

*Diagnosing Madness: The Discursive Construction of the Psychiatric Patient, 1850-1920.*

Cristina Hanganu-Bresch and Carol Berkenkotter. Columbia, SC: University of South Carolina Press, 2019. 192 pages, \$49.99 paperback, \$49.99 e-book.

Publisher webpage: <https://www.sc.edu/uscpres/books/2019/6025.html>

### **Shannon Fanning**

*Diagnosing Madness* explores the textual footprints of asylum patients in the United States and Britain from the middle of the nineteenth century through the middle of the twentieth century. Cristina Hanganu-Bresch and Carol Berkenkotter focus not just on the patients' medical histories, but rather piece together what they refer to as *institutional genre suites*, collections of texts that include admission notes, certificates, and other textual traces that apply to the patient's life before, during, and after their time in psychiatric facilities. The authors place much emphasis on the moment of diagnosis and the rhetorical factors of this decision by examining the psychiatric argumentation practices that led to diagnosis as well as patients' attempts to counter these arguments. A variety of texts are used to examine how patients struggled to assert their identity as individuals, and in the process the authors interrogate the meanings of personhood, normality, identity, and autonomy.

Chapter one emphasizes that mental illness was severely misunderstood in early American psychiatric communities, leading in many cases to unjust confinement. The chapter focuses on the case of Morgan Hinchman, who sued his relatives and doctors for conspiracy in a particularly notable challenge to the commitment system. By examining the textual traces of the Hinchman case, the authors illustrate that as psychiatry in the nineteenth century made strides towards professionalization, it also made claims regarding the boundaries of normal—boundaries

Hinchman and others were being contained for crossing. These norms figured into both psychiatry and law, as the fields overlapped in their desire to define and regulate “normal.” The authors argue that Hinchman was ultimately deemed to be mentally insane because he deviated from expected social norms, an idea that piqued public attention and brought the complex process of diagnosis and the concepts of normality and autonomy into the public sphere.

Chapter two uses the concept of rhetorical situation to examine fictionalized wrongful confinement narratives of the 1860s. These works amplified the already growing public fear of wrongful confinement, but the narratives’ popularity was ultimately fanned by fear about loss of property and status rather than concern about the definition of insanity. The fictional narratives made the audience implicit in wrongful confinement, highlighting that no one is safe and perpetuating doubt about the infallibility of the law and medical science. This loss of confidence helped to make the psychiatric patient’s identity more fluid and more visible, “but only as long as they could serve as tokens in the service of social causes” (55). Those of lesser social status were more likely to be wrongfully confined, as society decided what the norms were and who had strayed too far from them. Wealth also played a significant role; the authors reveal how easy it was to have someone confined. It was those with more wealth who were more likely to be turned over for confinement by friends and relatives, as it was the friends and relatives of those with means who stood to benefit from their confinement. At the same time, only those of means were able to fight their wrongful convictions, so while those with lesser means were less likely to be turned over to an asylum by their friends and family, if they were, they stood a much lesser chance of being able to right this wrong.

The third chapter focuses on admission records, which the authors refer to as *occult genres*, as they were visible to very few yet had considerable impact. The authors draw on

speech act theory, specifically the concepts of illocutionary force, uptake, and misfire to examine that as speech acts these occult genres constitute the medical means through which a person ceases to be autonomous and is given over to the asylum. Specifically, they look at the genre suite of admission records, which consists of various documents each inviting a specific uptake. The authors explain that the order for the reception of a private patient invites the two medical certificates, which then invites the final notice of admission of a private patient, which invites the uptake of the entire genre suite in the act of admitting the patient. This, in turn, invites more documentation, including case histories, assessments, letters, and discharge documents. The authors use the case of Walter Marshall to illustrate how these genre suites can function bidirectionally as well as to examine how the concept of unsound mind is rhetorically constructed.

In chapter four, the authors examine the illness narrative as a genre by looking back to nineteenth century British psychology when clinical narratives in asylum casebooks were considered an essential part of record keeping. The chapter also highlights the emergence of the counternarratives of “survivors” of the asylum system. Using the concepts of narrative emplotment, causality, and narrative time, the authors show how Merivale and Marshall’s counternarratives are rhetorically oppositional to the linear stories recorded in the notes of the institution. The Ticehurst Asylum case histories, for example, exemplify these linear representations, illustrating the way that these institutions mark time in a flat, stereotypical way and how conversations continue to be made and recorded in a formulaic, predictable manner. The passage of time in the counternarratives, however, is irregular, unpredictable, recursive, and marked by turmoil, long periods of waiting and peak of conflict, once again highlighting the ways in which identity and normality are rhetorically constructed.

Chapter five examines the transition between old and new psychiatric categories by looking at the lengthy history of Ticehurst Asylum patient John Horatio Baldwin, the first patient formally diagnosed as manic-depressive. Through his case history, the authors trace the adoption of the term manic-depressive insanity (MDI). The circularity of Baldwin's disease became visible once doctors had a category to interpret it—"to tame definitively a tangled array of symptoms encompassing the totality of the patient's experience over time" (129). Baldwin's case also reflects a transition from a medicolegal register to a Kraepelinian register, but as labels took the place of detailed case notes, patients again faded into "rather silent objects of medical inquiry" (130).

*Diagnosing Madness* endeavors to understand the ways in which madness is rhetorically constructed, paying particular attention to the exigent moment of diagnosis. The book's strengths lie in its consideration of all aspects of the rhetorical situation and the inclusion of various viewpoints and a multitude of texts. Complicating the book, but ultimately making it a particularly worthwhile read, are the variety of theories and concepts used by Hanganu-Bresch and Berkenkotter to inform their analyses. The authors draw from rhetoric, linguistics, and sociolinguistics, as well as literary theory. They note: "Our methods have been as heterogeneous as the texts we examined" (131), and indeed these texts cover a vast variety of materials, including admissions records, case notes, memoirs, newspaper columns, and more. The result is a robust and multifaceted look at the complex argumentation practices and rhetorical elements of "diagnosing madness."

The primary audiences for this book are students and scholars of rhetoric, particularly those interested in the rhetoric of health and medicine (RHM). It will also likely be of interest to those in health communication, as well as others who study communication or mental health

more generally. Indeed, the text employs the multidisciplinary, interdisciplinarity, and transdisciplinarity J. Blake Scott and Lisa Melonçon (2019) use to describe the current state of RHM. Thanks in part to the array of theories it employs, the book is readable and relevant to scholars of a multitude of fields.

Several issues raised in the text remain topical today, including the ability of asylum patients to legally challenge their confinement and the issue of social class and access to resources. These realities make the book even more pertinent to today's society, but also more troubling. Unlike other medical disciplines, psychology still offers little hard proof for its diagnoses, making the textual footprints the authors examine particularly important, as it is these artifacts, both historically and now, that largely constitute the proof of illness, madness, or normal, as well as in some cases the justification for confinement. Also remaining relevant today is the issue of social class and the asylum. In their conclusion, Hanganu-Bresch and Berkenkotter discuss contemporary society's transition away from the asylum, raising questions about what would happen to the subjects they studied were they to live in present day. While asylums are undoubtedly problematic, much of today's mentally ill population find themselves homeless or imprisoned. The authors suggest that in some cases the poor would actually benefit from asylums, writing: "It is no wonder that some doctors are currently advocating a return of the asylums in order to address, humanely and justly, the needs of underserved populations" (136). Ultimately, lack of state and federal support as well as a focus on management rather than cure, leaves many still today without the mental healthcare and resources they need.

The growing field of RHM continues to explore and explain the role that rhetoric plays in complex health contexts. The topics in which scholars engage in this research are incredibly vast. As Melonçon and Scott (2018) highlight in the introduction to this journal's first issue, when it

comes to the topics of RHM research, “the capaciousness of rhetoric is only matched by the capaciousness of ‘health’ and ‘medicine.’” As the field begins to do more and more research into mental health contexts in particular, this book provides a solid foundation on which to frame future discussions on mental health, as the idea of madness has always been rhetorically constructed. It also provides an apt example of the diagnosis as the type of liminal space Lora Arduser, Lucía Durá, and Jennifer Malkowski (2015) argued allows authority to be challenged and the patient to take on rhetorical agency as negotiation. This liminal space will continue to prove a particularly important context for rhetorical scholars and their future work on mental health contexts and other health and medicine cases.

Finally, as any rhetorically-informed text on mental health should, *Diagnosing Madness* challenges the definition and use of the term “normal,” calling into question its boundaries and the agency behind the creation of such boundaries. In his brief history of rhetoric and writing studies on mental healthcare issues research in the inaugural issue of *Rhetoric of Health & Medicine*, J. Fred Reynolds asks, if eight of ten people are mentally ill at one time or another has the exception become unexceptional? Hanganu-Bresch and Berkenkotter leave us with similar questions, challenging the modern definition of “normal” as a person at harmony with themselves and their environment and instead suggest that maybe mental health is more of a continuum on which we can all be found to be more or less sick. Their work highlights our long and contentious history with the term, while also problematizing modern conceptions of normal.

Ultimately, the authors are highly effective in establishing the idea that madness is rhetorically constructed and that the process of diagnosis is an intricate and complex rhetorical process in itself, involving many artifacts, actors, and processes. Hanganu-Bresch and Berkenkotter succeeded in explicating the legacy of asylum patients through close examination

of the “watershed moment” (xi) of diagnosis and by tracing their textual footprints to understand how they struggled to maintain agency and identify throughout their ordeals.

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