

Carol Berkenkotter:

Patient Tales. Case Histories and the Uses of Narrative in Psychiatry

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Studying the history of rhetoric is as much about examining how people have used this art as it is about how scholars have constructed theories about it. Carol Berkenkotter's work, *Patient Tales. Case Histories and the Uses of Narrative in Psychiatry*, speaks to those dual dimensions of rhetorical inquiry, theory, and practice, in the context of medical discursive practices in the mid-eighteenth to twentieth century in the United States and Great Britain. Focusing on the history of a genre, the psychiatric case history, by means of rhetorical, narrative, and linguistic analysis, Berkenkotter also addresses issues of disciplinarity more generally. To those ends, the body of the study is divided into two parts with eight chapters among them. Part One and its five chapters cover the 'Asylum Age', the mid-eighteenth through the early nineteenth centuries. The three chapters in Part Two follow the aftermath of that age into the twentieth century, when biomedical perspectives called for more quantitative forms of patient assessment. By adding to a growing, interdisciplinary body of work on medical rhetoric,¹ Berkenkotter's study engages rhetoric on numerous levels: historically, methodologically, visually, and thematically.

The Introduction (pp. 1-16) situates the inquiry. As Berkenkotter explains, her object of study is the psychiatric case history report, a genre that is now 250 years old. Its development, she suggests, unfolds within the historical give and take of two other, contrasting, or polarized, medical genres, the single case study of one individual, which appears in the mid-eighteenth century, and the experimental study involving many patients, which emerges in the twentieth.² Thus framed, Berkenkotter explains, her own study demonstrates how narratives structure genres and how genres structure disciplines in sometimes subtle but substantive ways; in particular, both the content and formal features of medical genres have influenced the discipline over the time period under consideration and in response to particular cultural concerns. Conversely, the medical discipline, its narratives, and its genres, have shaped the ways in which patients have been char-

¹ In addition to the works mentioned in footnotes 2, 3, 5, 7, and 8, see, for example, Judy Segal, *Health and the Rhetoric of Medicine* (Carbondale, IL: Southern Illinois University Press, 2005); Barbara Stafford, *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine* (Cambridge, MA: MIT Press, 1993); Jose Van Dyck, *The Transparent Body: A Cultural Analysis of Medical Imaging* (Seattle, WA: The University of Washington Press, 2005).

² Berkenkotter's concern with narrative draws from Hayden White's *The Content of the Form: Narrative Discourse and Historical Representation* (Baltimore: Johns Hopkins University Press, 1987). She also notes a narrative turn in current medical writing exemplified by Oliver Sacks' many works including "Clinical Tales", *Literature and Medicine* 5 (1986): 16-23.

acterized and diagnosed – even when the genre depends on the presumably observational data of medicine and psychiatric diagnosis. Berkenkotter’s study, then, is the story of the disciplining of psychiatry (p. 10). To that complex end she uses a multimodal approach incorporating two levels of analysis, a macro level involving whole texts/genres, and a micro level involving grammar/lexicon. Combined, these complementary approaches allow her to integrate close interpretative readings of individual texts with broader systematic readings of multiple texts understood as a corpus.

Chapter One, “Case Studies in the Hospital and the Medical Journal in Enlightenment Scotland” (pp. 17-30), considers the historical, legislative, and institutional contexts from which the case history emerged during the ‘Asylum Era’ in England and Scotland (Edinburgh particularly), to become “a strategic narrative” and “the primary channel of communicating information on clinical practices” (p. 18). Historically, two kinds of medical journals existed in the mid-eighteenth century. One was based on the deductive, empirical Baconian model and typified by the standard article genre, the case history, which was drafted at bedside and geared toward the clinician. The second journal type, exemplified at that time by the *Edinburgh Medical and Surgical Journal (EMSJ)*, took a more pragmatic, inductive approach: it addressed the interests of a broader readership by means of various genres, case histories along with more informal reviews, correspondence, and clinical news (pp. 17-18). Legally, the case history was the product of the 1845 Lunatic Act, an act designed to reform asylum practices. Prior to the act, asylum record keeping was not at all systematic (p. 19); in response, clinicians developed the case history. On an institutional level, Berkenkotter suggests, this genre influenced teaching practices at the Royal Institute of Edinburgh (RIE), while these practices then influenced the medical discipline. Given the standard educational system of the time, professors at RIE were likely trained in rhetorical works by Hugh Blair, George Campbell, and Adam Smith, among others (p. 21). While Berkenkotter carefully notes that no cause/effect argument can be made between rhetorical pedagogy and medical practice, there is evidence, however, that medical students’ initiation into the practice of physic required, among other things, that they copy their professors’ case histories and lectures. In other words, they were expected to imitate and, by so doing, to learn the style and organizational conventions of both genres (p. 21).

Such pedagogy would have influenced the way in which doctors were trained to read symptoms and make diagnoses as well as how they wrote case histories. Published in *EMSJ*, the case histories shaped the discipline and helped make Edinburgh a center for a new, observation-based approach to understanding and characterizing diseases. To complement this macro-level examination of case histories – and building on Dwight Atkinson’s 1992 study of the medical case report – Berkenkotter analyzes various linguistic features of the *EMSJ*’s psychiatric case histories in the second half of the nineteenth century, both to differentiate between the psychological case history and the medical one Atkinson studied, and to follow the development of psychology as a profession associated with the asylum.³ Berkenkotter’s analysis documents how the case history changed over time, as its characteristic form and scope, the detailed narrative covering a single patient, was replaced with others that treated increasingly larger numbers of patients more quantitatively, allowing physicians to make broad generalizations about the diseases treated (p. 28).

³ Dwight Atkinson, “The Evolution of Medical Research Writing from 1735-1985: The Case of *the Edinburgh Medical Journal*”, *Applied Linguistics* 13 (1992): 337-74.

To contrast with a discussion of the single-case study, Berkenkotter turns, in Chapter Two, “In His Own Words: Using a Patient’s Utterances to Document an ‘Unsound Mind’” (pp. 31-50), to one significant text, the first book-length case history in English. In Berkenkotter’s context, John Haslam’s *Illustrations of Madness*, historically part of an 1809 legal case, becomes a rhetorical event between Haslam and the family of the case’s subject, James Tilly Matthews.⁴ Through the narrative he constructs, Haslam argues that patient Matthews is not sane enough to be discharged from Bethlem Hospital where he had been, despite his family’s wishes, for 12 years. Haslam won, in part, Berkenkotter suggests, because his case notes construct Matthews’ speech, and thus the patient himself, as delusional and crazy; in so doing, Haslam validates the prevailing idea that insanity is manifested in certain speech and behavioral patterns. In particular, Haslam recontextualizes Matthews’ reported speech with inverted commas. Like a novelist, “Haslam used the inverted commas to document Matthew’s point of view for the reader. The device was rhetorical and represents, arguably, the earliest use of quoted utterances in a case history narrative” (p. 37). By examining additional linguistic elements, Berkenkotter demonstrates other ways in which Haslam recontextualizes Matthews’ words; the removal of referents in Matthews’ language, “combined with the dialogic speech, the punning, foreign expressions and neologisms, all contribute to the reader’s sense that Matthews has lost control (although syntactically, as I have suggested above, there is a good deal of control)” (p. 43). Yet, as Berkenkotter’s examination of linguistic and semantic features also shows, Matthews’ ideas are within the purview of the then contemporary popular science. Because his thinking is made to conform to the work of those considered revolutionary thinkers, for example, Anton Mesmer and Jean-Paul Marat (pp. 46ff.), Matthews becomes, by association and in Haslam’s narrative, an incurable, delusional revolutionary.

The following chapters of Part One turn to the new age of asylum reform initiated by the Lunatic Act of 1845 and its influence on medical practices. Thus, Chapter Three, “Capturing Insanity: The Wedding of Photography and Physiognomy in the Mid-Nineteenth-Century Medical Journal Article” (pp. 51-69), discusses how photography contributed to the growth of knowledge about mental illnesses. With the emergence of this technology in the mid-nineteenth century, photographs began to appear in medical journal articles and monographs, the latter by Hugh Diamond and John Connolly, for instance.⁵ Presumably capturing internal emotions through facial expressions, the photographs complemented the written case histories and offered practicing physicians visual typologies of madness (p. 54); the technological descendants of such photographic practices are evident in today’s scanning and imaging equipment (p. 69).

In addition to its influence on taxonomies of mental illness, the Lunatic Act of 1845 regulated other asylum practices. Chapter Four, “Asylum Notes: The Historical Antecedents of Psychiatry’s Case Histories” (pp. 70-99), looks at medical record keeping in late-nineteenth-century lunatic asylums to “better appreciate both the institutional and epistemic functions of psychiatric case histories” (p. 71). To that end, Berkenkotter considers four contexts. Turning first to the historical dimension, Berkenkotter discusses how Victorian notions of mental illness were concep-

⁴ John Haslam, *Illustrations of Madness*, ed. by Roy Porter, Tavistock Classics in the History of Psychiatry (London: Routledge, 1988).

⁵ John Connolly, “On the Physiognomy of Insanity”, *Medical Times and Gazette* 1 (1830): 2-4; and Hugh Diamond, “On the Application of Photography in the Physiognomic and Mental Phenomena of Insanity”, in Sander L. Gilman (ed.), *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca: Cornell University Press, 1988).

tualized within a narrative of “moral degeneracy” (p. 72), the hallmark of which were physical traits such as awkward and improper movements and speech. When these traits were manifested in upper middle-class Victorians, the involved individuals were said to undergo a concurrent moral decline. Such a downfall, in turn, became the narrative model for discussing and enacting mental health issues. Second, Berkenkotter discusses the appearance at that time of specialized psychiatric journals, which supported the disciplinary growth of psychiatry; for example, in 1848, the *Journal of Psychological and Mental Pathology* became the first English periodical to treat the insane as a medical specialty. Third, she examines how the legal reforms for record keeping and centralized inspection constrained knowledge production about mental health matters (p. 79), enacting such knowledge in the form of standardized case books (p. 80). Finally, Berkenkotter examines the thought style expressed in these case books; because at this time the soul was considered a religious rather than medical concern, mental health issues were characterized as organic or somatic matters so that they might be treated by doctors rather than clergy (p. 86). From this broader macro-level analysis, Berkenkotter turns to the particular 1894 case of K. M., a woman held in Ticehurst Asylum in Sussex, England. The case study, written by assistant medical officers Alexander Newington, J. H. Earls, and B. Sydney Jones, chronicles K. M.’s increasingly disturbing physical movements and speech, symptoms that might, so Berkenkotter suggests, well reflect at least in part her growing anger at being imprisoned for life (p. 98). However, by separating her symptoms from other evidentiary issues, the psychiatrists depict K. M. as a woman whose crude language and anti-social behavior make hers a model narrative of moral degeneracy.

Chapter Five, “The Freudian Hiatus: Psychoanalysis and Narrative in *Fragment of an Analysis of a Case of Hysteria*” (pp. 100-128) examines Freud’s influence on the genres and forms in which psychiatric treatment have been formulated. Employing a collaborative study conducted with Cristina Hanganu-Bresch, Berkenkotter points out that Freud revolutionized psychiatric practices both by looking at the mental dimension of illness rather than at its organic, biological form and by focusing on the individual’s thoughts (p. 191).⁶ To demonstrate this, Berkenkotter and Hanganu-Bresch examined Freud’s language in one of his 1895 *Case Studies on Hysteria*, “The Case of Dora”.⁷ Understood in terms of reported speech and from a narrative point of view, Freud’s analysis of Dora’s two dreams becomes “a narrative within a narrative” (p. 113) with Freud using Dora’s own words to interpret her dreams from the literary and cultural perspective of the time. As the therapist, Freud is the one who associates Dora’s physical limp and emotional turbulence with an attempted seduction by a family friend and her desire for her father. But by reporting what she articulated directly at times and indirectly at others, Freud creates a narrative in which it is Dora who links her somatic issues with her repressed oedipal desires (p. 116). Thus, the Freudian case study locates the individual’s thoughts at the center of a narrative about herself/himself.

Part Two, “The Era of Biomedicine”, follows the Freudian approach into the twentieth century when it was overtaken by the biomedical model, which defines all physical illness as

⁶ Carol Berkenkotter and Cristina Hanganu-Bresch, “Of Speaking Subjects: Freud’s Case Histories as Genre for the Mind’s New Science”, in Ingegerd Bäcklund et al. (eds.), *Text at Work: Essays in Honor of Britt-Louise Gunnarsson* (Uppsala: Institutionen for Nordiska Språk vid Uppsala Universitet, 2005).

⁷ Sigmund Freud, *The Interpretation of Dreams*, trans. James Strachey, Standard Edition vols. 4-5 (London: Hogarth Press, 1900/1953); Sigmund Freud, *Fragment of an Analysis of a Case of Hysteria*, trans. James Strachey, Standard Edition vol. 7 (London: Hogarth Press, 1905/1953).

organic and, therefore, as lacking in any psychological or environmental causes. According to Chapter Six, “Case Histories and the Transformation of American Psychiatry: Near Demise of a Genre During the Rise of a ‘Scientific’ Classification System” (pp. 129-144), Freud’s influence declined after the 1950s and 60s as the ascendant biomedical model for medical and mental health practices prompted a turn to experimental studies. In addition to including increasing numbers of patients, these experimental studies paid less attention to the patients’ subjective experiences (p. 130). These trends were influenced by and represented in the *DSM-III* publication of 1980 (that is, the third edition of the standard text for classifying mental illnesses in the U.S. and increasingly worldwide), by its development of a systematic, standardized classification of illnesses (p. 131). Noting the change to scientific as opposed to humanistic perspectives prompted by the *DSM*, Berkenkotter asks (p. 133) if the changes in the narrative conventions and topics of psychiatric research reporting were driven by their authors’ changing research priorities and agendas? And, further, whether the discursive forms of research reporting themselves were linguistically and rhetorically contingent (that is, based on social and political changes influencing and directing the ways in which psychiatry professionals constitute what they attend to and what they do)? To respond, Berkenkotter examines the methods of data collection and analysis of the standard bearing *American Journal of Psychiatry*; in particular, she looks at such statistics as numbers of patients included in the study; percentages of research/case studies within the corpus (pp. 137-138); and percentages of format (genre) types (p. 139). From the data collected, Berkenkotter can document how the single individual study disappeared while the experimental study with numerous participants won out. Moreover, with its results derived from statistics, technology, pharmacological, and clinical trials, the experimental study validated the biomedical model it served (p. 142).

In Chapter Seven “Psychotherapist as Author: Case Reports, Classification and Categorization” (pp. 145-160), Berkenkotter considers the influence of the *DSM*’s classificatory approach on psychotherapeutic practices in the U.S. To that end, she and collaborator Doris Ravotas “examined several psychotherapists’ grammatical, lexical, and rhetorical strategies for writing their initial evaluations of their clients’ problems using *membership categorization device* (MCD) analysis from ethnomethodology” (pp. 145-146).⁸ The analysis shows how psychotherapists “translate” the patients’ expressions into specific classification categories, creating a “monological” account (p. 146) out of all the information available and used in a clinical setting. As a result, “therapists use [language] to construct the client by their psychiatric nosology, the *DSM-IV*” (p. 149). For example, treatment professionals take the patients’ active statements and turn them into nominalizations, a standard way of removing agency. To increase their own authority, therapists use clinical nomenclature. They also cull together information from various sources on their patients but do not mention that they have included outside data. Thus constructed in content and form, the studies provide, as Berkenkotter points out, the grounding on which psychotherapists make presumably objective diagnoses.

In conclusion, Chapter Eight, “In Retrospect: A Case for Historical Narrative Inquiry” (pp. 161-168), reiterates the importance of including narrative approaches in studies of disciplinary

⁸ Carol Berkenkotter, and Doris Ravotas, “Genre as Tool in the Transmission of Practice Over Time and across Professional Boundaries”, *Mind, Culture, and Activity* 4 (1997): 256-274. In *Patient Tales*, p. 15, Berkenkotter further comments on this article: “This examination of therapists’ written practices is part of a larger study that included linguistic and rhetorical analyses of five therapists’ written initial evaluations as well as interviews with the five regarding how they wrote their reports.”

discursive practices, the medical in particular. For Berkenkotter, the changes she has examined in medical genres and their narratives have not been evolutionary, as some writers have argued about the scientific article of the same time period.⁹ Instead, she suggests, the development of a psychiatric profession and its discursive forms has been revolutionary: “Psychiatry’s development into a bona fide profession within medicine can then be characterized as a progression from pre-paradigmatic to paradigmatic stages from the psychoanalytic to biomedical thought-style” (p. 168).

Throughout the study of the formal and narrative features of medical genres, Berkenkotter demonstrates how physicians characterize patients in ways that reflect broader cultural concerns. Clearly, the art of medicine involves more than hands-on healing practices based on experimental and objective data. Importantly, *Patient Tales* tells us about the way in which genre and narrative shape disciplinary practices, how the language of medicine constructs knowledge practices and patients, and how linguistic methodologies can inform analyses across disciplinary lines – especially when informed by an historical perspective. Accordingly, *Patient Tales* will appeal to scholars across the disciplinary grounds of medicine, history, rhetoric, and linguistics, which the study bridges; indeed, this would be good reading for those not typically inclined to explore the field of rhetoric.

Perhaps for editorial reasons, there are a few issues that Berkenkotter does not address. The treatment of multimodality is limited almost exclusively to print linguistics. When Berkenkotter treats photography, she leaves out background involving such important figures in the early history of medical and scientific photography as Charles Darwin and G. P. Duchenne.¹⁰ Further, I would have preferred a fuller rhetorical definition of “mental illness” (p. 2), one that acknowledges how the concept itself has been recontextualized over time. These, however, are small matters in a work that practices what it preaches in compelling ways. By combining various methodologies, Berkenkotter resists the temptation she exposes in her own study to polarize and reify cultural concepts, showing instead how the stories we tell, about madness in this case, are deeply culture-bound and consequence-laden.

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⁹ Most strongly Alan G. Gross, Joseph E. Harmon, and Michael Reddy, *Communicating Science: The Scientific Article from the 17th Century to the Present* (New York: Oxford University Press, 2002).

¹⁰ Charles Darwin, *The Expression of Emotions in Man and Animals*, 3rd edition with introduction by P. Ekman (New York: Oxford University Press, 1998); Guillaume Benjamin Duchenne, *Physiology of Motion Demonstrated by Means of Electrical Stimulation and Clinical Observation and Applied to the Study of Paralysis and Deformities*, trans. E. B. Kaplan (Philadelphia: J. B. Lippincott Company, 1949).

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