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## Notes on *Diagnosing Madness*

What kind of story could be conveyed about psychiatric patients and the practices of their confinement in the second half of the nineteenth century and the beginning of the twentieth century? How could such an account be grounded? What theoretical tools and frameworks would allow for an apprehension of this situation, and within or across which disciplinary frameworks? Firmly situated in the field of rhetoric of science, *Diagnosing Madness. The discursive construction of the psychiatric patient, 1850-1920* attempts such an account, “placing rhetorical analysis of the written word at the center of the web of cultural practices that made asylums possible in the nineteenth century” (p. xi). Restricting the field of inquiry to the English speaking world and to those areas of psychiatric pathology where the confinement of patients generated some forms of public controversy, the book ultimately tells a story of the development of science. This story is relevant for both psychiatry’s struggle to keep pace with the rhythm of development in other areas of the medical sciences (the problem of diagnosis), and for some of the symptomatic fears of an established middle-class, encapsulated in a single trope: wrongful confinement. In this historically dynamic territory, “battle lines were drawn in a competition to establish positivistic scaffolds for psychiatric science and practice, minimize the harm done to individuals, clarify the role of the state as ward and punisher for the insane, and reassure an anxious public that fundamental freedoms were protected” (p. 103).

In what regards theoretical tools and methodological decisions, Cristina Hanganu-Bresch and Carol Berkenkotter have made use of an eclectic, yet relatively standard set of tools from the toolbox of rhetorical analysis, the choice for each of these being sensibly dictated by the types of texts and analytical interests specific to the five main chapters of the book. The first chapter takes as a pretext the trial initiated in 1849 by Morgan Hinchman, an wealthy American Quaker farmer, against those who conspired “to commit him to the asylum and seize his property” (p. 9). Focusing on the texts resulting from this trial, but also on its various media echoes, the chapter relies mainly on Chaim Perelman & Lucie Olbrechts-Tyteca’s dissociation between norm and normal, but also on their distinction between particular audience and universal audience, to make a case about how conceptions of madness have been shaped at

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the intersection of judicial and health systems. Thus, Hinchman's trial illustrates the tensions between the two, occasioned by diagnostics such as moral insanity, tensions which "muddied the waters enough to warrant juridical intrusion into medical decisions" (p. 34).

The second chapter adds to the legal and medical field a third important factor: an established public sphere, articulated not only through media accounts of trials such as Hinchman's, but also through a specific genre of "sensation novels" – hence, fictionalized accounts. Analyzing two such novels that "target with precision societal fears for personal freedom and property" (p. 36), the chapter employs systematically the canonical theory on rhetorical situation (Lloyd Bitzer, Richard Vatz, Barbara Biesecker and Keith Grant-Davie) to show how these literary works "articulate the rhetorical conditions for a redefinition of mental illness, and a reconsideration of its treatment, effectively contributing to the transformation of the rhetorical situation around this topic and of the discourses it generated towards the end of the nineteenth century" (p. 54).

The third chapter brings into attention an *occult genre*: the admission records which, regarded as specialized speech acts, could define reality for those confined: "they constituted the legal/medical means through which an individual ceased to be an autonomous agent and was given over to the <<care and treatment>> of the Victorian asylum" (p. 56). If these occult genres (i.e. genres with restricted circulation between the physicians and medical superintendents of the Victorian asylum) had such a decisive power to establish social facts – declaring a person as of "unsound mind", leading thus to her/his confinement in a lunatic asylum for an indefinite period of time – then their power and their limits should be scrutinised in terms of *genre suites*, *uptakes* and *misfires* – an approach codified, by now, within Rhetorical Genre Studies and which is significantly indebted to Carol Berkenkotter's research. Interestingly enough, besides these concepts, the chapter engages, even if secondary, with the pragma-dialectical approach to argumentation (in its initial articulation (1984) of Frans Van Eemeren and Rob Grootendorst), since the texts analysed (medical certificates) are not merely constatives, but "illocutionary acts of complex argumentation aimed at persuading the audience". Nonetheless, the heuristic potential of this approach remains unexplored in the overall economy of the book. The chapter documents the *genre suite* generated by the procedures of confinement, their eventual misfires and occasionally fuzzy linearity, but also the ulterior reactions of the patients: testimonies meant to put under scrutiny possible abuses of the Lunacy Laws and ultimately to trigger some form of institutional change.

The fourth chapter of the book shifts from the mainly second-hand accounts of the confinement experience, produced within the medical system itself, to what the authors label "counter-narratives", i.e. personal accounts, "survivors' tales" of former "patients who were seeking justice, redemption, and/or catharsis" (p. 80) Two such texts are analyzed, a memoir and an oral testimony offered in the Parliament's Select Committee on Lunacy Law, contrasting them with the institutional records of the patients. Methodologically, the article links the discussion from the previous chapter on *genre suites* with, again canonical, concepts from literary theory (narrative emplotment, causality, and narrative time) and discourse analysis (intertextuality and interdiscursivity). The chapter shows that as opposed to the linear chronicle of the institutional account (the genre suite produced within the asylum for each of the two patients), these recovered voices of the patients display distinct temporalities, alternative master-plots and reaffirmation of agency even if, as public impact, both fail to contribute to a change in the legal system governing asylums and confinement.

The fifth chapter of the book looks closely at the process of adopting a new nosology in the British psychiatric community at the turn of the century, following the *zeitgeist* stemming from the works of German psychiatrist Emil Kraepelin. More specifically, the chapter traces longitudinally the adoption of the *manic depressive insanity* category of diagnostic, both at an individual level, following the case notes of John Horatio Baldwin, a patient at Ticehurst between 1911 and 1925, and in the British psychiatric literature and practice. The theoretical apparatus of analysis remains in the realm of uptake, or rhetorical action, which is employed to reconceptualize the sociolinguistic concept of *enregistrement* (“the assimilation of certain linguistic practices in order to gain social capital” p. 105) to account for “the process through which an initial document or series of documents becomes transformed into practice” (p. 106). Analyzing the adoption of the new nosology, this final chapter adds a view from the scientific community to one of the main threads of the book: “the struggle of psychiatry to professionalize and live up to the scientific rigor of other medical specializations” (p. 131), a change which comes with a correlative anonymization of the patient, whose traces in the notes of the asylum system become faint and mechanical within the new vocabulary.

The concluding section of the book turns back to the question of diagnosis, making a case about the complex entanglements between medical illocution and legal uptake that remain symptomatic for the place of psychiatry in the general field of medical sciences:

“patients to this day have the ability to legally challenge involuntary confinement for psychiatric reasons. This factual possibility implicitly assumes that psychiatric diagnoses still cannot pass lab tests accepted as proof by other branches of medicine, and psychiatric patients have to engage continuously in negotiations to prove their ability to be part of the community and affirm their right not to be forcibly secluded. To this day, prognoses and treatments of mental illnesses are the result of dialogic processes involving not just the medical team, the patients, and their families but also state authorities and communities. At the same time, contemporary court hearings on matters of involuntary hospitalization recognize that restricting a patient’s freedom of movement is a grave undertaking that has to be granted full consideration under the law” (p. 138).

In this regard, a putative story of an asymptotic professionalization of psychiatry, which neither resolves the aporetic relation between law and psychiatry, nor allows for the patient to remain resourcelessly captive in the genre suites and uptakes of institutional illocutions, is a nuanced yet ultimately reassuring story. The concluding chapter adds to this sense of reassurance by pointing out to further recent shifts in our perception of mental illness, shifts coming from fields like disability studies or descriptive psychopathology, but also, more importantly, from contemporary problematizations and redefinitions of the *normal* as such.

Overall, the book offers a compelling account on the legal and public pressures over the domain of psychiatry, which ultimately had a significant contribution to reshaping psychiatric theory and practice. Yet the merits of the book are not limited to its contributions to the rhetoric of medicine, the social history of psychiatry, and social studies of science. As someone who is rather an outsider relative to these fields, I found the book nonetheless valuable for its methodological suggestions and insights, and for the embedded knowledge at work that it provides. The book does not provide new instruments for analysis; nor is their adaptation to the task peculiarly innovative. Nonetheless, it allows substantial insights for the researcher interested in rhetoric, or communication in general, into how to approach a complex corpus with these relatively standard instruments. Ultimately, the force of the canonical approaches relies in their paradigmatic productivity, and the book makes a convincing case on that. On the other hand, there is inevitably a certain trimming going on when articulating these ana-

lytical instruments, an operation of foregrounding and backgrounding, which can be reconstructed and evaluated critically only by keeping track of the literature generating it.

Most times the reader is warned and even guided when these instruments are reshaped and repurposed, as it is the case with *genre suites* or *enregistrement*. But sometimes this is not the case, and the dimensions left aside from the employed concepts might in fact suggest alternative explanations. A case in point is how the concepts of particular and universal audience, from Perelman and Olbrechts-Tyteca, are employed in the analysis of Hinchman's trial. The authors retain from Perelman and Olbrechts-Tyteca's theorization the correspondence between normal, persuasion, and particular audience, on the one hand, and norm, convincing, and universal audience on the other hand, to prove that

“the narrow definition of “normal” as imposed by the psychiatric definition of moral insanity and further filtered through a Quaker sense of religious morality, clashes with the broader, more accepted norms accepted by societal consensus. At the end of the day, norms, based on a more inclusive idea of rationality and appealing to a universal audience, won in court. In the Hinchman trial, the universal norm of the right to private property overrode “normal” social behavior, which was much more narrowly defined for either Quakers or psychiatrists. In the end, the case was decided in the mismatch between the universal audience to whom the plaintiff's arguments for personal freedom and right to property were addressed and the specialized audience to whom the moral insanity arguments were addressed” (p. 28).

Now, admittedly, Perelman and Olbrechts-Tyteca's distinction between the particular and the universal audience is one of the fuzziest conceptualizations in their treatise, leading to frequently conflicting exegeses. But it is worth remembering that the universal audience is still an audience imagined by the speaker, in a process of discursive construction. Moreover, Perelman and Olbrechts Tyteca's association of the universal audience with the *real* (i.e. facts, truth and presumptions as starting points of argumentation) and of the particular audience with *the preferable* (i.e. values, value hierarchies and *loci* as starting points of argumentation) could not only better clarify how *The New Rhetoric's* apparatus is employed in the analysis, but also provide an alternative understanding of the trial: as long as values are invoked in Hinchman's trial, we might deal only with particular audiences, and with different value hierarchies that structure these particular audiences, requiring positionings between a conservative recognition and condemnation of immoral conduct (even through mere eccentricity) and the recognition of a possible threat to individual rights and private property. In this regard, Hinchman's trial might be indicative of the difficulty of winning a case which forces the audience to establish a hierarchy between freedom and property on the one hand, and any other contender of rhetorical invention, on the other. The effectiveness of this appeal on both shores of the Atlantic, and through various genres, (not only related to trials, but also to sensation novels) should not be taken as a natural state of affairs, although admittedly, its conditions of possibility fall outside the domain of the book.

A second point worth raising is how the authors manage to contextualize the psychiatric practices described and their social consequences. Quite aptly, asylums are treated as “cultural sites that generate *textual ecosystems* revolving around the conditions and nature of psychiatric confinement” (p. 3). It is in such ecosystems that the book observes “firsthand the psychiatric argumentation practices that led to diagnosis and the patients' efforts to counter those arguments.” (p. xi). The relevance of argumentative practices for this endeavour cannot be emphasised enough, as they are salient in the rhetorical negotiations at the core of the book:

“By “rhetorical” we mean that the work of psychiatrists and patients (as well as that of families, writers and journalists, and legal authorities) is one of constant textual persuasion, involving finely crafted arguments, fluid definitions of disease, and careful linguistic choices that could make the difference between an individual’s personal liberty and asylum confinement. Such arguments concerned not only the nature of psychiatric disease (which is intrinsically controversial) but were also constrained by the gender and social status of the patients, the professional and legal status of the practitioners, and the larger democratizing and professionalizing forces shaping English and American societies at the end of the nineteenth century” (pp. 2-3).

Given such expectations, the reader might also expect a stronger focus on the dialectical nature of argumentation and a deeper understanding of the dialectical positions articulating the textual ecosystem. Nevertheless, the encounters with proper argumentation theories are limited to the new rhetoric in the first chapter, and to scant references to pragma-dialectics in the third and fourth chapter. Argumentative sequences are employed due to their relevance for the institutional uptakes that they invite, rather than as an occasion to discuss their specific persuasive power from case to case, within the genre suite, or to bring into consideration of normative nature in the evaluation of such argumentative sequences.

Yet, one couldn’t bring such an objection to the book: its ambitions are ultimately elsewhere and the selection of analytical tools follows them. Nonetheless, a dialectical understanding of the context, even in terms of antagonists, to borrow from pragma-dialectics, might have provided a richer description of the textual ecosystem mentioned. For instance, if the type of literature analyzed in the second chapter had the power to shift public opinion towards a loosening of faith in the medico-legal system, what were the reactions of this system to this type of literature, and broadly, to this type of contestations? The presumption would be, ultimately, with the asylum system, but what kind of public discourses would appear as reaction to this literature, attempting to defend the *status quo*? How come a system so scientifically precarious and morally vulnerable (to our standards, at least), that would confine a person based on two medical certificates so easy to procure, managed to become standard practice and to resist contestations for quite a long time? And if wrongful confinement was a false positive that would raise doubts on the value of psychiatric diagnostic, were there any false negatives invoked in the public sphere as an argument? Here and there, throughout the book, the reader might find beginnings of answers to such questions, but a dialectical articulation of this ecosystem remains, ultimately a matter of reconstruction and further investigation for the reader.