在一处摩擦颜料的现象与中国画理论中常说的“力透纸背”和“入木三分”有很多相似之处。吴俊勇之所以要在一处反复涂画,很可能是因为画面中存在着他能够感受到的特殊精神空间,这就如同一只飞鸟不断撞击窗户上的透明玻璃一样。

吴俊勇来画室画画总共不超过十天,他为我们一共留下了八幅作品,画面中除了“飞人”之外,他的汽车也具有明显的俯视特征。吴俊勇在他的精神世界里是纯粹和幸福的,这是因为他在精神分裂之后,他便飞离了现实,在那个全新的世界里,他终于获得了解脱,因而他感觉到了无比的轻松、愉悦和幸福。这就是我对一个精神分裂症病人止不住自己流露出神秘微笑所做出的全部解释。

(郭海平)



渴望飞翔 / 纸上铅笔 (上 图83) *Desire to Fly/Pencil on paper 58 x 32cm (Picture 83, Top)*
吴俊勇的图画 / 纸上铅笔 (下 图84) *Wu Junyong's pictures/Pencil on paper 58 x 32cm (Picture 84, Bottom)*



吴俊勇的图画 / 纸上铅笔 58 x 32cm (上 图85, 下 图86)

Wu Junyong's pictures/Pencil on paper 58 x 32cm (Picture 85, Top, Picture 86, Bottom)

Smiles in Flight

Wu Junyong, male, 22, from Gao Chun, ethnic Han, middle-school education, single. He was admitted to the hospital on November 27th, 2006 because he talked nonsense, felt others may harm him and had behaved abnormally for seven years.

He was addicted to video games in 2000. His character changed gradually and he started playing truant. His family took him to Nanjing Mental Hospital for psychological consultation, but there was no improvement. He continued to talk nonsense, claiming that others wanted to hit and harm him, and scald him with cigarette butts. He ran after his mother with a knife in his hand, shouting, "I want to kill you! Kill you!" His family sent him to the Mental Hospital clinic where he was given risperidone tablets. He took the medicine intermittently, so there was not much effect. One summer night in 2001, he suddenly fell to the ground, shouting aloud and claiming that he saw many Gods, such as "Xiao Ren." He was sent to the clinic in Nanjing Mental Hospital and was given chlorpromazine. He took the medicine intermittently and again, there was not much effect. In the spring of 2004, his symptoms appeared again. His family sent him to Nanjing Mental hospital and he was diagnosed with "schizophrenia" and given chlorpromazine for treatment. After being in the hospital for half a month, he was transferred to Nanjing Qinglongshan Mental Hospital because of his financial difficulties. Four months later, he was released from hospital because of his "improvement." After leaving hospital, he decided to reduce his dosage. Soon he refused to take any medicine, saying that they were all toxic. He shouted aloud, broke household objects and beat and scolded his parents. His family could not cope with his behavior and sent him to my hospital.

The hospital diagnosis was "schizophrenia" and he was given chlorpromazine at the maximum dosage of 450mg per day.

After being in hospital, he became eccentric and taciturn. He didn't communicate with others, sat by himself, seemed preoccupied with worries and knitted his eyebrows. Sometimes he wandered around in his ward. He was

indifferent, seldom responded to others and only spoke “er” as an answer in a low voice. He smiled foolishly but didn’t explain why he smiled and would turn and leave the ward immediately. He was so lazy that the staff had to force him to do anything. It seemed that nothing concerned him and he only lived in his own world.

Soon after he was admitted into the hospital, he came to the studio. His psychological symptoms were varied, and his paintings reflected his disordered thinking. After several days of painting practice, his psychological symptoms were controlled and he began to calm down. If we analyze his works, it is sure that we can get great clinical value.

Wang Yu

Most people I received in the studio were chronic patients, who had lived in the hospital for more than two years. One day, director Wang brought a young man who was nearly twenty years old. Director Wang introduced him to me, saying, “He is Wu Junyong. He has been in hospital just for three days. At the moment, he is in the period of super nursing care.”

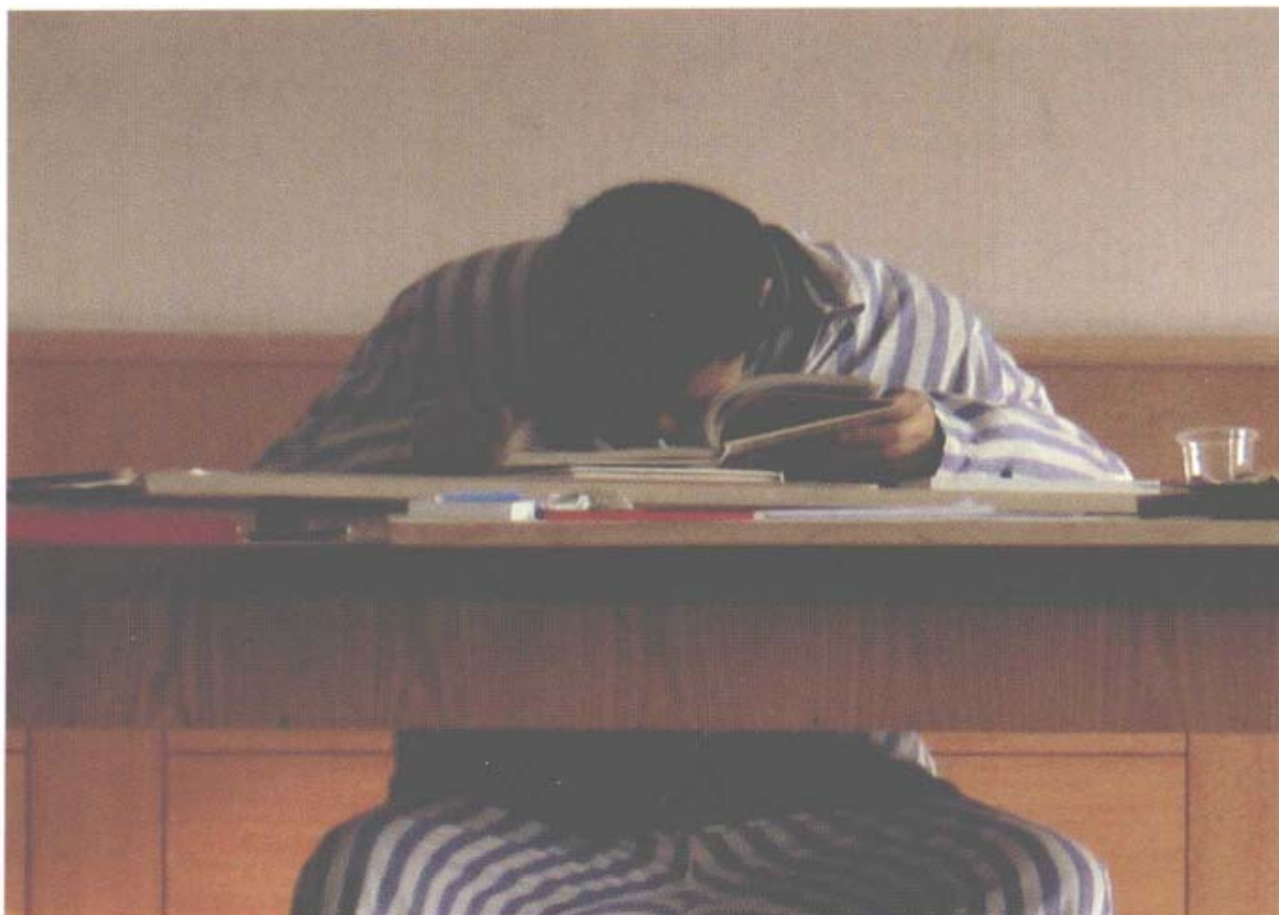
Wu Junyong was 1.8 meters tall, sturdy enough and remarkably handsome. I could see from his half-opened eyes that he was nearsighted. I asked the doctor why he didn't wear glasses and the doctor said, “Perhaps he entered the hospital so hurriedly that he left his glasses at home.”

After he sat down, he had to put his eyes close to the paper because of his poor eyesight. (Picture 87) Then he chose a grey oil pastel and began to paint carefully. Twenty minutes later, he stood up and wandered in the middle of the studio. At that time, I saw a sweet and happy smile on his face. I went to his easel and saw his picture which was a series of jagged lines and several irregular figures. (Picture 84) My first impression was that he was nervous and was seeking an opportunity to release his inner pressure. These figures were the external representation of a person’s oppressed youthful vitality. Actually, this was only my subjective judgment. In order to confirm it, director Wang and I asked him to the table, hoping to get some inspiration from his words. However, he said nothing. He just kept smiling his sweet and happy smile after glancing at us. Looking at his picture and his “sweet and happy” smile, I thought this disunity probably was another representation of schizophrenia.

Before meeting Wu Junyong, I had previously seen a schizophrenic’s unique smile—a smile which was out of reality. From this kind of smile, it was difficult to find the relationship between them and the environment. Medically, this schizophrenic “smile” is called “giggle” which left me feeling very puzzled.

Since I had now encountered Wu Junyong's smile from a close distance, I thought I could understand the significance behind this kind of "smile," but I couldn't.

After he had adapted to painting for one or two days, he insisted on painting in the studio for two hours every day. One day, I saw Wu Junyong repeatedly rubbing his picture off with an eraser. I walked closely to him to see more clearly, and saw that he was modifying an image he had painted. This image was of a



正在看书的吴俊勇 (图87) Wu Junyong reading a book (Picture 87)

person standing on a stool with hands raised up to the sky, but Wu Junyong kept erasing the hands. After several modifications, he changed the hands into uplifted wings. (Picture 83) Seeing the uplifted wings, I said immediately, "Wu Junyong flies!" Hearing this, he looked at me with amiable eyes (an expression I had never seen before) and then smiled mysteriously. At that moment, director Wang who was standing beside me and Wu Junyong laughed. From her laughter, I felt she also believed that Wu Junyong was trying his best to make the person fly. This image also appeared in his other works. This was not his imagination, but his real experience and feeling. His symptoms were often referred to as "allusion" and "hallucination" in psychiatry.

Another unique characteristic in his process of painting was that he liked to repeatedly paint over an image with an oil pastel. For example, he would use a 10-centimeter oil pastel to paint an area smaller than an egg. (Picture 85, 86) I have discussed with my artist friends about his special painting style, and we all think that Wu Junyong repeatedly painting in a certain place is similar to the theory of Chinese painting where “the strokes are powerful enough to penetrate the paper” and “sinking deep into wood—written in vigorous strokes.” The reason why Wu Junyong painted in a certain place repeatedly is perhaps to find a special spiritual space in the process of painting, just like the way a flying bird bumps against transparent glass constantly.

Wu Junyong came to the studio for less than 10 days. He painted eight pictures in all, including the image of the “flying person” and the bus painted from an aerial perspective. Wu Junyong’s spiritual world was pure and happy. After he became schizophrenic, he became free from reality and flew into a new world where he felt incomparably relaxed and happy. This is my explanation about a schizophrenic who could not help smiling happily.

Guo Haiping



熱情的背後 章式策

PASSION BEHIND INDIFFERENCE



第九章 冷漠背后的激情

PASSION BEHIND INDIFFERENCE

韩亚军，男，28岁，南通人，汉族，高中文化，未婚，无业。因“凭空闻语，疑人害己，行为紊乱6年，加重3月”，于2004年11月27日入院。

患者1998年失业后，不愿与人交往。渐出现失眠，整夜睡不着觉，外出到处乱跑，对着空中自言自语。称听到有人骂他，称父母亲要害他，常无故殴打父母。被送入“南京市脑科医院”门诊治疗，诊断为“精神分裂症”，给予氯丙嗪等药物治疗。患者常自行减药，上述症状反复出现。家人带其到“北京华夏医院”、“414医院”、“解放军125医院”看中医，服用药物不详。症状无明显好转，三个月前，患者上述症状加重，称其不是父母亲生的，是来害他的，无故殴打父母。要让其叔叔的女儿嫁给他，还与其叔叔动手打架，父亲劝阻，将其父亲的牙打掉，鼻子打出血。将家中桌椅、门窗全部用刀劈碎，在家中焚烧。冲砸家中物品，乱扔垃圾，还拿着棍子站在家门口要与人打架。有时还舔食垃圾。称有个男人的声音在骂他，常对空谩骂。家人难以管理，送入我院住院治疗。

入院诊断“精神分裂症”。

患者进入病房后，表现为孤僻、少语，反应迟钝，目光呆滞，表情木讷。常称听到有人骂他，说他活不长了，不如死了算了。称有人在其耳边说他是杀人犯，说要把他变成猪。说有人想让他死，要吃他的肉。还说病房内有一病友会用硫酸泼他。称看电视时，会有人用绳索勒他脖子。无故攻击其他病友，称某病友要害他，要勒他的脖子，称病友把他的头砍下来了，趁其不备攻击病友，反被病友击中鼻梁致出血。称身边所有病友都想害他，杀他。称有一个病友十年前是杀人犯，他曾亲眼见这个病友拿刀杀了一屋子人。

在病房内，有时突然跪在工作人员面前，问其怎么了，不回答，又突然站起来离去。后来称他把那个工作人员当做他妈妈了，跪下来表示对她多年养育之恩的感谢。有时突然跪在女护士面前，称“我喜欢你，我向你求婚，请嫁给我吧”，做一些带有性色彩的动作。其父亲来探视时，称自己犯错了，所以大家都讨厌他，都要来害他，还说这位工作人员想诬陷他，因为他小时候看到这个工作人员偷偷抽烟。称晚上睡觉时有人打他的胸口。让其父亲带其回家，否则就自杀。

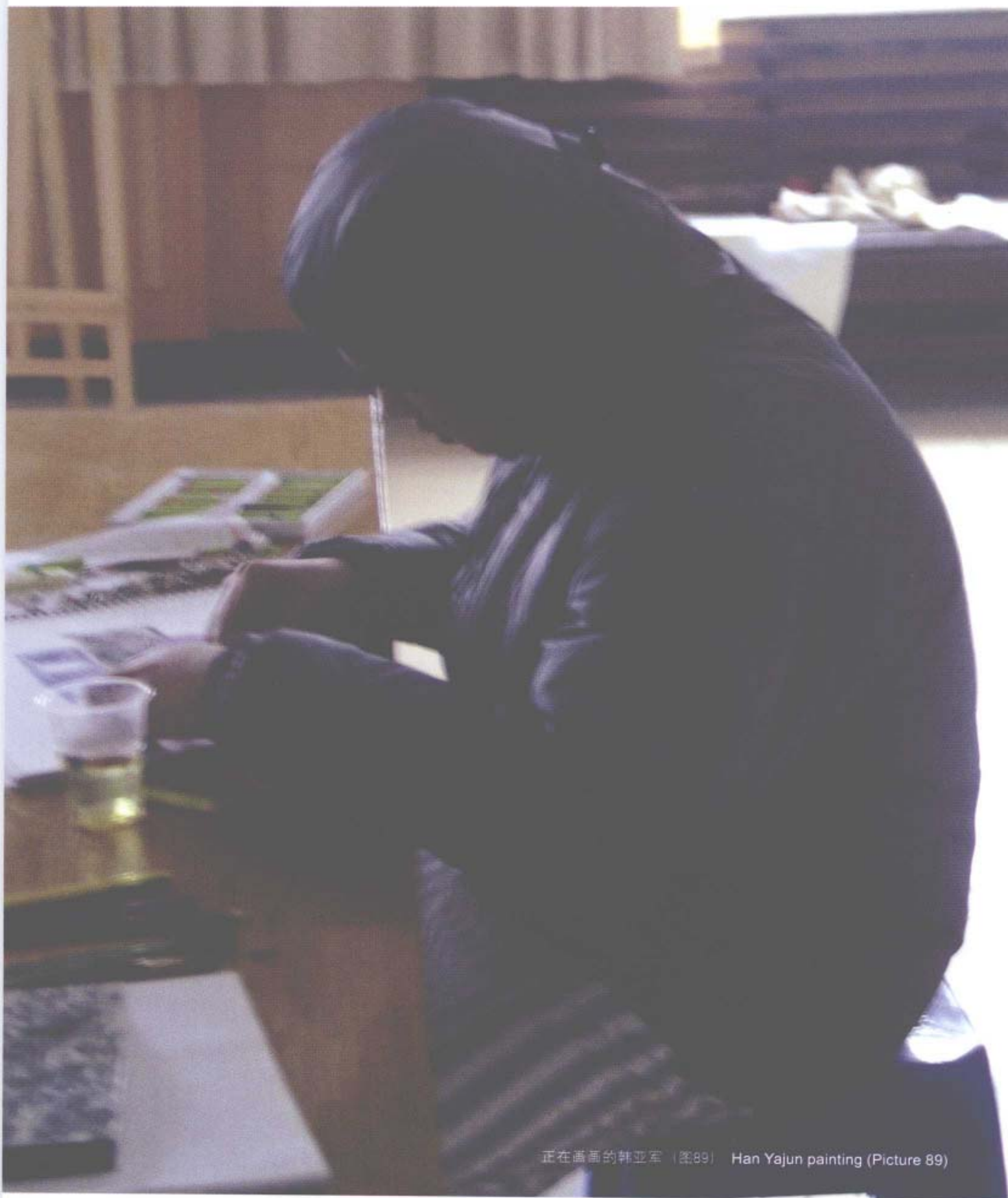
常自言自语，称“我能活一千岁”，“有人要杀我”，“我想杀人”，“南京有几十万的人都是我救的”，“洪水是我治的，蔬菜是我发明的”，“我是大仙”。

有时突然跪下，称我在赎罪，称我的心脏在帮我说话，下跪是因为尊重。有时偷偷地到洗漱间洗冷水澡，称他们说脏，我就要洗干净，不然没有人要我。

入院后给予抗精神病药氯丙嗪治疗，最大剂量达350毫克/日，患者精神症状无改善，又换用抗精神病药氯氮平治疗，最大剂量达400毫克/日，合并碳酸锂，剂量为0.5毫克/日。氟哌啶醇[注17]剂量为4毫克/日。患者幻听、被害妄想、夸大妄想仍顽固性存在，至今没有缓解。

患者病前是一个厨师，他认为画画和烧菜一样，只要认真去做，都能做好，他每天都有不同的作品出现。如果不是因为患有精神病，他很可能成为了一名出色的厨师和艺术家。

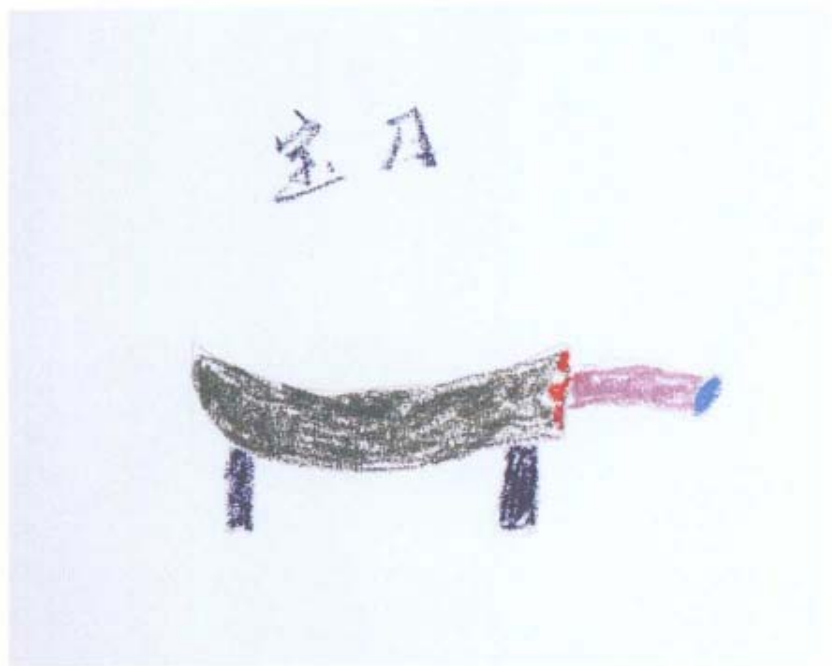
(王玉)



正在画面的韩亚军 (图89) Han Yajun painting (Picture 89)

韩亚军是在我即将离开医院前夕接待的最后一位年轻病人，医生说他住进医院只有三天的时间。第一次见到韩亚军我有些紧张，他穿着一件厚厚的羽绒衫，头被羽绒衫上的羽绒帽包裹得严严实实，帽前露出一张半遮半掩的面孔，乌紫的脸色愈加显得阴沉，再看他始终低垂的目光，仿佛这是一位在生命尽头徘徊的人。面对这一切，我不知所措，我只是问医生，他为什么要把自己的头包裹起来，医生说：“每天晚上他都要洗冷水澡，洗完后也许又觉得冷得受不了了。”（见图 89）

韩亚军坐下来后，没有画画，我也没有跟他做过多的交流，我甚至认为像他这样



是很难进入画画状态的。半天过去了，他几乎一直是不声不响地坐在那里，到了傍晚吃饭的时间，他便随其他病人一起回到了病房。临走时，我没有邀请他第二天继续来画室画画，我以为这既是我们彼此间的第一次也是最后一次的见面。

没有想到在隔了两三天之后，韩亚军却再一次被医生带来画室，而且装束和神情与上次相比没有任何变化。这一次他还是坐在他原先坐的座位上，我递给他

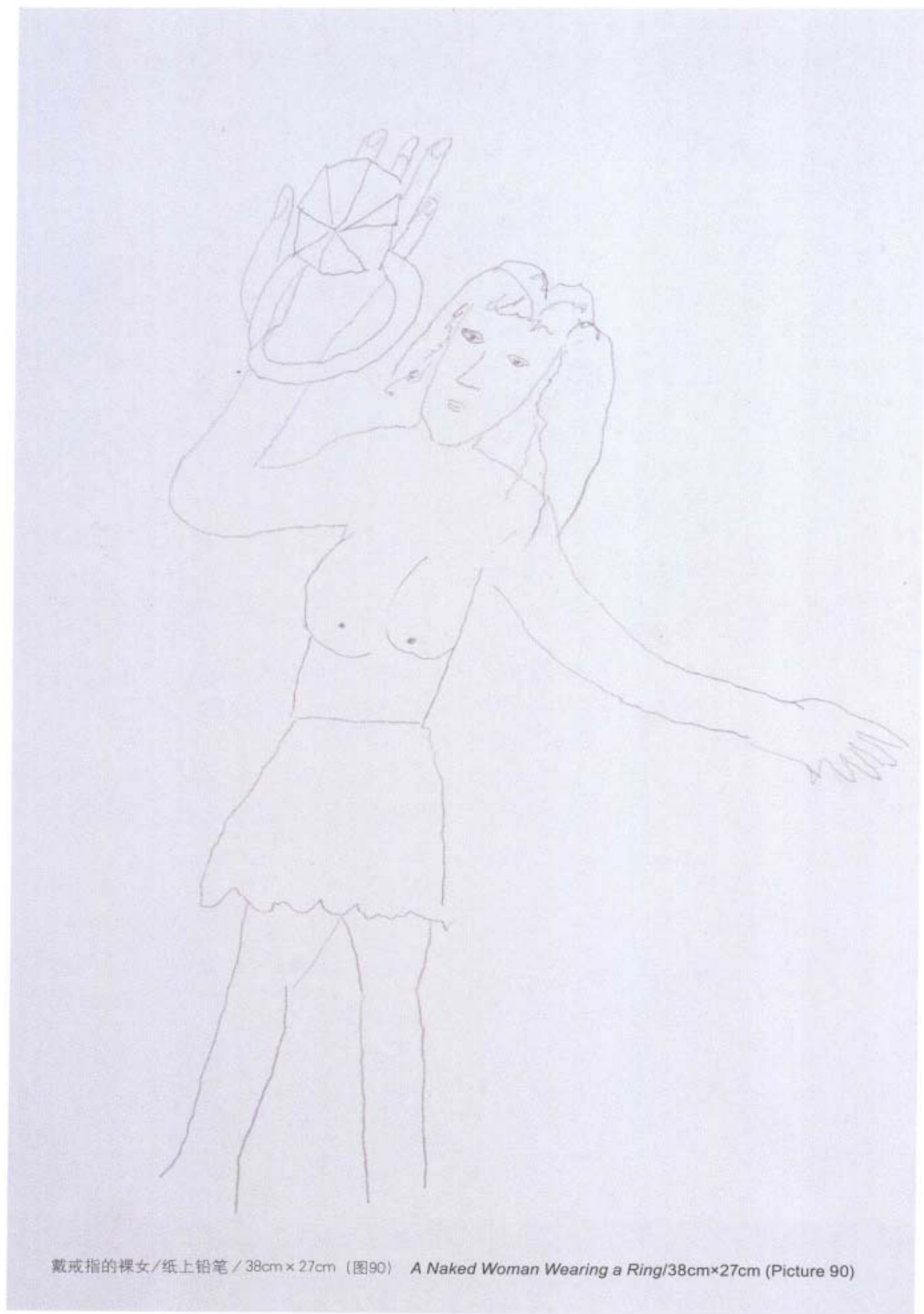
一根香烟，他一边抽烟一边动起了画笔。过了半个小时左右，他画了一位身着连衣裙的女人，这个女人神情恍惚，并略带几分惊恐，纤瘦的身子穿着一件露胸的黑色连衣裙，看上去像一个幽灵。（见图 94）我没有问他画的是什么人，因为看他的样子，估计他也不会有说话的力气，再说，自从他来画室以后，我就没有听到他说过一句话。不过，他的这幅作品还是让我感到意外，我递上一根香烟，算是对他这幅画的奖励。没想到，在不到两个小时的时间里，他又画了一只手表、一只飞翔的雄鹰和一辆汽车。（见图 91，92，95）在如此短的时间里他连续完成了四幅作品，这完全出乎我的预料，这种情况在我遇到的一百多位病人中也是十分罕见的。大部分病人在画了一两幅作品后便完全不再有任何精力去画第三幅或是第四幅了，而韩亚军给我留下的印象却是一位毫无生气的病人。这很像是一个奇迹。也许是因为韩亚军感受到了我内心微妙的变化，他竟突然对我低声说了一句“你对我真好！”这更是出乎我的预料，就在这一瞬间，我意识到韩亚军的内心一定是充满着某种激情，他平时之所以显得如此的冷漠，一定是因为现实的许多限制。我甚至认为他之所以要在寒冬腊月里洗冷水澡，也许与他内心的狂热有关，他想用冰凉的冷水来浇灭自己像火一样燃烧的激情和欲望，但结果却选择了一种十足的自虐方式。然而，对身体的惩罚却并未使自己的精神状况得到改善，相反，希望通过对肉体的惩罚来实现

消灭精神作用的做法却使得这个精神不得不蒙受更为痛苦的折磨。在这种情况下，一旦这个精神受到哪怕是一丁点的关怀，他便会立刻燃烧起来。韩亚军说“你对我真好！”，一定是因为在他坐下来的一个小时内，我先后两次主动递给他了两根香烟。我知道对于这些住在精神病院里的大多数男性病人而言，普遍都存在着烟瘾得不到满足的现象。若无止境地为他们提供香烟，一定有不少人会没完没了地抽吸，对于这些病人而言，没有香烟刺激的时光是难以忍受的。

精神病人的“冷漠”和“无情”完全是一种表象，或者说，这种“冷漠”和“无情”仅仅是一种生理上的反应，事实上，我看到的是这种“冷漠”和“无情”越是严重，他们的内心却越是敏感和越容易被激发。相比之下，对于大部分在医院里长期接受治疗的病人而言，他们只能将自己的欲望埋藏到心灵的最深处，他们对于外界除了机械的服从就是彻底的不信任，这是一种精神病人所特有的“绝望”表现。对此，一些长期住院的病人私下就曾向我明确地表示了他们对医生的“不信任”。“冷漠”则成为他们唯一能采用的对策。我从医生那里得到的反馈是，他们也想对病人给予更多的关爱与更完善的治疗，但医院的人力、物力和财力都不允许。所以，他们对于这种现状似乎也只能表现出力不从心，他们知道自己的工作有很多亟待改善的地方，但他们似乎又找不到更好的办法，对此，我也是十分理解的。问题的关键还是社会对精神病人仍存在着许多偏见。

韩亚军来画室画画的时间只有三天，在最后一天里他的创作热情非常高涨，他连续画了一匹马、一只鸡、一把刀、一盆水仙花、一只烟斗、一个小女孩和“泰坦尼克”号巨轮等等。从外表上看，他依旧穿戴得严严实实，神情依然看不出有任何变化，但是他的系列作品却向我传递出这样的明确信息：这就是他的内心无比丰富多彩，并充满着旺盛的青春活力。对于韩亚军的艺术创作，医生们也都感到十分意外。通过这些艺术作品，我们看到了我们今天医学的局限，但有一点我们是必须予以谨慎对待的，这就是对待人的精神世界仅仅依靠我们今天简单的方式是非常危险也是十分幼稚的。

(郭海平)



戴戒指的裸女/纸上铅笔/38cm×27cm (图90) *A Naked Woman Wearing a Ring/38cm×27cm (Picture 90)*



手表/纸上油画棒 / 38cm × 27cm (上左 图91)
Watch/Oil pastel on paper/38cm×27cm (Picture 91, Top Left)

飞鹰/纸上油画棒 / 38cm × 27cm (下左 图92)
Flying Eagle/Oil pastel on paper/38cm×27cm (Picture 92, Bottom Left)

马/纸上油画棒 / 38cm × 27cm (上右 图93)
Horse/Oil pastel on paper/38cm×27cm (Picture 93, Top Right)

女人/纸上油画棒 / 38cm × 27cm (下右 图94)
Woman/Oil pastel on paper/38cm×27cm (Picture 94, Bottom Right)

Passion Behind Indifference

Han Yanjun, male, 28, from Nantong, ethnic Han, with senior high school education, single, unemployed. He was admitted into hospital on November 27th, 2004 because he believed rumors were being spread about him, suspected others may harm him, and had behaved abnormally for six years. In addition, his illness started to worsen three months ago.

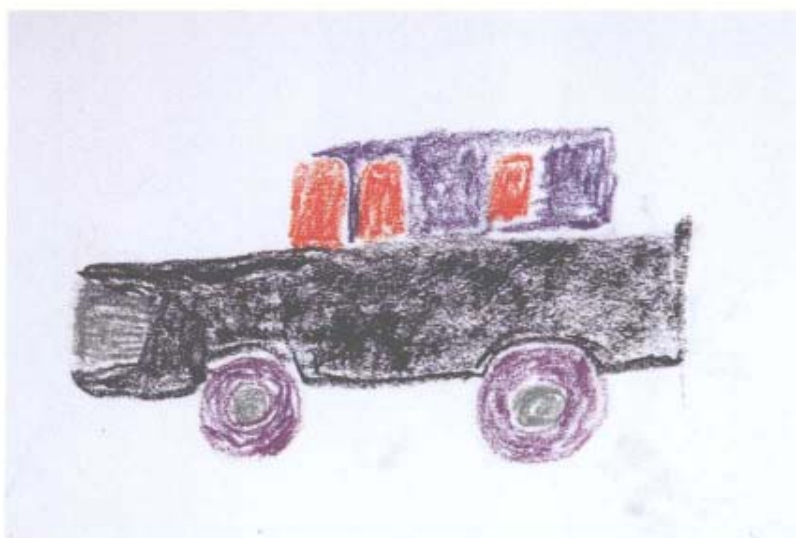
After he became unemployed in 1998, he didn't like to communicate with others. He suffered from insomnia and kept awake all night. He would wander outside and talk to himself while facing the sky, claiming that someone was cursing him and that his parents wanted to harm him. This led to him beating his parents without provocation. He was sent to the clinic of in Nanjing Mental Hospital. The diagnosis was "schizophrenia" and he was given chlorpromazine for treatment. As he often reduced the dosage himself, his symptoms mentioned above would appear again and again. His family had also brought him to Beijing Huaxia hospital, 414 Hospital and PLA 125 Hospital to see doctors practicing traditional Chinese medicine. His medication prescribed was not clear and there was no considerable improvement. His symptoms worsened three months ago. He said that his parents weren't his own parents and they would harm him; he would beat them without provocation. He also asked his uncle's daughter to marry him and fought with his uncle. His father tried to persuade him, but ended up with his teeth knocked out and a bleeding nose. Han Yanjun chopped tables, chairs, doors and windows and burnt them at home. He broke things at home, wanted to fight with a stick in his hands and licked rubbish occasionally. He claimed that a man cursed him so he often shouted and abused towards the sky loudly. His family could not deal with him and sent him to my hospital.

The hospital diagnosis was "schizophrenia."

After he entered the ward, he was eccentric and taciturn. He was slow, with dull eyes and expression. He often heard someone cursing him, saying he was about to die and he'd better die. He also said someone kept murmuring that he was a murderer and would change him into a pig, and that someone wanted to kill him and eat his flesh. He claimed his ward mate sprinkled sulphuric acid on him, and that when he watched TV, someone would strangle him with a piece of string. He attacked his ward mates without provocation, claiming that they wanted to harm and strangle him and cut his head off, so he had to attack them first. As such, he was often beaten up by his ward mates till his nose bled. He also said his ward mate was a murderer and 10 years ago he personally saw his ward mate kill an entire family.

Sometimes he would kneel down suddenly in front of the staff in the ward. If asked the reason, he wouldn't answer but would stand up and leave suddenly. Later, he would say he had mistaken the staff for his mother and that he was kneeling down to repay her for her many years of care. Sometimes, he would suddenly kneel down in front of a nurse, saying with sexual desire, "I love you. I propose to you. Please marry me." When his father came to visit him, he said that he had made mistakes, which is why everyone disliked and wanted to harm him. He also told his father the staff wanted to defame him and that someone kept beating his breast while he slept at night. Because of all these, he asked his father to take him home, or he would commit suicide.

He often talked to himself, saying, "I can live until a thousand years old," "Someone wants to kill me," "I want to kill someone," "I saved thousands of people in Nanjing," "It is I who brought the flood under control," "I invented vegetables," and "I am God."



汽车/纸上油画棒 (图95) Car/Oil pastel on paper (Picture 95)

Sometimes he would kneel down suddenly, saying he was atoning for his crime, his heart was speaking to help him, and that he was kneeling down out of respect. Sometimes he would go to the washroom furtively to bathe in cold water, saying he was dirty so he wanted to bathe or nobody would like him.

After he entered the hospital, he was given anti-psychotic medicine chlorpromazine at the maximum dosage of 350mg per day. His psychological symptoms had no improvement. His medication was changed to anti-psychotic medicine clozapine at the maximum of 400mg per day, along with lithium carbonate at the dosage of 0.5 mg per day. The dosage of haloperidol [Note 17] was 4mg per day. His symptoms of aural hallucination, delusion of persecution, and megalomania still existed without any improvement.

He was a chef before. He thought that painting was just like cooking, that as long as one took great efforts to do it, one could do well and he could produce various works everyday. If he wasn't a mental patient, maybe he could have become an excellent chef as well as an artist.

Wang Yu

Han Yajun was the last young patient I received when I was about to leave the hospital. The doctor said that he had lived in the hospital for just three days. I was a little nervous when I saw him the first time. He wore a thick down-padded anorak and his head was covered by a hat so that only half his face appeared. It looked like he had paced up and down at the end of life from his dark purple complexion and downcast eyes. Facing all these, I felt perplexed. I asked the



晒太阳 (图96) Basking (Picture 96)

doctor, "Why does he cover his head?" The doctor said, "He bathes in cold water every day, and he feels extremely cold after bathing." (Picture 89)

After Han Yajun sat down in the studio, he didn't paint. I didn't communicate with him and I even thought it was difficult for him to paint in such a state. Half a day passed, still he sat there without a word. When it was time for dinner he went back to ward with his ward mates. I didn't invite him to come to the studio the next day and I thought it was the last time I would meet him.

I didn't expect the doctor to bring him to the studio again after two or three days. His dressing and expression were still same like before, and he still sat in his former seat. I gave him a cigarette. He smoked and began to paint. After half an hour, I saw that he had painted a woman wearing a dress. She looked absent-minded and a little fearful, wore a revealing black dress on her slim figure and seemed like a ghost. (Picture 94) I didn't ask who the woman was because he didn't look energetic enough to answer my question. Besides, he hadn't said anything since coming to the studio. However, I still appreciated his works so I gave him a cigarette as a prize. To my surprise, he painted a watch, a flying eagle and a car in less than an hour. (Picture 91, 92, 95) The fact that he had painted four pictures continuously

in such a short time was a rare phenomenon among over the 100 patients I had met so far. It seemed like a miracle because most people had no energy to continue painting the third or fourth after finishing one or two. Maybe Han Yajun felt my inner excitement, for he said to me in a low voice, "You are so kind!" which made me more surprised. I suddenly realized that he was passionate. He must have been restricted a lot in reality which made him so indifferent towards others in ordinary circumstances. At that time, I thought that the reason he kept bathing in cold water even though it was December was related with his inner passion. He wanted to put his burning passion and desire out with cold water, hence punishing his body in such a way. However, his mental state didn't improve. Under this situation, if others showed a little care to him, he would be excited immediately. The reason why he said "You are so kind" was that I had given him two cigarettes in one hour. I knew most male patients could not get enough cigarettes in a mental hospital. If they were provided cigarettes endlessly, it was certain they would smoke each and every one. If there were no cigarettes, it would be unbearable for the male patients.

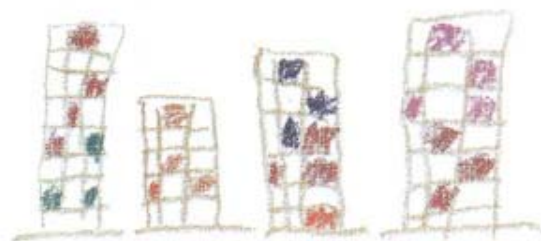
The "indifference" and "heartlessness" of mental patients are superficial phenomena or we can say, the more they seem to be "indifferent" and "heartless," the more sensitive they really are and the more easily they are inspired in their inner mind. Most mental patients who have been receiving long-term treatment in hospital hide their desires in the deepest part of their hearts. Their attitudes towards the outside world are either rigid obedience or total distrust. It is the representation of "despair." Patients with a long period of hospitalization have told me privately that their "indifference" and "heartlessness" towards doctors were the only way they could react. The doctors responded that they wanted to give patients more care and love, but lacked manpower, material resources and financial resources in the hospital. As a result, it seemed beyond their power and although they knew the hospital needed to improve in many aspects, they could not find a better way. I can understand it but there still exists prejudice towards mental patients in society, which is the crux of the matter.

Han Yajun was in the studio for just three days. He painted with great enthusiasm on his last day in the studio. He drew continuously a horse, a chicken, a knife, one pot of narcissus, a pipe, a little girl and a large "Titanic" ship. His appearance and expression were still the same, however, his series of works showed that he had a rich and vigorous inner mind. All the doctors were surprised at his series of works. Seeing these art works, one realizes the limitation of today's medicine. We must pay much attention to one point, that is, it is very dangerous and immature if we only depend on today's experiential science to understand a mental person's spiritual world.

Guo Haiping

“知翻”的时能以教 章十策

IRRESISTIBLE "SLEEP"



第十章 难以抗拒的“睡眠”

IRRESISTIBLE "SLEEP"



画架前困倦的陈家宝 (图97) Sleepy Chen Jiabao in front of easel (Picture 97)

陈家宝，男，32岁，汉族，初中文化，离异，无业。因“对社会不满，打架斗殴13年”，于2006年6月21日入院。

患者少年时期就存在品行问题，经常打架斗殴，违法乱纪，逃学，反复说谎。91年因犯流氓罪被判刑四年。出狱后恶习不改，常为一些小事，或帮朋友打架斗殴。对妇女进行性骚扰。1995年因两次打架斗殴并致两人重伤，被判刑六年。2000年7月刑满释放。回来后仍经常闹事。表现为易激惹，易冲动，对社会严重不满。2001年因打架第三次被判刑。出狱后被家人送去“南京脑科医院”，诊断为人格障碍（反社会型）[注18]。予以氯丙嗪等治疗七个月，以“好转”出院。家人担心患者在家很可能再次出现伤害他人行为，于2004年11月第一次送入我院住院治疗。于2005年9月29日以“好转”出院，近两个月来患者拒绝服药，再次出现易激惹，冲动行为，殴打其母亲，并恶语相加，对一切表示不满，家人无法管理，第二次送入我院住院治疗。

患者入院后表现为孤僻、少语，不与其他病友接触，问话不愿回答，思维不愿暴露。且头偏向一侧，不愿正视工作人员，与工作人员平行或面对面行走时，及早避让开。喜欢坐在活动室的后排，用衣服蒙着头睡觉。易激惹，问话时，称“你问这个干什么，不干你的事”。问其这几天感觉怎么样，称“我累死了，我最近不

知怎么的总是睡不好，不讲了，不讲了”。问其在家为什么打架，称“我没有打架，是他们把我送来的”。问其以后还会去帮朋友打架吗，称“那要看什么事了”。有时看一些书，问其看什么书，称“不是你看的书，是警方的”。生活懒散，不愿参加各种工娱疗活动，问其为什么不参加这些活动，称“我不喜欢这些”。不配合工作人员治疗，服药后总是往厕所走，企图吐药，被及时制止。给予心理疏导无明显效果。

入院诊断“人格障碍（反社会型）”，给予氯丙嗪治疗，最大剂量达350毫克/日，丙戊酸钠0.4毫克/日，阿普唑仑0.4毫克/晚。

患者不同于其他精神病人，他的思维、智能、情感没有任何问题，他不愿意参加任何活动，对参加绘画这样的活动也表现出非常畏难的情绪。

（王玉）

陈家宝来画室画的第一幅作品就给我留下了深刻的印象，他用铅笔画了一条贯穿于整个画面的小路，小路四周有山水有房屋，周围还长着茂盛的草丛和树木，天空中他画了一个光芒四射的太阳和飘浮的云朵，在画面的中心位置他还画了两个人正在击剑的场景。也许是担心我们会误解他画的内容，他还在很多景物旁边注明了所画景物的名称，如“瀑布”、“假山”、“草坪”、“击剑”等，其中让我感到意外的是他不仅在一排树木上方注明了“松树”的名称，而且还在“松树”两个字的后面注上了“坚韧不拔”四个字，正是这“坚韧不拔”的注释，让我对作者产生了更加浓厚的兴趣。（见图99）

如果忽略了精神病院这个特殊的环境让我去看这幅作品，也许会不以为然，但一旦将这幅作品放置在精神病院和其他病人所画的作品中间，我们立刻就会发现其中的不同寻常。比如在这幅作品中我们能看到一种强烈的表现欲望与丰富的想象力，这些特征在其他病人的作品中是很难遇见的。而用“坚韧不拔”去注释“松树”则进一步表明了作者十分明确的用心。

更让我吃惊的是，我在陈家宝半眯着的眼神里察觉到了他对我的“审视”与“怀疑”。在与他的交谈中，我发现他的思维反应特别敏捷，并且充满着高度警惕和戒备心理，他问我是不是在给他做“司法鉴定”。我问他怎么会有这种想法，他说他曾在司法部门用相似的绘画方式做过“司法鉴定”。面对着他的提问，我有些不知所措，因为在来医院之前我并没有想到会遇到这样特殊的病人。

事后在医生那里得知，这位身材壮实的年轻人被确诊的是“反社会人格障碍”而并非是“精神分裂症”。医生还告诉我，他曾因多次参与暴力犯罪而被判过刑和接受过劳教。于是我立刻调整了视角，当我重新再去观看那幅作品时，“瀑布”、“假山”、“桥”、“击剑”、“草坪”和“松树”等景物都不自觉地显示出“反社会人格障碍”的意义，也许这就是一种医学和社会文化的暗示。如果没有这些“暗示”我不知道自己最终又会怎样走进陈家宝的精神世界。这时，我才意识到自己对社会文化经验的严重依赖。精神病院是一个特殊的社会环境，在这里没有法律、道德和美学的标准，唯一适用的只有医学的解释。

第二天，陈家宝拒绝了我们的邀请。他唯一的理由就是因为自己“不会画画”。

即使如此，我们还是会经常邀请他来画室，不过，在大多数情况下他仍然表示“不想画”和“不会画”。我问王主任：他平时在病房里干什么？王主任回答说他大部分时间都是趴在桌子上睡觉。同时，他的病友们也告诉我，很少见到陈家宝与别人交流。

在后来两个多月的时间里，陈家宝来画室的次数共计不超过五次。但就是这有限的几次，陈家宝在他的作品中还是向我们展示了一个“反社会人格障碍”的视觉心理图式。如第二次来到画室时，他连续画了两幅作品，第一幅描绘了一支部队即将攻打敌方军营的场景，成群结队的士兵，高举着军旗的旗手，还有站立在部队最前沿的鼓手，他们面对着沉睡在帐篷里的敌人，正准备发起一场大规模的进攻战。面对着画面，陈家宝神情激动地向我介绍了作品的内容。也许是这一幅作品激发了他压抑已久的斗志和欲望，所以在画完这幅作品后他紧接着又画了一幅反映社会一系列不良风气的作品，画面上的每一个景象他都会用文字加以注释，如“官黑勾结”、“豆腐渣工程”、“挪用公款”、“雇凶杀人”、“财产转移”、“结婚送钱”、“生病送钱”、“生日送钱”、“死人送钱”等。最后，他还在画面的右下角画了一排隔栅，每一档隔栅里都画了一个人，然后又注明这是“腐败分子葬身地”和“看守所”。（见图 101）



病房地面的反光（图98） The reflection of light on the floor in the ward (Picture 98)

若欲从传统艺术的审美视角来看待这幅作品，我们一定会感到失望，但对于一个不得不服用大量抗精神病药物的精神病人而言，这幅作品却让我们对患有反社会人格

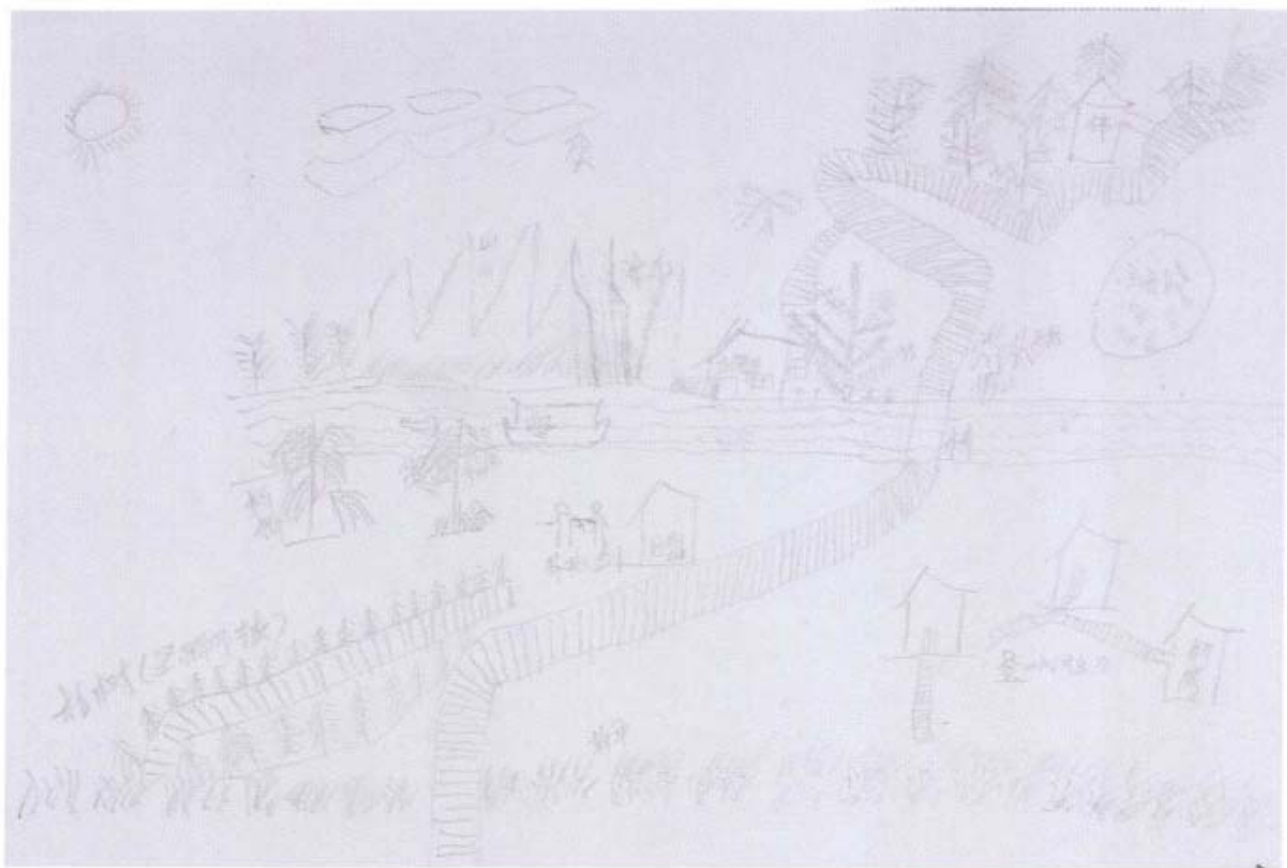
障碍者的人格有了许多更深层的认知。

陈家宝的内心世界是极为丰富的，除了直截了当地向我们传递他的内心活动之外，他的艺术才华同样常常让我感到惊讶，比如他画俯瞰的大地，以及面对着病房外风景进行写生等，表现得都十分生动。（见图 100, 102）从艺术的角度欣赏，我们可以从他密集短促的线条中感受到他内心的紧张、激动和压抑。他不太喜欢使用鲜艳的颜色，对灰色却表现出十分地偏爱。但也有例外，那就是当他画到“喜结良缘”的主题，以及他“表哥看香港”的内容时，他却选择了喜悦的暖色和五彩缤纷的颜色。（见图 103, 104）即使如此，我们还是在陈家宝的《喜结良缘》作品见到了“红杏出墙”和“奸出人命”的文字。

比较而言，陈家宝的画面都是较为丰满和丰富的，他不喜欢画面中留有太多的空白。从这个意义上说，陈家宝的身体中一定蕴藏着某种奇特的生命潜能，但抗精神病药物却逼迫他终日处于昏昏沉沉的半睡眠状态，也许只有这样，他才不至于对我们的社会构成任何威胁。

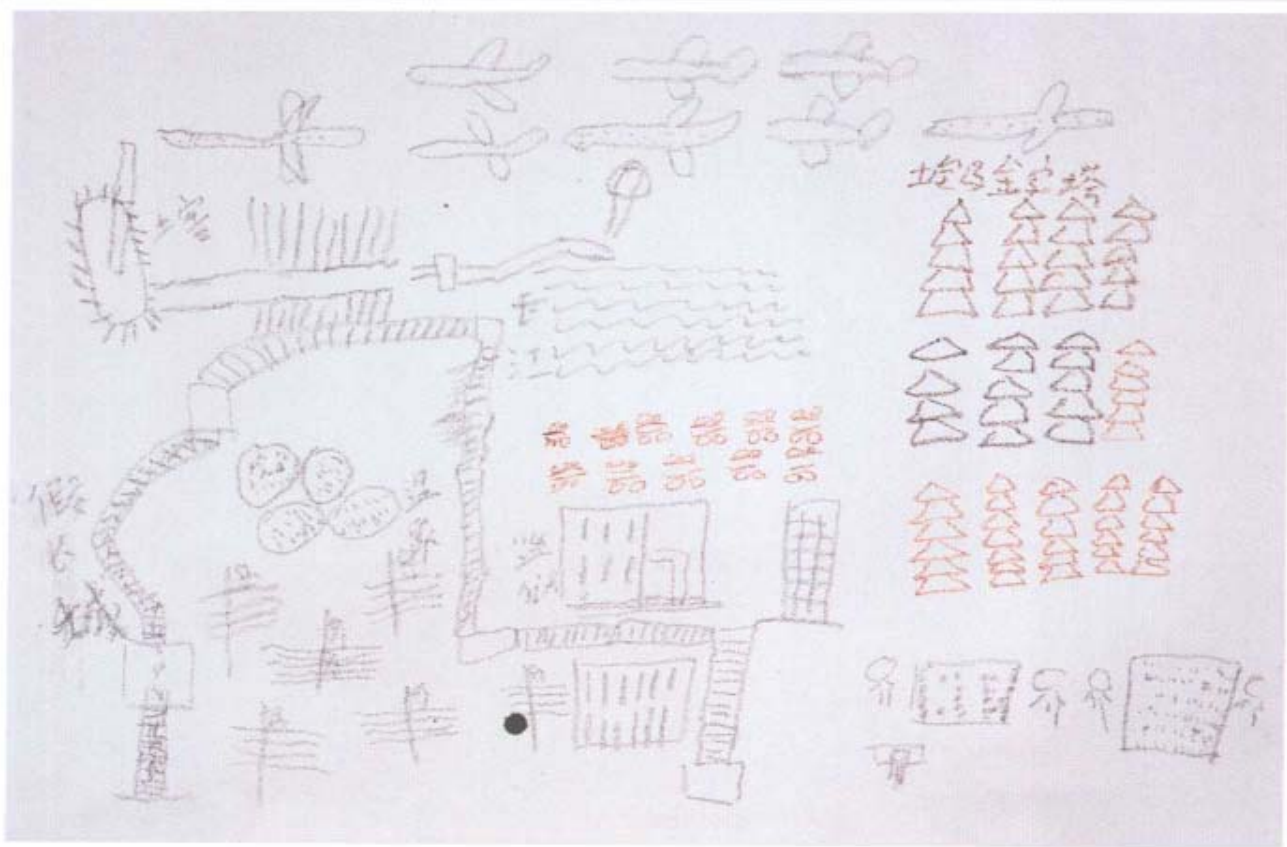
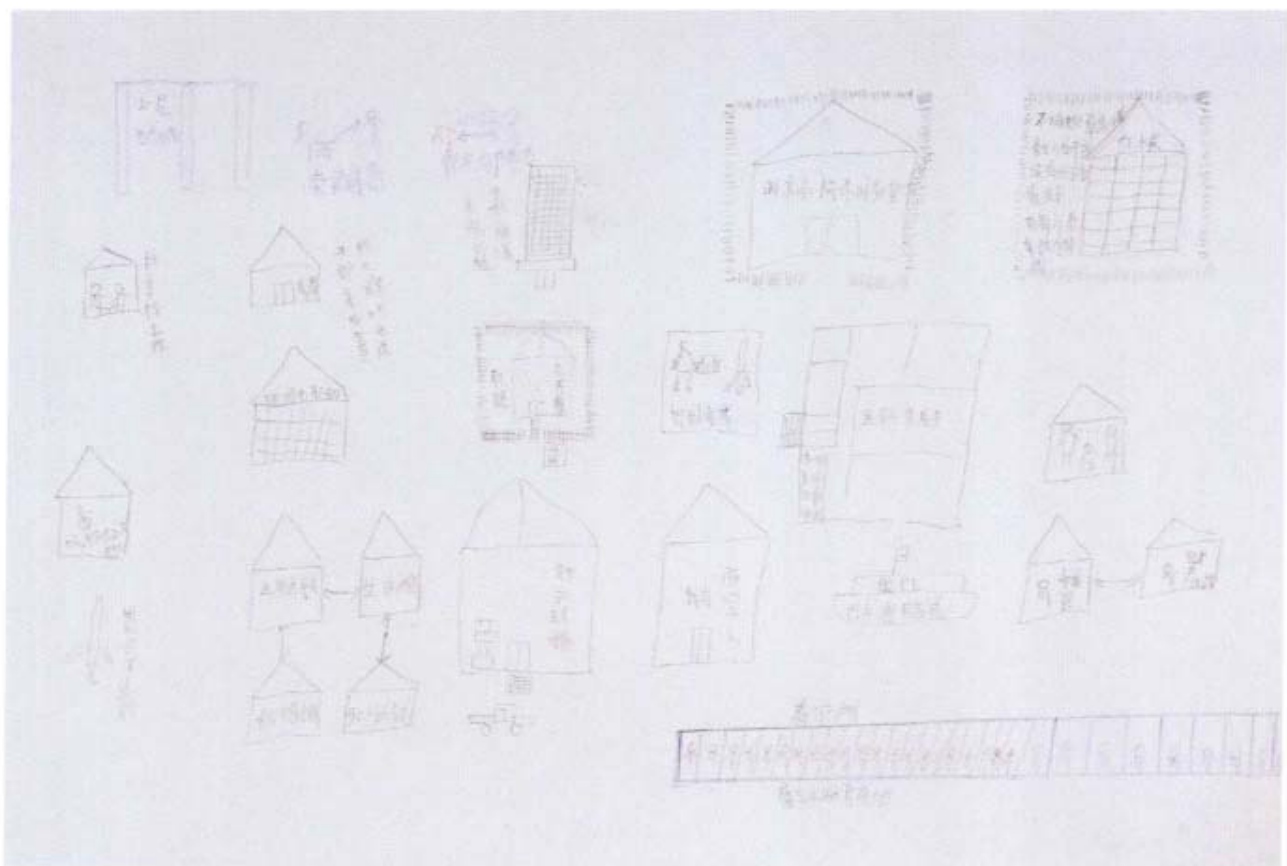
在与陈家宝的交往中，我再一次深切地感受到了艺术所具有的神奇功能，这就是它能够真实地反映人的生命及精神状态。如果看不到陈家宝的这些作品，我们只能看到抗精神病药物对人精神的控制力量。然而，嗜睡、无力只是一种生理的反应，但是就在这些“嗜睡”和“无力”的背后，却隐藏着我们难以察觉的精神力量。

（郭海平）



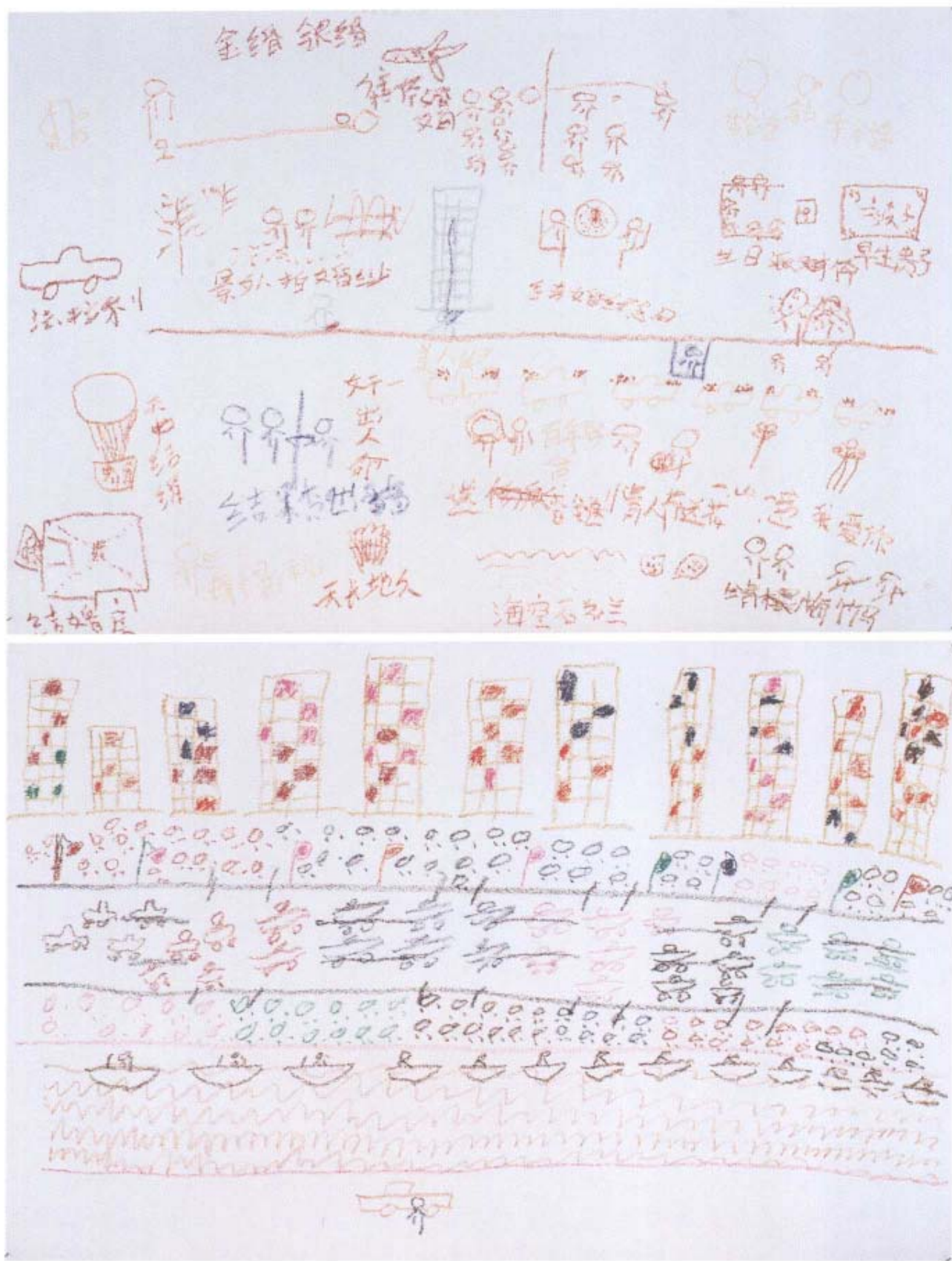
风景创作/纸上铅笔/38cm×27cm (上图99) Scenery/Pencil on paper/38cm×27cm (Picture 99, Top)

医院风景写生/纸上油画棒/78cm×56cm (下图100) Scenery Sketch of Hospital/Oil pastel on paper/78cm×56cm (Picture 100, Bottom)



腐败图/纸上铅笔/52cm×38cm (上 图101) Pictures about Corruption/52cm×38cm (Picture 101, Top)

天上看到的大地风景/纸上油画棒/78cm×56cm (下 图102) Land Scene Seen from Sky/Oil pastel on paper/78cm×56cm (Picture 102, Bottom)



喜结良缘 / 纸上油画棒 / 78 × 55cm (上 图103) *Happy Marriage/Oil pastel on paper/78x55cm (Picture 103, Top)*

表哥看香港 / 纸上油画棒 / 78 × 55cm (下 图104) *Brother Visits Hong Kong/Oil pastel on paper/78x55cm (Picture 104, Bottom)*

Irresistible "Sleep"

Chen Jiabao, male, 32, ethnic Han, with a junior high school education, divorced and unemployed. For 13 years, he often fought and got into scuffles because he was discontented with society. He was admitted to the hospital on June 21st, 2006.

The patient was notorious in his youth. He fought, violated the law, played truant and repeatedly told lies. He was sentenced to four years in prison for vandalism in 1991. After release from prison, he continued with his vices. He still fought and committed sexual harassment. He was sentenced to six years in prison for causing a death and two injuries in a fight in 1995. After serving his sentence, he was released in July, 2000. He continued to make trouble frequently, and was irritable, impulsive and discontented with society. In 2001, he was sentenced for the third time because of another fight. He was admitted to Nan Jing Mental Hospital and the diagnosis was "anti-social personality disorder" [Note 18] He was given chlorpromazine for seven months and left the hospital after getting well. His families feared that he was likely to harm others again if he stayed at home, so he was sent to my hospital for treatment. After his condition improved, he left hospital on September 29th, 2005. The patient refused to take medicine for nearly two months after. His family was unable to control his recurrence of irritation and impulsive behavior. In addition, he would beat and slander his mother and was dissatisfied with everything. He was then admitted to my hospital for treatment for the second time.

After being admitted to hospital, he became eccentric, was very taciturn and had little interaction with ward mates. He was unwilling to answer questions as well or reveal his thoughts and did not want to face the staff. When he came face-to-face or alongside the staff along the corridors, he would keep as far away from them as possible. He liked to sit in the backseat of the activity room and sleep with clothes covering his head. He easily lost his temper and when asked any questions, he would respond by saying, "Why do you ask me? It is not your business." When asked how he was feeling the last few days, he said, "I am exhausted. I cannot sleep well and I do not know its reason, terrible, terrible." When asked why he fought at home, he said, "I do not fight. It is them who send me here." When asked whether he would like to fight to help his friends in the future, he said, "That depends." Sometimes he would read a book, but if asked what the book was about, he would said, "The book is not for you, it belongs

to the police.” He was lazy and unwilling to participate in various recreational activities. When asked why he didn’t participate in these activities, he said, “I do not like them.” He did not cooperate with treatment from the paramedics, and would always go to the washroom after taking his medicine in an attempt to vomit it out. But he was usually stopped in time. There was no obvious effect through psychological treatment.

The diagnosis was “anti-social personality disorder.” He was given chlorpromazine at the maximum dose of 350mg per day. Sodium valproate at 0.4mg per day, and alprazolam at 0.4 mg per night.

The patient was different from other mental patients. There was no problem with his thoughts, intelligence and emotions. He was unwilling to participate in any activity and felt very embarrassed for participating in such a painting activity.

Wang Yu



趴在桌上睡觉的陈家宝 (图105) Chen Jiabao Sleeping on the Table (Picture 105)

I was deeply impressed by the first work Chen Jiabao painted in the studio. He used pencil to draw a path which carried through the picture. There were mountains, rivers and houses along the road. Grass and trees flourished all around. He painted a shining sun and floating clouds in the sky. In the middle of picture,

he painted the scene of two persons fencing. But he was worried that others may misunderstand the content of the picture, so he marked scenes with names beside them, such as “waterfall,” “rockery,” “lawn” and “fencing,” etc. To my surprise, he not only marked pine with the Chinese characters “Song Shu” above a row of trees, but also wrote four characters “Jian Ren Bu Ba” (persistence) next to the two “Song Shu” characters. I began to take a deep interest in him because of the annotation of “Jian Ren Bu Ba.” (Picture 99)

If I had seen this work outside the special environment of a mental hospital, I would have taken his picture for granted. But placing the work in the context of a mental hospital and among other patients’ work, I immediately found that it

was special. For example, we can see a strong desire and rich imagination from this work. It was difficult to find these features in other patients' works. Chen Jiabao used "Jian Ren Bu Ba" to annotate "Song Shu," which was a further demonstration of his intention.

To my surprise, I found a look of suspicion and interrogation in Chen Jiabao's half-opened eyes. In conversations with him, I further found that his thinking was extremely quick and he was fully alert and cautious. He asked me whether I made "judicial identifications." I didn't understand his meaning. He said he once used a similar way of painting in the judicial department to make "judicial identifications." Facing this question, I felt a little perplexed because I didn't expect that I would encounter such a special patient before I came to hospital.

Later, I learned from the doctor that this sturdy young man was diagnosed



废弃的病房 (图106) Deserted wards (Picture 106)

with "anti-social personality disorder" rather than "schizophrenia." Besides, the doctor told me that Chen Jiabao had previously been sentenced to prison, and he had accepted reeducation through labor because he had repeatedly participated in violent crimes. I changed my perspective immediately after hearing the doctor's words and observed his work carefully again. The images of "waterfall,"

“rockery,” “bridge,” “fencing,” “lawn” and “pine” could reveal the meaning of “anti-social personality disorder.” Maybe this was a kind of medical, social and cultural implication that could allow me to enter Chen Jiabao’s spiritual world. At this time, I found I had to depend on my social and cultural experiences. The mental hospital is a special social environment. There are no laws, moral and aesthetic standards. The only applicable standard is medical diagnosis.

The next day, Chen Jiabao refused our invitation to the studio. The only reason he gave was that he was “unable to paint.” Even so, we would often invite him to the studio to paint. However, most of the time, he still expressed that he was “unwilling to paint” and “unable to paint.” I asked director Wang what he usually did in the ward. Director Wang said that he slept on the table most of the time. I also learned from Chen Jiabao’s ward mates that he seldom communicated with others.

In the next two months, Chen Jiabao came to the studio less than five times. But within those few times, Chen Jiabao presented a visual psychological schema in his work. In his second visit to the studio, he painted two works continuously. The first one was a picture of troops about to attack the enemy’s barracks. The scene represented a large number of soldiers, color-bearers holding



祖堂山精神病院旧址 (图107) Former Site of Deserted Zutangshan Mental Hospital (Picture 107)

their flags and drummers standing in the forefront of the army. They were facing sleepy enemies in tents and they looked prepared to launch a spectacular attack. Facing this picture, Chen Jiabao made a detailed presentation to me. He was a little agitated. Maybe it was this work that inspired the fighting spirit and desire oppressed at the bottom of his heart. After finishing this work, he went on to draw a picture reflecting a series of unhealthy social morals. He used characters to give annotation to each scene, such as “collusion between officials and criminals,” “bean dregs,” “embezzlement,” “intentional murder,” “property transfer,” “marriage and money,” “sickness and money,” “birthday and money,” “death and money,” etc. Finally, he drew a row of barricades in the right corner of the picture. He drew a person in each barricade and marked it with “corrupt people’s grave” and “detention center.” (Picture 101) If we simply looked at this work from an aesthetic perspective of traditional art, we would be keenly disappointed. But if we bear in mind that this was done by a mental patient who had to take a mass of anti-psychotic medicine, we would realize that this work gives a deep insight into the patient's anti-social personality disorder.

The inner world of Chen Jiabao was extremely rich. Apart from being able to express his inner thoughts and emotions to us straightforwardly, I was also surprised by his artistic talents. For example, his pictures of overlooking the land and the sketches he drew when faced with the scenery outside the ward were rather vivid. (Picture 100, 102) From the perspective of art, we can feel Chen Jiabao’s inner tension, excitement and suppression from his short dense images and lines. He didn't like to use bright colors. Grey was his favorite colour. But there were exceptions. When he painted the theme of *Happy Marriage* and *Brother Visits Hong Kong*, he chose delightful warm colors to his heart's content. (Picture 103, 104) However, we also found the characters “Hong Xing Chu Qiang” (extra-marital affair) and “Jian Chu Ren Ming” (rape victims) in his work *Happy Marriage*.

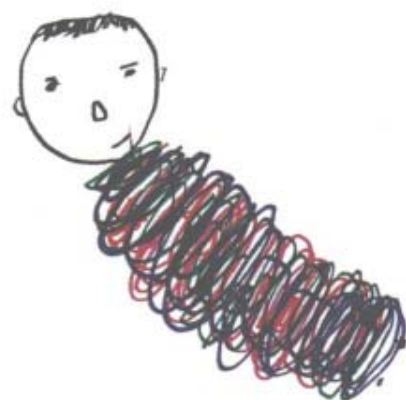
Chen Jiabao did not like to leave too many empty gaps in his pictures. In this sense, there existed plenty of energy in his body, but the anti-psychotic medicine forced him to be in a sleepy or semi-coma state. Only in this way, would he not become a threat to our society.

In my communication with Chen Jiabao, I was deeply impressed by the miraculous functions of art, that is, how art can truly reflect people’s lives and their mental state. If we hadn't seen Chen Jiabao’s work, we would only have seen the controlling power of anti-psychotic medicine upon one’s spirit. However, excessive sleepiness and lethargy are just physiological reactions. What we hardly realize is the imperceptible spiritual power hidden behind the “excessive sleepiness” and “lethargy.”

Guo Haiping

夫肯已挺显的“所意天”章一十第

APPEARANCE AND DISAPPEARANCE
OF “UNCONSCIOUSNESS”



第十一章 “无意识”的显现与消失

APPEARANCE AND DISAPPEARANCE
OF “UNCONSCIOUSNESS”



在创作间隙抽烟的张玉宝 (图108) Zhang Yubao smoking between intervals of painting (Picture 108)

张玉宝,男,32岁,江苏南京人,初中文化,已婚,无业。患者因“渐起凭空闻语,疑人害己一月余”,于2005年3月17日入院至今。患者自2005年春节起无明显诱因出现紧张、害怕,称有人要害他,有人要把他家里人全杀掉,把他老婆也要杀掉。称六七年前曾因他揭发而被送去监狱里的人,现在放出来了。他说他是他们的老大。听到有人告诉患者这些人要来报复他,杀他,于是拿着刀自卫,到处乱跑。整天紧张恐惧不已,到处求救,打110报警,严重扰乱社会治安。被派出所送至市脑科医院诊治,诊断为“分裂样精神病”。服用氯丙嗪等抗精神病药物治疗。住院二十多天,因费用问题转至我院要求住院治疗。入院诊断:精神分裂症——偏执型。

患者父母亲已去世,妻子也患有精神病,已不知去向。患者在派出所和当地居委会协同下被送入我院。入院时,精神症状丰富。称有人对他说,从监狱放出来的人要来报复他(幻听)。称有人要杀他,要把他的父亲和老婆都杀掉(被害妄想)[注19]。认为自己是黑帮老大。自己没有病,为什么要把他送到这里来。纠缠工作人员要求放他回家。认为活着没意思,曾两次自杀未遂。一次是把裤子挂在门上,套着头,身体向后仰,被工作人员及时发现。第二次是将裤子扎在床头杆上,套着头,身体向下滑,又被工作人员及时制止。医生对其做心理疏导,患者认为肯定是派出所的人搞他,把他抓到精神病院,把他的老婆也带走了,因此他不想活了,除非把他放了。医生告诉他说,你自杀是不可能得逞的。患者称我不上吊了,我要绝食,于是拒绝进食。医生给予做鼻饲,患者可能感到鼻饲很不舒服,对工作人员说,我想通了,我不再自杀了,一定配合你们的治疗,安心住院。但是我必须在某月某日见到家人,否则还要自杀,并且教同病室的病友如何自杀。

当抗精神病药氯丙嗪加至600毫克/日时,患者虽不再有自杀念头,阳性精神症状也消失了,但常纠缠工作人员诉说,这不舒服,那不舒服,全身关节疼痛,并出现了锥体外系副反应:浑身发抖,静坐不能。医生准备给予换用抗精神病药氯氮平治疗,当剂量加至50毫克/日时,患者出现了严重的负反应:便秘、手足震颤、流口水(常将胸前衣服、枕巾弄湿)、吞咽困难。因此换回氯丙嗪治疗,并辅以心理治疗、行为治疗、工娱治疗等辅助治疗。经过适当的药物剂量调整,一段时间后,患者阳性精神症状基本消失,未再出现药物负反应。但是出现了情感淡漠,意志行为减退,整日沉默不语,呆坐,面部表情呆滞,不与其他人接触等精神病性阴性症状。2005年9月,患者父亲去世,在居委会负责人和其父亲同事的协助下,患者被带出参加了其父亲的追悼会。两小时后返回。观察患者没有任何悲伤的表现,若无其事,称死就死吧,与我没关系。患者每天只知道吃饭、睡觉,被动配合医护人员的治疗与管理,对未来毫无打算。

2006年10月,患者参加了这次艺术创作活动,他的艺术天赋令人惊讶,在三个月时间里,他每天都在创作,他对未来也有了打算,他想做一个艺术家,甚至于能成为一个艺术大师。就连在病房的表现也发生了变化,面部开始有了笑容,和病友们开始交谈,有时甚至与病友开玩笑。还会帮助年老体弱的病友。积极参加各种工娱疗活动,如打牌、下棋、大合唱等。我们真希望他早日康复,走入社会,成为一个艺术家,或是一个有用的人。

(王玉)

一百年以前，弗洛伊德为我们建立了一个“无意识”的理论空间，后来，一位叫达利的西班牙艺术家则深深地迷恋上了弗洛伊德的“无意识”，他不仅画了许多被他自己称之为是表现无意识的图像，而且还多次谈到艺术与无意识之间的神秘关联。不过，当弗洛伊德看过达利的作品后对他说：“你的作品中让我感兴趣的不是无意识而是意识。”达利对弗洛伊德的评价表示认同，后来他也承认“我和疯子最大的区别就是，我没有疯”。

我遇到的这位被确诊为精神分裂症的病人，他画的作品第一次让我深切地体会到“无意识”与“意识”的差异。第一次见到他，我便发现他与其他病人不同：他没有问任何问题也没有提任何要求，坐下后便一声不响地埋头画个不停。一个小时后，我走到他面前发现他画的形象都非常小，但内容却非常丰富，有“鱼”、“蜻蜓”，有“水果”、“蔬菜”和“小动物”。就是在这些看似随意的图像中，我还看到了一些奇怪的东西，比如两只像“猪”和“牛”一样的身体下面，还画了一两只“小动物”在吃它们的奶。也许是“小动物”被他画得有些奇怪，所以我问他：“是不是小牛在吃奶？”他却说：“不是，是人在吃牛奶。”我觉得十分诧异，一时竟不知道如何回答，所以也就没有进一步追问，而是让他继续画他想画的东西。过了一个小时，我再去看他的画，发现他又画了一些更加不可思议的图像，我非常希望他能告诉它们的意义，他低声向我做了一一的介绍：“这是一个关在铁笼里面的怪兽；这是没有香烟抽的感觉；这是一个人手牵着一只怪兽，他的头上有一个放大镜……”我仍旧非常好奇：“你怎么会想到画这些东西的？”他说这些图像都是“从脑子里冒出来的”。对此，我还是找不到任何头绪。

第二天，我在医生那里了解到了这位病人的情况。他叫张玉宝，今年32岁，父母在多年前相继病逝，住院前他一直靠在路边卖馄饨、水饺和甘蔗为生。平时沉默寡言，发病时却举着菜刀在大街上乱跑。第一次见到张玉宝，我也问过他发病的原因，他说是有一个流氓经常跑到他家，逼迫他将一套住房低价卖给这个人，张玉宝嫌他开价太低不愿出售，结果这个人就扬言要杀他和要拐卖他刚结婚不到一个月的年轻妻子。在这种情况下，他终日诚惶诚恐，去公安部门报案，又因没有证据而不了了之。在这种险恶处境的压迫下，张玉宝的精神终于崩溃了。

张玉宝以前从未画过画，但自从这一次拿起画笔之后，他便爱上了这种表现方式。两个多月的时间里，除了一次短暂的中断之外，他几乎是天天都来画室，所以给大家的印象非常深刻。

在开始的半个月时间里，他都会像第一次来画室那样随心所欲地画他大脑中浮现的形象。虽然有时一天只画几个图像，但他的精神状态却一天比一天放松，有时还能够从他的脸上看到一些难得的笑容。这段时间里，他依然会画一些小动物，但更多的图像却是他内心无意识的反映，比如他会画一个被铁丝缠绕住的小孩，（见图124）一个骷髅骨架，以及一个钉满铁钉的人头等等。从精神分析理论的角度看待这些形象，我们只能说这些都是张玉宝的无意识显现。不过，在这些无意识支配下画出的形象中，有一个特征却十分明显，这就是在他的作品中，只要涉及到人的形象，一定都是畸形、残缺和痛苦的。相比之下，那些动物、蔬菜和蜻蜓却显得生

动活泼，栩栩如生。这既是张玉宝对这个世界的反映，同时又是这个世界留在张玉宝潜意识里的记忆。

在前半个月时间里，张玉宝还画了被他称之为“挣扎”、“怒吼”和“分裂”的作品，（见图 111,114,115）对于这些作品，他都非常得意。但是有一幅作品上一个侧立的人影却让他十分苦恼。当他画出这个图像之后他便连续两天坐在画前发愣，问其原因，他指着这幅图像对我说：“这两天我一直在想这个人的另一半是什么样子，但怎么都想不起来。”这时我才仔细审视这个让他感到十分困惑的身影：这是一个人的侧影，在身子他画的不是头像而是画了一个“钩子”。图像的右边有一种被切断的感觉，正是这个“切断的感觉”才使他感到无比苦恼。他告诉我，画这个图形的时候他脑子里只出现了半个图像，他非常希望自己能想起另一半的内容。（见图 113）针对他的这一强烈愿望，我们之间做了很多交流，我一再劝说他不要逼迫自己去思考，因为这些形象的出现开始就不是受人的主观意志控制的。这也许就是弗洛伊德所说的人的无意识属性。

半个月的时间过去了，见到张玉宝对绘画的兴趣一天比一天浓厚，而且精神状态也明显比刚开始要好许多，我与王主任都特别高兴。为了进一步让张玉宝摆脱抗精神病药物的负面影响，我与王主任商量后决定减少张玉宝的服药剂量，这一决定得到分管张玉宝的临床医生的支持，张玉宝本人听到这一消息时也流露出了无比幸福的神情。没过几天，张玉宝的眼神和行走站立的姿态都发生了明显的改变，这是向健康状态迈出的重要一步。与此同时，张玉宝作品的内容与形式也随之出现了变化，比如开始经常出现的“畸形”、“残缺”和“痛苦”的内容逐渐被一些现实生活的场景所取代，同时人与物的个体形象却变得越来越小。对于这种神秘的变化，我做过这样的分析，首先，这些变化说明了张玉宝精神状态出现了好转。第二，可能是因为只有在这些微小的图像中他才可能描绘更加自如和更接近于大脑中的形象。第三，之所以出现这些微小的形象，也有可能是因为他与其他分裂症病人一样，是身处高空对大地进行俯瞰的结果。这是因为在他画的这一批作品中，大部分视角的确都具有俯视的特征，如“街道”、“游泳”、“公园”等。（见图 116,117）我尝试过与张玉宝进行沟通，希望能够



张玉宝的画桌（图109） Zhang Yubao's table (Picture 109)

从他的言语中获得一些启发，但结果还是没有找到任何答案。不过，就在我离开医院之后，我在李银河的《生命意义 无解之谜》文章中看到了一段文字却让我立刻联想到张玉宝的这些像蚂蚁一样的“小人”。李银河说：“从很年轻时起，虚无主义对我就一直有很大的吸引力。这种吸引力大到令我胆战心惊的程度，使我不敢轻易地想这些问题。我不敢长时间地看星空。看着看着，我就会想到，在这众多的星星中，地球就是其中的一个；而人在地球上走来走去，就像小蚂蚁在爬来爬去。人为什么要在世上匆匆忙忙地奔来跑去呢？有时我会很出世地想（好像在天上俯瞰大地——原注）：人们在这个世界上奔忙些什么呢？”看到李银河的这段文字，我不知道是张玉宝觉悟到了李银河的境界，还是李银河与张玉宝一样，同样也沉浸在一种精神分裂的状态之中？对此我不得而知。



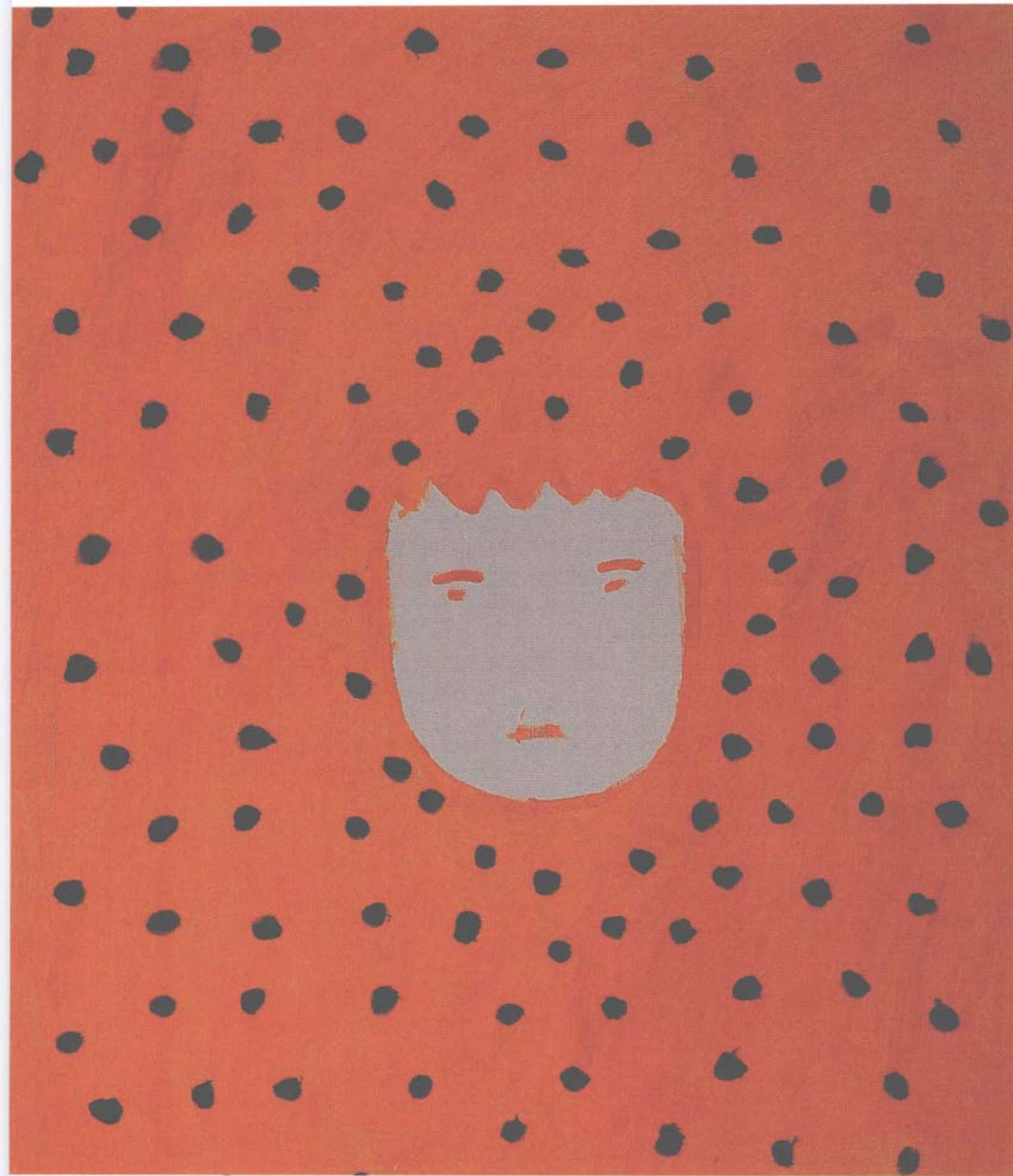
被大风吹动的樟树林 (图110) Camphor Trees Blown by High Winds (Picture 110)

一个月过去了，张玉宝陷入了另一种困境。他突然觉得“脑子空空的，什么也想不起来”。我让他休息几天，等到什么时候想画了再来画室。一个星期后，张玉宝主动提出再来画室，但是来了之后，他依然不知道画什么是好，这种力不从心的表现在其他病人身上也常有出现。我拿了几本画册给他，让他自己选择一些作品进行临摹，这样既可以让他满足画画的心愿，同时又可以消除他想画而不知画什么是好的焦虑。翻阅了几本画册后，他很快便选择了席勒 [注 20] 的画册进行临摹，而

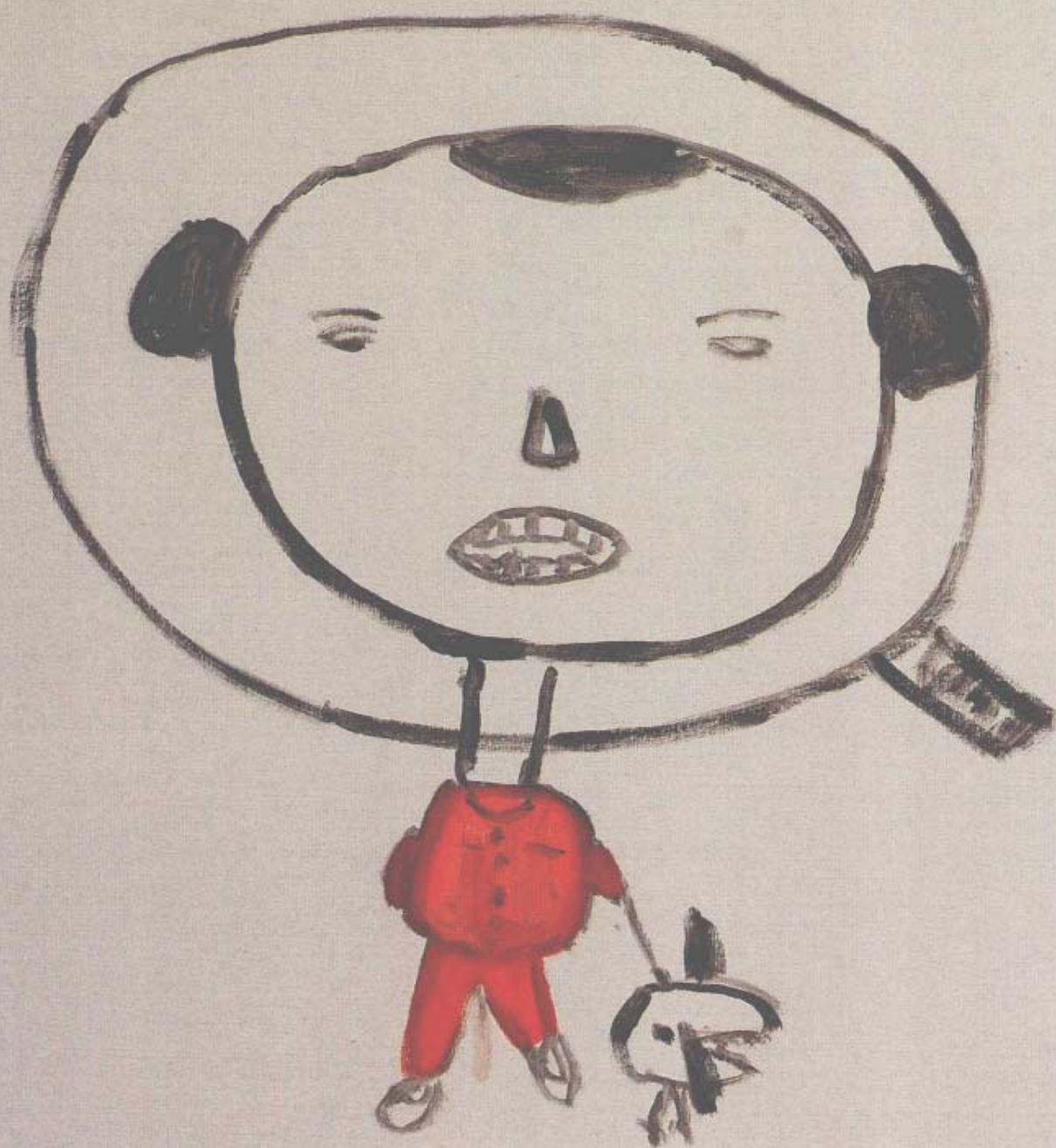
且一临就是两个星期。单看他临摹的作品，没有人会相信，这些画是出自一个只有一个多月绘画经验的精神分裂症病人之手，不论是“形”还是“神”，张玉宝都表现出了非常出色的驾驭能力。在我看来，这完全是一种天赋，而并非是一种后天习得的经验。对于这种艺术的天赋，其实从他第一天来画室就得到了表现。张玉宝之所以具有这种表现能力，我想这也是因为他在表达自己欲念时是没有受到任何杂念干扰的结果。正因为他能够做到真诚地面对自己的心灵感受，才使得他具有如此这般的超常能力。他曾十分得意地对我说：“凡是在我脑子里出现过的形象，我都能把他们画出来。”

张玉宝是一位精神分裂症病人，但同时又是一位对自己心灵始终都保持着高度敏感的艺术家的。也许正因为他将自己的心灵看得太重，才使得他的精神最终在恶劣环境中出现了承受不了的悲剧。就在我即将离开医院的最后一个星期里，张玉宝放弃了临摹，转而画起了一个个站立着的全身人像，开始我没有对这些人像提出任何问题。也就是在他完成了二三十个人像之后，我随意地指着其中一个人说：“这个人画得很有意思”，没想到他竟不假思索地告诉我这个人是他们病区的一个病人，他说：“这个人平时就是这个样子的。”我没有记住他向我介绍的那位病人的姓名，但我却立刻意识到，画面上的这些站立者就是他每天必须面对的病人身影。（见图121）张玉宝为什么要在离开医院前将这些病人都一一展现出来呢？这应该不再是一种无意识的表现，而应该是属于他的一种清醒意识。在与张玉宝的深入交往中，我能够感觉到他画这些人像一定是有着明确的目的，但我没敢向他求证，我怕自己无法面对他的解释，因为任何解释都有可能让我陷入一种无奈和绝望。最后，在我离开医院的时候，我对张玉宝说：“我一定还会再来医院看你的，而且一定会努力让你成为一名真正的艺术家。”

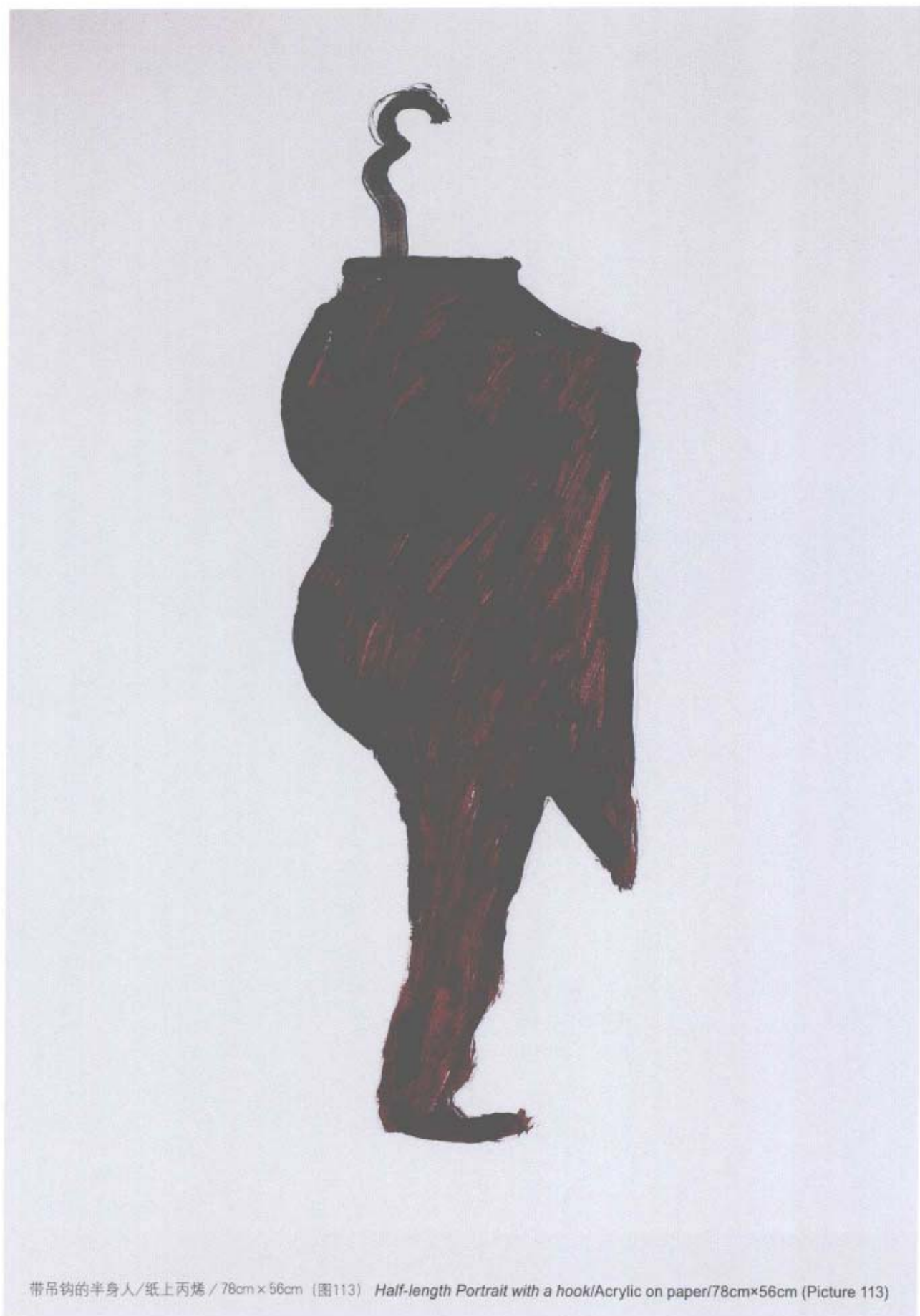
（郭海平）



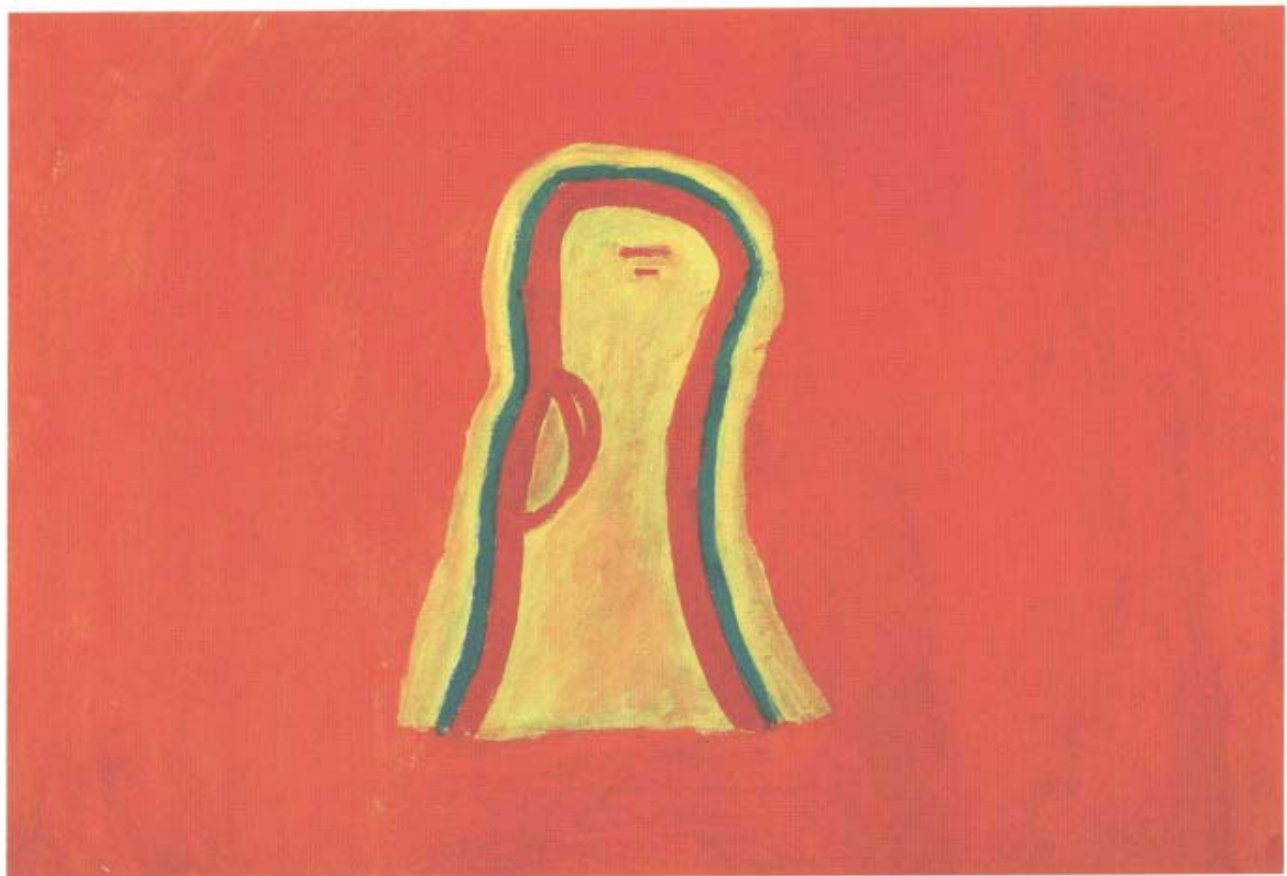
挣扎/布上油画 / 100cm × 80cm (图111) *Struggle / Oil paintings on canvas / 100cm × 80cm (Picture 111)*



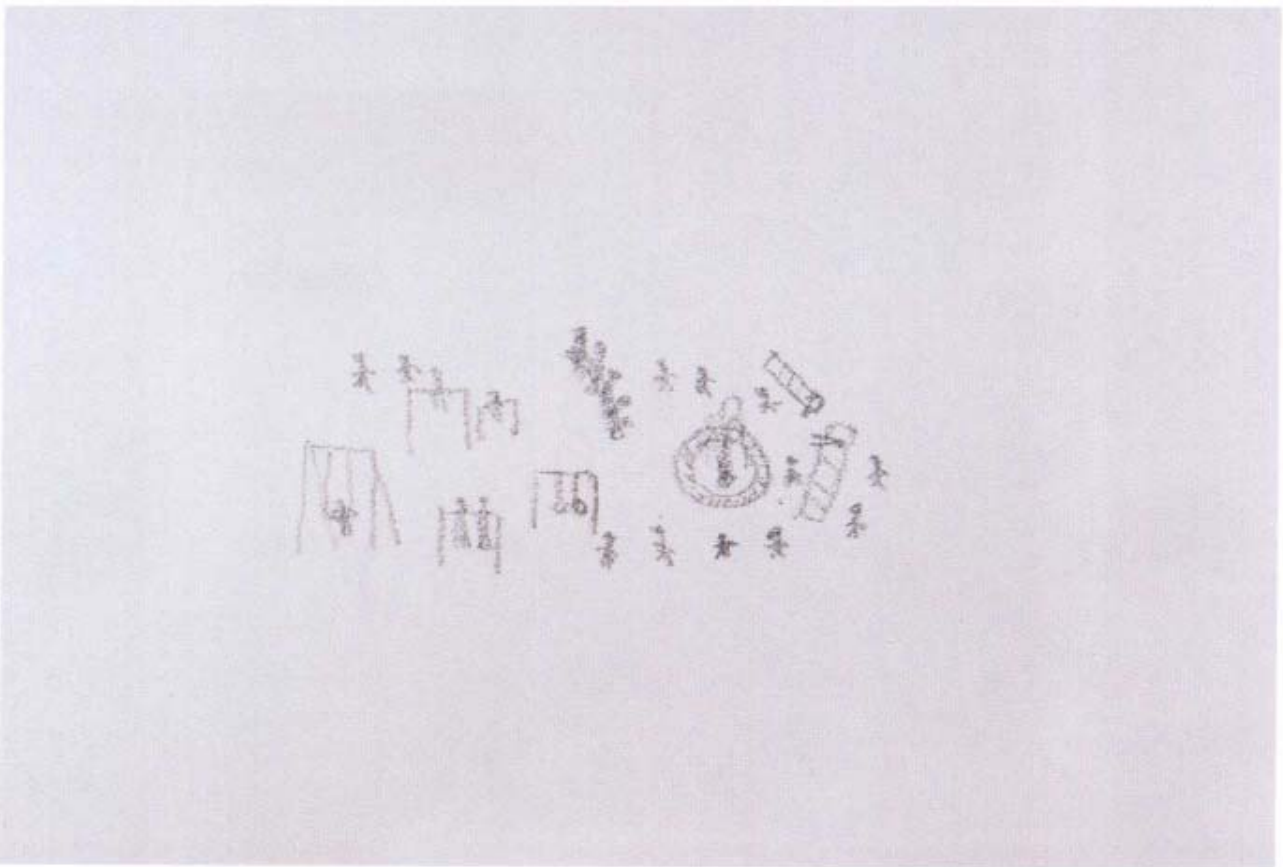
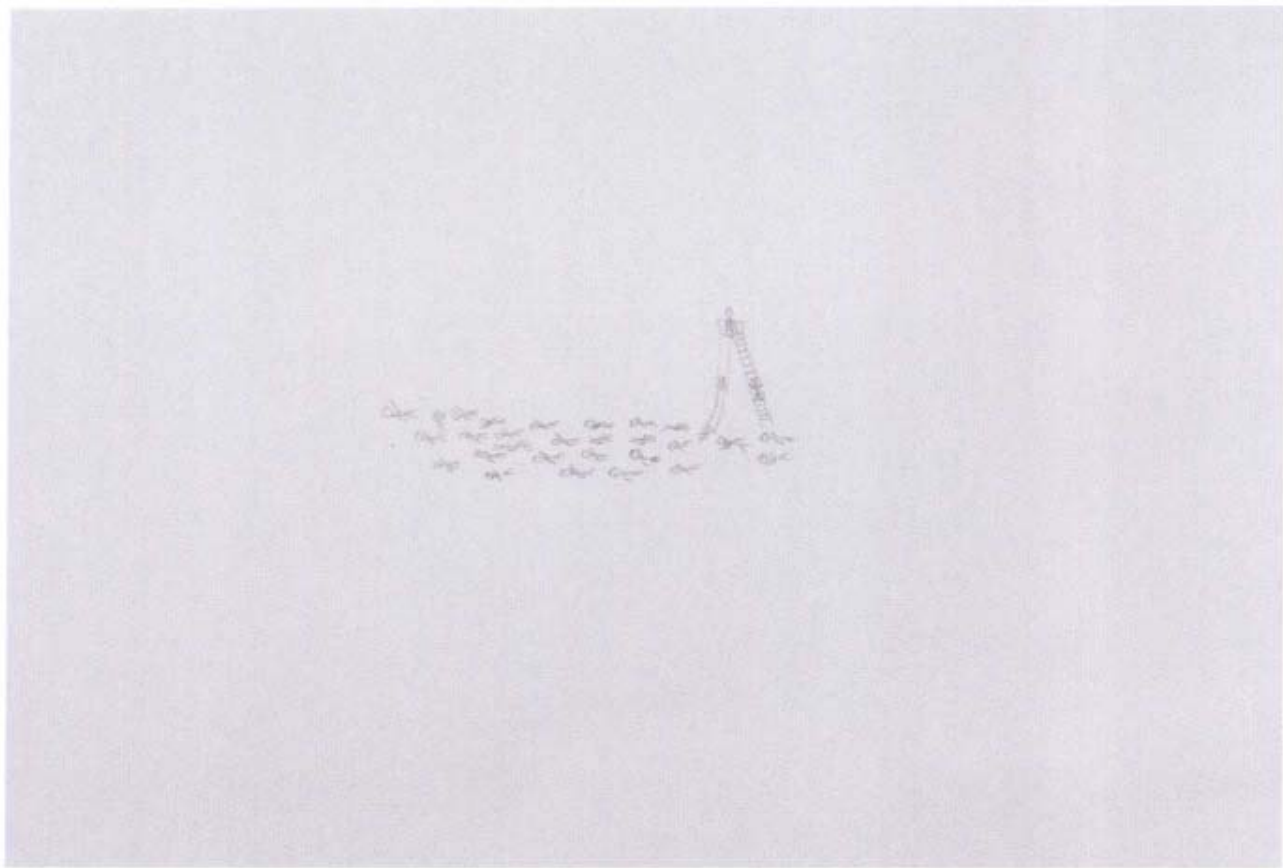
放大镜后牵着怪兽的人/布上油画 / 100cm x 80cm (图112)
A Person with a Beast Appearing behind Magnifying Glass/Oil painting on canvas/100cm×80cm (Picture 112)



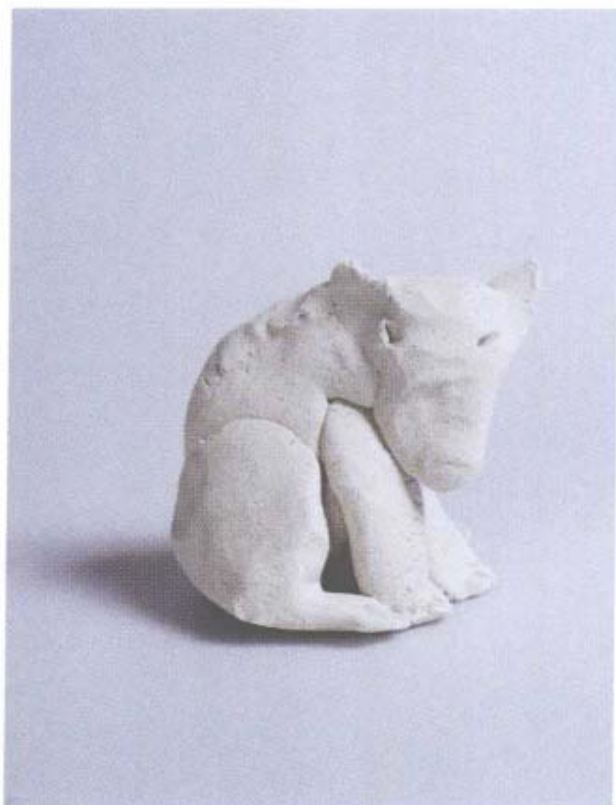
带吊钩的半身人/纸上丙烯 / 78cm x 56cm (图113) *Half-length Portrait with a hook/Acrylic on paper/78cm×56cm (Picture 113)*



怒吼/布上油画/100cm×80cm (上图114) *Roar/Oil painting on canvas/100cm×80cm (Picture 114, Top)*
分裂(放大的局部)/纸上马克笔/15cm×10cm (下图115) *Split (Enlarged Part)/Oil painting on canvas/15cm×10cm (Picture 115, bottom)*



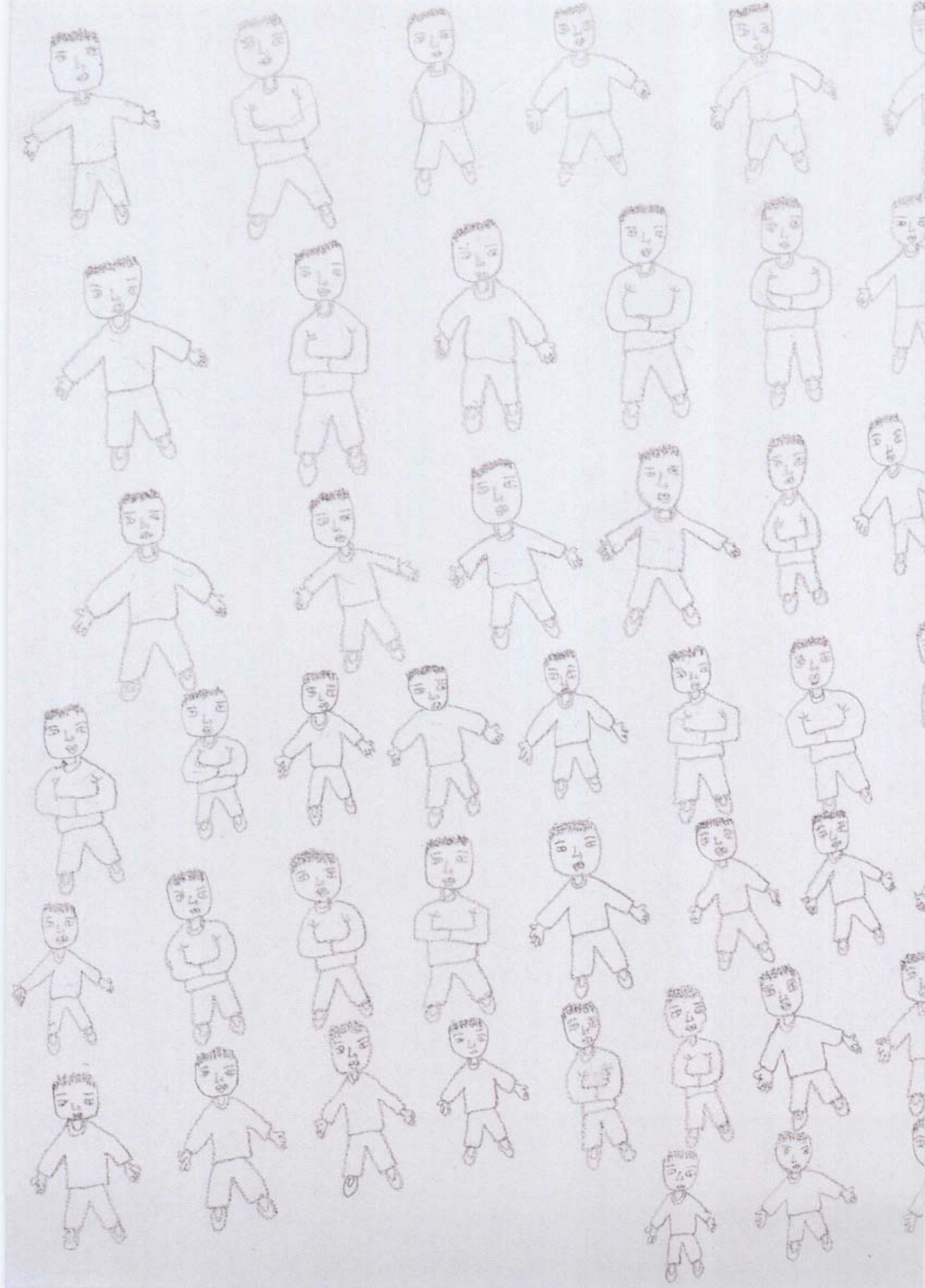
游泳/纸上铅笔 / 39cm×27cm (上 图116) *Swimming/Pencil on paper/39cm×27cm (Picture 116, Top)*
公园/纸上铅笔 / 30cm×20cm (下 图117) *Park/Pencil on paper/30cm×20cm (Picture 117, Bottom)*

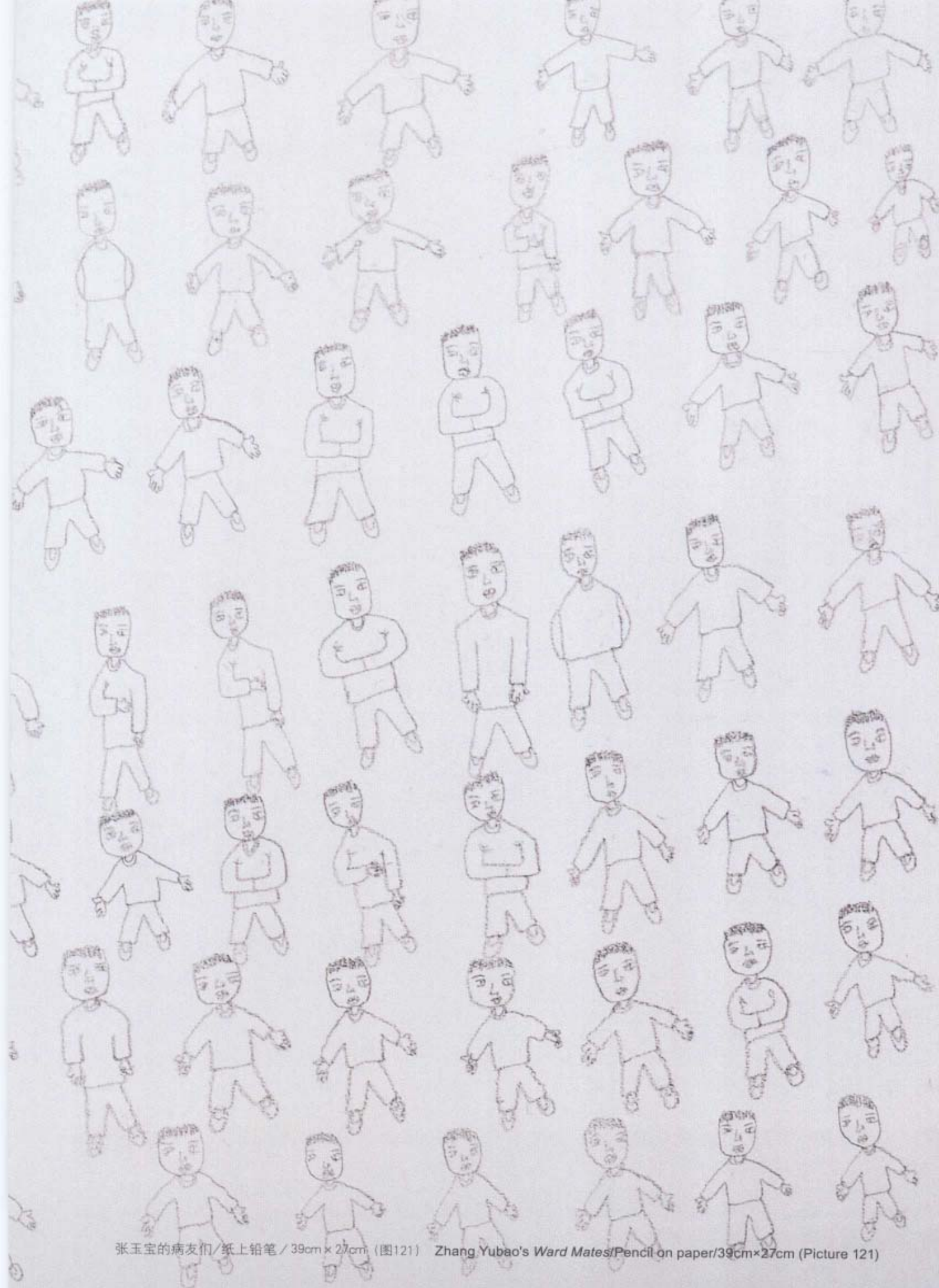


怪兽系列/陶/高 15cm (上左 图118) Series of *Beasts*/ceramics/Height: 15cm (Picture 118, Top Left)

猴/陶/高 15cm (上右 图119) *Monkey*/Height: 15cm (Picture 119, Top right)

怪兽系列/陶/高 15cm (下 图120) Series of *Beasts*/ceramics/Height: 15cm (Picture 120, Bottom)





张玉宝的病友们 / 纸上铅笔 / 39cm × 27cm (图121) Zhang Yubao's Ward Mates / Pencil on paper / 39cm × 27cm (Picture 121)

Appearance and Disappearance of “Unconsciousness”

Zhao Yubao, male, 31, born in Nanjing, Jiang Su province, with a junior high school education, married, unemployed. Over the course of one month, he believed in groundless rumors and suspected that others may harm him. He was hospitalized on March 17th, 2005 and has been here until now.

The patient had been nervous and anxious without provocation since the Spring Festival of 2005. Before entering my hospital, he felt that others would harm him and kill his entire family, including his wife. He said that he once accused a person who was sent to prison but was released now. He said the person was a gang leader, and he heard someone telling other people the gang would take revenge on him and kill him. Therefore he kept hold of a knife for self-defense and ran around everywhere madly. He was nervous and worried all day long and would ask everyone for help or dial 110 to call the policeman. He was a serious social disruption. Then he was committed to City Mental Hospital for treatment. The diagnosis was “schizophrenia.” He took anti-psychotic medicine chlorpromazine for treatment. After being hospitalized for 20 days, he was transferred to my hospital because of costs. The report on the patient’s admission to the hospital was “schizophrenia-paranoia.”

His wife was also a mental patient and she disappeared. He was admitted to my hospital by both the local police station and neighborhood committee. The patient entered hospital with varied symptoms, saying that he heard the person who was released from prison would take revenge on him (aural hallucination), and that somebody wanted to kill him, his father and his wife (delusion of persecution). [Note 19] He thought he was the gang leader and he didn't have a problem, so he shouldn't be sent here. He badgered the staff to let him go home. Thinking his life was meaningless, he tried to commit suicide twice but he failed. Once he hung his trousers on a doorknob and wound his head around it with his body leaning backwards. But the staff found him in time. Another time, he tied his trousers to a bedpost and wound his head around it with his body sliding downwards, but he was stopped by the staff again. The doctor treated him with psychological methods. But the patient thought it must be the local police station that wanted to harm him, so they sent him to the mental hospital and caught his wife too. As a result, he wanted to die unless he was released. The doctor said it is impossible to commit suicide. Then the patient gave up hanging himself but he refused to eat. The doctor treated him with nasal feeding. Perhaps he felt uncomfortable, so he said to the staff, “I've thought it out and I won't commit suicide again. I will be cooperative with your treatment and well-behaved in the hospital.” But he wanted to see his family by a certain time, or he would commit

suicide again and teach his ward mates how to do it.

When his anti-psychotic chlorpromazine was up to 600mg per day, the patient gave up the idea of committing suicide and his positive psychotic symptoms also disappeared. He always badgered the staff and complained that he was uncomfortable all over the body and all his joints ached. There were extra-pyramidal side effects: trembles all over and restlessness. The doctor prepared to



列队在病房外的精神病人 (图122) Mental patients lining up outside the wards (Picture 122)

use antipsychotic medicine clozapine. When the dosage was up to 50mg per day, the patient had severe side effects: constipation, extreme trembling, drooling, (often wetting his chest and pillowcase) and difficulty in swallowing. He was then put on chlorpromazine with the assistance of psychotherapy, behavioral therapy and recreational therapy. After adjusting the dosage, the patient's positive psychotic symptoms disappeared. There were no side effects from the medicine. But he had negative psychotic symptoms: emotionally indifferent, lacking volition and action, taciturn and idle all day long, dull facial expression and contact avoidance with others. In September, 2005 the patient's father died. With the help of the leader of his neighborhood committee and his father's colleagues, the patient was brought to attend his father's memorial. After two hours, he returned without a sorrowful expression as if nothing had happened. "His death

has nothing to do with me,” he said. The patient just ate and slept. He was cooperative with treatment and the paramedics, but was listless and had no plans for the future.

The patient participated in this artistic activity in October, 2006. His artistic talents were surprising. During the three months, he painted every day and had aspirations for the future. He wanted to be an artist, even a famous artist. His performance in the ward also changed. He began to smile, communicate with other patients, and even joke. He would also care for the older patients and those who are physically ill, and participate in various recreational activities actively, such as playing poker, chess and singing in the chorus. We sincerely hope that he will get well as soon as possible and become an artist or useful person when he enters the society.

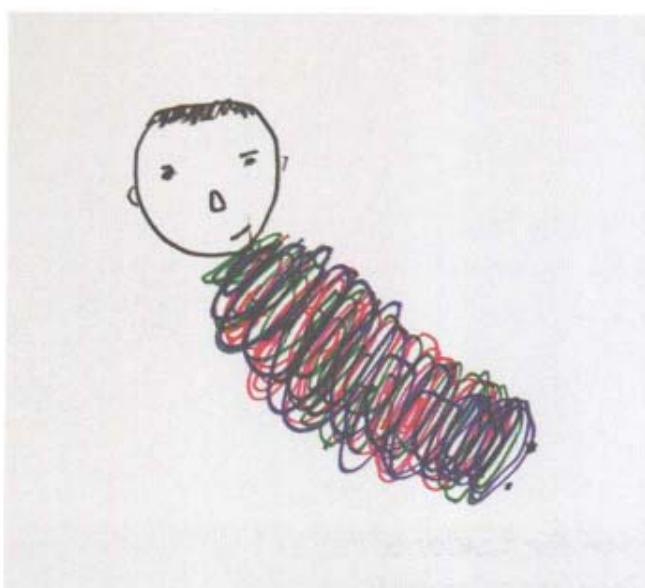
Wang Yu

One century ago, Freud created an “unconscious” theoretical space. Later, a Spanish artist called Dali was infatuated with Freud’s theory of “unconsciousness.” He not only painted many unconscious images as he called them, but also referred to the mysterious links between art and unconsciousness many times. However, after looking at Dali’s work, Freud said, “What interests me about your work is not unconsciousness but consciousness.” Perhaps Dali approved of Freud’s words, for he admitted that, “The great difference between me and a madman is that I am not mad.”

I met a patient diagnosed with “schizophrenia,” whose first work made me deeply realize the difference and distinction between “unconsciousness” and “consciousness.” I found him different from other patients the first time I met him. Without questions and instructions, he would sat down and bury himself



困兽 (图123) *A Bear at bay* (Picture 123)



被缠绕的儿童 (图124) *A wounded child* (Picture 124)

in painting. After one hour, I would go in front of him to look at his pictures, finding that all images he painted were extremely small but the content was rather rich. There were fish, dragonflies, fruit, vegetables and small animals. But in these seemingly random images, I also found something strange. For example, he painted one or two small animals sucking milk under two other animals which looked like both a pig and a cow. These “small animals” he painted were strange, so I asked if they were calves that were sucking up milk. He said, “No, they are men who are sucking up milk.” I felt so surprised that I didn’t know how to respond, so I stopped asking further. I just allowed him to paint what he wanted. After one hour, I looked at his picture again and found some incredible images he had painted. I pointed them out, hoping that he could tell me their meaning. He introduced them to me one by one in a low voice, “This is a beast kept in a cage. This is the feeling when there are no cigarettes. This is a person who leads a beast and above his head there is a magnifying glass.” I asked him, “How can you paint these images?” He said these images came “out of his brain.” However, I still couldn't understand it.

The next day, I learned more about this patient from the doctor. His name was Zhang Yubao, and he was 32 years old. His parents died of illness one after another many years ago. Before coming to the hospital, he lived by selling wonton dumplings and sugarcane on the roadside. He was taciturn but he would run through the street holding a kitchen knife when he was mad. I asked him the reason for his behavior when I next met him. He told me a hooligan had forced him to sell his apartment for a low price, but Zhao Yubao was unwilling to sell. Therefore, the hooligan threatened to kill him, kidnap and sell his young wife who had just married him less than a month before. In such circumstance, he was very nervous all day long, and kept reporting to the public security. But without any evidence, it was useless. Finally, he had a nervous break-down because of this oppressive situation.

Zhang Yubao had not learned painting before. But since holding a paintbrush, he has loved to use this way of expressing himself. For two months, he came to the studio almost every day except for a short period of absence. He made a deep impression on everyone.

In the first half month, he painted images that appeared in his brain based on his experience of being in the studio for the first time. Although he painted few images, he felt relaxed. At times, I found a rare smile on his face. In this period of time, he still painted some animals, but most of the pictures were a reflection of his inner mind, such as a painting of a child wounded by iron wires, (Picture 124) a skeleton frame and a head full of nails. From the perspective of psychology, we can say these were the unconscious manifestations of Zhang Yubao. There was an obvious characteristic underlying his unconsciousness, that is, human images were deformed, fragmented and painful. On the contrary, animals, vegetables and

dragonflies were lively and vivid. This was Zhang Yubao's reflection of the world as well as how the world remained in his subconscious mind.

In the first half month, Zhao Yubao painted *Struggle*, *Roaring* and *Split*. (Picture 111, 114, 115) He was confident and satisfied, but he felt worried about the picture of a person's silhouette. After he had finished this picture, he was in a daze for two days. He pointed to it and said, "I am always thinking of the other part of the picture, but I cannot remember." At this time, I carefully looked at the picture that had made him perplexed. It was of a person's silhouette. He had not painted a head but of a hook, with the impression of being cut on its right, which made him anxious. He told me there was only half an image in his brain when he painted, and he was hoping that he could remember the other part. (Picture 113) We exchanged many ideas and I persuaded him not to force himself to think, for these images were not controlled by a person's subjective imagination. But maybe it was in one's unconsciousness as Freud said.

Half a month passed, and director Wang and I observed that Zhang Yubao had an increasing interest in painting day after day. Obviously, his mental state was better than before. This made director Wang and me extremely happy. In order to rid Zhang Yubao of his dependency on antipsychotic medicine, I consulted with director Wang, and we decided to reduce his dosage. Zhang Yubao's clinician supported this decision. Hearing this, Zhang Yubao expressed his happiness. Before long, I found obvious changes in his eyesight and gestures. This was an important step for him to be healthy. Meanwhile, the content and form of Zhang Yubao's pictures also changed. For example, "deformed," "fragmented" and "painful" scenes were replaced by the scenes of real life, while the images of people and things became smaller. As for the mysterious changes, I made an analysis: first, these changes proved that Zhang Yubao's mental state was getting well. Second, maybe only by painting tiny pictures could he paint a picture closer to the image in his brain. Third, these tiny images were painted possibly because he was overlooking them from a high sky, just like other mental patients. In a series of his works, he used an aerial perspective, such as *Street*, *Swimming*, and *Park*. (Picture 116, 117) I once made an attempt to communicate with Zhang Yubao, hoping that his words could enlighten me, but I still found nothing. However, after I had left the hospital, I read a paragraph in Li Yinhe's article *The Meaning of Life, An Unexplainable Mystery*, which made me associate people to be as insignificant as ants, like Zhang Yubao did. Li Yinhe said, "When I was young, philosophy of life attracted me greatly. This attraction was so great that I trembled with fear and did not dare to think about it. I did not dare to look at the starry sky for a long time because I would associate it with earth among numerous stars. I thought that people walked on earth just like ants crawled on the ground. Why did people need to hurry and be busy all day long? Sometimes, I think, "What do we bustle for?" In this sense, did Zhang

Yubao realize Li Yinhe's desirable state or were both Li Yinhe and Zhang Yubao immersed in a schizophrenic state?

A month passed, and Zhang Yubao went into another difficult situation. He suddenly thought, "My mind is blank and I can remember nothing." I asked him to have a rest and come to the studio only if he wanted to. A week later, Zhang Yubao demanded to go to the studio on his own initiative. But he still didn't know what he should paint. This inability to meet his ambition existed in other patients, too. As a result, I gave him some picture albums and allowed him to choose some works for copying. This not only enabled him to meet his needs for painting, but also removed his anxiety that he was willing to paint but didn't know what he should do. He looked through some picture albums and chose Egon Schiele's [Note 20] works to copy for two weeks. Looking at his work, no one can believe these pictures were copied by a mental patient with just over one month of painting experience. Zhang Yubao had a strong ability in both expressing "body" and "soul" of pictures. In my view, it was talent rather than an acquisition. In fact, he presented his artistic talent the first day he came to the studio. Zhang Yubao was endowed with this artistic talent because he wasn't interfered by any thought when he expressed desire and ideas. He had this extraordinary ability just because he could face his spiritual world honestly. He once said confidently to me, "I can paint all the images in my mind."

Zhang Yubao was a mental patient but he was also an artist who was highly sensitive to his spirit all the time. If he had thought too much of his spirit, he would not have been able to endure in such a harsh condition and that would have caused an overwhelming tragedy. In the last week when I was about to leave, Zhang Yubao gave up copying. Instead, he painted full-length portraits of people standing alone, one by one. I didn't ask any questions about these portraits. After he had painted 20 or 30 portraits, I pointed to one casually, saying, "This portrait is interesting." To my surprise, he blurted out, "This is a patient in our ward. This man is just as unusual." I didn't remember the patient's name introduced by Zhang Yubao, but I realized immediately that these images were the patients (Picture 121) he must face everyday. Why did Zhang Yubao present these patients one by one before I left the hospital? This shouldn't be an unconscious presentation but a clear consciousness. In communication with Zhang Yubao, I felt he wanted to explain something by painting these portraits, but I didn't dare to ask him, fearing that I could not bear his explanation because any explanation would possibly have put me in a desperate situation. Finally, when I left the hospital, I said to Zhang Yubao, "I will come back to the hospital to see you, and try my best to help you be an artist."

Guo Haiping

郭海平住院日记节选

GUO HAIPING'S DIARY IN HOSPITAL (EXCERPTS)

郭海平住院日记节选

GUO HAIPING'S DIARY IN HOSPITAL (EXCERPTS)



南京祖堂山精神病院 (图125) Nanjing Zutangshan Mental Hospital (Picture 125)

2006-9-26

今天，由聂鹰先生邀请的南京脑科医院专家欧红霞主任，为祖堂山精神病院的医生们传授对精神分裂症病人进行心理测试和评估的经验。课堂上，欧主任请来了病人并为大家做了生动的现场示范。面对着数十位穿着白大褂的医生，一位46岁的男病人有问必答，思维十分流畅。如果我们不去做许多事先的设定，我们是不会认为这位穿着条纹制服的中年男子就是一位典型的精神分裂症病人。他旁若无人，无所顾忌，思路敏捷，感觉不到任何思维障碍。但他的的确确就是病人。欧主任和讲台下的医生穿的都是白大褂，唯有这位中年男子穿的是白底蓝色条纹布衣。不仅如此，欧主任列举了大量事实，充分证明这位男子具有一系列精神分裂症症状。我感到“疑惑”，同时我又为自己的“疑惑”而自责，甚至认为这种“疑惑”是一种不可饶恕的错误。

原计划今天就开始住进医院，但院领导建议我最好还是等到“国庆”节后再正式入住，因为9月30日大部分医生及工作人员都开始放假。在聂鹰的建议下，大家一致认为定在10月10日进入比较有意义，理由是10月10日是“世界精神卫生日”。这样一来，欧红霞主任的培训就成了这一计划得以实施之前的一个序幕。

Director Ou Hongxia, Nanjing Mental Hospital expert, who was invited by Nie Ying, imparted his experience to doctors from Zutangshan Mental Hospital. The experience was about a psychological test to schizophrenic people. Director Ou invited a patient and made a vivid demonstration for the others in the class. Facing a couple of dozen doctors in white gowns, the 46-year-old male patient answered every question and his thinking was rather quick. If we had no premises beforehand, we wouldn't have considered this middle-aged man who wore a patient's striped uniform as a typical schizophrenic. He behaved calmly as if there was nobody around him. He aired his views without misgivings. He had a quick mind and had no mental obstacles. But in actual fact, he was a patient. Director Ou and other doctors sitting beside the platform were all in white gowns, except this middle-aged man in white-and-blue striped clothes. Aside from the demonstration, director Wang gave a lot of examples to fully illustrate that this man had a series of schizophrenic symptoms. I felt "doubtful" about it. Meanwhile, I blamed myself for this "doubt" and thought this "doubt" was an unforgivable mistake.

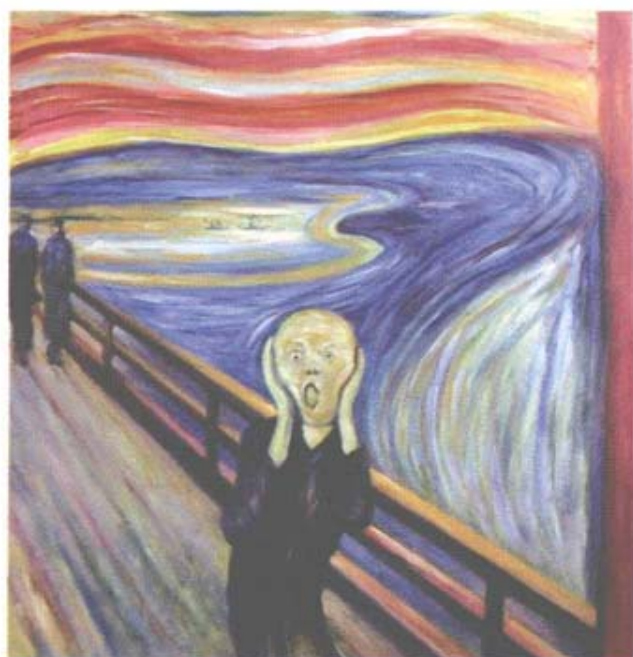
I should enter the hospital today as scheduled, but the hospital head suggested for me to wait until National Day. They said most doctors and staff had a vacation on September 30th. Following Nie Ying's advice, we all thought it was meaningful to enter the hospital on October 10th, because October 10th was the World Mental Health Day. Thus, director Ou Hongxia's lecture became the prelude of my plan.

2006-10-12

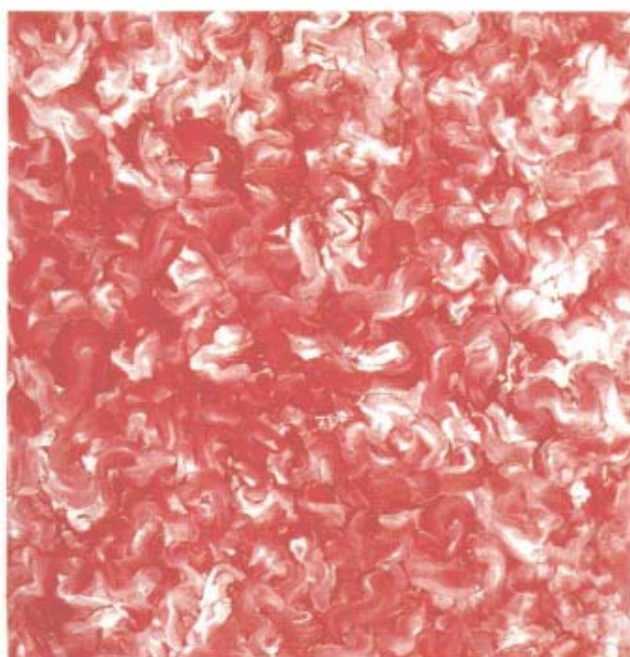
今天上午来了六七个前几天无心画画的病人，开始我以为是他们有什么新的创作冲动。但护士很快就告诉我，他们其实是想来问我索要香烟的，因为在此之前，病人只要向我提出抽香烟的要求，我都会给他们香烟抽（医院规定每人每天只发10支香烟，而很多病人的需求量是每天40支）。遗憾的是，我的这种做法不但没有激发他们的艺术创造力，却反而激发了他们满足烟瘾的欲望，由此可见，在这里香烟显然要比艺术更受欢迎。现在问题并非是给他们多少香烟，而是他们的到来让其他想画画的和新来的病人不能安宁。他们闲着没事，东看看西转转，对其他人干扰不小，没办法，我只得与护士协商，以后凡是没约定的人就不再带他们来了。

下午来了几位女病人，她们坐下来的动静比男病人稍大一些，一边画一边议论，好在她们也都非常大方，也不太在乎别人的议论。有一点出乎我预料的是，男女混合在一间大厅内，彼此都保持着一定的距离，即使偶尔有男士去女方画桌前看一眼，姿态举止也都非常绅士，轻轻地来，也轻轻地离开，相比较而言，女人们自始至终却没有兴趣去看一眼男士的作品。

下午,我与张玉宝又聊了一会儿。我问他:在这里画画与在病房里有什么区别?他说在病房里感到很压抑。我想听他解释他手上刚刚完成的一幅作品的意义,他用手指着那幅画说是“怒吼”, (见图 111) 这让我略感意外,我没有追问,我只是重新审视他的这件作品:桔红的底色中画了一个黄颜色的圆柱形状,然后又在黄底色上用绿色和大红色构了圆柱形的线条,在圆柱形的上方,我还看到了二个像眼睛一样的红点,直觉中,整个画面很像是一个勃起的阳具,但那只红颜色的“眼睛”又表明这是一个人的身体。画面中他使用的都是对比色,由于强烈的对比,整个画面显得格外强烈和刺激,如果说这是“怒吼”,这一定是他对生命自由生长的强烈渴望。对此,很多人都熟悉蒙克的《呐喊》[注 21], (见图 126) 蒙克也是一位被确诊为患有精神分裂症的艺术家的,蒙克的《呐喊》充满紧张、挣扎和压抑的气息。相比之下,张玉宝的“怒吼”则显得单纯而又充满激情,同时又具有明显的抽象意味。为了进一步确认张玉宝的判断能力,我将我自己画册里的作品翻阅给他评审,他在看了二眼后便低说了一句:“柔中带刚”。(见图 127) 这让我吃惊不小,因为对于一位没有读过多少书,更谈不上有何艺术经验的张玉宝来说,在一幅幅抽象艺术作品面前他竟然能作如此简练肯定的评语,对此我是没有任何心理准备的。



呐喊 / 蒙克 (图126) The Scream/ Maunch (Picture 126)



被张玉宝称作是“柔中带刚”的郭海平作品 (图127)
Guo Haiping's work (Called "gentle but firm" by Zhang Yubao) (Picture 127)

Six or seven patients came to the studio this morning. They were unwilling to paint a few days ago. At the beginning, I thought they had changed ideas and that they had come here out of creative impulse. But the nurses told me immediately that they wanted to ask me for cigarettes because I would give those patients cigarettes as long as they asked to smoke. (The hospital made rules and regulations that every patient can only get 10 cigarettes every day. But many patients need 40.) It was a pity that my behavior didn't inspire their artistic

creation, on the contrary, it stimulated their desire to smoke. This obviously showed that cigarettes were more popular than art in the hospital. The problem was not how many cigarettes I could give them, but their comings and goings bothered other patients who wanted to paint and some new comers. They idled around and affected others. Under this condition, I had no other choice but to consult with nurses that those patients shouldn't be brought here if they weren't invited.

Several female patients came here in the afternoon. They were noisier than male patients as they painted and talked with each other. But to my surprise, in a room full of men and women, they kept back from each other. Occasionally, male patients stepped in front of the female group's drawing table to see their pictures, behaving like gentlemen. That is, they came to see and stepped back quietly. However, from beginning to end, the women weren't interested in seeing the men's pictures.

I chatted with Zhang Yubao for a while in the afternoon. I asked him the difference between painting in the studio and painting in the ward. He told me he felt depressed in the ward. I wanted to know his explanation behind the meaning of his work that he had just finished. He pointed and said it was *Struggle*. (Picture 111) I felt a little surprised but I didn't ask him more. What I did was to observe it carefully again. Inside the orange background was a yellow cylinder and then he drew the outline of cylinder with green and red. Above the cylinder, I saw two eye-like red dots. I felt that it was an organ whereas those two red "eyes" represented that it was a person's body. He used strong contrast in this picture and it seemed mighty and exciting. If this picture was called *Struggle*, it must be his strong desire for long life. Many people may be familiar with Munch's work *The Scream*. [Note 21] (Picture 126) Munch was also an artist diagnosed with schizophrenia. Zhang Yubao's picture was totally different from Munch's *The Scream*, which was full of nervous struggle and depression. Zhang Yubao's *Struggle* was simple, passionate and has the character of abstract. In order to understand his sense of judgment further, I asked him to make comments on my works. After casually looking over my picture album, he said, "Gentle but firm," (Picture 127) which surprised me a lot. Zhang Yubao hadn't had much education, let alone any artistic experience, yet he could make a concise and affirmative judgment of my abstract works, to which I was not mentally prepared for.

2006-10-13

晚饭后我独自一人面对着空荡荡的工作室，与白天繁忙的情形相比，现在显得特别寂静。夜晚，每当我写完当天的日记，往往仍会有很多情绪积淀，这时就特别想画一些东西，以此来消化一下。第一天用画笔画了一幅有点凌乱并略显抑郁的作

品；第二天用手指表现了一幅由内向外游离扩散的作品；第三天则连续画了两幅画满黑色“×”的作品。（见图 134）如此一来每天最少要忙到凌晨三点以后才能入睡。今天上午我重新感觉了一下自己这几天所画的作品，忽然觉得自己的作品似乎更加异常。也许是因为我有过长期训练，否则，仅仅从画面上看，我的作品要比那些所谓精神病人的作品更显得焦虑、压抑和分裂，然而，这一切又都与我们的文化经验有着紧密的联系，与那些精神病人的作品相比，这里面还是存在着某种本质的区别。

After dinner I faced the empty studio alone. In comparison with the busy life during the daytime, it seemed extremely quiet. At night, I would feel quite complex after writing my diary. At that time, I would like to paint something to calm myself down. On the first day, I painted a picture which seemed a little disordered and depressed with a paintbrush. On the second day, I painted with my fingers, which expressed a feeling of extending from inside to outside. On the third day I painted two pictures continuously full of black “×” (Picture 134) I didn't sleep till 3am every day. I studied my works painted during those few days carefully this afternoon and suddenly realized my works were abnormal. Maybe I had received a long-term training, for my works appeared more nervous, depressed and deranged than the so-called mental patients' works. However, all these were closely related to our culture. This was essentially different from the mental patients' works.

2006-10-14

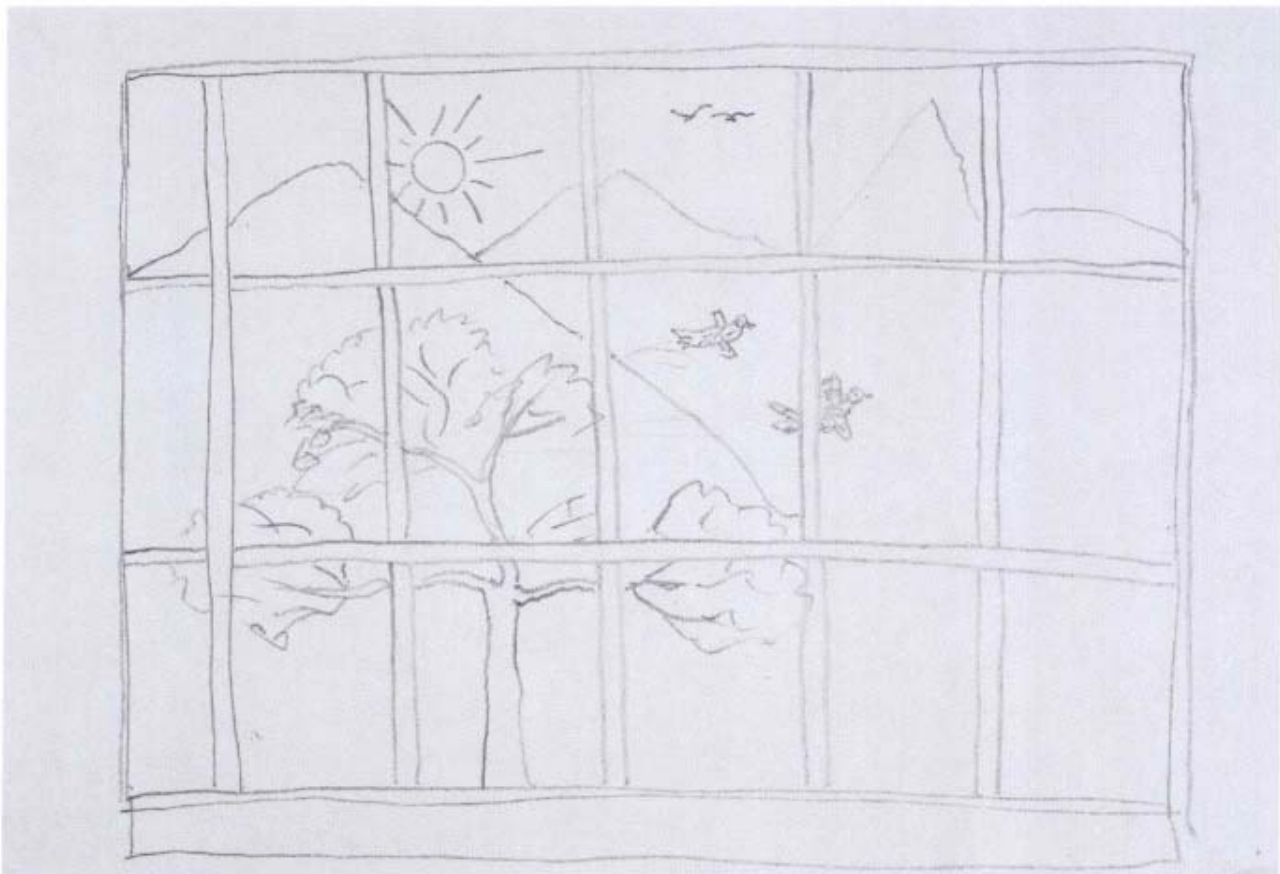
早晨起床后直接去了六病区，去了之后才发现那里没有让病人画画的地方，三四十个病人拥挤在一间四五十平方米的公共活动室。在病区主任的介绍下，有几个病人主动提出想尝试一下，为了让他们能够不受外界干扰，最后在整个病区内找到了一间相对独立的配菜间，让他们画画。

我发现有一位病人的作品与其他病人的风格迥然不同。画面上是一扇安装了铁栅栏的窗户，栅栏外是山、树、太阳和飞翔着的鸟。（见图 128）在这幅作品中，我清楚地感受到他对画面所有形象及线条的控制能力。他渴望早日走出被严格看管的病房，他对自由充满着渴望。当我刚准备问这位病人的情况时，该病房的主任主动向我介绍了这个病人的特殊性。即这位病人并非是精神分裂症病人，而应是带有躁狂倾向的强迫症 [注 22] 病人，这就是我们通常所说的神经症病人，之所以被送到这里来，主要是他父母的强烈要求，原因是这位病人在与父母的争吵中扬言要烧掉房子，再加上他平日严重的强迫症表现，导致该病人的父母忍无可忍。

这次与病区主任的交谈持续了一个小时的时间，我们讨论了关于艺术对精神病人精神的治疗干预问题，另外也涉及中国对精神病治疗的理念。她介绍说，中国现在普遍采用的是“关锁式”治疗方式，而西方等一些发达国家已经实施了“家庭式”

和开放式“社区治疗”。中国之所以仍普遍采用“关锁式”治疗的主要原因还是对精神病人有可能造成的后果到底由谁来承担责任难以做出法律方面的确定。

下午接待了两位来医院看我的艺术家朋友，我带他们参观了祖堂山精神病医院废弃已久的老病房，参观之后他们一致认为，如果将这些废弃的老病房改造成艺术家工作室，并邀请一些艺术家来此生活和创作，一定会得到艺术家们的支持。接着我们又登上了与精神病院连接在一起的宏觉寺。（见图 5，6）大家突发奇想：若将精神病人、艺术家及和尚们聚集在一间屋内畅谈，不知道会出现什么样的景象。我认为，艺术家虽然也会常常表现出超凡脱俗的精神追求，但比较而言，艺术家则更像是处于世俗现实与超现实（精神病人与出家和尚的精神取向）之间的一处灰色中间地带，也许正因为他们所处的位置，不少艺术品总是给我们一种徘徊游移在世俗现实、宗教以及精神异常之间的混合体验与感受。



强迫症病人的作品/纸上铅笔（图128） Works of the Obsessive/Pencil on paper (Picture 128)

As soon as I got up, I went directly to Ward Six. On arrival, I found there was no place for patients to paint; 30 or 40 patients crowded into the public activity room with an area of 40 or 50 square meters. With the help of the ward director, several patients asked to try painting on their own. In order to help them paint without being disturbed by the environment, they were arranged in a separate pantry.

When the fourth man finished his work in this temporary “studio,” I found that his painting style was different from the other patients. What he painted was a window installed with an iron fence. Outside the fence, there were mountains, trees, the sun and flying birds.(Picture 128) The peculiarity of this work was not its content but his painting style. I could feel clearly that he had mastered images and lines of his pictures well. He wanted to be free from the strictly disciplined ward as soon as possible. He desired to be free. When I was about to ask his condition, the ward director introduced this special patient to me. Strictly speaking, he wasn't a schizophrenic, but a patient with manic obsessive compulsive disorder. [Note 22] He was what we'd call a neurotic person. It was his parents who demanded that he be sent to hospital. The main reason was that he said he would burn down their house after a quarrel with his parents. In addition, he had a compulsive obsessive disorder in daily life, so his parents' patience wore out.

I talked with the ward director for an hour and we also discussed artistic influences on the treatment of mental patients. We also mentioned the concept of Chinese treatment to mental illness. She explained that China had adopted the “lock-closed” treatment, whereas some developed western countries had adopted a “family-style” and “open community” treatment. The main reason for the Chinese “lock-closed” treatment was that it was difficult to introduce a law about who would assume the responsibility of potential consequences caused by mental patients.

I received two artist friends who came to the hospital to see me this afternoon and took them to visit deserted old wards of Zutangshang Mental Hospital. After visiting those wards, they all agreed that if these deserted wards were changed into artist studios and some artists were invited to live and create there, artists were bound to support this plan. After that, we went to Hong Jue Temple (Picture 5, 6) next to this mental hospital. We suddenly had a thought that it would create an interesting atmosphere if mental patients, artists and monks could talk with each other in a room. I thought artists often had an extraordinary spiritual pursuit. But comparatively speaking, it seemed that artists were in a middle “grey zone” between reality and surrealism (the spiritual tendency of mental patients and monks). Because of this special position, most art works inspire in us a complex experience and feeling of wandering between reality, religion and an abnormal mental state.

2006-10-19

这次回南京家中搜集了一些给病人观赏的艺术资料，希望这些包括儿童艺术、原始艺术、精神病人艺术以及现代艺术和当代艺术的照片能够激发他们自由的想象，希望对他们的创作有所帮助。另外在赵勤（南京艺术家）那里借到一本由台湾出版社出版的《原生艺术的故事》，在阅读这本书的过程中，我感受最深的，就是今天我所面对的精神病人与该书作者向我们介绍的上个世纪初的精神病人在画面表现上的巨大差异。（见图 129，130）首次提出“原生艺术”[注 23] 概念并对精神病人艺术有深入研究的杜布菲（Jean Dubuffet）认为“60 年代以来所找到的作者与作品都不如世纪初那么精彩、纯粹，尤其是在精神医学界大量使用化学药物来抑制精神病的恶化，为了让病人安静而使用强力的镇静剂的结果，往往将精神病人的情感与反应力压缩到一个非常低调的状态”。

如果说药物作用前后有什么具体差异的话，我认为至少有以下几点：第一，之前的作品充满激情，表现充分；我所面对的病人的作品却情绪消沉，注意力不能持续集中，精神懒散。第二，之前的作品精神指向明确，充满精神的扩张性；而后者却精神指向模糊，表现对象机械，同时具有明显的精神退缩特征。第三，之前的作品充满戏剧情节，内容丰富多彩；后者的画面则显得明显的贫乏单调。至于药物对精神病人思维想象和表现力方面到底产生多大的影响，这恐怕还有待于我们做出更多的尝试和努力。

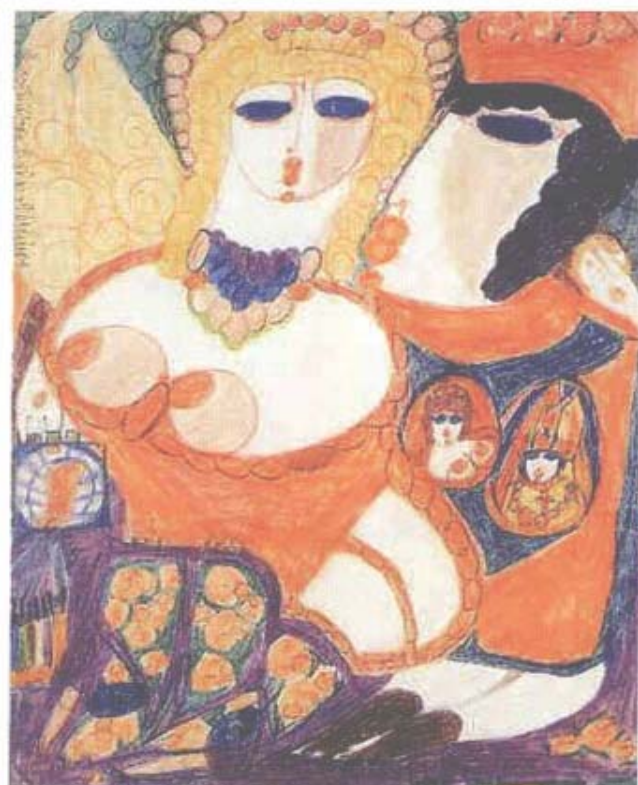
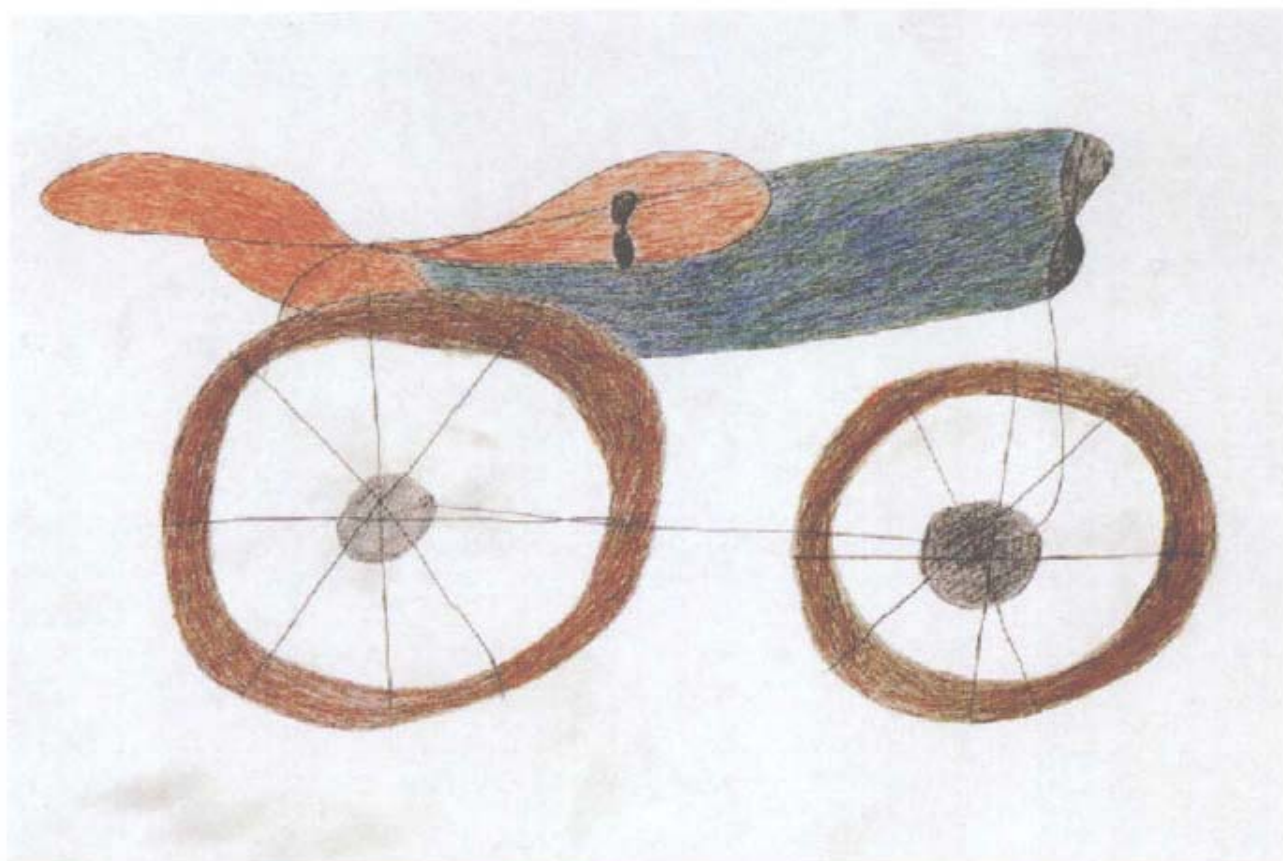
唐小波今天第一次来画室画画，他今年 15 岁，医院对他的诊断是精神发育迟滞伴发精神障碍迟滞。我看到他画的图像很独特，就鼓励他按照自己的想法继续，但没过十分钟他就放下了手中的彩笔。我问他是不是不太想画了，他说“不是”。当我进一步问其原因时，他回答说“手抖”和“想睡觉”，我问他为什么会出现在这种情况，他说是“药吃的”。我又问：“喜不喜欢画画？”他说：“喜欢。”

其实，这种类似情况在我来医院短短的时间里是经常遇到的，我不知道这种药物作用对于他们来说到底意味着什么。但从医生口中得知，持续一二十年服用那些药物在医院的病人中间是常见的。医生说：眼下也有几种副作用较小的药物，但对于大多数自费病人来说是付不起这种药费的。不少资料已经表明，艺术活动可以减缓精神病人精神上的压抑和痛苦，并能有效改善他们的精神状态，这一次，我也希望在与医生们的合作中证实艺术的这种功效，当然，这又不同于我们通常所说的那种传统意义上的“艺术治疗”。

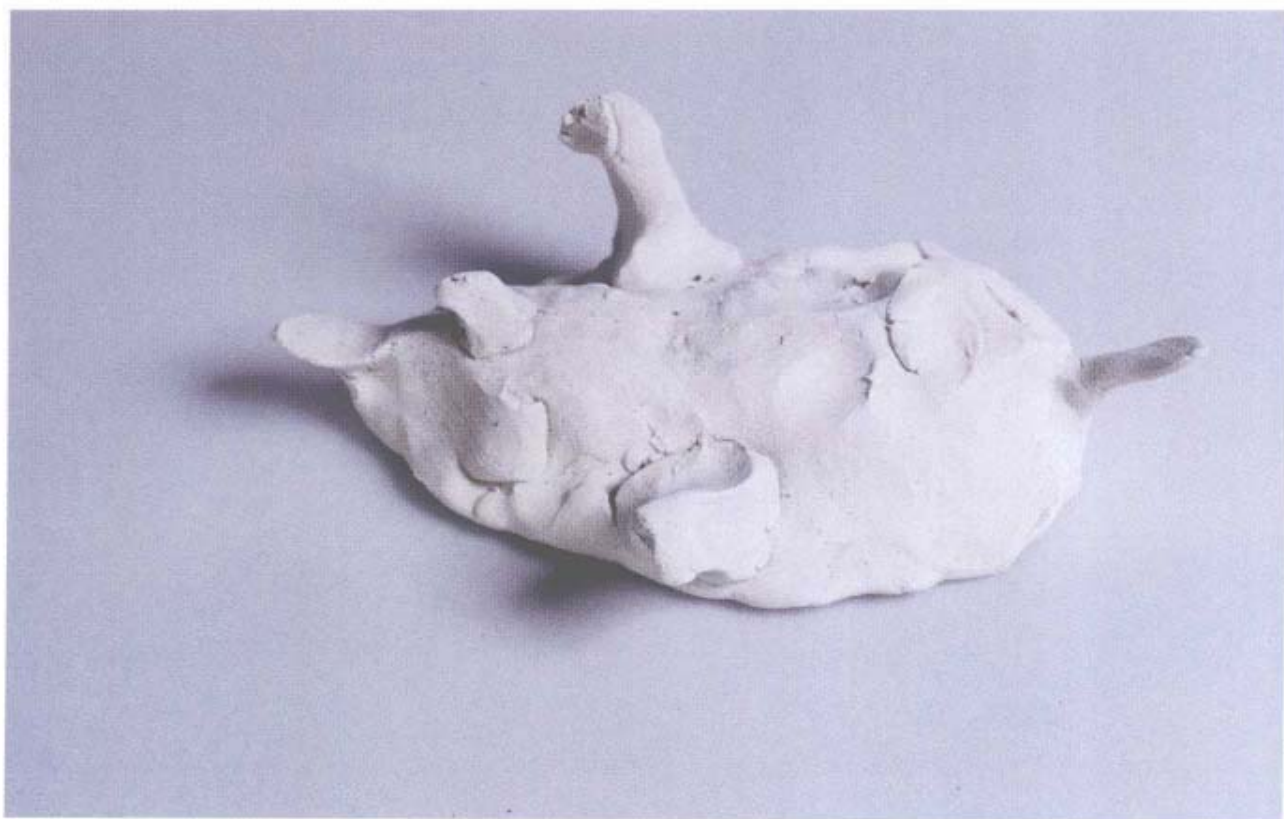
夜晚，我又画了一幅反复画打满“×”的作品，这次是在未干的黑底色上，用白颜色反复打“×”，画完后觉得比上一幅显得更有力一些。随即我给成勇（南京艺术家）打了一个电话，希望用这些作品去更换他策划的展览“我们的障碍”中的参展作品。在电话中我难以表述创作这幅作品的感受，我说一定要用文字解释的话就是“压抑”和“否定”。他在电话里笑了起来：“看来你也病了。”对于成勇的判断，我没有否定，但在心里也不敢肯定自己到底是“病了”还是“没病”。



西方精神病人的绘画 (图129) Western mental patients' pictures (Picture 129)



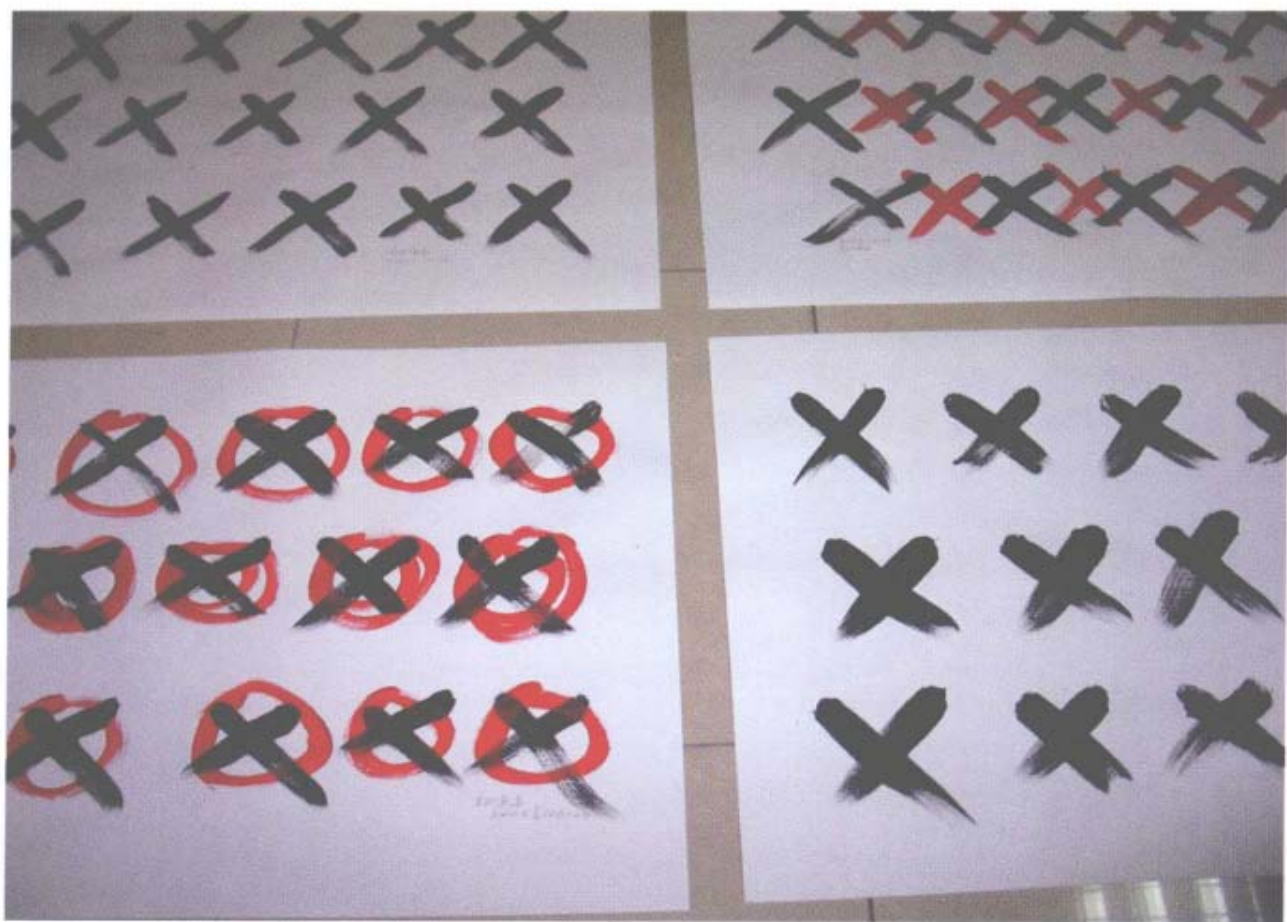
西方精神病人的绘画 (图130) Western mental patients' pictures (Picture 130)



唐小波画的没有身体的小人 / 纸上油画棒 (上左 图131) 纸上丙烯 (上右 图132) / 78cm × 54cm

Little Person without Body Painted by Tang Xiaobo/Oil pastel on paper (Picture 131, Top Left) Acrylic on paper (Picture 132, Top Right)/ 78cm×55cm

唐小波制作的陶艺 / 陶 / 20cm × 30cm (下 图133) *Ceramics Made by Tang Xiaobo/ceramics/20cm×30cm (Picture 133, Bottom)*



郭海平的画“×”系列 / 纸上丙烯 / 50cm×40cm (图134)

Series of "X" Painted by Guo Haiping/Acrylic on paper/50cm×40cm (Picture 134)

I collected from my home in Nanjing, some artistic material for the patients. I hoped the pictures I had brought, including children's art, original art, other mental patient's art, and modern and contemporary art could inspire the patients' free imagination and encourage their artistic creation. I also got a book *The Story of Art Brut*, published by Taiwan Artist Publishing House from Zhaoqin (a Nanjing artist). I was impressed deeply by the great differences between mental patients I meet nowadays and mental patients in the last century which the author introduced from the aspect of pictorial representation when I read this book. (Picture 129, 130) Jean Dubuffet, who put forward the concept of "Art Brut" [Note 23] and made several investigations about mental patients' art, considered that, "Since the 60s, we have found that authors and their works weren't extraordinary and pure, especially when large quantities of chemical medication were used to control the deterioration of mental illness in the circles of psychiatry. The result of using strong tranquillizer to calm patients down didn't achieve the desired results, because the mental patients' feelings and reactions were in a low spirits."

Whether there were differences between the use of medication back then and now, I thought there were at least several differing points as followed. First, the works of patients from the last century were full of passion and vivid expression. However, the current patients' works were depressed, distracted and idle after they had taken medicine. Second, the former century's works had a definite purpose with energetic characteristics, whereas the latter were indefinite, dull, and lacked energy. Third, the former century's works were full of dramatic plot and rich content, while the latter were obviously ordinary and monotonous. As for the degree of impact medication had on mental patients' thinking and performance, it still needed our attempts and efforts to investigate.

It was the first time Tang Xiaobo came to studio. He was 15 years old. His hospital diagnosis was mental retardation with mental disorder. I encouraged him to go on painting at will when I saw his unique pictures. But he put the paintbrush down after ten minutes. I asked if he didn't want to paint. He said, "No." He told me, "My hands are trembling and I want to sleep." I asked him why. "Because of the medicine," he answered. I asked, "Do you like painting?" "I like it," he said.

In fact, I often encounter such similar situations although I had been in the hospital for only a short time. I didn't know the meaning of medicine to the patients, but I learned from doctors that it was common for them to take medicine continuously for 10 or 20 years. The doctor said there was a medicine for treating schizophrenia which would give only slight side effects. But many self-financed patients could not afford such expensive medicine. It has been proven that art activities can relieve mental patients' depression and pain as well as improve their mental state. I hope I can prove artistic effectiveness by cooperating with doctors, which is different from what we call "artistic treatment" in the traditional sense.

At night, I painted another picture of "x". I used white to paint "x" repeatedly in the black background which wasn't dry enough. After finishing it, I thought this picture was better than my former pictures. Consequently, I called Cheng Yong (a Nanjing artist), the curator of an exhibition called *Our Obstacle*, and hoped to change my work in the exhibition to this picture. I couldn't explain my feeling of the painting on the phone. If I must explain it, it is because of "depression" and "negation." Cheng Yong asked me, "What needs denying?" I said, "Everything." He laughed and said, "Perhaps you are also crazy." I didn't deny his judgment. Even I was not sure whether I was crazy.

2006-10-21

通过这一段时间的实验，我开始预感到“药”将会成为将来展示他们作品的一个非常重要的展览主题，或成为一个重要的段落及阶段性的主题。为了尽可能真实地反映住院病人们真实的精神状况，我为他们添置了一些请聂鹰买的彩色铅笔、蜡笔、油画棒等新的绘画工具，另外，我也准备好了随时为他们提供制作陶艺所需要的陶土等材料和工具。其目的就是希望通过这些努力能够减少病人们在艺术表现过程中的技术性障碍，这是因为使用彩色铅笔、油画棒、泥土等工具和材料无需技术方面的练习，由此而使他们能够获得更自由更随心所欲的表现。除此之外，我们从艺术的视角也发现到这些病人的作品中流露出奇特的艺术创造潜能，对此，我们也应该给予归纳整理并加以介绍。

I predicted that “medicine” would become a very important exhibition theme in the future or at least an important stage or theme through a period of my experiment. In order to truly and fully reflect the patients' mental state, I gave them some drawing tools, such as colored pencils, crayons and oil pastels bought by Nie Ying. I also prepared clay and tools for them to do ceramics. I hoped these efforts could help them overcome technical obstacles in the process of artistic performance because then they could paint freely. In addition, we found that if they could master their tools, these patients' artistic and creative potential could be revealed in their works. Therefore, we should collect and popularize their works.

2006-10-23

今天来了张玉宝、陈小军、唐小波、陈家宝、张兵五位病人，其中唐小波与陈家宝也开始第一次使用颜料画画，唐小波画的依旧是他那没有身子的小人，（见图 131，132）陈家宝显得困难重重，有时竟看到他手上的画笔还没有放下就坐在那里睡着了，（见图 105）事后我问他怎么困成这个样子，他解释说：“上午精神还好一些，到了下午人就像被催眠一样。”从他所画的画面上也能看出，他的确很难集中注意力。一个星期前，我曾看到他用铅笔在纸上画过一幅很有表现力的作品。像陈家宝这样的病人我已经在这里遇到过好几位，这些病人都有自己独特的风格，但都因为服用了大量的抗精神病药物，他们在画画时都感到了明显的力不从心。

医生说：一旦让他们减少服药的剂量，他们又会进入到另一种难以自控的异常亢奋状态。张兵就是属于这种情况，安排他来画室之前，医生说这几天他在病房里特别兴奋，我听了之后没有什么概念，来之后才知道什么叫“特别兴奋”，让他画画，他却总是在那里说一些前言不搭后语的话，如“我是县团级干部，我就是党委书记，书记烧肉是非常好吃的……”好不容易看到他刚画好一面五星红旗，他又会围绕这

面旗子说个不停。

这两个事例让我对艺术创作的精神状态有了进一步的认识：即没有精力的人是很难投入到艺术创作中的，而精力过于旺盛有时也很难进入创作状态。

Zhang Yubao, Chen Xiaojun, Tang Xiaobo, Chen Jiabao, Zhang Bing came to the studio today. Tang Xiaobo and Chen Jiabao also began to paint with pigment. Tang Xiaobo still painted his “little person.”(Picture 131,132) But the activity seemed difficult for Chen Jiabao who occasionally fell asleep with paintbrush in his hand.(Picture 105) Later, I asked him the reason and he told me, “I feel energetic in the morning, but in the afternoon, it seems that I am under hypnosis.” It was difficult for him to concentrate on painting. However, I saw that his pencil work which was done one week ago, was powerfully impressive. I encountered several other patients with a condition similar to Chen Jiabao's. These patients had their unique style, but as a result of taking a mass of anti-psychotic medicine, they felt unable to meet their ambition.

The doctor said, if their dosage was reduced, they would go into an uncontrollably excited state. Zhang Bing was a case in point. The doctor said he had been extremely excited last few days before he came to the studio. I didn't care about it at first, but later, I understood the concept of “extremely excited.” If asked to paint, he would say meaningless words, such as, “I am the county leader,” “I am the secretary of the Party Committee who can cook rather tasty meat.” As soon as he painted a *Five-Star Red Flag*, he would talk endlessly about this flag.

As such, I had a better understanding about the mental state of artistic creation from Zhang Yubao's and Zhang Bing's behavior. That it was difficult for a person without energy to devote himself to artistic creation, conversely, it was also difficult for a person with excessive energy.

2006-10-25

昨天深夜，我偶然看见房间的玻璃隔断上停息着一只两厘米左右的雪白飞蛾，也许是因为停息在玻璃上的缘故，所以非常醒目。走近一看，除了觉得它“好看”之外，我内心还感受到了某种微妙的触动。我拿起数码相机，也许是光线不足，拍了几张后立刻就发现图像不够清晰。由于没有拍照专用的三脚架，我只好搬来了画架做支撑，只拍了两张，可能动静过大，这只飞蛾突然飞向了屋顶上的日光灯罩内。这时我虽然对此有些遗憾，但同时又觉得身体有点疲倦，所以也就没有再继续努力去拍摄。

早上八点起床，没想到第一念头竟想起昨夜飞向日光灯的那只飞蛾。我抬头察看灯罩，并没有发现它的踪影，再环顾四周，终于在朝北的玻璃窗上看到了它。我

顿时兴奋起来。没想到这一次却因为逆光，所以当察看拍下来的飞蛾影像时，却感受不到我期望看到的雪一样白的翅膀。这时我想把它驱赶到一个合适拍摄的地方，我不停地赶，它却不知疲倦地飞。让我困惑的是它总是不愿飞离玻璃窗，即使飞离开原先所待的窗户，它还会飞到另一扇窗户上面。这时，我突然明白，它一定是因为光明的诱惑才显得如此固执，昨天它之所以飞上日光灯，也正是因为那里能让它感受到更多的光明。

了解了飞蛾的这一特殊性格，我便改变了先前的拍照策略，如延长相机快门的时间，并争取让它飞到相对明亮的位置。最后，我终于拍到了几张比较满意的画面。通过这两次折腾，我想到了自然界中的每一个生命其实从它出生的那一时刻开始，一定都有它不可更改的生存方式和发展方向。人与飞蛾至少在这一点上是没有区别的，我们每个人也一定都具有属于他自己的那一个不可更改的发展方向和特殊使命。(见图 135)

下午，张玉宝将他上个星期画的《挣扎》小稿扩大成了 100cm × 80cm 大的油画，(见图 111) 由于有了前一天画《怒吼》的经验，这一次他显得更用心一些。开始，他确定用“朱红”做底色，然后又改用“橘红”，最后在“橘红”颜色中加了少许“中黄”，并使用不少松节油稀释，画完底色后，过了约一个小时，他便在底色上画上了许多不规则的黑点。他完成后的作品给我的第一印象是很晃眼。唐小波来看的时候直揉眼睛，看到唐小波不停地揉眼睛，张玉宝竟然流露出幸福的神情。至今，我依旧没有问张玉宝为什么会把“挣扎”画成眼前这种形式，我想只要慢慢体会他后面更多的作品，答案自然会渐渐浮出水面。

I saw a white moth nearly two centimeters long in the glass partition in the room last night. The moth seemed very striking probably because it was in the glass partition. I had an inexplicable inner stirring along with the feeling of “beautiful” moth when I came closer. At that time, I took a digital camera with the intention of photographing it but I found immediately the picture was not clear since light was insufficient. I didn't have a tripod, so I had to use an easel instead of it. After taking two photos, this moth suddenly flew away to the lampshade on the ceiling, probably because of the noise made by me. I felt a little regretful, at the same time, I felt a little tired, so I didn't go on photographing it.



I got up at eight o'clock, but I didn't expect that my first thought would be of the moth that had appeared last night. I looked up to the lampshade but didn't



飞蛾 / 摄影 / 郭海平 (图135) *Flying Moth/photography/Guo Haiping (Picture 135)*

find it. I looked around and finally found it in the glass window facing north. I became excited and took the easel again. Unfortunately, when I took the photo this time, I couldn't capture its snow-white wings and white, pink plump form because of the reflection on the window. I wanted to drive it to an appropriate place where I could photograph it to my heart's content. I drove it ceaselessly but it flew about tirelessly. I was puzzled that it was reluctant to leave the glass window. Even though it left one window, it would fly to another. I suddenly realized it was so stubborn because of its attraction to light. The reason why the moth had fled to the lamp last night was because it could get much light there.

After I had realized the moth's special characteristic, I changed my photographing strategy. One of the things I did was to prolong the time of my camera's shutter, allowing the moth to fly to a bright place. At last, I took several satisfactory pictures. Through the two experiences of taking the photos, I associated it with every life having its unalterable orientation and path from the time it was born. There were little differences between people and the moth in this aspect. Even as human beings, each one of us had our own unalterable orientation and special mission. (Picture 135)

In the afternoon, Zhang Yubao transferred his draft for *Struggle* which he had painted last week, onto a 100cm × 80cm canvas. (Picture 111) He had the experience of painting *Roar* the day before yesterday. Therefore, he paid much attention to the *Struggle*. At first, he decided to use a vermilion background, but then he changed to "orange." Finally, he added some yellow to it. He also used turpentine to dilute the colors. He spent nearly one hour to paint the background. After which, he drew a lot of irregular black dots on the background. My first impression about his work was dizzy. Tang Xiaobo rubbed his eyes continually when he looked at this work. Seeing Tang Xiaobo's action, Zhang Yubao showed a happy expression. I didn't ask why Zhang Yubao painted in this form, thinking that as long as I continued to observe his works, I would find the reason.

2006-10-30

今天，刘宁终于向前迈出了重要的一步，在此之前，如果没有参照对象他是绝对不会下笔的。另外，几天前不论我怎么劝说，他总是在房间内寻找别人废弃的纸张画画，而不愿意使用我们专门提供给他绘图本，他说那样“太浪费了”。今天下午，他终于大胆地在一张空白的8开绘图纸上画了一幅自己想象的《骑自行车》。（见图48）看着这件独立完成的作品，我问他感觉怎么样，他说：“蛮好的。”此时，他仿佛如释重负，表情轻松愉快了许多。我问他明天是否可以再画一幅“开汽车”的作品，他爽快地答道：“好。”

张玉宝已经连续五天减服了两颗“氯丙嗪”，在此之前的每天剂量是十粒。今天，他走路和站立的姿势已显现出一个人的个性特征，这种特征虽然还不太明显，但与其他病人腿关节略带弯曲的共有特征相比，这足以让我感到欣喜。我来精神病院的这二十天里，对任何精神健康的表现总是会表现出特别的敏感，这也许是因为在这里我看到了太多的病态，尤其是服药后病人都像软弱无力的木偶，这让我感到胸闷。今天，张玉宝叉着两腿，上肩略微倾斜，自然地站立着，这让他其他双膝弯曲、两脚并拢、双肩前倾的病人中间格外显得突出。这既是一种“轻松”与“疲惫”的对比，同时也是一种“健康”与“病态”的对比。需要说明的是这里所指的“病态”更多的是指那些药物的反应。

Today, there was a big step in Liu Ning's life. He had never painted before without the use of reference material. In addition, no matter how I had persuaded him a few days ago, he would always find waste paper discarded by others in the studio and paint on them, unwilling to use the drawing papers we specially provided. He would say, "Why waste paper?" But in the afternoon, he boldly painted a picture *Riding Bike* (Picture 48) which he had imagined on his own, on a blank painting paper. Seeing his work, I asked his feelings about it. He said, "It is good." And he felt free and happy as if he had just relieved a heavy load. I asked if he could paint another picture *Driving Car* the next day. He answered me straightforwardly, "No problem."

Zhang Yubao has had his medication reduced to two pills of chlorpromazine for five days. Before this, he was taking 10 pills. Compared with the other patients who commonly have a posture of bended leg joints, his gestures, posture and way of walking appear like those of normal people. Although this characteristic wasn't very distinctive, it still made me extremely excited. During my 20 days in hospital, I was sensitive to any sign of "normal" behavior. Maybe this was because I had seen too much morbidity here (especially after taking their medicine, all patients looked like frail puppets which made me depressed). I saw Zhang Yubao today standing with his legs apart, his shoulders straight with his posture. He looked so striking among the other patients whose legs were bended, feet closed and shoulders hunched. This was a contrast between "relaxation" and "tiredness," and also a contrast between "healthy state" and "morbidity." It should be pointed out that here the "morbidity" referred to the patients' reaction to the medicine.

2006-10-31

今天新来了一位二十出头的年轻女病人，我给她提供了彩色铅笔和绘画纸张，不过她的注意力很快就转移到“诗歌”上面，她在短短的30分钟内用淡绿色的彩色铅笔连续写下了两首诗歌。第一首这样写道：“水中草本随浪转，星光亮闪眨呀眨，

轻风吹动稻谷香，春雁面朝芙蓉笑。”第二首是：“晴天霹雳从天降，游鱼水中闹翻天，新鲜空气心情好，人来人往春风畅。”我与在场的王玉主任连连称赞她是一位优秀的诗人，听了这话，她立刻露出开心甜美的笑容。面对这位生活在诗情画意里的年轻女子，我并未分享到她的快乐，相反，我则为她离不开诗情画意的世界而忧虑，但同时，我也庆幸她能够生活在如此诗情画意里的世界之中。

刘宁在今天也出现了陈小军式的反复，昨天傍晚还对今天充满信心，可是今天上午来了之后却又表现出畏难情绪。一个上午都在画昨天答应要画的“开汽车”，画来画去他都很沮丧。我原计划下午跟他好好聊一聊，遗憾的是，下午他却没有来画室，我问别人他为什么没有来，他们告诉我说“他说他不想来了”。

张少立每天至少要画两三个非常近似的“美女”头像，今天依然如此。上午，他在一张8开纸上描绘了一个彩色“美女”头像，看起来这个“美女”有几分姿色。没想到下午他一直端坐在这幅人像面前不停地欣赏，神情非常专注，我始终没有去打扰他，因为谁都能看出，他对这幅作品的喜爱已经到了痴迷的程度，这是一种美妙的体验。三个小时之后，他又动笔在这件作品上画了些什么。过了一会儿，当我前去察看时才明白原来他在这位“美女”的长长的颈脖上画了一条小巧的红色项链，项链的挂坠是一颗“红心”。（见图136）看他最后添加的这几笔，再联系他连续三个小时静坐在画前的情景，想必任何人见了都会为之动容。当然，也许有人会认为张少立的表现是一种“病态”。对此，如果让我做一个不太清醒的判断，我一定会以为那些对此做出“病态”判断的“正常人”，则更像是一个“病人”。如此一来，我倒是真的糊涂了，我们到底谁才是真正的“病人”呢？这恐怕要根据判断人的立场和视角来看，正如医学家、人类学家、政治家和艺术家所得的结论常常都免不了会针锋相对一样。面对着这些针锋相对的结论又有谁能使之统一起来呢？

There was a new comer today. She was a young female patient about 20 years old. After giving her colored pencils and paper, she focused on drawing "poetry." For 30 minutes, she wrote two poems continuously in light green colored pencil. The first was "Grass turned with waves in water, Stars twinkle and shine in sky, Breeze blows the rice, smelling good, Wild goose smiles towards lotus." The second was "A lightening bolt is from sky, Fishes play cheerfully in water, Fresh air and good mood, People's comings and goings with spring wind." When director Wang Yu and I praised that she was an excellent poet, she showed her sweet smile immediately. I didn't share her happiness of living in a poetic world. On the contrary, I was worried that she could not leave it. In any case, it was a matter for rejoicing that she could live in this poetic world.

Liu Ning suffered a relapse just like Chen Xiaojun. He was confident last night, but he began to retreat after his arrival in the morning today. All morning, he painted the picture *Driving Car* that he had promised to paint. The more he



张少立画的美女 / 纸上油画棒 / 52cm × 38cm (图136)
Beauty Painted by Zhang Shaoli/Oil pastel on paper/52cm×38cm (Picture 136)

Painted, the more he felt depressed. I planned to talk with him this afternoon. But it was pity he didn't come here in the afternoon. I learned from others that he didn't want to come to the studio.

Zhang Shaoli came to the studio every day to paint at least two or three similar head portraits of "beauty." Today was no exception. He painted a single-colored head portrait of "beauty" on a piece of paper in the morning. It was true that these "beauties" were rather attractive. I didn't expect that he would sit in front of this work and look at it all afternoon. He kept looking at it so attentively that I

didn't bother him. Judging from his attentiveness, he was obsessed by his work. This was a fabulous experience. He gazed at his work for three hours, and then he added something to his picture. I came to see and saw that he had painted an exquisite red necklace with a heart pendant on the "beauty's" neck. (Picture 136) I thought everyone would be moved if they heard that his three hours of staring and silence had inspired the red necklace, but some people thought Zhang Shaoli was seriously "ill." If I was asked to make a judgment, I would consider those "normal people" who said he was "ill" to be the "patients" instead. I felt puzzled about these comments. On this earth, who are the "mad?" Maybe this judgment was made by different standpoints and perspectives, just like the conclusions of physicians, anthropologists, politicians and artists are inevitably opposite. But who would make a conclusion about those conflicts?

2006-11-2

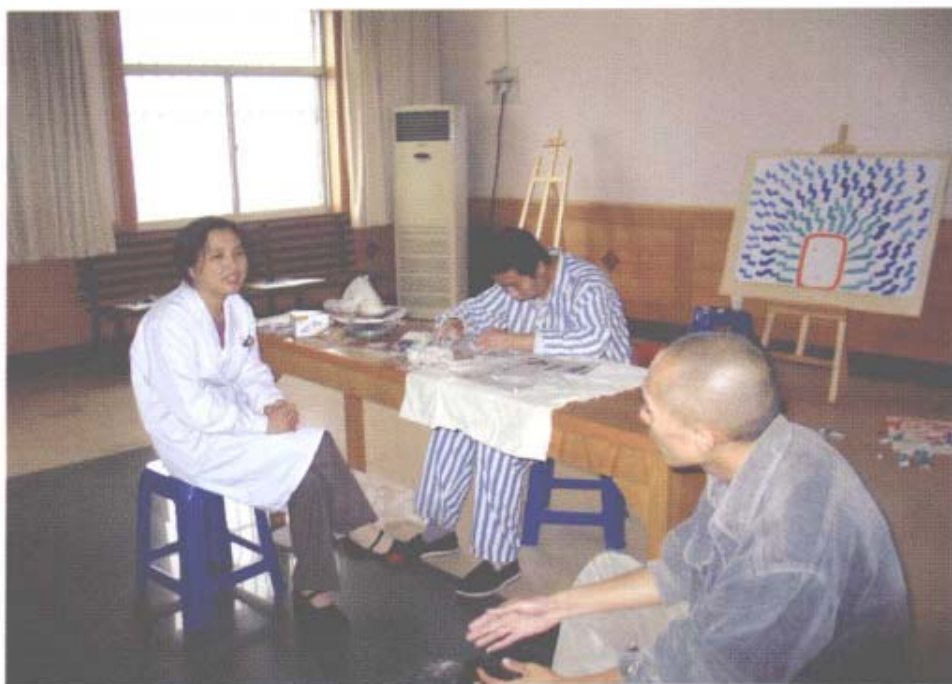
今天第一次为病人们提供陶土，我想让他们尝试一下这种全新的表现方式。由于我们计划将他们制作的作品烧制成陶瓷，他们在塑造过程中就必须掌握一些相应的技能，为此，我请来了南京特殊师范学院的周先锋老师为他们做技术指导。（见图 137）

张玉宝和刘宁很快就进入了角色，而张兵却迟迟不能适应，陈小军干脆就没有动手，而继续重复画他的曲线。晚上，我独自一人尝试了一下泥塑的感觉，这是一种全新的感受。说实话，我不太喜欢这种感觉，这是一种既缺乏韧性同时又缺乏硬度的材料，你必须先克服自己心理上固有的力量和欲望，然后再小心谨慎地用这种材料来表达自己的意图。或者说，这是一种需要非常克制或运用“巧”劲才能驾驭的材料。当然，正是这种材料的特殊性，才使得这种材料会博得喜爱这种属性的人的青睐。如性格极其随和的刘宁就比较喜欢玩弄这些泥土，而直爽外向的张兵却似乎不太容易对这种玩法产生兴趣，我问他明天是否还继续做陶艺，他毫不犹豫地答道：“画画！”

到目前为止，最受欢迎的表现工具还是“铅笔”和“油画棒”，其他水彩、丙烯、油画颜料、派克笔、彩色铅笔都有不易掌握或其他一些缺陷，如水彩、丙烯、油画颜料容易出现失控现象，而派克笔、彩色铅笔不是下色不畅，就是色彩不够显明。

指导精神病人制作陶艺的南京特殊师范学院周先锋老师（右一）与王玉主任（左一）的交流现场（图137）

Communication between Zhou Xianfeng, teacher of Nanjing Special Normal Academy and ceramics instructor to the mental patients (right) and Director Wang Yu (left) (Picture 137)



It was the first time I provided patients with clay, hoping to give them the chance to try out this new medium. We planned to fire their works into pottery and porcelain pieces. But first, they had to master some basic skills. I invited Zhou Xianfeng, teacher of Nanjing Normal University as their technical guide. (Picture 137)

Zhang Yubao and Liu Ning mastered it quickly whereas Zhang Bing couldn't adapt to it. Chen Xiaojun didn't join them but kept going on repeating his drawings of curves. At night, I tried to observe the clay sculptures alone, which was a totally new experience. Frankly speaking, I didn't like this feeling. This material lacked toughness and hardness, so a person must overcome his

inherent strength and desire first, and then express his own intention by using this material carefully. Or we can say this was a kind of material that had to be used “skillfully.” Certainly, because of the uniqueness of this material, it was populous among the patients who loved this special property. For example, genial Liu Ning liked clay, while frank Zhang Bing probably wasn't interested in it. When I asked Zhang Bing if he would go on doing pottery the next day, he answered me without hesitation, “I will paint.”

The most popular drawing tools were pencils and oil pastels so far. Others such as watercolors, acrylics, oil paints, Parker pens, and colored pencils weren't so popular. The patients felt that watercolors, acrylics and oil paints weren't easy to use, while lines painted by Parker pens and colored pencils weren't fluent and the colors were not as good.

2006-11-6

上个星期五的日记是准备回家以后写的，但到了家之后便不想再动，这时才发现住在医院里的这一个星期其实已经有些疲劳了。或者说，一旦恢复到一种日常的生活状态，如泡澡、吃火锅、上网、看电视等等，便让我很难重新回到住在精神病医院里的状态。而住在医院里生活就是工作，工作也自然就是生活。

星期六到工作室与成勇会面，商谈12月他策划的展览事宜。原计划我的参展作品就是医院里即兴在4开纸上打满黑叉和红叉的《住院日记系列》。但成勇建议我将这些“×”打在一个更大的画布上，这样展览效果会更好一些。可是如果重新在画布上打“×”，这些作品其实也就不再是原来意义上的“日记”了，或者说这种“符号”一旦在不同时间、地点上转移到不同尺寸的材料上，它的意义也就发生了转换，但我最后还是决定做一次这种“转换”，这是一种由精神病院内向精神病院外的“转换”，这种“转换”应该说也具有一定的现实意义。其实，走出精神病院，我面对的是另一种异常，这种“异常”与“×”之间同样具有某种内在的精神联系。昨天晚上在电话中与上海的艺术陈墙也聊到我的这一系列作品，他说，“×”是一个很西方化的图示，而“○”则是一个很中国化的符号，黑色意味着“死”，红色意味着“生”，他还说完全的“死”对于我们来说是很难承受的。

今天早上6点30分起床，去赶7点40分医院的班车，匆匆忙忙还是没有赶上，后来只好转了两趟公交车才赶到医院。今天，来了张玉宝、张兵、唐小波、刘宁等，王主任还带来了一位有点亢奋的新病人，王主任说他是主动坚持要来画画的，可来了之后画了一幅就怎么也坐不住了，没办法，很快又将他带回了病房。

唐小波在上个星期五连续做了一系列作品后，今天又做了两件有意思的东西，其中一件像只动物，另一件有趣的作品他自己也说不上是什么。（见图133）看唐小波做陶艺很有意思，因为有一只手因小儿麻痹症而留下了残疾，所以他只好用另一只手和胳膊在做，而且做得非常来劲，为了让泥土变成他想要的样子，他几乎将那

只健全胳膊的劲全用上了，情景很让人激动。（见图 138）与画画比较起来，我明显地觉得软性的泥土更能激发他的生命活力，而且似乎也更能与他爱动的性格统一起来。为此，我还给东南大学医学院的杨谨老师打电话，建议他们让多动症的儿童尝试陶艺的实践，因为他们刚刚计划以艺术的手段来对多动症的儿童进行辅助性治疗。这次陶艺制作给我感受颇深的是柔软性的泥土比绘画能够更多更充分地吸收人的心理和行为中的能量。



唐小波正在制作陶艺（图138） Tang Xiaobo doing ceramics (Picture 138)

I prepared to record my diary at home last Friday, but after arriving home, I didn't want to do anything. I realized that I was a little tired during the whole week in the hospital. Or perhaps I felt that if I returned to normal life, such as bathing, eating with my wife, surfing the Internet, lying in bed and watching TV, it would be difficult to return to the state I was in while in the hospital where life meant work, and work meant life.

I came to the studio to meet Cheng Yong on Saturday and we discussed about an exhibition he was planning which would be held in December. I planned to exhibit my works of *Series of a Diary in Hospital* full of black and red "x" on paper, which had been painted casually in the hospital. However, Cheng Yong suggested that I should paint "x" on a larger canvas, as the effect would be better. I thought if I painted "x" on a new canvas, this new work would lose its original

meaning. Or we could say once this “sign” was changed or painted in other materials in different sizes, the meaning would also change. But at last, I decided to “change” it. This “transformation” was from mental hospital to outside world so it had practical meaning. In fact, after leaving hospital, I was in another abnormal state. This “abnormality” and “x” had internal connection. I discussed with Shanghai artist Chen Qiang about the series of my works on the telephone last night. He said “x” was a western sign whereas “○” was a Chinese signal. “Black” meant “death” while “red” meant “life.” It was really difficult for us to accept “death.”

I got up at 6:30 this morning to try and catch the 7:40am bus to the hospital, but I didn't catch it although I rushed. I had no choice but to transfer twice in order to reach the hospital. Zhang Yubao, Zhang Bing, Tang Xiaobo and Liu Ning were here. Director Wang also brought a new patient who was a little excited. Director Wang told me that the patient had asked to paint on his own initiative, but he was unwilling to stay on after painting one picture, so he had to be brought back to his ward.

Tang Xiaobo had made a series of works last week, and today, he made another two interesting pottery works. One was like an animal, the other was also interesting, but even he himself didn't know what it was. (Picture 133) Tang Xiaobo's pottery was rather interesting. He had suffered from infantile paralysis in his childhood and this had left him handicapped in one hand. As such, he made pottery with one hand and an arm, paying much attention to it. In order to change the clay into an image he wanted, he would try his best to do it with his only arm, by which people may be deeply moved. (Picture 138) In my opinion, compared with painting, soft clay could inspire his enthusiasm more, and this was also related to his lively character. I telephoned Yang Jin, teacher of medical academy of South East University, who suggested that lively children should try doing pottery and he planned to give assisting treatment to lively children by using artistic methods. I was deeply impressed that soft clay could stimulate a person's mental and physical strength more than painting.

2006-11-8

陈家宝今天没有来，昨天他曾非常明确地向我传递一个信息，即我在这里做的一切都毫无意义。陈家宝不是精神分裂症病人，与他聊天可以明显地感觉到他对社会有着非常深刻的思考，他说他曾坐过两次监狱。也许正因为如此，他才决定保持自己的沉默。

陈小军今天又完成了一幅橘黄色调的“波纹曲线”系列作品，这些作品画得更静心更流畅。他对自己画画过程的评价是“工疗”，同时他还告诉我要想画好这些作品就要懂得“慢工出巧匠，快了没有样”的道理。我告诉他要让更多的病人学习这种“工疗”，并戏称这是“陈小军式念经术”，我向他解释这一称呼与和尚在手中重复拨数佛珠是一样的，对于这番解释他只是憨憨地笑了一下算是对我的回应。

这些病人住在精神病院内的痛苦和压抑，是我们常人和一般的文化难以阐释的。在与他们的沟通和交流中，我明显地感受到我与他们之间的心理距离。陈小军的父亲也因患精神分裂症与他同住一间病房。陈小军住在这家医院已有四年多，除了每天必须待在病房里之外，还要服用大量的抗精神病药物。对于这一切，我们通常学习的所有知识恐怕也只能做一些隔靴搔痒式的触及，那一定是一种无比悲哀的体验。遗憾的是我们今天的社会却有越来越多的人被送入精神病院接受封闭式治疗。我希望这次计划能够促使人们更多地关注现代人的精神健康。中医理论“上医治不病，下医治大病”的观点是非常值得我们去反省的。

从这几天大家的表现来看，张玉宝、张兵这些曾经经历过创作高峰的病人，这几天都进入到了低谷阶段。即便如此，我发现他们还是喜欢待在画室里而不是病房。下午，王主任看到张兵坐在画桌前发呆，就问他是不是跟她先回病房，张兵则表示“再坐坐”。张玉宝也是如此，即使这几天大部分时间都是坐在画桌前发呆，他还是十分乐意来画室坐一坐，有时当我走到他面前时还会听见他的叹息。这时我会问他想不想看看一些其他的杂志和画册，他一般都会说“不要”。

也许艺术对于他们来说，也只是他们日常生活与精神世界中非常微不足道的事情，他们每一个人看上去都心事重重。张兵的口头禅就是“我是有人养没人管的”。说到张玉宝时，张兵说“他比我更惨，没爹没娘没单位”。事实也是如此，除了居委会偶尔还会来看张玉宝一下之外，就不曾有过任何亲人来看过他，他每天的香烟都来自于别的病人的恩赐，得知这种情况，我在周末回家前都会给他留下十几根香烟，希望能够减缓他连续两天没有香烟的“难过”。

今天傍晚，我在医院旁边的一家小饭馆接待了一位十五年前认识的大学生，十多年前我在他们学校开过与精神卫生有关的讲座，这位当年的大三学生现在已经是—家公司的老板。近半年来某种强迫观念严重影响到他的家庭生活和事业的发展，于是这次他颇费周折地与我取得了联系。我们一边吃饭一边聊了两个小时。我告诉他，我现在主要精力是集中在以艺术的方式关注当代社会公众的精神问题，对于十多年前从事的心理咨询工作已经很多年没有涉及了，不过，我还是针对他的心理障碍提出了一些常识性的建议。从他的身上，我进一步地看到了中国人讳疾忌医的通病，因为我建议他去找心理精神科医生，但却遭到他的婉言谢绝，因为他现在的身份已不再是当年的大学生了。中国人为什么会如此普遍地“讳疾忌医”，我一时很难找到合适的答案。也许是中国人太向往健康的缘故，或者说“疾病”在中国人的记忆深处，已经成为一种“恐惧”的化身。正如当年洋人说中国人是“东亚病夫”让中国人蒙受了莫大的耻辱一样。



南京祖堂山精神病院废弃的病区 (图139) Deserted wards of Nanjing Zutangshan Mental Hospital (Picture 139)

Chen Jiabao didn't come to the studio today. He revealed to me clearly yesterday that what he did here was meaningless. Chen Jiabao wasn't a schizophrenic. Through chatting with him, I found that he had a profound understanding about the society. He said he was sent to prison twice, which was the reason that he decided to keep silent.

Chen Xiaojun finished his orange *wave curves* series today. He painted these works in a good and peaceful mood. He called the process of painting as a "cure." At the same time, he told me if he wanted to paint very excellent works, he must learn the principle that "slow work helps to cultivate a skillful craftsman." I asked him to tell his way of finding a "cure" to the other patients and joked that this "cure" was called "Chen Xiaojun's Nianjingshu." I explained that this was similar to monks twirling a string of beads. He gave me a naive smile as a response.

In fact, it can be difficult for normal people to relate popular culture to the bitterness and depression of mental patients in hospital. In communication with them, I realized clearly the psychological distance between me and those

patients. For example, Chen Xiaojun's father was in the same ward with him because he was also diagnosed with schizophrenia. Chen Xiaojun had lived in the hospital for more than four years, and he must stay in the ward every day. In addition, he must take a mass of anti-psychotic medicine. As a result, if we used our common sense to deal with these mental patients' problems, it can only have little effect. It was a pity that more and more people are being sent into mental hospitals to accept closed treatment. I hope my plan can attract more attention to people's mental health in modern society. There is a noteworthy theory in Chinese traditional medicine that "you cannot solve the problem by taking only stopgap measures."

Looking at the mental patients' behavior the last few days, I found Zhang Yubao and Zhang Bing had experienced their peak of creation, but now were at a low ebb. However, they still liked to stay in the studio rather than the ward. Director Wang asked Zhang Bing if he would prefer to go to the ward when she saw him sitting at the table staring blankly. Zhang Bing expressed that he wanted to stay in the studio for a while. Likewise, Zhang Yubao was still willing to stay in the studio even though he was in a daze at the table most of the time. Sometimes, I would hear him sigh when I came in front of him. During those times, I would ask him if he wanted to read magazines or look at picture albums, but he usually refused.

Maybe art was a trivial thing in their daily life and spiritual world. They all had problems, such as Zhang Bing who always said, "I am brought up by others but nobody would like to look after me." When Zhang Yubao was mentioned, Zhang Bing said, "He has no mother, father and job so his condition is the worst." This was a fact. Except for the neighborhood committee who came to see Zhang Yubao, no family members came. He had to get cigarettes from others. After learning about this, I left 10 cigarettes for him before I went back home over the next two weeks, hoping that these cigarettes could relieve his "sadness."

Tonight, I went to a small restaurant near the hospital to meet a college student whom I had met 15 years ago. I had given a lecture about psychiatric hygiene in his university 15 years ago. That junior student had now become a company boss. He had suffered from compulsion for nearly half a year. Consequently, it affected his family life and hindered his career development. He went through a lot of trouble to contact with me. We ate together and talked for nearly two hours. I told him that I was concentrating on the problem of public mental state by using artistic methods at the moment. I hadn't formally studied psychological consultation, although I had done research on it 10 years ago, but I still gave him some common sense suggestions about his mental obstacles. From

his situation, I further understood that Chinese people avoid seeing the doctor. I suggested him to see a psychologist, but he refused it tactfully, saying he was no longer a college student. As for this common phenomenon, it was difficult to find the reason. Maybe it was because Chinese people cherish good health, or we can say “disease” became the embodiment of “horror” in Chinese people’s minds. Just like when Chinese people are called “East-Asian dwarf,” it is an insult in their minds.

2006-11-14

唐小波今天也来了画室。但从他的神情上看，情绪十分的低落，我问他其中的原因，他说：“想回家。”从他的眼角处我可以清晰地看到眼泪流淌的痕迹。今天他几乎没有动笔，也没有像往常那样到处找人讲话，他只是安静地坐在窗口，默默看着户外的景色，也许在凝望中，他能够看到他的家的存在。从他的身上我理解了为什么有许多病人都喜欢习惯性地站在窗口，过去我以为是无聊，现在看来也许他们是在期盼亲人的出现和希望在远望中找到属于他们精神上的自由的幻觉。

Tang Xiaobo came to the studio today. From his expression, I could see that he was rather depressed. I asked him the reason, and he told me, “I want to go home.” I could see traces of tears in the corners of his eyes. He didn’t paint today and didn’t talk with the others as he usually did. What he did instead was to sit quietly beside the window and stare at the scene outdoors. Maybe he could feel the presence of his family when he gazed at the scene. From his behavior I learnt why many patients like to stand beside the window. I thought they were bored, but now I understand they looked forward to seeing his family members and hoped they could get spiritual freedom from gazing at the scene outdoors.

2006-11-16

这两个星期，张玉宝脑子里一直没有出现那种幻觉般的影像，即使是一次也没有，而在此之前，每天至少会出现一两次。现在可以推测，这可能与每天减去两颗药和天天画画的放松心情有关。先前不断出现的“挣扎”、“怒吼”、“分裂”等情境和主题应该与他待在病房内的持续压抑以及药物作用有着一定的联系。这几天，他有意识地画一些东西，但主题都是日常生活中的场景回忆，如公共汽车站、澡堂、厨房、市民广场等。

昨天傍晚，我送病人回病房，走到半路，唐小波突然瘫倒在地，说自己腰疼，其他几个病友赶紧扶他起来，希望能够搀扶着他走路，但没想到怎么扶也行走不了，没有办法，我只好将他背到病房。今天王主任告诉我唐小波的这种“腰疼”是“心病”，

如果是她在场，他是不会“腰疼”的。听了这话，我一阵头晕，因为昨天，我如果再多背十几米远，我的腰一定就会散架，因为唐小波至少六七十公斤，到他住的病区还有一段坡路。当时我放下他的时候，我的腰已经快折了。老天保佑，否则，我的计划就此要告一段落了。其实每个人都不可能完全深思熟虑后再去动手做事，很多情况下是不允许人去多想的。

There were no images of fantasy in Zhang Yubao's brain these two weeks. There were at least one or two images in his brain before, but nothing appeared now. I guessed this was related to his daily medication being reduced to two pills, making him quite relaxed. However, the powerful scene and theme of his pictures *Struggle*, *Roar* and *Split* were related to his continual suppression in the ward and the effect of the medicine. These days, he painted some things, but the content of all his works was about his memory of daily life, such as the bus station, bath, kitchen and public square.



张玉宝也画了一幅像陈小军一样的作品 (图140)

Zhang Yubao's picture, which is similar to Chen Xiaojun's picture (Picture 140)

Last night, I accompanied the patients to their ward. Midway, Tang Xiaobo fell down on the ground suddenly, saying he felt pain on his waist. The others supported him immediately, hoping to help him to the ward. But to our surprise, he could not walk no matter how we pulled him. I had no choice but to carry him on my back. Director Wang told me that Tang Xiaobo's lumbar pain was his "secret concern." If she was present, he wouldn't feel pain on his waist. After hearing these words, I felt a little light-headed. My waist would be broken if I had to go on walking with him on my back for over 10 meters yesterday, because Tang Xiaobo weighed at least 60 or 65 kg. Besides, on the road to his ward, I had to pass through a slope. When he came down from my back, my waist was nearly broken. God bless me, if not, I would fail to go on with my project. In fact, it was impossible for everyone to think out everything. In some cases, people weren't allowed to think a lot.

2006-11-20

祖堂山精神病院门口有一家小百货店，这家小店的第一任店主今年 80 岁，现在身体依然很结实，每天还要到农田里干农活。今天，我与王主任一道来到他的小店，听他讲述 1952 年精神病院建立至今的变化。他告诉我们，当年精神病院的地盘比现在大许多，病人们白天都出来干一些种菜、饲养家禽等农活，其收成不仅可以满足医院所需，甚至还经常会有剩余。开始，病人都居住在寺庙里面，后来便渐渐将寺庙改建成了精神病院的病房。

从这位老先生的语气中，我能听出，他认为今天病人不用再干农活，并且住进漂亮的大楼里是一种“很大的进步”。但他并不知道这种变化与抗精神病药的诞生有很大的关系。上个世纪 50 年代之前，抗精神病药物在世界上还没有出现，后来随着各种药物的诞生，精神病的治疗手段便由过去的“收容”转化为了对病人的药物控制。正是这一系列药物的诞生，使得病人逐渐从农田集中转移到了病房。



郭海平（右1）、王玉（左1）向小店的老先生（中）了解五十年前的祖堂山精神病院（图141）

Guo Haiping(right one) and Wang Yu(left one) learning about Zutangshan Mental Hospital's history fifty years ago from an old man(middle) of a grocery shop (Picture 141)

从表面上看，病人的住宿条件改善了许多，也无需再去从事那些种菜和饲养家禽的体力劳动，然而，正是这种物质条件的改善和抗精神病药物的诞生，才使得这些病人的身心自由受到了极大的限制。我多次进入过医院病房，除了四五个人一间的 12 平方米左右的卧房之外，还有一间可容纳五六十位病人的公共活动空间。白

天病人一般不允许待在卧室内，以防止他们嗜睡。如此一来，四、五十位病人平时也只能从早到晚拥挤在公共空间里，日复一日、年复一年。如此待在医院超过三五年的病人不在少数。如此封闭的环境使得病人们的生理心理功能都提前出现了不少衰退的现象。好就好在：就在我进入祖堂山医院不到一个月，新上任的院领导就组建了“娱疗组”，并将我眼前从事的艺术活动纳入到他们的工作范围之内。同时，每天早晨，每个病区都将便于管理的病人带出病房集中起来做广播体操。这两天我又听说医院正组织病人进行扑克比赛，由此可见，医院正在力图改变以往封闭式的关锁式治疗，而朝着开放的人性化的治疗方向改进。

我今天为王军买来了一套绘图尺和模板，他非常高兴，从此，他无需再为画直线和圆圈而犯愁了。在此之前，他画每一道直线和圆都一定要找到一个“工具”，比如用5厘米长的橡皮替代直尺。遇到画长线条时，他就会用橡皮替代直尺，一段一段地连接起来，遇到大小不同的圆形，他会四下寻找茶杯、派克笔头和硬币充当绘图工具。

There is a small grocery shop in the doorway of Zutangshan Mental Hospital. The first owner of the shop is 80 years old now. He is still sturdy. He goes to the farmland to do some farm work every day. Director Wang and I went to the grocery shop together to listen to his account of changes that had happened in the hospital since its establishment in 1952.



王军正在用木条和马克笔代替绘图工具 (图142)

He told us that the area of the mental hospital was larger before. The patients used to do some farm work during the day, such as farming and feeding domestic animals, etc. The harvest not only met the hospital's needs, but also gave surplus. At first, the patients lived in the temple, but later, they built their own houses.

We could feel from his account that he thought it was a “remarkable progress” that today’s patients did not need to do farm work any more, and that they all lived in beautiful tall buildings now. But what he didn’t know was that this change was closely related to the usage of anti-psychotic medicine. In the 1950s, anti-psychotic medicine weren’t developed in the world. Along with the development of medicine, mental hospitals changed from being an “asylum” to

a place where patients were controlled by medical treatment. Just because of the development of medicine, patients have gradually shifted from farmland to ward.

It may seem that the living conditions of mental patients have improved a lot and they no longer have to do manual labor such as growing vegetables and feeding domestic animals. However, the improvement of material circumstances and the development of anti-psychotic medicine have restrained their bodies and minds greatly. In the hospital, besides the patients' bedroom where four or five persons sleep in an area of twelve sq meters, there is an activity room providing space for 50 or 60 patients. The patients weren't allowed to stay in the bedroom during the day to prevent them from sleeping. Therefore, the patients had to crowd into the activity room and stay there from day to night, day after day and year after year. Many patients stay in hospital for three or five years, so their psychological functions decline in such a closed environment. It was a good thing that less than a month after I came to Zutangshang Mental Hospital, the hospital new heads organized "entertainment activities" and regarded my artistic activities as a part of their activities. At the same time, the patients can be brought out to do radio exercises every morning. I also heard the hospital preparing card competition for the patients. All these showed that the hospital staff was trying their best to change their ways from closed treatment to a more open, humane treatment.

I bought a set of drawing ruler and stencil for Wang Jun and he was excited, for he didn't need to worry when he drew straight lines and circles. Before, he had to keep finding tools before he could draw straight lines and circles. For example, he would use a five-centimeter eraser as a ruler. When he wanted to draw a long line, he would connect those lines that were drawn by using the eraser. He would find access to a teacup, Parker pen and coins as tools to draw circles of different sizes.

2006-11-21

下午，李丽病房的护士非常认真地问我，李丽反复画的那些“心电图”有什么意义。我解释说：“这些图像反映的应该是李丽身心的整体状态，如身体、行为、意识和情感等方面的综合协调能力都应该在她画面中有所反映。”

This afternoon, the nurse in Lili's ward asked seriously the meaning of those "electrocardiograph" images painted repeatedly by Lili. I explained to her, these images reflected Lili's mental and physical state, such as body, behavior, consciousness and emotion. All these comprehensive elements can be reflected in her works.

2006-11-22

今天，我发现很少有病人使用彩色铅笔画画，而我在《原生艺术的故事》中看到的上个世纪60年代以前西方精神病人绘画时所使用的工具大多数都是彩色铅笔。其实这正是抗精神病药物的作用，开始我看到他们用彩色铅笔画出来的色彩又浅又淡，便怀疑是笔的质量问题，后来又买了进口彩色铅笔，结果色彩还是不够鲜亮，当时我没有注意出现这一现象的原因，病人们也都自然改用了油画棒。今天我忽然明白，彩色铅笔之所以不受欢迎是因为他们的手缺乏力量，因为我也试过彩色铅笔，色彩清晰度要比他们好许多。而油画棒则无需用劲就可以很容易地将色彩表现出来。这一发现正好印证了杜布菲所说的药物对精神病人表现能力的消极影响。

这一段时间，除了王军、陈小军之外，其他男病人纷纷都进入了情绪的低潮，因此我与王主任商量，决定开始邀请女病人来画画。下午，医护人员带来了六位女病人，其中有两位绘画热情都比较高。一位是河北石家庄的年轻农民张小红，她画了一只长着绿叶的大红萝卜，还画了一把诡秘的黑色纸扇，（见图144）它们让我感受到了中国北方农村的那种朴实敦厚和神秘。

还有一位五十多岁的女病人刘英，画人像时总是先画一个大大的圆表示人脸，然后便会将人的颈子、乳房、肚脐、腿和脚都画在脸部的轮廓线内，（见图143）我想，这也许与一个女人对孕育生命的感知有关，她所画的“圆”既可以当做是人的头部，同时又可以当做是一个生命的容器或女性的子宫。除此之外，我实在是找不到更合适的解释，所以，依照上述的推理，我认为不会有男人或未发育的少女画出这样的图像。另外她还画了一张被称之为“中国地图”的画，所谓“中国地图”就是一个长方形的线条内画了几十个小圆圈，然后在左上角写上一个“中”字。对此，我们同样可以理解成为这是无数的生命个体共存于一个母体之中。之所以如此推理，是因为我始终认为艺术的最重要的一个价值，就是真正的艺术品一定是向外界传递出与作者身心有着深刻联系的一种信息，有了这些信息，便可以帮助我们更完整更真实地了解我们自己和同类。

今天有一位四十多岁的女病人来到画室后就坐在那里不停地写诗，其中一张纸上写有如下的三段诗句：

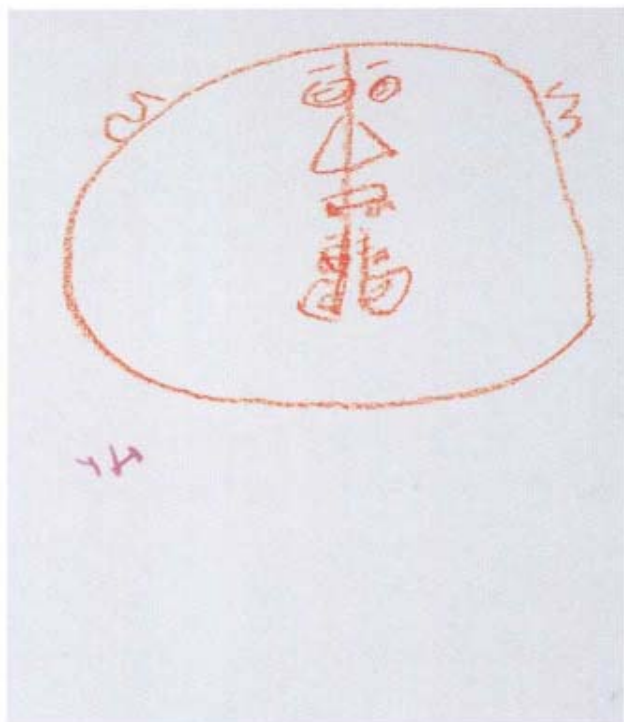
高高在上一美人
十四、五、八正当春
二十七八得了病
一过三十就归阴

身穿绿军装
肚里水汪汪
生的儿子多

都是黑脸膛

一物不成材
请客它就来
客来它就走
客走它又来

事后我请医生去问这位病人，这首诗是不是她自己创作的。事后得知，它是女病人在病房里集体创作的，至于是什么时间和哪些病人创作的就无法考证了。



刘英的作品 / 纸上油画棒 / 52cm × 38cm (图143)
Liu Ying's work / Oil pastel on paper / 52cm × 38cm (Picture 143)



张小红画的黑扇 / 纸上油画棒 / 52cm × 38cm (图144)
Zhang Xiaohong's Black Fan / Oil pastel on paper / 52cm × 38cm (Picture 144)

I found that only a few patients used colored pencils today. I read in *The Story of Art Brut* that the most popular drawing tool which western mental patients used in the 1960s was colored pencils. At first, I found that the lines painted by the colored pencils were light and thin, so I thought it was caused by the poor quality of the pencils. So I brought some imported colored pencils but the lines still were not brightly colored. At that time, I didn't realize the real reason why it was natural for the patients to use oil pastels instead of colored pencils. In fact, the main cause was the efficacy of anti-psychotic medicine. Today, I suddenly understood the reason why colored pencils were unpopular was that the patients lacked hand strength. I once tried using colored pencils,

and the definition of color was much better than them. Compared with colored pencils, using oil pastels do not need a lot of strength. It proved what Dubuffet said, "The medicine has a negative impact on mental patients."

Except for Wang Jun and Chen Xiaojun, the other male patients were at a low ebb. Therefore, director Wang and I decided to invite some female patients to paint. The medical staffs brought six female patients in this afternoon. Two of them wanted to paint with great enthusiasm. One was Zhang Xiaohong, a young farmer from Shi Jiazhuang, Hebei province. She only painted a red radish with green leaves. In addition, she painted a mysterious black fan. (Picture 144) From these two works, I learned the simplicity, honesty and mystery of rural areas in north China.

The other was 50-year-old female patient Liu Ying. She always painted a big circle to represent the facial outline of a human portrait. Then the person's neck, breast, bellybutton, legs and feet were all painted inside the facial outline. (Picture 143) I thought this woman probably perceived the birth of new life. The circle can be considered as a human head as well as the origin of life or a woman's womb. I couldn't find a more appropriate explanation. According to me, pictures of men and girls couldn't be painted like this. In addition, she painted another picture, the so-called Map of China, which was only several dozens of small circles in a rectangle. There was a character "Zhong" in the left corner. We can also consider it as countless lives co-existing in a mother's body. I always thought the most valuable aspect of art is that real artworks should convey messages closely related to the painter's body and mind to the outside world. Only these messages can help us truly and fully understand ourselves and others.

Another 40-year-old female patient came to the studio. After sitting for while, she began to write poem ceaselessly. There were three poems on a piece of paper:

An outstanding beauty,
Young and beautiful,
Falls ill quickly,
Dies in her youth.

Dressed in green army uniform,
Healthy and strong enough,
Having a lot of sons,
But all are black.

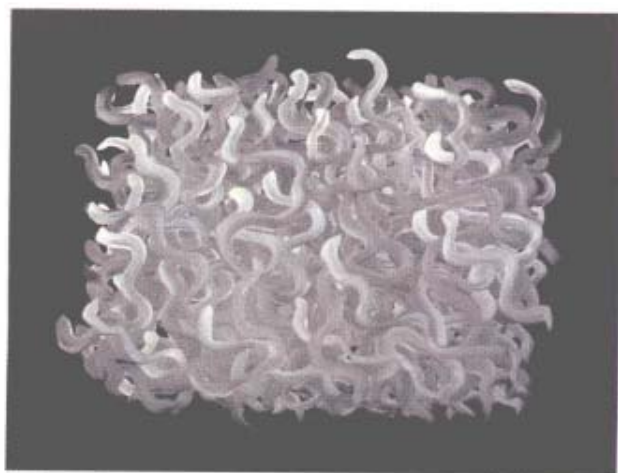
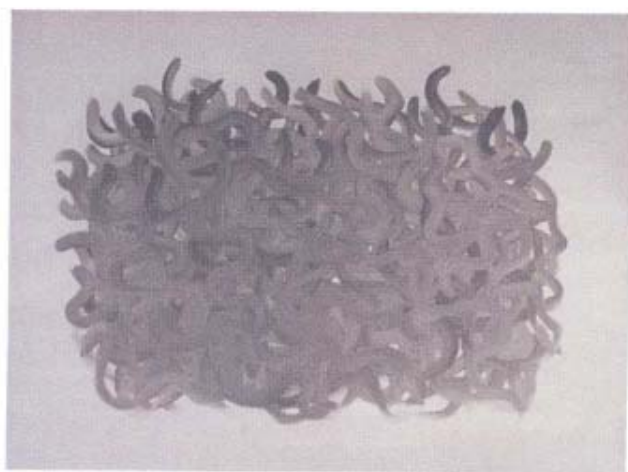
A guy is good-for-nothing,
Appears in the party,
He leaves when guests come,
But he comes when guests leave.

Afterwards, I asked the doctor if the poems were created by her. But I found out that these poems were created by all the female patients in her ward, except I didn't know when or who created them.

2006-11-28

这几天在引导病人绘画之后便常常出现一种创作的冲动。与刚来的前半个月只想打“×”的感受不同，今天的冲动也许是源自于这段时间的所有感触。我开始用不同颜色的油画棒在纸上画旋转的圆，随着内心的力的推动，时而急速，时而漫不经心，最后出现了色调各异的螺旋状画面。看到这些螺旋纹样，我有一种旋转进入到无限深远空间的感觉，同时又有一种从无限深远的地方旋转出来的感觉。

今天是我住进精神病院的第48天，这段时间里我每天都要面对和思考我眼前出现的精神病人，我没有资格对当今医学的诊断和治疗进行任何干预，但我仍非常明确地感受到只要我们愿意，就能够让这些病人过得比现在更健康一些。我看到的病人们由于药物和行动空间等诸多条件的限制，使得他们的精神状态普遍十分低迷，最突出的表现是情感消沉，思维无力，极度不自信等。再看我这几天画的作品，黑色背景中一根根白色曲线扭动纠缠在一起，他们正试图通过自己的挣扎来努力寻求一种解脱的机会。我不能明确地说画面中的每一根曲线都代表着一位精神病人，但可以这样认为：这些画面表现的是我住在精神病院里的真实感受，是一个生命传递给另一个生命的感受，这里面没有逻辑也没有审美，有的只是一种接受、沉淀、消化和表现。我希望通过这些作品向更多的人传递我深入到精神病人精神世界深处的那种感受，这也是文字手段很难做到的一种传递方式（见图145、147、148）。



郭海平在精神病院创作的作品 / 布面油画 / 100cm × 180cm (图145)

Works painted by Guo Haiping in Mental Hospital/Oil painting on canvas/100cm×80cm (Picture 145)

I had an impulse to paint after I had guided the patients in painting. It was different from the feeling when I only wanted to draw “×” in the last half month. Maybe this impulse was from what I saw and heard these days. I began to paint spiral circles on paper by using oil pastels in different colors. During the process of painting, I painted quickly but occasionally I slowed down according to the impulse of my inner heart. Finally, the picture showed a multi-colored and spiral scene. Seeing these spiral designs, I had a feeling, both whirling into an infinite and endless space and coming from it.

I had been in hospital for 48 days. I had to face and think about the mental patients I had met every day during this period of time. I was not qualified enough to interfere with today's diagnosis and medical treatment with my own opinion, but I realized that as long as we were willing to, we could make these patients healthier. When patients were restrained by medicine and space, they became low in spirit. A mental patient's most obvious characteristics were that they had low spirits, and lacked lively thinking and confidence. The work I painted several days ago was of white twisted curves struggling in the black background and trying to get free. While I cannot say that every line stood for a mental patient, I can say this picture expressed my real feelings of being in the hospital: one life passed to another. There was no logical and aesthetic appreciation; only acceptance, accumulation, digestion and presentation existed. I hope these works can make more people understand my feelings when I entered into the mental patients' spiritual world, which is difficult to express in words.(Picture 145, 147, 148)

2006-11-30

这两天气温明显下降了许多，经常会听到病人喊“冷”，医生说再冷一点就可以开空调了。相比之下，吃过不少苦的张玉宝和王军却显得无所谓，张玉宝说最冷的时候他也只是穿一件厚一点的毛衣。

今天，王军看到一位年轻女病人在画一堆布，感到十分疑惑，他问这位小姐：“你画这堆布有什么用啊？”这位小姐听了莫名其妙，而我却十分清楚，这位小姐过去学习过素描，眼下她正在做素描练习。王军是一个农民，他从来没看过“素描”，也不知道什么叫“素描”。他之所以不理解这位小姐的作画目的，是因为王军自己画的东西都是非常有用的，如拖拉机、行车、水闸、吊车等。王军的这种“无知”其实也正是他可贵和可爱的地方。他画画之所以始终都非常认真，是因为他能真正体会到这种机械的力量，他热爱这些机械原因也许就是因为这些机械作用的巨大，对此，恐怕只有种田的农民才会有这样的情感。由此可见，王军画的并非是一般的机械造型，而是机械的力量和他对这些机械的崇拜。

张玉宝近来的精神状态的确比我刚来的时候好了许多，现在不仅会时常看到他面带笑容，有时竟然还会说两句逗人开心的笑话，比如他会指着王军的“机械”说：“你画的这个有什么用啊？”最有说服力的还是连续几天他都在他的图画本上画了各种玩杂技的场景。与他刚开始的头上钉满铁钉，身上缠满铁丝的作品相比，玩杂技的主题无疑表明了他现在的好心情。

There was an obvious drop in temperature over the past two days. I often heard people shouting, “It is too cold.” The doctor said we could turn on the heater if it became colder. Compared with the others, Zhang Yubao and Wang Jun seemed calm because they had suffered more. Zhang Yubao said he only wore a thick sweater in the coldest weather.

Wang Jun felt puzzled when he saw a young female patient paint a heap of clothes. He asked, “Is it meaningful to paint these clothes?” She felt confused. But I understood clearly. This female patient was simply sketching, whereas Wang Jun who was a farmer, had never seen anyone sketching before. As a result, he didn't know what “sketching” was. He didn't understand her purpose because things painted by Wang Jun had to be practical, such as *tractors*, *traveling cranes* and *water sluices*. In fact, Wang Jun's “ignorance” was valuable and loveable. He took great efforts to paint pictures because he adored mechanical devices. The reason was that mechanical vehicles were useful and only agricultural farmers had this special feeling. From this we can see pictures painted by Wang Jun weren't simply mechanical devices. What he drew were the strength of mechanical devices and his admiration for them.

Zhang Yubao's mental state has been better since I first met him. He not only had a smile on his face, but also joked occasionally in order to amuse others. For example, he pointed to the mechanical vehicles painted by Wang Jun and said, “It is useless to paint these.” The most convincing explanation for his mood could be seen from the various scenes of playing acrobats he had painted on drawing paper continuously for the last few days. Compared with his former works of heads full of nails and people wounded by iron wires, the scenes of playing acrobatics convinced us that he was in a good mood.

2006-12-4

王军今天胃不舒服没能来画室。

陈家宝今天下午来画室继续他上个星期五没有完成的作品。画了半个小时不到，他就坐在画架前打起了瞌睡。又过了一会儿，他干脆用棉袄裹起头趴在桌子上睡了起来，一小时后醒来继续画那件没有完成的作品。王主任告诉我她去病房经常看到

陈家宝用衣服包裹着头趴在桌子上睡觉。事后,陈家宝告诉我“每天的觉都睡不够”。(见图 97, 105)

这次从南京带来了十几块绷好的画框。中午和晚上我在几块画布上做了底色,后面两天我准备将前一段时间画的感觉再深入下去。还有二十几天就要结束在这里的工作了,眼下已渐渐进入总结性阶段。经过挑选的五百多名病人,留下继续画画的人数已越来越少,更多的病人不是不想画,就是脑子里已是一片空白。“空白”这两个字也可以当做展示精神病人展览主题的备选,因为这一次不管是能画还是不能画的病人,向我说得最多的就是脑子里“一片空白”。

Wang Jun didn't come to the studio today because his stomach felt uncomfortable.

Chen Jiabao came to the studio this afternoon to paint his unfinished work he had started last Friday. He dozed off in front of the easel after painting for only less than half an hour. Later, he covered his head with a padded jacket and slept on the table. After one hour, he awoke and continued to paint his work. Director Wang told me that she often saw Chen Jiabao sleep on the table covering his head with clothes. Afterwards, Chen Jiabao told me, "I do not get enough sleep everyday." (Picture 97, 105)

I brought more than 10 pieces of stretched canvases from Nanjing this time. I painted the background of several canvases in the afternoon and evening and was prepared to go further and deepen my previous understanding of painting in the following two days. My job was nearly coming to an end, and I would have finished my job in over 20 days. After selecting among over 500 patients, fewer patients continued to paint. Most patients were either unwilling to paint or felt blank in their mind. "Blank" may become a supplement to the exhibition theme of mental patients. In other words, whether these patients could paint or not, the word they said to me most was "blank."

2006-12-5

今天我突然发现自己不再畏惧黑暗了。刚来精神病院,医院领导就将我的住处和病人们使用的画室都安排在一幢病房大楼的顶楼。(见图 7)刚开始,每到夜晚就有一种恐怖的感觉,四五百平方米的整个四层楼只有我一个人,稍有动静,即使是走路都会有清晰的回音。为了减缓这种恐怖感,我总是打开整个楼层的灯光。两个月的时间过去了,不知不觉地我开始关闭一些灯光。今天晚上我看到一间房间的灯还开着,我便去关上这个房间里的灯的开关,当灯光熄灭时,房间里一片黑暗,这时我却感受到了一种莫名的舒畅。也就在这一刻,我忽然发现自己开始喜欢起黑暗来,也许是巧合,我今天画的一幅作品的背景选用的也是黑色。(见图 148)

对于自己突然喜欢上黑暗的这种心理变化，我感到疑惑，我想，人刚降临于人世的时候应该是不会畏惧黑暗的，后来，一定是我们的文化教育使黑暗渐渐成了一种恐惧的对象，正如我们的祖先就不曾畏惧过疾病和死亡，他们认为人的生、老、病、死都是天意，是一种自然现象，所以也就无所畏惧。今天，“黑暗”在灯光的普照中已不再是一种视觉自然现象，它已渐渐成为一种文化的象征。我之所以渐渐从对黑暗的畏惧感中脱离出来，这也许是因为我们通常所接受的文化教育在这样一个精神病院中都将会失去它通常的作用。

在这个医院里，我感受到的是人的生存底线，这里没有审美也没有谎言，有的就是每一个病人的基本权益和非常有限的自由。其实，近二十年来，我一直过的是黑白颠倒的日子，我喜欢深夜。现在看来，我对深夜又多了一分认识，它不仅让我感受到自己的潜意识，同时它让人的目光更明亮，听觉更敏感。相反，对于那些终日生活在白日里的人而言，他们过的一定又是另一种生活。



病房里的日光灯 (图146) Daylight lamp in ward (Picture 146)

I found suddenly that I no longer feared darkness. When I first came to the mental hospital, my room and patients' studio were arranged on the top floor of the same building.(Picture 7) At first, I had a terrible feeling at night. It was only I that stayed on the fourth floor which occupied 400 or 500 square meters.

A slight sound, even the sound of steps, created a clear echo. In order to ease this horrible fear, I always turned on all the lights on the floor. Two months passed, I turned off these lights unconsciously. I saw a light was still on in a room tonight, so I went to turn it off. When all lights were off, it was totally dark. I felt an inexplicable comfort. Still at this moment, I suddenly found that I began to enjoy darkness. Perhaps it was a coincidence that the background of my work I painted today was also black. (Picture 148)

I felt puzzled about my sudden psychological change for enjoying darkness. I concluded that people were born without fear of the dark, but it must be our culture and education which became the object of fear, just like our ancestors never feared disease and death. They thought birth, old age, illness and death were God's will, that is, they were natural phenomenons and one did not need to fear them. Nowadays, "darkness" is no longer a visual phenomenon because of the illumination of lights. Gradually, it became a cultural symbol. The reason why I could get out of the fear of the dark was probably because I was in such a special hospital.

In this hospital, I experienced the bottom line of one's life. There were no aesthetic taste and no lies. What existed here were basic rights and the limited freedom of every patient. In fact, I had lived a life of reversing day and night for nearly 20 years. I love the night now, not because of darkness, but because I have a better understanding about night. In other words, night not only makes oneself realize his subconscious, but also makes him have brighter eyesight and more sensitive hearing. On the contrary to those people who live in daytime, they must be living in another spiritual state.

2006-12-6

近两个星期，我在医院里连续画了十余件布上油画作品，今天我发现没有一张是彩色的。而在画这些作品的过程中，有几次我也曾试图想到用一些彩色，但很快就被否定了。上个星期买的 20 管 170ML E 的黑色和白色颜料很快用完了，这个星期一我又买了 30 管。之所以仅限于在黑白之间，我的感受是一旦在脑子里想到彩色就有一种与自己心境不符的感觉，这也许是因为彩色总是具有某种活泼多情的属性。在医院里每天耳闻目睹的一切，不得不使我的情感始终处于抑制状态，或者说黑、白、灰组合成的色调反映的正是一种“缺失”、“压抑”和“灭亡”，更准确地说这是一种没有感情的感情表现，中国画总是喜欢沉浸在黑色的水墨之中，这不能说与中国几千年的封建专制无关。

在医院的这两个月里，我直接接触的病人至少有一百多位，从他们的谈话中得



郭海平在精神病院创作的作品 / 布面油画 / 100cm × 80cm (上 图147 下 图148)

Works painted by Guo Haiping in Mental Hospital/Oil painting on canvas/100cm×80cm (Picture 147, Top, Picture 148, Bottom)

知,他们存在着许多异于常人的极度强烈的欲望:1. 回家,2. 减药,3. 想睡觉,4. 抽烟,5. 喝水。这五种渴求,我认为这只是他们可以表达的需要,除此之外,一定还有他们不能或不敢表达的需要,对此,我们可以从他们都特别“温顺”的异常表现中可以感受到这一点。



郭海平在精神病院创作的作品 / 布面油画 / 150cm × 120cm (图149)

Works painted by Guo Haiping in Mental Hospital/Oil painting on canvas/150cm×120cm (Picture 149)

I have been drawing continuously more than 10 oil paintings in the hospital for nearly two weeks. Today I found there were no colored pictures. In the process of painting, I did try painting colored pictures, but this idea was abandoned immediately. 20 tubes of 170ml black and white paints which I bought last week were nearly used up. So I bought 30 more tubes this week. The reason why I chose black and white was that my feeling would be inconsistent with my inner mind if multi-colors were used. Maybe those different colors had lively characteristics, but I was affected by what I constantly saw and heard in the hospital, which made me depressed. Or maybe the mixture of black, white and grey was the representation of “loss,” “depression,” and “destruction.” More accurately speaking, this was the representation of a feeling with no emotion. Chinese paintings were always dominated by black ink and wash, so we cannot deny this was relative to Chinese feudalism which had existed for thousands of years.

During the two months when I was in hospital, I came into direct contact with at least 100 patients. They often revealed their desires which were different from normal people in conversations. These desires were to 1) go home, 2) reduce dosage, 3) sleep, 4) smoke, and 5) drink water. These desires were only their basic needs. Besides these, there must have been needs they could not express or feared to express which I realized from their abnormally “meek” behavior in the hospital.

2006-12-11

天气渐渐寒冷起来，也许是不太适应山野里面的气候，我发现自己的耳朵上竟然生出了冻疮。在家里，天气寒冷的话，我可以每天去浴室泡一个小时的热水澡，在这里也只好忍受了。不知这是天气太冷还是我太脆弱。

今天凌晨三点才睡觉，睡了三个半小时又不得不起床去赶 7:40 的班车去医院，九点钟到了医院。后来得知那些来画画的几位病人还要继续参加医院里组织的扑克比赛，据说至少还要再等三四天。星期四，我要将自己在医院里创作的几幅作品送到南京市区去参加展览，星期五又要布展，如此一来，这个星期在医院里恐怕是做不了什么了，即使是想画画，恐怕也会因为太冷而难以进入状态。

下午，王主任带来了吴俊勇和两位女病人，其中一位刚刚住进医院才三天。她 1984 年出生，今年才上大学不久就被确诊为精神分裂症，坐下来后她便对我说：“我不会画，但会欣赏，还知道什么画在美国卖多少钱，在法国卖多少钱，在中国卖多少钱。”我找来一本画册，她便向我一一介绍每一幅作品的价值和价格。过了半个小时，她突然站起身向王主任提出要回家，并一直站在那里不肯坐下，不久，王主任便将这几位病人一起带回各自的病房了。

It gradually became colder. Maybe I couldn't adapt to the mountain climate, because I found that chilblain had appeared on my ears. If I experienced such climate at home, I was sure to bathe in hot water for an hour every day. But I had to endure it here. I wondered if it was too cold or I was too weak.

I began to sleep at 3am and only slept for three and half hours everyday. I had to get up to go to the hospital on the 7:40am bus, arriving at the hospital at 9:00am. I learned that those patients who came to the studio to paint had to go on to take part in a poker competition organized by the hospital. It was said this competition would last at least three or four days. I would be sending several works painted in the hospital to Nanjing for an exhibition on Thursday and would arrange the exhibition on Friday. Thus, I'm afraid I had nothing to do this week in the hospital. Even though I wanted to paint, I wasn't in a fit state to paint because of the cold weather.

Director Wang brought Wu Junyong and two female patients this afternoon. One of them had been in hospital just for three days. She was born in 1984 and was diagnosed with schizophrenia shortly after she went to university. Soon after sitting down, she said to me, "I cannot paint but I can appreciate it. I still know the price of pictures which were sold in America, France and China." I found a picture album and she introduced the value and price of those works to me one by one. Half an hour passed, she stood up suddenly and asked director Wang to allow her to go home. She remained standing there and was unwilling to sit down. Before long, director Wang took these patients back to their respective wards.

2006-12-12

我将一张大画纸钉在画板上，我很想看到吴俊勇画大一点的图像是什么样子。没想到王主任来到画室后的第一句话就是：“吴俊勇一大早被转到青龙山精神病院去了。”这让我感到十分意外，如此一来，吴俊勇作品中的很多神秘信息则成了一个永远让人难以理解的悬念。（见图 83、84、85、86）

I nailed a large piece of paper to an easel. I really wanted to see a bigger image painted by Wu Junyong. To my surprise, director Wang said, "Wu Junyong was transferred to Qinglongshan Mental Hospital in the early morning." As a result, the mystery of Wu Junyong's works became a perpetual intricate suspense. (Picture 83, 84, 85, 86)

2006-12-18

上个星期四我叫了一辆货车，帮我运送“我们的障碍”的展览的参展作品。驾驶员来到我所住的病房大楼前，正好迎面碰上二三十个病人从病房里出来去洗澡，他吓得很厉害，迟迟不敢跟我进大楼。看到病人远离后，他才十分犹豫地紧跟着我上楼搬运作品。

我问他为什么会如此恐惧，他说：“怕有病人袭击我。”接着又说：“我到监狱都不会有这么恐惧。”我问他：“为什么？”他解释说：“犯人是不会无缘无故打我的，但这些病人就很难说了。”在后来的进一步追问中得知，他的这些感受都是来自于媒体的宣传和道听途说。

在运送作品回南京城的途中，我们聊了很多相关的话题，其中有一番话让我印象深刻，他说：“其实这里面的病人都是有才华的人。”我问他理由是什么，他解释说：“这些病人一定都是有理想有追求的人，像我们这些人吃饱睡足了也就满足了，所以也不会生这种病。”听了他这一番直言，我便问起他个人的情况来，这位师傅与我同龄，1962年出生，曾干过多年的出租车司机，后来觉得太辛苦就花了四万多块钱买了眼下这辆小面包汽车，每月收入一千多块。将我和作品送到目的地时，我支付了六十元运费，整个过程大约有三个小时，离别时他递了一张名片给我，名片内容如下：小面包车出租 服务周到 价格合理 刘春宝 请君保留 以备急用 手机：13585150409。

出租车司机的谈话让我感触很多，首先，是老百姓由于对精神病人的偏见和误解，这不仅使他们自己陷入莫名的恐惧之中，更重要的是，这种偏见和误解使得患有精神疾病的人被隔离在社会之外，从而进一步增加了精神病人重返社会的障碍。一个月前，一位公司的老板送我到医院，途中他也曾经说过类似的话：“一旦得了精神病，人就废掉了，即使回到社会也不会有公司敢用这些人。”

不久前，我在南京电视台新闻频道中看到：一个小区的居民集体找媒体，强烈呼吁有关部门尽快将他们小区的一个精神分裂症病人送到医院，其理由是这个病人让他们整天提心吊胆，严重扰乱了他们的正常生活秩序。我理解这些居民因“偏见”和“无知”而产生的莫名恐慌，但作为一家公共媒体，报道这样的新闻无疑是在更广泛的范围内制造公众对精神疾病的恐惧心理。对于这种不利于精神病人与社会和谐相处的宣传，我感到非常的伤感和无奈。

星期六下午三点，“我们的障碍”当代艺术展在南京艺事后素现代美术馆开幕，我送展的两组作品，一组是刚进精神病院不久后创作的《精神病院日记》，另一组是进医院两个月后创作的《精神病院系列之六》与《精神病院系列之七》。面对布满黑“×”和红“○”的大幅作品，我在展览画册上的解释是这是“没有办法的办法”。（见图 150）

今天赶回医院，有一位叫陈平的年轻女病人画了两幅作品，让我深受触动。一幅是由一个美女人像和一个人头骷髅组成的作品，这幅作品给了我许多诸如“少女”与“死亡”，“生”与“死”之类的联想。另一幅作品画的是一尊坐立的菩萨，而这

位菩萨给人的第一感觉更像是一位披着婚纱的新娘。

我不知如何与这位年轻的女性交谈，在我的概念中，女人自己若不愿意表明的心思最好不要去询问，稍有不慎，就会伤害到对方，或者让女人那种特有的神秘丧失殆尽。所以在面对这位年轻病人的作品时，我决定不去了解她作品背后的身世。其实，这位小姐来过画室很多次，也画过一些画，但因为都是一些临摹他人的作品，所以也就一直没有在日记中提到她，今天第一次看到她的创作让我着实有些意外。我想起第一次见到她时，护理员对我说：“陈平每天都问我们有没有事情需要她帮助的，因为她精神状态比较稳定，所以我们就经常安排她干一些力所能及的活。”在我住院期间，我多次看到她在病房大楼的走廊中拖地，还有几次看到她与其他几位女病人在医院的院子里晾晒衣服，也从未看到过有医院工作人员看管，由此可见，她已经是一位让医生们十分放心的病人了。



郭海平的作品在“我们的障碍”展览现场展出 (图150)

Guo Haiping's works exhibited in *Our Obstacles* exhibition (Picture 150)

Last Thursday, I asked a truck to transport our works which would be exhibited in an exhibition titled *Our Obstacle*. When the driver arrived in front of the hospital, he came across head-on, 20 or 30 patients coming from their wards to bathe. He felt threatened and didn't dare to come into the building with me. He didn't follow me in until those patients had gone far away, but the driver still showed his hesitance.

I asked him why he felt so terrible. He answered, "I am afraid of being attacked by patients." He added, "I do not feel so terrible even when I go to the prison." I asked him the reason. He explained, "The prisoners would not strike me without provocation, but I am not sure about those patients." Subsequently, I understood that his feelings were from the reports of media and hearsay.

On the road to Nanjing to transport the works, we discussed many relative topics. I was impressed deeply by his words, "Frankly speaking, there are many talented patients." He then explained, "These patients have their ideals and aims. We are not affected by mental illness because we are satisfied with only excessive eating and sleeping." After hearing this, I enquired about his personal background. I found out we were the same age. He was born in 1962 and had worked as a taxi driver for many years. Later, he felt so tired that he spent more than 40,000 RMB to buy this minibus, so that he could earn over 1,000 RMB per month. When we reached our destination, I paid him 60 RMB for the delivery. It had taken about three hours. When we parted, he gave me his business card. The content of the card was as followed: "Size: Minibus, Good Service, Reasonable Price, Liu Chunbao, Please Keep in touch in case there is an urgent problem, Tel: 13585150409."

My talk with the taxi driver made me think deeply. First, common people's prejudice and misunderstanding toward mental patients made these patients have an inexplicable fear. What is more important, just because of these "prejudice" and "misunderstanding," mental patients are isolated from society, which further exacerbates the situation for mental patients returning to the society. One month ago, a director of a company accompanied me to the hospital. He said similar words. He expressed, "Once a person has mental illness, he will become useless. Even though he has a chance to return to society, no company will employ him."

Not long after, I heard the news on Nanjing TV News channel that the residents of a neighborhood had made an appeal to the authorities with the help of the media. They claimed that mental patients should be sent into the hospital as soon as possible for the reason that these patients made residents panic and disturbed their normal life. I understood those residents' inexplicable fear caused by "prejudice" and "ignorance." But broadcast over a public medium, there was no doubt such a report would cause the widespread public fear about mental patients. I felt extremely sad about such an unfavorable report towards mental patients, but I did not know what I should do.

Our Obstacle contemporary art exhibition was held in Nanjing Modern Art Gallery at three o'clock on Saturday afternoon. The exhibition works included *Diary in Mental Hospital*, which was produced soon after being in the hospital

and the *Mental Hospital Series 6 &7*, which I produced two months later. About the work of black “×” and “○”, I explained in this exhibition brochure, “It is the only form of expression because I have no others.” (Picture 150)

I went back to hospital today. A young female patient called Chen Ping painted two pictures that impressed me deeply. One was composed of a beautiful female portrait and a human skull, which I associated with “fair maidens” and “death” as well as “living” and “death.” The other was an upright Bodhisattva. The first feeling about it was that it looked much like a bride in a wedding dress.

I didn't know how to communicate with this young woman. According to my habitual thinking, it was better not to ask woman if she was unwilling to express herself. If there was a moment of little carelessness, it would either harm her or her mystery would disappear. As a result, facing the work of this young patient, I decided not to learn the detailed information about her work. This young woman came to studio many times. She painted pictures but always copied others. Therefore, I didn't mention her in my diary. It was the first time I saw her work and I felt a little surprised. This made me think of a paramedic's words when I met this patient for the first time. He said, “Chen Ping always asks if she can help us. We often arrange something for her within her power because her mental state is rather stable.” During the time when I was in the hospital, I often saw her cleaning the corridor floors in the building or with other female patients airing clothes in the yard. I did not ever see that she was being supervised by the hospital staff. From this we can see she was a reassuring patient to the doctors.

2006-12-19

今天已低于摄氏零度。在医院里我的画室是朝北的房间，所以显得特别的阴冷。午饭后，我正准备继续昨天夜里尚未完成的一件作品，当我发现病人平时画画的那间朝南的大房间充满阳光时，我立刻想到应该转移到那间充满阳光的房间里作画。

没想到将画布搬过去后，立刻觉得我那幅色调灰暗的作品在阳光的衬托下极为不协调。我立刻不再有继续作画的欲望，以至于我又不得不将那幅作品搬回到原来那间朝北的房间。这时才发现，在阴冷的房间里我才会产生真正属于这幅作品的冲动，由此可见，我居住房间的气息和画画房间的气息以及与我精神病院的感觉是完全一致的。

然而，这一切安排又都是偶然的，如果朝北的房间大于朝南的房间，很难想象，我和病人创作的作品最终又会是怎样的一种面貌。这次的切身感受让我更加确定这样一个道理，一件好的艺术作品一定是作者的思想、身心状态和环境等综合因素的整体反映。也正因为如此，我们在审视鉴赏一件作品时，我们应该可以从作品中

看到作者的思想、身心状态及其所处的环境特征。反之，我们也可以通过认识环境、作者的思想及其身心状态来欣赏我们面前的艺术作品。这里的“环境”不仅包括社会、文化、心理等内容，客观的自然环境也应该成为一个不可忽视的因素。

王主任今天下午带张兵来了画室，她说张兵这两天似乎又开始兴奋起来。果然如此，张兵一进门就比上一次要神气很多，他与余丹格格一唱一和，给画室增添了不少欢快的气息。我和王主任劝他们还是安下心来画自己的画，张兵高高兴兴地告诉我说“我今天画南京长江大桥”，说完后就开始埋头画起来。不到两个小时，南京长江大桥画好了。（见图 41）与过去画的建筑有所不同的是，这一次的“大桥”增添了许多生气，如不仅在桥底下画了一艘冒着青烟的大客轮，而且还在桥面上画了一辆尺寸巨大的小轿车，除此之外，他的尊姓大名还是没忘记写在大桥上面的醒目位置上。说实话，我还是更乐于见到他兴奋快乐的样子，即使他说得一刻不停，但与那些话多的病人相比，他的语言可以说是句句幽默，并给人带来许多喜悦。对此，王主任对他的评价是：“张兵再亢奋都不会犯嫌讨厌。”在我看来，张兵幽默的天性也是他艺术天赋的一种具体表现。

今天，陈平一天都在认真地画她新娘一样的“菩萨”。杨娟娟静坐在朝南的窗口，一边晒着温暖的阳光，一边默默地画着她的“小女孩”和长满绿叶的“小树”。（见图 56）张玉宝依然坐在墙角处他不曾改变过的座位上，（见图 109）下意识地晃着两条粗壮的大腿，一会儿画他的小人，一会儿查看着画室内有没有让他感兴趣的人和事，若一有机会他就会插上一两句不痛不痒的话，似乎是想调节一下气氛。面对着眼前发生的这一切，我与王主任达成共识：在我离开以后，医院应该为这些喜爱艺术的病人们一个星期安排两次画画的时间，同时我还表达了在医院里设立一个专为这些特殊病人服务的“艺术病区”的愿望。

The temperature was below 0°C. My studio was a big room facing north in the hospital. Therefore, it seemed extremely cold here. After lunch, I prepared to continue painting a picture that was unfinished last night. When I saw the patients' studio facing south was full of sunlight, I planned to paint there. I didn't expect that after taking the canvas to the patients' studio, I would immediately feel my grey-hued work was inconsistent with the shining sunlight, let alone my lack of desire to continue painting. I had to take the canvas to my room again. I found that only in this bleak room did I have an impulse to paint this work. From this we can see, the atmosphere of my room and studio and my feeling about the mental hospital was totally consistent.

However, we can see all arrangements were accidental. It was difficult to imagine that if the room facing north was larger than the room facing south, what my works and the patients' works would be. This personal experience made me believe firmly that good artworks were the overall reflection of comprehensive

elements, such as the author's thoughts, physical and psychological state and environment, etc. As a result, when we appreciate a piece of work, we can see the author's thoughts, physical and psychological state and environment from his works. Meanwhile, we can enjoy art works through understanding his environment, physical and psychological state and thoughts. The environment not only included social and cultural factors, but also included the objective natural environment, which was an indispensable factor.

Zhangbing was brought in by director Wang this afternoon. Director Wang said that Zhangbing had become excited these days. It was true that compared with the last time, Zhangbing was perkier this time, especially when he sang with Yu Dan, bringing a cheerful atmosphere to the studio. Director Wang and I persuaded them to paint their own pictures wholeheartedly. Zhangbing said to me cheerfully, "I will paint *Nanjing Yangtze River Bridge* today," and then he began to bury himself in painting. He finished *Nanjing Yangtze River Bridge* in less than two hours. (Picture 41) It was different from the architectures he had painted before. This bridge picture was animated. For example, there was not only a big passenger ship emitting smoke under the bridge, but also a large car above the bridge. He also wrote his name in the most striking position—on the bridge. Frankly speaking, I was more glad to see that he was happy and excited. Even though his words were not a lot, compared with those other chatty patients, his words were humorous and could bring joy to others. Director Wang evaluated him as such, "No matter how excited Zhangbing is, he isn't annoying." In my opinion, Zhangbing's humorous nature was the concrete presentation of his artistic talents.

Today, Chen Ping focused on painting her bride-like "Bodhisattva." Yang Juanjuan sat quietly beside the window facing south. She basked in the sunlight when she painted without a word her "little girl" and "small tree" covered with green leaves. (Picture 56) Zhang Yubao still sat in his unchanged corner. (Picture 109) He subconsciously swung his two sturdy legs. He painted his pictures of little persons or he would search to see if there was something interesting in the studio. If he had a chance to chime in with his meaningless words, he was likely to create a lively atmosphere. Facing all these, director Wang and I made an agreement that the hospital should arrange painting twice a week for those patients who loved art deeply even after I leave the hospital. At the same time, I expressed my wish to set up an "art ward" to provide service for those special patients.

2006-12-22

昨天深夜写完日记之后，我画了一张油画，画完后觉得很像李丽的作品，因此我便将这幅作品的名称确定为《向李丽致敬》。之前我也没有想到会画出这些内容，当时只是有作画的欲望，不知不觉中便走进了李丽的情境之中。之所以会这样，我想这与我对李丽的关注和欣赏有关。李丽经常抱着书本“阅读”，却从未理会作者的意图，甚至有时还会将书本颠倒过来。她自得其乐，自由自在。相反，我们这些正常人从小学到大学虽然阅读了大量的书本，虽然也明白了许多道理，到头来却使得自己愈加深陷于无尽的苦闷之中，不能自拔。李丽与她的同龄人相比是弱智的，而较之那些智商超群的人，我似乎更愿意欣赏像李丽这样的精神境界。

今天上午我刚起床，就听到楼下女病区传出一阵阵女声合唱，这是一种催人振奋的力量，我问工作人员她们唱的是什么歌，他们告诉我是歌曲《爱我一万年》，紧接着一位工作人员调侃道：“‘爱我一万年’不把人累死了。”事后得知，这一段时间大家都在为合唱比赛做准备，正式比赛是12月29日。

I finished recording in my diary last night, then I painted an oil painting. It was like Lili's work after its completion, so I named it *Paying Tribute to Lili*. I



郭海平在精神病院创作的作品 / 布面油画 / 100cm × 80cm (图151)

Works painted by Guo Haiping in Mental Hospital/Oil painting on canvas/100cm×80cm (Picture 151)

didn't expect that I would paint this picture. At that time, I just desired to paint and then I unconsciously entered into Lili's state. I thought it related to my concern and appreciation to Lili. Lili often held books to "read," however, she ignored the intention of the author, and sometimes even turned the book upside down, but she enjoyed herself and felt free of restrictions. On the contrary, normal people read many books from primary school through to the university, and although we know lots of truths, we get into endless gloom and cannot extricate from it in the end. She may be mentally handicapped, but compared with other people of her age with extraordinary IQ, I would like to admire Lili's spiritual state.

I heard the female choir singing from their wards downstairs soon after I got up this morning. This was an encouraging force. I asked the staff the name of the song and they told me the song was *Love Me for Ten Thousand Years*. Subsequently, one of the staff members joked, "People would be exhausted if they had to love me for 10 thousand years!" Later I learnt that these patients were preparing for chorus contest during those days to prepare for a competition on December 29th.



大雾 / 拍摄于祖堂山精神病院 (图152) Heavy fog/Photograph in Zutangashan Mental Hospital (Picture 152)

2006-1-18

一场大雾突然从天而降，致使整个医院终日笼罩在大雾之中，这是所有南京人都不曾经历过的大雾。在报纸上，我读到了江苏省首次发布了“大雾红色预警信号”和南京市政府启动了“恶劣天气管理预案”的消息，一切现代化交通工具都处于瘫痪状态。我待在医院里，整日都看不清室外的景色。大雾持续了两天，也正是这场神奇的大雾让我涂改掉了原来几幅还未干透的油画作品，因为窗外的“大雾”让我很难认同前几天刚完成的作品，原以为是清晰的，眼前忽然变得模糊起来。开始只是想修改，后来便不知不觉地完全投入到“大雾”的情境之中，最后竟使这些作品的主题变成了“大雾”。（见图 151）我对这几幅表现“大雾”的作品比较满意，但不知为什么，在明确了“大雾”主题后，我一边画，一边却出现了欲哭的伤感情绪。对于这种强烈的情绪我不知如何解释。如果一定要阐述的话，我想可能是“大雾”向我传递的是一种“茫然”和“无所适从”的结论，也许，这种“茫然”和“无所适从”也正是我住院三个月的最后“收获”。在这三个月的体验中，我似乎看到了许多真相，但结果让我感受到的却是更深的“茫然”和更进一步的“无所适从”。

The hospital was covered in a thick blanket of fog all day long. This was the heaviest fog that all of Nanjing had experienced. I read the news in the newspapers that Jiangsu province had issued a Heavy Fog Red Warning signal and Nanjing city government had initiated a Severe Weather Management Project. All traffic came to a standstill. I stayed in the studio from day to night and did not see the outside. The heavy fog lasted for two days. I modified several oil paintings which weren't dry enough yet because of the fog. The reason was that the heavy fog outside the window made me disapprove of my work that I thought I had finished a few days ago. I thought those pictures were clear but they suddenly became illegible. In the beginning, I just wanted to make a little modification. But gradually, I surrendered unconsciously to the environment of heavy fog. Finally, the theme of these works changed into "heavy fog." (Picture 151) I was satisfied with these works but I was confused that after I had fixed the theme of "heavy fog," I felt so depressed that I couldn't help crying when I was painting. I did not know how to explain this strange emotion. Maybe it was the heavy fog that gave me a feeling of "confusion" and "perplexity." This "confusion" and "perplexity" were probably the "harvest" of the last three months when I was in the hospital. During the three months, perhaps I realized many truths, which made me feel more "confused" and "perplexed."



郭海平在精神病院内写日记时抽烟的现场/笔记本电脑摄影 (图153)

Guo Haiping smoking while he records in his diary in Mental Hospital/Photography of Notebook Computer (Picture 153)

寺业朱哥翰釋

GLOSSARY

专业术语解释

GLOSSARY

[注1] **伤痕美术**：20世纪80年代初期，经历了十年的“文革美术”话语权力压抑，获得解放的美术界表现出对美术艺术本体——形式和情感因素的强烈渴望。伤痕美术以写实再现“文革”现实为手段，突出它留给整个民族几代人的心理创伤。它抛弃了“文革美术”虚假的“高大全”和“红光亮”模式，将目光对准普通人在这段历史中的生活场景，用冷、灰、暗的色调和细腻的笔触渲染记忆中的伤痛情感。伤痕美术以有限的语言方式开启了新时期美术的情感表现闸门，将美术引领到关注人性深层感受的方向上来。

[注2] **玩世现实主义**：是1989年之后由批评家栗宪庭提出并在艺术界产生广泛影响的一个艺术流派，或者说是年轻的艺术家的普遍的创作及生活心态。这种风格有着明显反叛80年代的情绪，也进一步表现了处在剧烈变化现实下的青年人生存与价值上的迷茫。就像其代表人物方力钧所说的那样：“王八蛋才上了一百次当后还要上当。我们宁愿被称作失落的、无聊的、危机的、泼皮的、迷茫的，却再也不能被欺骗。”这些艺术家不再相信建构新的价值体系以拯救社会或文化的虚幻努力，而只能真实地面对自身的无可奈何以拯救自我。因此，无聊感不但是他们对自身生存状态最真实的感受，也是他们用以自我拯救的一种途径。

[注3] **青春残酷艺术**：20世纪70年代出生艺术家带有个人主义色彩的青春受伤经验，从内心翻转成寓言性的形体和日常社会空间的视觉表象，并在风格上夸张青春残酷的惨烈和痛苦的心理视觉张力。从外表的沉闷和感伤，到内心的苦闷和癫狂，这些艺术家创作的作品表现了这一代人脆弱敏感的心理特征。（摘自朱其策划“青春残酷绘画展”序言）

[注4] **关锁式治疗**：这是一种将精神病人与他人和社会进行强制隔离的措施。通常情况下，慢性病人待在这种封闭式环境中接受治疗的时间要远远长于急性病人。如何减少精神病人与社会脱离的时间，以及如何尽早让精神病人重返现实生活已引起精神医学和相关社会科学的高度关注。

[注5] **杜布菲**：杜布菲（1901—1985）法国画家，在西方绘画史里是一个传奇人物。他提倡自发的、无意识的、反艺术的艺术创作。他一直到41岁时，才决定要全心投入绘画。二战结束后，瑞士国家旅游局为增进瑞法两国的文化交流，邀请包括杜布菲在内的几位法国艺术家访问瑞士。访问期间，杜布菲除了在各地参观外，还拜访了日内瓦、洛桑、伯尔尼等地几家精神病医院，参观了精神病人创作的大量“艺术品”。杜布菲此前就一直对“非艺术的艺术”进行探索研究。瑞士之行让他发现，许多精神病患者和从未接受过艺术熏陶的人，竟然表现出非凡的艺术创造力。杜布菲悟出了一个道理：艺术创作并没有条条框框，一切创作都是可能的。回到法国后，杜布菲撰写了《原生艺术笔记》，并提出了一个艺术新概念——“原生艺术”。根据杜布菲的定义，所谓“原生艺术”包括素描、彩画、刺绣、雕塑、建筑等各类表现形式，作品显示出自发而强烈的独创性，与传统艺术的表现形式大相径庭。而原生艺术家都是没有受过文化艺术熏陶的普通人，他们创作的主题、选材、表现方式没有受到任何古典或流行艺术的干扰，完全发自内心。原生艺术具有“神秘性、任意性、脆弱性、非商业性”等特点。

[注6] **精神病人艺术馆**: 在法国艺术家杜布菲的长年努力下, 世界上第一座以收藏、研究、交流和展示精神病人艺术为主的“原生艺术馆”于1971年在瑞士洛桑建立。之后, 法国、德国、瑞士、美国和巴西等西方国家都建立了自己的相应设施和机构, 有些国家还在这一机构中增加了一些新的功能, 如病人可在陈列室里随意走动, 也可带猫狗一类的宠物进馆, 主办方认为“动物起着一种为保持病人心情平衡所必需的配合治疗作用”。馆内各种创作室、研究室之类设施, 病人也可随时使用。

[注7] **氯氮平**: 氯氮平为第二代抗精神病药, 为一广谱抗精神病药物。**【作用与应用】**: 本品与多种中枢神经受体有较高亲和力, 对D2受体作用弱, 对D4受体作用强, 对黑质——纹状体DA受体影响较小。因此, 具有疗效高、显效快、锥体外系反应轻等特点。本品尚有较强的5-HT受体阻断作用及较强的镇静、抗焦虑作用。本品能迅速控制各种精神分裂症的兴奋躁动、幻觉、妄想、焦虑不安、木僵等症状, 但对情感淡漠、逻辑思维障碍等症状疗效较差。对氯丙嗪等药物引起的迟发型运动障碍也有明显改善作用, 几乎不引起锥体外系反应, 亦无内分泌方面的不良反应, 是其突出优点。

[注8] **精神分裂症**: 精神分裂症是一组病因未明的精神病, 多在青壮年发病, 起病往往较为缓慢, 临床上可表现出思维、情感、行为等多方面的障碍以及精神活动的不协调。患者一般意识清楚, 机能基本正常, 但部分患者在疾病过程中会出现认知功能损害。该组疾病一般病程迁延, 呈反复加重或恶化态势, 部分患者可最终出现衰退和精神残疾, 而部分患者经治疗可保持痊愈或基本痊愈的状态。在精神病学的发展过程中, 精神分裂症曾有过不少名称, 如妄想痴呆等。19世纪中叶, Morel描述了一例早年发病, 临床表现为行为怪异、退缩, 最终出现精神衰退的病例, 其中, 他用“早发性痴呆”一词描写患者的症状。至19世纪末, E. Bleuler经过长期临床观察指出, 本病的结局并非痴呆, 而是一种削弱且不协调的精神异常状态, 进一步发展则导致患者人格发生分裂, 因此他建议使用“精神分裂症”作为诊断名称, 并一直沿用至今。

[注9] **精神发育迟滞**: 精神发育迟滞 (Mental retardation) 是指个体在发育阶段 (通常指18岁以前) 精神发育迟滞或受阻。临床上表现为认知、语言、情感意志和社会化等方面的缺陷、不足, 在成熟和功能水平上显著落后于同龄儿童。

[注10] **通灵艺术**: 通灵艺术与“通灵论”有关, 创作者通常都是“通灵论”的信奉者, 这些人常常因为参加通灵会的过程被灵魂指定以书写或图画来担任灵魂的代言人, 或者是在某种神奇和难以置信的状况下受到神秘力量的指引而走上创作道路。这些人有一个共同的现象就是虽然作品都是通过他们的手来完成, 但他们都认为他们只是这种冥冥力量的工具, 对于创作过程与结果, 他们都难以解释和说明清楚。

[注11] **书画同源**: 中国传统书画理论中的一个重要观点。包括两方面的含义: ①指中国文字与绘画在起源上有相通之处; ②指书法与绘画在表现形式方面, 尤其是在笔墨运用上具有共同的规律性。后

者曾经成为文人画兴起的重要理论根据之一。商周时代，甲骨文和金文中保存有大量图画文字，这些字包括象形与指事两种功能。这些文字具有一定的绘画因素和广泛的表现范围。文字的形成与发展反映出人对自身和客观事物的观察能力、思维能力和表现能力的发展，同时也反映了人的绘画意识的发展。随着图画文字由图案化的形象符号逐渐演变为由线条构成的文字，人们也提高了对于线自身表现力的认识，并逐渐发展运用毛笔的技巧，形成了独立的书法艺术。

[注 12] **精神分裂症（未定型）**：根据临床症状群的不同，精神分裂症可划分为不同类型。类型与起病、病程经过以及治疗反应和预后有一定关系。常见类型与表现如下：

(1) **单纯型**：本型占住院精神分裂症病人的 1%~4%。在群体普查资料中约占 2%（北京）。青少年起病，起病缓慢，持续进行，表现为日益加重的孤僻、被动、活动减少，日益脱离现实生活，临床症状主要是逐渐发展的人格衰退。一般无幻觉和妄想。如有则为片断或一过性。此型病人在发病早期常不被人注意，往往经过数年的病情发展到较严重时才被发现。此型自动缓解者少，治疗效果和预后差。

(2) **青春型**：此型多发于青春期，起病较急，病情发展较快。主要症状是思维内容离奇，难以理解，思维破裂，情感喜怒无常，表情做作，弄鬼脸，傻笑。行为幼稚、愚蠢、凌乱，精神症状丰富易变。此型病程发展较快，虽可自发缓解，但维持不久，易再发。抗精神病药物系统治疗和维持治疗可延长缓解期，减少发病。

(3) **紧张型**：近年来有减少趋势。大多数起病于青年或中年，起病较急，病程多呈发作性，主要表现为紧张性兴奋和紧张性木僵，两者交替出现，或单独发生。临床上以紧张性木僵为多。

紧张性木僵：突出的表现是运动性的抑制。轻者运动缓慢，少语少动，重者以木僵固定于某个姿势，不语不动，不饮不食，表情呆板，对环境变化毫无反应，病人肌肉紧张，呈蜡样屈曲。**紧张性兴奋**：以突然发生的运动性兴奋为特点，新病人行为冲动，不可理解，言语内容单调呆板。如卧床不动的病人，可突然起床，无目的地砸东西，然后仍旧躺下。此型可自动缓解，治疗效果较其他型好。

(4) **偏执型**：发病年龄较晚，多在中年，起病较缓慢，病初表现敏感多疑，逐渐发展成妄想，并有泛化趋势，妄想内容日益脱离现实。有时可伴有幻觉和感知觉综合障碍。妄想结构可较系统化，亦可凌乱，情感和行为常受幻觉和妄想支配，表现为疑惧，甚至出现自伤及伤人行为。病程发展较其他类型缓慢，精神衰退现象较不明显，自发缓解者少，治疗效果较好。

(5) **未定型（未分化型）**：上述各型部分症状同时存在或难以归入上述类型，尚未分化明确的类型，称为未分化型或未定型。

[注 13] **碳酸锂**：碳酸锂在 19-20 世纪之交用于治疗高血压、痛风、肾结石、癫痫等，但效果不明显而被淘汰。20 世纪 40 年代，发现其具有抗躁狂的作用，但由于毒副作用太多，应用日减。20 世纪 60 年代中期，碳酸锂治疗双相性情感障碍的躁狂状态、躁狂发作以及预防双相性情感障碍的成功经验的报道增多，另外血锂监测手段的发展，降低了毒副反应，使其应用日趋广泛。

[注 14] **行为治疗**：环境中反复出现的刺激，包括人自己行为的结果，通过奖赏或惩罚的体验，分别“强化”或“弱化”某一种行为。行

为治疗的任务是设计新的学习情景,使合适的行为得到强化、塑形,使不合适的行为得到弱化、消退。

[注 15] 氯丙嗪: 氯丙嗪又称冬眠宁。

【体内过程】 氯丙嗪脂溶性较高,口服易吸收,服后 2-4 小时血药浓度达峰值。但口服吸收易受药物剂型、胃内容物的影响,安坦等抗胆碱药能明显延缓其吸收。本品首过效应较大,相同剂量口服,血药浓度个体差异可达 10 倍之多。肌注吸收迅速,生物利用度较口服增大数倍。本品在血液中大部分(约 90%)与血浆蛋白结合。分布容积约为 10-20L/kg,可分布于全身,以脑、肝、肺、肾中为多。氯丙嗪易透过血脑屏障,脑内药物浓度可达血药浓度的 10 倍,以下丘脑基底神经节、丘脑和海马等部位药物浓度最高,这对于治疗精神分裂症有极大意义。本品主要在肝脏代谢,原形及代谢物经肾脏排出,少量随粪便排泄。氯丙嗪血浆半衰期约为 16-20 小时,个体差异较大,故临床用药应剂量个体化。长期应用,药物可蓄积于脂肪组织,停药数周,甚至半年后,尿中仍可检出。

【作用和应用】

1. 中枢神经系统作用。

(1) 抗精神病。(2) 抗神经官能症。(3) 镇吐。(4) 降低体温。(5) 加强中枢神经抑制药的作用。(6) 对内分泌系统的影响。(7) 对锥体外系的影响。

2. 植物神经系统作用。

【不良反应】

1. 一般不良反应。常见嗜睡、乏力、视力模糊、鼻塞、心动过速、口干、便秘等中枢神经及植物神经系统副作用症状。长期应用可致乳房肿大、闭经及生长发育减慢等。

2. 锥体外系反应。

(1) 震颤麻痹,表现为肌张力增高,面容呆板,动作迟缓,肌肉震颤,流口水等帕金森氏症状,多见于老年患者。

(2) 静坐不能,常见于用药早期。表现为坐立不安,无目的地徘徊,心烦意乱,易被误诊为用药剂量不足,病情加重,应注意鉴别。

(3) 急性肌张力障碍,如张口、伸舌、吞咽困难,斜颈,怪相,呼吸障碍等症状。

(4) 迟发型运动障碍,表现为不自主,节律性刻板。如吸吮、舔舌、咀嚼等。四肢有舞蹈动作。

3. 变态反应。常见皮疹、光敏性皮炎。少数患者可出现肝细胞内微感管阻塞型黄疸或急性粒细胞缺乏。

[注 16] 奋乃静: 奋乃静属哌嗪类吩噻嗪。

【作用与应用】 本品抗精神病作用和镇吐作用较氯丙嗪强约 6 倍,对幻觉、妄想、淡漠和木僵等症状治疗作用较好,而对躁动等症状的控制作用不如氯丙嗪。本品对心血管系统及肝肾功能的不良反应较小,适用于老年及伴肝肾功能不佳及心血管系统疾患者,门诊可用作首选药。奋乃静的羧酸酯或庚酸酯为长效制剂,可用于预防精神分裂症发作或维持治疗。

[注 17] 氟哌啶醇: 氟哌啶醇属第一代经典抗精神病药。

【作用与应用】 抗精神病作用及镇吐作用较氯丙嗪强约 50 倍,锥体外系不良反应的发生率也较高、较重。但其镇静作用及阻断 α 受体、

M受体的作用比较弱。适用于躁动、幻觉、妄想等为主要症状的精神分裂症患者。还能改善慢性病人的精神衰退症状。本品作用快，一般用药3-7天即可生效，用药两周左右可产生明显疗效。对氯丙嗪治疗无效的患者仍有效。此外，本品尚可用于秽语综合征、焦虑性神经官能症、顽固性呃逆及呕吐等。

【不良反应】

1. 锥体外系反应。发生率较高，约80%。症状有静坐不能、急性肌张力障碍、运动不能、震颤及迟发型运动障碍。因不良反应较重，常使病人拒绝用药。临床可用苯二氮卓类或中枢抗胆碱药对抗，也可用本品与东莨菪碱混合注射，预防锥体外系反应，加强镇静作用，控制患者的兴奋症状。
2. 心血管反应。本品可引起心律失常或心肌损伤，有致死报道，故心功能不全患者禁用，长期用药者应定期监测心电图。
3. 少数患者用药可致忧郁症，有自杀的报道，必须警惕。
4. 神经松弛剂恶性综合征。属严重不良反应，可危及生命。患者表现为高热、肌僵硬、妄想、意识不清及循环衰竭。多因增量过快或多药联用所致。一旦发现应立即停药。
5. 有孕妇服药导致畸胎的报道，且本品可经乳汁排泄，孕妇及哺乳期妇女禁用。本品的羧酸酯商品名安度利可，为长效制剂，半衰期约3周。适用于慢性精神分裂症患者及维持治疗。

[注18] **反社会型人格障碍**：以行为不符合社会规范，经常违法乱纪，对人冷酷无情为特点，男性多于女性。这类病人往往在童年或少年期（18岁前）就出现品行问题。成年后（指18岁后）习性不改，主要表现为行为不符合社会规范，甚至违法乱纪。

[注19] **被害妄想**：被害妄想（Delusion of persecution），它是最常见的妄想之一。病人无中生有地坚信周围某些人或某些集团，对他进行不利的活动，进行打击、陷害、谋害、破坏。

[注20] **埃贡·席勒**：出生于奥地利的图尔恩，逝世于维也纳。如果说克里木特的艺术是从象征主义走向表现主义，而席勒则已走进纯粹的表现主义天地。席勒后期的艺术不仅受到瑞士的霍德勒的影响，还直接受尼采和弗洛伊德心理学的启迪。他毫不掩饰地表现了那个时代人的心理和情感，他所描绘的人物和景物都不是静态的，无论是什么样的形态都像处在惊恐不安状态，生的欲望和死的威胁交织成可怕的阴影，始终笼罩着他的作品。他笔下的人物形体瘦长，那冷峻刚直的线条令人震颤，他强调形象清晰的外轮廓，喜欢用红、黄和黑色来表现强烈的情绪。他除对人物表情动作的夸张刻画外，着意描绘人物神经质的情绪。为了创作处于紧张不安的人物情态，他还深入到疯人院去研究精神病人的神态和动作，表现出一种类似哑语的动作表情，令人感动不已。

[注21]《呐喊》挪威画家爱德华·蒙克(1863-1944)创作于1893年。蒙克是西方表现主义绘画艺术的前驱，1908年精神分裂。对于作品《呐喊》，蒙克曾有过这样的描述：“我和两个朋友在路上散着步。当时，太阳落山，天空变得血般红。我站在那里，斜靠着栏杆上，血样红和火舌般的云彩笼罩着这个城市。我的朋友继续向前走着，而我却依然站在那里，感到格外焦虑，我感觉到一种强大的呐喊声穿过空中。”

[注22] **强迫症**: 强迫症是以强迫观念、强迫冲动或强迫行为等强迫症状为主要表现的一种神经症。病人深知这些强行之症状不合理、不必要,但却无法控制或摆脱,因而焦虑和痛苦。国外报告的患病率为0.1%-2.3%,我国为0.3%。在神经症专科门诊中占12%。强迫症与强迫人格有一定关系。E.Kringlen(1965年)报告72%的患者病前即有强迫人格,我国报告为26%。所谓强迫人格,其突出表现为不安全感、不完善感、不确定感,因而表现为小心多疑,事无巨细均求全求精,尽善尽美,且犹豫不决,优柔寡断。他们往往是理智胜于情感,逻辑强于直觉。既严于律己,又苛求别人。平日一本正经,做事一丝不苟,难得通融。强迫性思维、表象、恐惧或冲动也可发生于一些正常人,尤其在关于性冲动和攻击性冲动方面,但与强迫症不同的是症状并不持续,只是偶尔出现。

[注23] **原生艺术**: 杜布菲于1949年在《爱原生艺术更甚于文化艺术》(*L'Art Brut prefere aux Arts Culturels*)一文中首次提出。他认为原生艺术是没有受到文化艺术污染的人所做出来的东西,那些艺术很少或根本没有模仿,与发生在知识分子那里的现象刚好相反,因此它们的作者全部(包括主题、创作材料的选择、转化的方法、节奏、书写的方式等等)都是从他们自己的内心,而不是从古典或流行的艺术的陈腔滥调中派生出来的。

Note 1 **Scar Art:** At the beginning of 1980s, there was a strong desire for the noumenon and form of fine arts and emotional factors in liberated art circle after the suppression of free speech in ten-year-“Cultural Revolution”. Scar art represents the reality of “Cultural Revolution” and emphasizes emotional trauma that the “Cultural Revolution” left on several generations of the nation. Scar art abandons the hypocrisy of art in “Cultural Revolution”, such as “High, Big, Full” and “Red, Light, Bright”. Instead, it focuses on the scene of common people’s life in that period, expressing a feeling of agony in memory with cold, grey, dark tune and exquisite style. Scar art opens a field for artistic expression in a new period by using limited language and attracts people’s attention to the deep feeling of human nature.

Note 2 **Cynical Realism:** A critic called Li Xianting put forward the term “Cynical Realism”, which is a new artistic group, exerting a widespread influence on art circle or we can say, on common creation and life mentality of young artists. This style carries an obvious rebellious feeling towards the age of 80s. Moreover, it represents that young people are perplexed from the aspects of life and values in this dramatic changed reality. Just like Fang Lijun said, who is the representative of Cynical Realism, “If one is cheated by others for many times, he is an idiot.” We would like be regarded to be lost, bored, dangerous, mischievous, rather than being cheated.” Artists at that time no longer believed that creating a new value system can save the society and culture. What they can do was that they truly faced their helplessness in order to save themselves. As a result, the sense of boredom is not only their true feeling about their condition, but also a way of self-salvation.

Note 3 **Brutal Youth:** Artists had individualistic youthful experience of being hurt in 1970s. The art of Brutal Youth represents a legendary form and structure and visual representation of daily life from inner heart of human beings. Besides, it stylistically exaggerates the miserable condition of youth and psychological suffering from the external depression and sadness to the internal agony and madness. Art works produced by those artists represent fragile and sensitive psychology of the generation. (Excerpt from Zhu Qi’s Preface in *Art Exhibition of Brutal Youth*, which is curated by him)

Note 4 **Lock Treatment:** This is a way for forcibly separating the mental patients from others and society. In most cases, the time of chronic patients’ treatment is longer than those acute patients’ in a closed environment. The psychiatry and concerned social science pay much attention to how to reduce the time of mental patients being divorced

from society; how to make the mental patients return to reality as soon as possible.

Note 5 Dubuffet: Dubuffet (1901-1985), a French painter, is a legendary figure in the history of western painting. He advocated spontaneous, unconscious and anti-artistic art creation. He determined to devote himself heart and soul to paint until he was 41 years old. After the Second World War, Switzerland National Travel Agency invited several French artists, including Dubuffet to visit Switzerland in order to promote the cultural exchanges between Switzerland and French. During this period, Dubuffet not only traveled many places, but also visited several mental hospitals in Geneva, Lausanne, Berne, and also saw a mass of “art works” created by mental patients. He had been studying about “non-artistic art” and during this trip, he found that many mental patients weren’t imbued with artistic taste, but they had extraordinary artistic creation. Dubuffet realized a truth that artistic creation had no limits. Every kind of creation was possible. After he returned to France, he wrote the book *Note of Art Brut* and put forward a new concept—“Art Brut”. According to Dubuffet, the so-called “Art Brut” included sketch, colored painting, embroidery, sculpture and architecture, etc. These works represent spontaneous and strong creativity, which are totally different from the representations of traditional art. Art Brut refers to the common people who don’t accept the training of art. Therefore, the theme, the selection of material and the representation of their works aren’t interfered by any classical or popular art, but being out of their inner heart. Art Brut has the characters of “mystery, arbitrariness, frailty and non-commercialism.”

Note 6 Art Brut Gallery: With the great efforts made by Dubuffet for many years, “the Art Brut Gallery”, which focused on collecting, studying, promoting and showing the mental patients’ art, established in Lausanne, Switzerland in 1971. Afterwards, the corresponding facilities and organizations were established in many western countries, such as France, Germany, Switzerland, America and Brazil. In many countries, some new functions were added in these organizations. For example, patients can get about at will in the exhibition room and they can bring their pets, such as cats and dogs to the gallery. The sponsor thought that animals played a necessary role as an assistant treatment in order to balance the feeling of patients. In addition, every kind of creation rooms and research rooms were accessible to those patients.

Note 7 Clozapine: It was the second generation of the anti-psychotic medicine and it is classified as an atypical anti-psychotic drug.

[Efficacy and Indication] It has a high affinity for various central nervous receptors. Clozapine interferes to a lower extent with the binding of dopamine at D2 receptors, and has a high affinity for the D4 receptor. It has little effects on substantia nigra and striatum DA. Therefore, it has superior efficacy and has little extrapyramidal symptoms. It is particularly effective in blocking 5-HT receptor. Clozapine also has sedating and anxiolytic properties. It can quickly control various schizophrenic symptoms, such as agitation, hallucination, paranoid ideation, anxiety, stupor, etc. However, it is not effective in the symptoms of apathy and logical thinking disorder. It has obvious improvements on the tardive dyskinesia caused by taking chlorpromazine. It hardly causes any extrapyramidal side effects. It has no adverse reactions to endocrine, which are the prominent characters of clozapine.

Note 8 **Schizophrenia:** Schizophrenia is described as a kind of mental illness. The causes of schizophrenia are not known. Onset of symptoms typically occurs in one's teenage and young adult and it is often chronic. Patients with schizophrenia often have obstacle in thinking, emotion, and behavior and have mental disorder. In most cases, those patients have clear consciousness and their functions are normal. However, some have impairments in the perception during the onset of the disease. The course of the disease often lasts for a long time and it relapses and quickly deteriorates so that some patients break down and have mental disorder finally. Still others have a full or fundamental recovery from treatment.

In the development of psychiatry, there were several terms for schizophrenia, such as paranoid dementia. In the middle of 19th century, Morel described a case: The patient was affected in his youth and his clinical manifestations were abnormal behavior, degeneration, and mental deterioration. Morel used a term "dementia praecox" to define those symptoms. At the end of 19th century, E. Bleuler pointed out after having a long-term clinical observation that this disease did not cause dementia finally, but a disorganized mental abnormality and further caused the split personality. As a result, he termed the disease as "schizophrenia", which is still used nowadays.

Note 9 **Mental Retardation:** Mental Retardation refers to the developmental disabilities or developmental delay in the period of individual growth (before 18 years old). The clinical performances are the disability and shortage in cognition, language, volition and socialization. Children with mental retardation lag far behind the children of the same age in maturation and mental functioning.

Note 10 **Supernatural Art:** Supernatural art is related to "supernatural

theory". Usually, the creators are the believers in the supernatural theory. Those people become the appointed spokesmen of soul to write or paint in the process of necromancy, or their creations are led by supernatural power under some miraculous and unbelievable situation. They share a common characteristic that they create works by hands, they think they are controlled by unseen forces and they can't explain clearly about the process and results of their creation.

Note 11 **Painting and Calligraphy arise together:** It is one of the important viewpoints in the theory of Chinese traditional painting and calligraphy. It contains two meanings: 1. It refers that there are similar origins between Chinese painting and calligraphy. 2. It refers that Chinese painting and calligraphy have common regularity in representation, especially in the use of pen and ink, which becomes an important theoretical base of the rise of painting among the literati. In the period of Shang and Zhou dynasties, there were a lot of pictures and characters in Jia Gu Wen (ancient Chinese characters carved on tortoise shells) and Zhong Ding Wen (inscriptions on ancient bronze objects). These characters had two functions: hieroglyph and self-explanation. These characters carried the elements of painting and extensive representation. The formation and development of characters reflected human beings' ability to observe, think, and represent themselves and the objective world, and also reflected the development of people's painting consciousness. With the transformation of hieroglyph from hieroglyphic symbols to characters composed of lines, people increased their awareness of self-representation and gradually, people developed skills of using writing brushes. Therefore, the art of calligraphy developed.

Note 12 **Schizophrenia (disambiguation):** According to different clinical syndromes, schizophrenia can be classified into different types. These types are related to the causes, the course, the treatment and the prognosis of the disease. The common types and their representations are as follows:

(1) Simple Schizophrenia: This type is 1%-4% of schizophrenics in hospital. It is 2‰ (in Beijing) in census. It strikes men in their teenage and the disease is chronic. People with simple schizophrenia are eccentric, inactive and their activities decrease. Gradually, they are detached from the society. The main clinical symptom is personality degeneration. Those patients have no hallucination and paranoid ideation. If these symptoms appear, it is only transient. In their early psychotic episodes, this disease is often ignored by others, whereas the disease is detected in severe cases. There is few spontaneous remission of the disease, and the therapeutic effects and prognosis are bad.

(2) Hebephrenia: This type strikes men in their youth. The disease is acute. The main symptoms are that those patients' thinking is bizarre and is difficult to understand. They have disorganized thinking, inappropriate emotion and unnatural expression and they grimace and giggle. Those patients' behaviors are immature and foolish. Their psychotic symptoms are changeable. The disease develops quickly. Although there is a spontaneous remission from the disease, it can't persist for a long time and it relapses. The treatment of anti-psychotic medical system and maintaining treatment can improve the patients' condition and reduce the time of onset.

(3) Catatonic Type: This type has a trend of decreasing in recent years. Most people are affected by this disease in their youth or middle age and the disease is acute. The main symptoms are catatonic agitation and stupor. These two symptoms appear alternately or one symptom appears alone. The catatonic stupor is the main representation in clinical manifestation.

Catatonic stupor: The prominent psychomotor disturbance is evident. The patients who are not seriously ill act slowly with few words and few actions, while patients who are seriously ill keep in immovable gesture, speak nothing, keep themselves completely immobile, eat and drink nothing, dull expression, have no reaction to environment, and their strained muscle twists. Catatonic agitation: It is characterized by paroxysmal psychomotor agitation. The patients with the disease have impulsive actions. The content of their discourse is dull and tedious. For example, the bedridden patients suddenly get up and break objects purposelessly and then go to bed. There is a spontaneous remission of the disease and its therapeutic effects are better than other therapies.

(4) Paranoid Type: People are affected by this disease late in their age, especially in their middle age. The disease is chronic and patients who are affected by this disease are sensitive and they have paranoid ideation and consequently, it is detached from reality. Sometimes, it is accompanied by delusion and comprehensive perception. The patients' paranoid ideation is either systematic or disordered and their emotions and actions are controlled by delusion and paranoid ideation. The patients may harm themselves and others. The course of the disease is slower than others and the psychotic degeneration is not obvious. There is few spontaneous remission of the disease. The therapeutic effects are good.

(5) Undifferentiated Type: It is characterized by some symptoms seen in all of the above types but not enough of any one of them to define it as another particular type of schizophrenia. It is called to be undifferentiated type or disambiguation.

Note 13 **Lithium Carbonate:** By the turn of the last century, lithium carbonate was used to treat hypertension, gout, renal calculus and epilepsy. However, the use of it died out because it had little efficacy. In the 1940s, it was rediscovered that it can treat the manic episode of manic-depressive illness, but it should be gradually reduced because of its toxicity. In the middle of 1960s, there were more and more reports that lithium carbonate had been found useful in successfully preventing and treating manic episodes in patients with bipolar affective disorders and the frequency of subsequent relapses in bipolar manic patients. Besides, the blood level of lithium was monitored extremely closely during treatment and the toxicity of lithium carbonate was reduced. Therefore, it was widely used.

Note 14 **Behavioral Therapy:** It is a treatment that can intensify or debilitate a kind of behavior caused by the repeated stimulation in the environment, including one's own behaviors, by using the experience of prize and punishment. The task of behavioral therapy is to create a new scene of study, so that the appropriate behavior can be intensified and shaped as well as the inappropriate behavior can be debilitated and disappeared.

Note 15 **Chlorpromazine:** It is chlorpromazine hydrochloride. [Process] The fat-solubility of chlorpromazine is high and the oral absorption is good. After 2-4 hours of taking it orally, the plasma level reaches the peak. The oral absorption is vulnerable to the form of the drug and the stomach. The anticholinergics alkaline medicine can obviously delay its absorption. It will have a better effect after taking it for the first time. When taking the same dosage orally, the individual difference of plasma level can reach more than ten times. The intramuscular injection is quick and its bioavailability is higher than taking it orally. The better part of medicine in blood (about 90%) mixes with plasma protein. The volume of dispersion is about 10-20L/kg and it disperses all over the body, mainly in brain, liver, lung, and kidney. The chlorpromazine easily goes through the blood-brain barrier and the plasma concentration is up to ten times blood concentration. The concentration of the medicine is the highest in those organs, such as hypothalamic neurons, thalamus, and hippocampus. This is significant in the aspect of treating schizophrenia. The medicine mainly metabolizes in liver, prototype and kidney and a few are excreted by faeces. The half-life of chlorpromazine plasma is about 16-20 hours and there are great individual differences. As a result, the dosage in clinical practice should be individualized. The long-term use of the drug can be stored in adipose tissue. If patients stop taking the medicine for several weeks or even half

a year, the medicine can be still detected in urine.

[Efficacy and Indication]

1. Effect of Central Nervous System

(1) Anti-psychotic effect (2) Anti-neurosis (3) Antiemetic effect (4) Lower the body temperature (5) Strengthen central nerve (6) the effect on endocrine system (7) the effect on extrapyramidal.

2. Effect of Botanic Nervous System

[Adverse Reaction]

1. General adverse reactions: There are side-effects on central nervous system and botanic nervous system, such as sleepiness, fatigue, blurred vision, snuffle, tachycardia, dry mouth, constipation, etc. The long-term use of the medicine can cause breast enlargement, amenorrhea and slow growth.

2. Extrapyramidal Reactions

(1) Vibrated Palsy. The representations are the Parkinson's symptoms, such as incremental muscular strain, dull expression, tardive action, vibrated muscle, drooling, etc. The old patients often have these symptoms.

(2) Akathisia. It is often seen in early medication. The representations are sitting or standing restlessly, wandering purposelessly, dysphoria, and they are easily misdiagnosed as inadequate dose and the patients are gravely ill. We should pay much attention to differentiate these symptoms from others.

(3) Acute dystonia, such as opening mouth, sticking tongue out, dysphagia, torticollis, weird appearance, and breathing disorder, etc.

(4) Allergic reaction. Skin rash and photosensitivity dermatitis are the most common adverse reactions. A few patients may have obstructive jaundice in their liver cells or acute agranulocytosis.

Note 16 **Perphenazine**: Perphenazine is classified as a piperaziny phenothiazine.

[Efficacy and Indication] Perphenazine is 6 times as potent as chlorpromazine on resisting mental illness and treating vomiting. It is highly effective on treating symptoms, such as hallucination, paranoid ideation, apathy and stupor, etc, whereas its efficacy of controlling agitation is not good as chlorpromazine. It has little adverse reactions to cardiovascular system and functions of liver and kidney. It is used to treat old people, patients with liver and kidney dysfunctions and patients with cardiovascular disease. The perphenazine can be the first chosen medicine in clinic. The formations of perphenazine, decanoate ester and heptoic acid ester, have long duration of efficacy so that they can prevent the onset of schizophrenia and maintain treatment.

Note 17 **Haloperidol**: It is the typical butyrophenone antipsychotic drug.

[Efficacy and Indication] It is approximately 50 times more potent than chlorpromazine in anti-psychotic effects and antiemetic effects. There is a high incidence of extrapyramidal symptoms. It has weak functions in sedation and blocking a receptor and M receptor. Schizophrenic patients who are characterized by agitation, hallucination, and paranoid ideation can take the medicine. The medicine can still improve psychotic symptoms of chronic patients. It is highly effective and the medicine takes effects after taking it for 3-7 days. It takes two days to have obvious efficacy and it is effective to the patients who have no improvement after taking chlorpromazine. In addition, the medicine can treat delirium, catatonic, severe hiccup and nausea.

[Adverse Reaction]

1.Extrapyramidal Side-effects: The incidence is high, approximately 80%. The symptoms are akathisia, acute dystonia, immobile, vibration and tardive dyskinesia. Patients often refuse to take the medicine because it has severe adverse reactions. In clinical practice, benzodiazepine or central anticholinergics can be used to balance adverse reactions. The medicine can be mixed with scopolamine to inject, prevent extrapyramidal symptoms, strengthen the effect of sedation and control the patients' excitement.

2.Cardiovascular Response: The medicine can cause arrhythmia or cardiac failure. There are reports about the medicine causes death. Therefore, the patients with cardiac dysfunctions are prohibited to take it. The patients who take it for a long time should regularly monitor electrocardiogram.

3.A few patients may get dysthymia after taking the medicine and some commit suicide. We should take a very cautious approach.

4.Nerve relaxant malignant syndrome: It is serious adverse reaction and can be life-threatening. The representations of the patients: high fever, muscle rigidity, paranoid ideation, unconsciousness, and circulatory failure. They are caused by excessively incremental dosage and taking mixed medicine. Once these symptoms are found, the patients should immediately withdraw.

5.There are reports about the pregnant women give birth teratogenic fetus after taking the medicine and it is found a significantly amounts in women's milk, so the pregnant and lactating women should be prohibited to take the medicine. The element of the medicine—decanoate ester has long-acting preparation and its half-life is three weeks. It is applicable to chronic schizophrenia and it can maintain the treatment.

Note 18 **Antisocial Personality Disorder:** It is characterized by an individual's disregard for social rules, violations of the law and discipline and indifference to others. Men are apt to get the antisocial personality disorder. These patients often had moral problems in their childhood and youth (before 18 years old). When they reached adulthood (after 18 years old), they continued with vice. Their main behaviors are one's disregard for social rules and violations of the law and discipline.

Note 19 **Delusion of Persecution:** It is one of commonest delusions. The patients firmly believe without provocation that his surrounding people and organizations will harm, revenge on, set up, murder and destroy him.

Note 20 **Egon Schiele:** Egon Schiele was born in Tulln, Austria and died in Vienna. If we regarded Gustav Klimt's art to be expressionism out of symbolism, the art of Schiele is pure expressionism. In the last period of Schiele's artistic creation, he was not only influenced by Swiss Ferdinand Hodler, but also was inspired by the psychology of Nietzsche and Sigmund Freud. He freely expressed people's psychology and feeling at that time. The figures and scenes painted by him were not static. On the contrary, they are all in panic, both the desire for life and the threat of death create terror which reigns over his works. The characters that he painted have a slim figure and cold and stiff lines, which made people trembling. He emphasized the clear outline and liked to express his strong feeling by using red, yellow and black. He exaggerated the expression and gesture of the characters and paid much attention to the character's neurotic feeling in order to catch the spirit of his objects. In addition, he studied the mental patients' expression and gestures in mental hospital, representing a dumb expression which moved people a lot.

Note 21 **The Scream:** It was created by Norwegian artist Edvard Munch (1863-1944) in 1893. Munch is the pioneer of western expressionist painting. He was schizophrenic in 1908. Munch described his inspiration thus: "I was walking along a path with two friends—the sun was setting—suddenly the sky turned blood red—I paused, feeling exhausted, and leaned on the fence—there was blood and tongues of fire above the blue-black fjord and the city—my friends walked on, and I stood there trembling with anxiety—and I sensed an infinite scream passing through nature."

Note 22 **Obsessive Compulsive Disorder:** Obsessive-Compulsive Disorder, OCD, is an anxiety disorder and is characterized by compulsive impulse or behavior. The patients know clearly that those

compulsive symptoms are unreasonable and unnecessary, but they can't control and get rid of these behaviors. The rate of the disease is 0.1%-2.3% in foreign countries, 0.3% in China, and 12% in clinic of psychiatry. The obsessive compulsive disorder is related to compulsive personality disorder. E. Kringlen (1965) gave a report that 72% patients had compulsive personality disorder. The rate is 26% in China. Compulsive personality disorder is characterized with unsafety, imperfection, and uncertainty. Therefore, those patients with compulsive personality disorder are cautious, perfectionist, irresolute and hesitant. They have sense over sensibility, logical thinking over intuition. They are strict with themselves as well as others. They are serious and meticulous, but it is difficult to communicate with them. Common people also have compulsive thinking, behavior, fear and impulse, especially in the aspect of impulse of sex and attack. However, these symptoms are different from obsessive compulsive disorder because they don't persist, they just appear occasionally.

Note 23 **Art Brut:** The term was put forward by Dubuffet for the first time in his book *L' Art Brut Prefere aux Arts Culturels* in 1949. He thought art brut is created by the people without being interfered by culture and art where there is few or no imitation of art. This is contrary to the intellectuals' art. As a result, those people's all creations, including the theme, the choices of medium, the ways, the rhythm and the writing style, are from their inner heart, rather than from the cliché of classical or popular art.

后记

从开始计划进入精神病院研究精神病人的艺术，至此已有二十个月的时间。在这一段时间里，我似乎每天都会面对“精神病”的问题，这使我感到十分疲倦，以至于这本书的撰写与整理也变得十分缓慢，平时我总会不断回忆起仍住在精神病院里的李丽、张兵、余丹格格和陈家宝他们，不知为什么，一想到他们我便会振作起精神。这也许是因为我希望这本书的出版，能够对改善他们的日常生活和环境起到一些积极的作用。至于结果到底会怎样，我们也很难做出预先的估计，但我们至少可以确定这是一次投石问路的尝试，我们期待通过这一努力能够让更多的人来关心精神病人和当今非常迫切需要解决的精神健康问题。

《癫狂的艺术》的顺利出版得到了社会多方的支持和帮助。南京艺术家曹恺和南京艺术学院在校学生蔡寅羽、成佳亮、崔璨放弃自己的假日无偿为我的这次实践记录了许多非常珍贵的资料。江苏省委党校黄杰教授的建议更是让我们受益匪浅。北京的邵奇先生多次不辞辛苦来南京为该书的顺利出版创造了许多必要的条件，湖南美术出版社给予的支持和帮助更是该书最终实现与读者见面的关键。

遗憾的是，面对现实，我们不得不对眼前看到的这些病人的姓名和肖像图片做了必要的技术处理。除此之外，我们似乎没有更好的选择，因为我们希望通过这些技术处理来预防外界对这些病人有可能产生的不必要伤害，之所以会有这种顾虑，主要原因还是缘于这些病人所处的弱势处境。但我们还是相信，终有一天公众一定会像欣赏和赞美天才艺术家那样，去欣赏和赞美这些“病人”的作品，而我们今天所做的一切，其实也正是为了这一目标的早一天实现。

郭海平

2007年8月26

Afterword

It has lasted one and half a year since I planned to enter the hospital to study mental patients' art. During this period, it seemed that I faced mental patients' problems ever day, which made me exhausted. Therefore, the process of composing this book and preparing materials for its publication became very slow. At that time, I often remember those mental patients, such as Lili, Zhang Bing, Princess Yu Dan and Chen Jiabao, etc. As long as I think of them, I will bestir myself but I do not know why. Maybe I hope this book will have positive effects on those mental patients by improving their daily life and environment. However, it is difficult for me to predict the result. What can be sure is that this book is at least a trial balloon. We expected that more people will pay much attention to mental patients and mental health which is an extremely urgent problem nowadays.

We get generous support and assistance from many people and organizations so that *Demented Art* can be published smoothly. Nanjing artist Cao Kai and Cai Yinyu, and students of Nanjing Art Academy Cheng Jialiang and Cui Can, spent their holiday on providing me much precious information for this experimental practice. We benefited a great deal from Huang Jie, who is the professor of Party School of Jiang Su Provincial Party Committee. Shao Qi did all he could to provide essential help for the publication of the book and he went from Beijing to Nanjing for many times. The support of Hunan Fine Arts Publishing House is the key factor of the publication.

Unfortunately, facing reality, we have to use some necessary techniques to deal with those patients' names and photographs of portrait in this book. Maybe we have no better choices. We hope that we can prevent those patients from the potential unnecessary harm from the public by using some techniques. The main reason for these worries is that those patients are still in a poor social condition. However, we believe that one day the public can appreciate and admire those patients' works just like their attitudes towards talented artists. In fact, what we do currently is to achieve this goal as early as possible.

Guo Haiping
August 26th, 2007

