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## The Method and the Madness

I highly recommend Hanganu-Bresch and Berkenkotter's work to anyone who is interested in the vicissitudes of early psychiatric diagnosis, confinement and treatment. The book is well written and well documented. The reader benefits from the authors' admirable knowledge on the evolution of psychiatry in the 19<sup>th</sup> century, the social co-creation of the institution of asylum and the many genres of discourse (from admission reports to science fiction) that have shaped these developments. While the book offers but a snapshot of a more extended historical process, I believe there is a lot to learn from such a snapshot. As a study in the history of science, and more generally as an example of arduous, meticulous research, there is hardly anything I can criticize about this book. I have found myself occasionally questioning the need to tackle cases at such high level of detail, to place them, as it were, before such a powerful magnifying glass. But I suspect that this is my own idiosyncratic reading and it takes nothing away from the authors' thoroughgoing historical efforts. The job is done beautifully.

The pronounced scope of the book, however, goes beyond history. The authors seek to capture the "rhetorical nature" of the "negotiations between patients, families, doctors, the general public and often legal professionals" (p. 2). The authors zone in on the rhetorical nature of the interaction between these groups. The line between normalcy and insanity, and thus between freedom and confinement, is drawn rhetorically through "constant textual persuasion" (p. 2). As a result, the authors' investigation seeks to be a highly interdisciplinary investigation, blending insights from such fields as rhetoric of science, literary criticism, discourse analysis, social studies of science (STS), sociolinguistics, speech act theory and argumentation theory. With regard to this interdisciplinary dimension, I should like to formulate several critical remarks.

The first point concerns the theoretical stances taken in this study. The claim that psychiatry is socially and discursively constructed will appear as self-evident to those working in science studies and other fields mentioned above. If, as any STS-er will tell you, all science is socially constructed, then psychiatry will *a fortiori* be social constructed, especially in its early days when concepts, methods and authorities did not stabilize into 'normal science'. As a result, to say that the diagnosis of moral insanity was as much a scholarly discovery as it was a game of interest for a handful of men (Chapter One) or that the terminological war-

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fare around the concept of “manic depression” was unfinished even while it was used in legal intervention and social control (Chapter Five) all this is to discover what we already know was there. The thesis is not trivial, granted, but it is not theoretically illuminating either because history investigated through constructivist or rhetorical lenses could hardly have yielded other results. The prophecy was fulfilled before the first corpus document was opened, so the social construction of psychiatry could not have been the sole theoretical stance taken in the book. As a reader, I was thus compelled to look for theoretical originality elsewhere.

Yet the theoretical expected stance failed to materialize. A great variety of concepts were employed, appearing spectrally in unexpected places. None of them truly drove the investigation, however, as one would expect from an analytical inquiry (as opposed to a mere historical one). It must be said that Chapter Three forms a welcome exception in this respect and I shall discuss it below in more detail. Since none of the many concepts introduced was taken up for serious analytical and, dare I say, philosophical reflection, and since none gave the roughly constructivist analysis any unexpected turn, I found myself conditioned to gradually pay less attention to the authors’ theoretical tips of the hat. “Our methodology is eclectic”, the authors admit at the outset (p. 7); chapter four is announced as being “conceptually eclectic” (p. 101) and in the concluding chapter the method is deemed “heterogenous” (p. 131). Still, I must wonder whether such heterogeneity indeed favors, as the authors claim, or rather complicates the analysis of an already very diverse corpus consisting of admission documents, case notes, newspaper articles, scholarly literature, letters, literature, discharge notes, memoirs, etc. I am ready to accept that “the texts and their stories dictated [the authors’] approaches” (p. 7), but I cannot accept the inevitability of this process. The choice of concepts is a methodological decision in need of explanation, not an inevitable effect of working with a composite set of texts. The analytical engine might be the result of patchwork, with local decisions and corpus-driven theoretical commitments, but I would have expected a glimpse under the hood. If the objects under analysis indeed dictated the choice of analytical tools, they did so in mysterious ways. The result, in any case, is an unshakeable feeling of theoretical superficiality. The concepts are quickly found, quickly applied and quickly discarded. I suspect it wasn’t the authors’ aim to make a theoretical contribution, for the book contains few moments of theoretical originality. As if to confirm these suspicions that develop throughout the investigation, the concluding chapter contains little or no reference to any of the theoretical concepts previously employed, let alone a full-fledged discussion or placement in a broader context. The conclusion wraps up the study as if nothing but history has been discussed.

As I have already mentioned, chapter three constitutes an exception. Two features distinguish it from other chapters. First, the rhetorical analysis and the historical presentation of facts stand, I believe, in a much more natural balance, the two dimensions supporting and even enhancing each other. Second, the claims about the text are theory-driven in the sense that they could not have been made in that way without the use of theory. Take away the theoretical concepts from the other chapters and the historical analysis survives and might in fact stand on its own; take away the theory from this chapter and there’s little left. This successful intertwining between corpus and theory deserves praise and a closer critical scrutiny.

Chapter Three centers on the admission records that were necessary for the confinement of new patients. The admission record, the authors rightly point out, are simultaneously *descriptive* of a patient’s condition and *argumentative* of doctor’s decision to admit the patient. Central to this decision were two Medical Certificates signed by doctors (“physicians, surgeons, or apothecaries who were not connected in any way to the receiving asylum”, p. 61)

without which a patient could not be admitted to the asylum. To understand this discursive process, the authors draw upon speech-act theory and related fields and thus deploy classic speech-act theoretical notions such as *uptake*, *illocutionary force*, *felicity conditions*, *argumentation*, etc. All this is brought upon a case of ‘misfire’ (failed or infelicitous speech act) related to the admission of Henrietta Unwin. The two Medical Certificates were written more than one week prior to the Order of Admission. Although the Unwin ‘backstory’ is fascinating and constitutes a pleasant reading, the curiousness of the misfire is not resolved. The authors are forced to conclude that “one can only speculate as to the cause of the week-long delays” (p. 71).

The chapter’s robust theoretical apparatus and clear object of study is somewhat disrupted by the authors’ hesitation to pin down a concrete research aim for this chapter. In the beginning the aim is to show how the notice of admission functioned as an illocutionary act of complex argumentation (p. 57). Further down, however, the aim acquires a wider scope “to demonstrate how the concept of ‘being of unsound mind’ was constituted rhetorically in a specific historical context” (p. 58). In hindsight, the second formulation seems to have trumped the first one because there is hardly any argumentation-theoretical analysis of the two cases. But this latter aim is itself muddled by additional (or alternative?) research questions:

First, what do these nineteenth-century admissions records reveal of the rhetorical power of medical certification and instantiated by the act of confinement of an ordinary citizen to an insane asylum? Second, how do the two patient narratives we have constructed from archival documents and secondary sources triangulate with our genre/speech act analysis of the documents of the admissions record? (p. 59)

The problem with these two questions is not only that they are different from each other and each different from the previous two aims, but also that they are somewhat forgotten in the ensuing rhetorical analysis. The chapter contains neither an application of insights to the general phenomenon of “medical certification” nor a detailed comparison with the past chapters (although some remarks are scattered regarding the second question at the end of one of the sections). So we leave these two questions behind as side-thoughts. Even so, the trouble does not end here.

If we take a closer look at what happens in this chapter, we must note the authors’ gradual focus on the felicity/misfire pair as part of a process of uptake. Specifically, the authors look at what decides uptake or misfire in an institutionalized sequence of texts: “in this chapter we have sought to show that confinement [...] is the “uptake” of the discursive work accomplished by two physicians” (p. 77). It would have therefore been more accurate to formulate the aim of this chapter as the investigation of what determines felicity/misfire in the process of uptake. Yet the authors insist on not providing a straightforward formulation of what they are doing. Instead, the formulation is always muddled in claims that either go beyond or contradict the expectations the reader is forming throughout the analysis. For example, at the very end, we find out that, all along, we have been engaged in an examination of “the rhetorical character of the textual practices surrounding asylum confinement in terms of ‘uptake’ and ‘misfire’” (p. 78). This formulation is, at best, unintelligible, for now we have to assume another theoretical entity (the rhetorical character) which is in fact the main focus and this entity is analyzed *in terms of*, first, something we thought was the main focus, namely ‘uptake’, and, second, something we thought was the cause of a failed uptake, namely ‘misfire’. Had this lack of accuracy of expression arrived in the context of a clearly defined analytical

aim, we could have discarded it as an unfortunate slip of the pen words. As it is it obscures the intended endpoint of the chapter's analysis.

A final theoretical point. The book is about diagnosing *madness*, but a great portion of the book treats not instances of 'full-blown' madness but rather the so-called *moral insanity* – a concept that was created and picked up (with some skirmishes) by nineteenth century psychiatrists. We are encouraged by the authors to generalize from the one to the other, since “The lessons of the nineteenth-century ‘moral insanity’ debate, for example, show that diagnosing mental illness as a whole becomes ensnared in controversy the moment it becomes a matter of public discussion” (p. 5). Unlike the insane, the morally insane was exhibiting eccentric, abnormal behavior – compared, at least, to the norms of the time. Moral insanity is “the capacity of an otherwise sane mind to act bizarrely or offensively in certain aspects of life, or the irrationality of an otherwise rational mind” (p. 13). But the term, the theory and the associated defense plea were all gradually abandoned. Unwin, Hinchman, and other mentioned patients were thus diagnosed with a specific (novel) type of madness. A madness of behavior, not of ideas. Does that mean that we were looking at the history of diagnosing *moral insanity* specifically, rather than madness more generally? And judging by the selected cases, are we not looking even more narrowly at a history of diagnosing *borderline* cases of moral insanity?