

## Patient Tales. Case Histories and the Use of Narratives in Psychiatry

**Carol Berkenkotter.**

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Several historical studies of the evolution of the experimental research article have appeared in the last twenty years or so, the most renowned ones being Bazerman (1988), Atkinson (1999), Valle (1999), Taavitsainen and Pahta (2000), and Gross, Hamon and Reidy (2002). To my knowledge, however, no researcher has examined the development of the medical case history of mental illness (as narratives) in the context of disciplinary professionalization. *Patient Tales* beautifully fills this gap by reporting the results of Carol Berkenkotter's research on psychiatric case histories from their very origin at the Edinburgh Medical School and at the Royal Edinburgh Infirmary in the mid-18th century to the medical records of contemporary American mental health clinics, i.e., to the era of biomedicine. Spanning over two centuries and several disciplines, Berkenkotter's research convincingly illustrates how discursive changes occurring over time in this genre mirror evolving assumptions and epistemological commitments among those who used to be called "mad doctors".

With her background on genre analysis and rhetoric of science (see Berkenkotter & Huckin, 1995), the author successfully integrates close reading (interpretative analysis) with a more systematic approach that involves analyzing narrative elements such as reported speech. The use of both techniques to analyze written texts enables her to adjust her research focus from macro (whole text/genre) to micro (grammatical, lexical and syntactical) levels. What is more, with the aim of being innovative and eclectic in her approach, the author uses techniques that range from discourse analysis to textual exegesis of primary texts, such as 19th century patient case histories and asylum superintendents' letters and diaries.

The volume is constructed in two parts. Part 1 (Chapters 1 to 5) examines the historical, legislative and institutional contexts of case history writing during the asylum era in Scotland and England, beginning with the institutional record keeping at the Royal Infirmary of Edinburgh in the late

18th century (Chapter 1), whereas Part II (Chapters 6 to 8) deals with the second half of the 20th century in the United States of America and the fate of the single subject case history during the rise of biomedicine in North American psychiatry.

In Chapters 2 and 3, the author turns to the genre innovation of two of the best known British physicians in the 19th century: John Haslam and John Conolly. More specifically, Chapter 2 presents a detailed description and analysis of the first book-length case history of a patient residing against his will in the London Bethlem Asylum. Chapter 3 introduces the practice and concept of “capturing insanity”. Here, the author describes one of the earliest attempts by a Victorian psychiatrist to use an emerging technology, photography, to provide empirical evidence of the various kinds of “insanity” or mental illness – as a matter of fact, the book cover is a reproduction of the frontispiece from an 1858 manual representing the belief that different types of insanity could be diagnosed by studying patients’ facial expressions. The subject of Chapter 3 is a series of 12 articles Conolly published between 1849 and 1850 in the *Medical Times and Gazette*, thus illustrating the first examples of multimodal texts (Kress and van Leeuwen, 2001) in psychiatry.

Chapter 4 provides the background and context of 19<sup>th</sup> century legislative asylum reform, resulting in a series of laws that forced asylum superintendents to standardize the form and content of asylum records. The Lunatic Act was then passed by the British Parliament: it was a law that mandated many reforms and required, inter alia, all asylum keepers to keep in case books the weekly, and often daily, records of all patients, their treatment and the course and outcome of their illness.

Chapter 5 examines the textual means through which Sigmund Freud made the psychoanalytic case history the centerpiece of his theory about the role that the unconscious plays in various neuroses (and psychoses). In her thorough reading of Sigmund Freud’s *Fragment of an Analysis of a Case of Hysteria*, Berkenkotter shows how the account of Freud’s famous patient “Dora” (a pseudonym) led to technical innovation in the genre through the incorporation of literary devices. Believing that using psychoanalytic techniques as the set of keys to unlock patients’ memories of trauma or fantasies would lead to a cure, Freud argued that in-depth analysis of patients’ utterances and the content of their dreams would lead to recovering significant memories stored in the unconscious.

Chapter 6 chronicles what happened to the published case history at the end of what Shorter (1997) called “the psychoanalytic hiatus”, i.e., the period in the 1950’s and 60’s when Freudian, neo-Freudian, and psychodynamic theories became so profuse that psychiatry became a Tower of Babel. In this Chapter, the author also refers to the publication of the *Diagnosis and Statistical Manual of Mental Disorders*, 3rd edition (DSM-III) and of its subsequent revisions (DSM-IVR). This manual, which brought with it a new thought-style, became the lingua franca of psychiatry and clinical psychology over the following 30 years.

In Chapter 7, which examines the outcome of the new reigning biomedical paradigm in the mid 1990’s, Berkenkotter and her colleague, and specialist-informant, Doris Ravotas, report their study conducted in the late 1990’s of psychotherapists’ practices in writing up the “psychosocial assessment” (also known as the “screening summary”), a text based on the first interview between therapist and client, as outpatients are now called. The “psychosocial” is the first document in the client’s case history and is often based on the therapist’s notes taken in session. The authors examine several clinical psychologists’ uses of rhetorical devices, syntactic and stylistic features as they translate material from the session notes into the psychosocial assessment.

The closing Chapter (Chapter 8) makes the case for the importance of narrative knowledge in both psychiatry and psychotherapy.

Those interested in medical discourse analysis and in genre analysis in general will find the analysis of the clinical case history as a double narrative most interesting. The patient’s “story”, his or her narrative of personal experience, is indeed subsumed into the narrative pattern and thought-style of clinical psychiatry. From a rhetorical perspective, this narrative-within-a narrative is noteworthy because of the linguistic and semantic devices the therapist uses to recontextualise the patient’s narrative of personal experience into a more encompassing narrative framework that has been highly codified within the psychiatric profession, including the mental health clinic. Berkenkotter interestingly shows how as a genre, the case history, has acquired a conventional structure, style and lexicon that, over the last 250 years, has become the standard form of reporting in clinical medicine and psychiatry.

Because of its transdisciplinarity, this content-based, rhetorically-oriented fascinating account of psychiatry’s emergence and evolution to a knowledge-

producing profession (a historical process known as “professionalization”) will undoubtedly appeal to a wide range of professionals: historiographers; historians of medicine; rhetoricians of science; medical anthropologists; applied and anthropological linguists; genre theorists, and psychotherapists (clinical psychologists). Depending on their particular interest, some might find that some chapters are too detailed or lengthy, but they will all undoubtedly find in this volume much more than what they are actually looking for. I thus highly recommend *Patient Tales* on the shelf of the abovementioned professionals. The volume is indeed a model of textual and historical research in the rhetoric of science.

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Reviewed by **Françoise Salager-Meyer**  
 Universidad de Los Andes, Mérida (Venezuela)  
 francoise.sm@gmail.com

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