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## Living Documents: A Textual Analysis Review

The 19<sup>th</sup> and early 20<sup>th</sup> centuries were, for English-speaking Western nations, marked by calamitous change. Among those changes was the way in which Western society handled and treated people who suffered from mental illness, the “mad” as it were. The insane asylum, a peculiar outcropping of culture that combined Christian saviorism with the nascent field of psychiatry, became the go-to vehicle for the care and maintenance of suffering patients. The institution gained such a foothold in society that every American state had at least one asylum, and many had several. After just a few decades, the insane asylum was one of the most powerful institutions in the West. The speed at which the insane asylum embedded itself in culture at such a profound depth was astounding. Scholars have recently been exploring this institution to deconstruct and explain the meteoric rise and fall of such a behemoth. This review will distill and evaluate one such crucial piece of literature to be added to the index of scholarship on the topic.

The book makes the invaluable move to elevate and evaluate documents and medicolegal phrasing crucial to confinement and release practices in the 19<sup>th</sup> century. Rather than seeing the texts as mere artifacts of institutionalism or procedure, they actually create and delimit the realm of possibility for the entire process — from confinement to treatment to release (ostensibly). The documents and phrases examined in the book straddled the divide between the public and the private, and between the medical and legal worlds. Official confinement papers, once signed, as demonstrated, could at once strip an individual of agency, and empower the asylum system to take custody assuming full responsibility for an individual. The document analysis under review offers a vital insight into the 19<sup>th</sup> century and the era of the insane asylum. Through the methodology chosen, the analysis actually demonstrates a humanity and fallibility that coursed through the era. Documents and nomenclature are only as strong as the context or social capital upon which they are built. Sometimes the system fails; sometimes justice prevails.

*Diagnosing Madness* takes a largely thematic approach to the material, scurrying back and forth between the varying micro eras of the 19<sup>th</sup> and early 20<sup>th</sup> centuries. The authors take us through a benchmark wrongful confinement case, and then proceed to show how wrongful confinement was leveraged as a tool in the literary world. In the third chapter we see how

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a chain of documents was put into practice to legitimize the system, internally and externally. After that the authors show side-by-side the differences between official asylum texts and the writings of patients, or institutional subjects. Finally, Hanganu-Bresch and Berkenkotter show how one diagnostic term goes from being suggested, to being supported, to its final emergence as an official diagnosis toward the end of the 19<sup>th</sup> century. In deference to the book's structure, this review will follow the established trajectory of the book and offer chapter-by-chapter synopses and short evaluations to follow. I will say at the outset that the authors under review set an ambitious goal and I believe that they accomplished it handily. While there are a few minor points I would challenge or ask for clarity on, I categorically endorse this text. I only wish it was published five years ago so I could have used the rich findings in my own dissertation involving the 19<sup>th</sup> century insane asylum.

I want to take a brief departure and set my own credentials for the sake of qualifying my review. My graduate degrees come out of a media studies department, not rhetoric, literature or English. My expertise in this field comes from my work on 19<sup>th</sup> century asylums and how they were represented in newspapers of the time. So while there is plenty of crossover between my expertise and that of my colleagues being reviewed, I will limit my review to those areas that I feel fall within my qualified scope: asylum management; era-specific treatments; debates in the field around diagnoses and institutional effectiveness and management; and naming conventions for various ailments. While I may not have tactical training on the methods used here, their definitions are cogent and their execution is consistent, so I consider that another reason for endorsing the text: it's accessible even to a newcomer.

Chapter One traces the life and death of the phrase "moral insanity" through the experience of one wrongfully confined farmer named Morgan Hinchman. The beauty of this chapter is not simply in its artful genealogy of a term, but how the phrase actually existed between the medical, legal, and social strata of the time. As such, the term had a unifying energy, a central interstitial in a Boolean tapestry of seemingly independent entities. Hinchman, confined to the Friends Asylum in Pennsylvania and eventually vindicated, whose case was an example par excellence of the slippery logic behind the diagnosis, was shown to be caught in a moment where the legal system had allowed the psychiatrist to become "judge and jury." The moral insanity diagnosis was a squishy area fraught with logical inconsistencies and rotating interpretations; the authors explaining that the term was a battleground between taste, sanity, and jurisprudence. Perhaps the most impressive part of the chapter is showing how convincing, the dominion of all rational beings (norm), rather than persuading, appealing to a localized audience (normal), was ultimately the way in which Hinchman's defenders prevailed in his release. To clarify, Hinchman was released on the grounds that his confinement threatened the freedom of all upstanding rational people. The authors acrobatically bring the reader to this plateau while sealing the thought that the mid 19<sup>th</sup> century saw everyday people as potential pawns in a larger turf war between the medical and legal powers.

In Chapter Two, Hanganu-Bresch and Berkenkotter use the Hinchman trial and its residue as a springboard into yet another contextual orbit: the literary world. Here they mine the variations in how the trope of wrongful confinement was used to mediate the writer/reader relationship based on the intentions of the actors involved, or, to use the term presented, a "rhetorical situation" created around wrongful confinement. Writers Charles Reade (*Hard Cash*) and Rebecca Harding-Davis (*Put Out of the Way*) were both found to be using the notion of confinement to tickle middle class fears of losing wealth and status. The literary apparatus was such that the fear of loss was put into direct contention with the working definition of insanity. The

final move of this chapter, and the one that resonated for me the most, was the way the scholars showed that literary authors of the time would at once invoke the audience as powerful actors who could fight against systemic abuse while simultaneously invoking the audience members as powerless stooges who stood witness to the abuses. The authors did a commendable job of threading this very intricate ensemble of narrative analysis. I would ask for a wider batch of novelists in the chapter's scope because I would imagine that the findings would be ever richer and could potentially deepen the reach of the concepts and findings.

In the next installment of the project, the scholars look at the practice of using a sequence of documents to move the patient from preliminary examination to confinement to potential release/or extended confinement. Here the book is explicating the agency afforded to documents. Again, my fellow asylum scholars took a nuanced and engaging approach to trace the experience of two confined people as they were placed in the documentary sequence. One subject, Henrietta Unwin, was ultimately released because the documents were filled out incorrectly — one sanity examination taking place too long after the first to qualify her for legal confinement — in an example the authors use to demonstrate misfired uptake. The impressive twist and potentially most biting finding of the chapter is when they compared the experience of Henrietta Unwin to that of another patient, Walter Marshall. The latter patient was able to publicly advocate for himself whereas Unwin was afforded no public testimony. Unwin, as the chapter goes to argue, was a mediated persona, one who only existed through the forms and minutes that re-created her in a procedural simulation. The technique by which Hanganu-Bresch and Berkenkotter arrive at their findings is illuminating and academically inspiring. I am left wanting to see the evolution of asylum documentary practices as the cases presented feel like they are somewhat isolated. I appreciate there are only so many pages one can write on a certain topic, but, like the last chapter, I am left wanting to see a little more of the larger orbit of these ideas put into practice or to at least show that the concepts put forward wouldn't work in a different setting.

In yet another intuitive frame shift to Chapter Four, we are introduced to the sometimes-contradictory narratives told by patients and medical staff. While they index a series of "hard-boiled" master plots often used in personal stories about asylum commitment — greedy relatives, corruption, abuse — the more compelling offering in the chapter is the authors' usage of musical examples to situate patient and administrative narratives. In plain words, the asylum's own narrative (patient records, updates, treatment recommendations, etc.) is linear or "metronomic." The linear narrative is predictable and serves to validate the existence of the institution. Comparatively, the narrative that comes from the patient, at least the ones who feel they've been wronged, is chaotic, emotional, non-linear, or "symphonic." Furthermore, since the asylum's internal documentary narrative goes to legitimize its purpose and existence, the patient narrative relies on the dramatization to subvert the asylum, to delegitimize or at least reform the system.

In a potential attempt to pivot back to the opening chapter, the final chapter presents an almost Kuhnian genealogy of another psychiatric term: manic depressive (insanity). The chapter follows the term from its introduction to the canon to its incremental acceptance to its pruning, delimiting and eventual real-world application over the course of 20 years. Drawing also on notions introduced earlier in the text, the authors show how patients become narrative subjects or productions of medical notation. This chapter makes for a nice beachhead to end on. Where the first chapter visited the term moral insanity, a term that was useful for

a time but collapsed under its own contradictions, “manic depressive” managed to enfold the diagnostic possibilities of the time and the term managed to live on to the present day.

Again, I wholeheartedly endorse this reading. This text would fit well in a variety of classes and interest areas: asylum studies, disability studies, medical history, literary and rhetorical analysis. I was impressed with the clarity and conciseness of their methodological apparatus and while I am not trained in the same field, the definitions they used for their approach were cogent and effective. They executed what they set out to do, to investigate madness through texts in Victorian and Progressive England and the United States. I would add that their use of Foucauldian genealogy and Derrida’s tracing, along with a buffet of document-analysis-specific tools and terms, were flourishing achievements of the text.

The following are areas that I would love to see addressed by the authors or editors that I wouldn’t bill as critiques but rather areas for discussion and inquiry.

- Moral treatment: While the asylum system, at least as it was founded in the United States, was built on the idea of moral treatment, my understanding was that, by post-Civil War times, that idea had largely been abandoned for what sadly came to be known as custodial care. I was curious as to whether this term had come up in the research or if the authors chose to keep it from their analysis.
- 1850: This is not to pick nits, but the subtitle of the book has the year 1850 specifically in it but the book itself goes all the way to the 1830s in its breadth of sources used. Furthermore, the Hinchman trial was in 1849. Why not just widen the range to include the scope of times used in the text?
- Ticehurst: I can appreciate how hard it is to get solid and reliable data from some of these old institutions and the reading on Ticehurst was provocative. I would simply want to discuss ways in which the authors could more deeply generalize the Ticehurst procedures to the larger constellation of asylum practices. And if not, to explain that choice.
- Power hierarchy: This may or may not be true of asylum practices in Britain, but in the United States, there was a major power play on the part of states wresting control of the asylums in the late 19<sup>th</sup> century from municipalities. This led to a lot of infighting and turf wars between bureaucracies. I would wonder if any of this administrative scum came up in the authors’s findings as well.