A case for historical "wide-angle" genre analysis: A personal retrospective[1]

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Abstract

This paper describes a mixed-method approach to conducting historical genre analysis of case history narratives in psychiatry from the late eighteenth to the beginning of the twenty-first century. Using my recent book-length study, *Patient Tales: Case Histories and the Uses of Narrative in Psychiatry*, as an example of this approach, I describe what researchers may gain by integrating the techniques of discourse analysis with textual exegesis and rhetorical analysis. Such a repertoire is needed in "wide-angle" studies of histories of the professions in order to capture the complex interactions among sociohistorical, technological, demographic, and epistemological factors in professions that traverse the boundaries between the natural and human sciences.

Keywords: genre analysis, case histories in psychiatry, historical narrative, antecedent genres, professionalization.

Resumen

El análisis histórico de género desde una perspectiva "gran angular": una retrospectiva personal

En el presente artículo se describe el enfoque metodológico mixto utilizado para llevar a cabo el análisis histórico del género sobre narrativas de historias de casos en psiquiatría desde finales del siglo XVIII hasta comienzos del siglo XXI. Basándome a modo de ejemplo en el enfoque utilizado en el volumen que recientemente he publicado *Patient Tales: Case Histories and the Uses of Narrative in Psychiatry* describo el beneficio que los investigadores pueden obtener si integran las técnicas de análisis del discurso con las técnicas de exégesis textuales y análisis retórico. Tal repertorio de técnicas es necesario para adoptar una perspectiva "gran angular" por lo que respecta a los estudios de narrativas de profesiones con el fin de aprehender las complejas interacciones existentes entre los factores sociohistórico, tecnológico, demográfico y epistemológico implicados en las

profesiones que franquean los límites existentes entre las ciencias humanas y las ciencias naturales.

Palabras clave: análisis de género, historias de casos en psiquiatría, narrativa histórica, antecedente de géneros, profesionalización.

Introduction

Although the province of literary theory for many decades, genre analysis has become a thriving, multi-disciplinary enterprise since the mid 1980s, one that has enlisted researchers in applied linguistics, linguistic anthropology, and rhetoric of science. And while much of the work on genre analysis has been stimulated by the concerns of applied linguists, much excitement has also been generated by researchers who integrated research methods from discourse analysis with those from rhetorical analysis. In the book, *Genre Knowledge in Disciplinary Communication*, my colleague, Tom Huckin and I attempted to do just that. We examined a broad range of genres of academic discourse including the scientific article, conference proposals, a new journal in literary studies, and a graduate student's papers during his first two years in a rhetoric program. The texts we analyzed were from the academic disciplines rather than from the professions such as law or medicine.[2] Because *Genre Knowledge* was published during a period of compelling interest on many fronts in the birth and development of English scientific prose, it seemed only natural to present the results of our research at conferences for sociologists and historians of science as well as applied linguists, for the American Association of Rhetoric of Science as well as Conference on College Composition and Communication and American Association of Applied Linguistics.

This period of ecumenical interest in the rhetorical functions of scientific prose, reached its apex in 2002 with the publication of Gross, Harmon and Reidy's *Communicating Science*, a rigorous examination of the linguistic and rhetorical features of scientific writing over 250 years, as published in several journals in English, French, and German. Gross, Harmon and Reidy's meticulous analysis of the changes occurring in scientific journals in three languages from the seventeenth century to the present established a bench mark for historical studies of scientific writing. Yet there are other forms of professional writing –other professional genres– that have evolved over this period that have not attracted much attention. One of these is a genre that

coupled elements of narrative with those of empirical observation, the "homely" (Miller, 1984) case history in medicine.

Studies of English medical discourse have appeared in this journal (see Salager-Meyer, 1999; Esteve Ramos, 2006; Mungra, 2007; Carciu, this issue) and elsewhere. With the exception of Atkinson's (1992) diachronic study of research articles in the *Edinburgh Medical Journal* from 1735-1985, and Taavitsainen and Pahta (2000), however, the medical case history as a narrative with a unique history has been ignored. Thus the purpose of this essay is to fill this gap by describing my research on psychiatric case histories from the late eighteenth century to the present time (Berkenkotter, 2008a). This research is not a systematic analysis of the changes in the linguistic and rhetorical features of case histories from 1744 until the present time. Rather, it focuses on the uses to which case histories of mental illness –as narratives– had been put during this genre's long history in the asylum, the mental hospital, the clinic and, as well, the published article in medical and psychiatric journals. I was especially interested in tracking down the ways in which case histories were instrumental in psychiatry's "professionalization" as a knowledge-producing medical art. That it took so long for the "mad doctors" of the eighteenth and nineteenth century to be accepted as bone fide professionals, subject to the same standards of accountability as physiologists and neurologists is part of the story of psychiatry's lengthy development into a branch of medicine. On the following pages, I take a retrospective look at several factors leading to psychiatry's professionalization, focusing in particular on the role of narrative in the making of this discipline.

History of the research described in the book

In the late 1990s, having co-authored with a clinical psychologist two articles on psychotherapists' case histories (Berkenkotter & Ravotas, 1997; Ravotas & Berkenkotter, 1998), I became curious about the "antecedents" of the psychiatric case narrative. How far back could these narratives be traced? Did the mundane asylum case history furnish the raw materials for published case histories in the eighteenth and nineteenth centuries? Did published case histories provide new knowledge for this emergent profession? I read many articles and books on the history of psychiatry to determine what research had been conducted on this modest document. Not surprisingly, there was a

dearth of research among historians of psychiatry on the "narrative structure" of knowledge in psychiatry. Although historians by training use archival material such as case histories, letters, and newspaper accounts to document the social history of psychiatry, these texts constitute the raw materials that the historian mines to construct an account of a famous historical person or to describe a transformative historical moment or series of events. The discursive properties of case histories –as genres subject to multiple exigencies over time– as an object of study for examining the beliefs and values of a particular discourse community seem to have had little interest for the historian of medicine or psychiatry. To the rhetorician of science, however, the growth of the professions in science and medicine is largely mirrored in their changing textual dynamics over time. Given my background in genre analysis and rhetoric of science, it seemed an opportune moment to write a book that would trace psychiatry's evolution as a knowledge-producing profession by examining the uses of patients' narratives or "patient tales" written by psychiatrists from the asylum age to the era of biomedicine.[3]

In the resulting book, titled *Patient Tales: Case Histories and the Uses of Narrative in Psychiatry* (University of South Carolina Press, 2008a), I used a historical perspective to demonstrate that present-day mental health clinical narratives are sedimented from antecedent genres interwoven in institutional practices from earlier periods in the history of psychiatry. There are, as well, other antecedent texts: those published case histories in medical and psychiatric journals from which the history of the profession might be delineated. These two genres are closely related in the sense that the published case history is distilled from the case notes appearing in asylum case books, or more recently, from psychotherapists' case notes.

My inquiry into antecedent genres of the psychiatric case narrative began with the following questions: When in the history of treating and housing the mentally ill had the practice of keeping the institutional record begun? What was the relationship between the practice of institutional record keeping and the published case history? And was the eighteenth and nineteenth century published case history perceived as a knowledge-bearing text, similar to the scientific article? Answering these questions would require a research process akin to peeling away the layers of an onion to trace the development of the psychiatric case history from what perhaps was its earliest appearance in an eighteenth century "Copy of Letter from Dr. David Kinneir, touching on the efficacy of Camphire in Manical Disorders," in

Philosophical Transactions of the Royal Society of London (Kinneir, 1727), to the late twentieth century case histories appearing in the "Letters to the Editor" section of the *American Journal of Psychiatry*.

Using a "wide-angle" research approach to a complex, historical subject matter

There is no guidebook for conducting research on a narrative such as the case history and on the psychiatrists who have contributed to its development over the last two centuries. A close reading and analysis of written texts was essential, but it was also important that I integrate close reading (interpretive analysis) with a more systematic approach that involved analyzing narrative elements such as "reported speech" (see Tannen, 1989; Hickmann 1993; Short, Semino & Culpeper, 1996; Ravotas & Berkenkotter, 1998). Using both of these techniques for analyzing written text enabled me to adjust my research focus from macro- (whole text/genre) to micro- (lexical, grammatical, syntactical) levels. As well, I needed to be innovative and eclectic in my approach, and I therefore used techniques that ranged from discourse analysis to textual exegesis of primary texts such as nineteenth century patient case histories and asylum superintendents' letters and diaries.

To gain access to these primary materials, during the late 1990s and in 2000-2003, I spent considerable time pouring over the dusty notes and reports in leather bound nineteenth century Casebooks in the archives at the Wellcome and Wangensteen Libraries for the History of Medicine. My object of study was the case notes and patient histories written, and in some cases, published in the eighteenth and nineteenth centuries in the United Kingdom. In order to place this material into the historical contexts in which it appeared, I read many histories of psychiatry and "mental symptoms" (Berrios, 1996) elegantly reported by historians including Roy Porter, Edward Shorter, Germain Berrios, Bill Bynum, Gunter Risse, John Warner, and Sander L. Gillman.

In contrast to the chapters that focused on historical case histories, the chapters that dealt with the decisions and thinking processes of psychotherapists (clinical psychologists) in mental health clinics required that I triangulate discourse analyses of these psychotherapists written texts (i.e., their notes in session and the written reports based on those notes) with

information provided by the therapists who wrote them. Accordingly, Doris Ravotas (a clinical psychologist) and I conducted retrospective interviews with the therapists-authors of these case histories inviting them to act as specialist informants. In the late 1990s, Ravotas and I conducted a series of semi-structured interviews with these individuals, who graciously gave us their time for both initial and follow-up interviews. These psychotherapists also walked us through the techniques they used to jot down case notes in session, and then to transform the raw material of the session notes into the formal case report. This latter text culminates in a diagnosis that matches the criteria for a specific mental disorder that had appeared in the American Psychiatric Association's (1994) *Diagnostic and Statistical Manual of Mental Disorder, 4th edition*. This diagnosis (and its accompanying numerical code) is required for billing purposes.

My goal throughout the book was to construct an account of psychiatry's emergence and transformation in to a knowledge-producing profession within medicine, a historical process described above as "professionalization". Toward this end, my object of study has been psychiatry's case history as an evolving genre that nearly went extinct as a knowledge-bearing text during the period of the rise of biomedicine in psychiatry that began in the 1970s. Most important in my study have been the "users" of this genre: the alienists, psychiatrists, psychoanalysts, and, finally the psychotherapists, who successively became the practitioners of psychological medicine.

Overview of the book

My purpose in the first few chapters was to show the processes through which the psychiatric case history initially developed out of the institutional context of the hospital and the insane asylum, or "lunatic" asylum as they were often called in the eighteenth and nineteenth centuries in England and the United States. With the exception of John Haslam's (1810) *Illustrations of Madness* and Sigmund Freud's psychoanalytic case histories, published case histories in the eighteenth and nineteenth centuries remained tethered to their institutional moorings. Unlike the scientific article, which developed over time to be a "master-finding system" (Gross, Harmon & Reidy, 2002), the case history remained a linear narrative, the features and conventions of which developed to fill a particular institutional niche, the need for mental

asylums and hospitals (and, more recently, mental health clinics) to keep accurate and consistent patient records.

In many respects the evolution of psychiatric case histories mirrors the history of psychiatry's professionalization, as psychiatrists sought to be accepted by colleagues in other more positivist medical sciences, such as physiology or neurology. It is a history of individual, often prominent asylum physicians making innovations that instantiated the widely held views about insanity belonging to a particular historical period. For example, John Haslam's (1810) *Illustrations of Madness* eloquently described the diachotomy between reason and madness, a view of the mind widely held by both philosophers and physicians during the Scottish Enlightment. Asylum superintendent, John Conolly's (1858) use of photographs in his published essays reflected his belief that the new technology of photography would furnish empirical evidence of the varieties of insanity. Conolly's argument that it was possible to use photographs of patients' faces to distinguish between one kind of insanity and another became the basis of nineteenth century pedagogical textbooks by Charles Bucknill and Samual Tuke (1858), Edward Mann (1883), and others. To summarize from these examples, my aim in the first part of the book was to depict the relationship between sociohistorical and professional "exigence" (at different historical moments) and individual physicians' responses to exigence –i.e., their innovations to the case history's formal structure and conventions. These innovations are part of the overall process of psychiatry's long slow march toward acceptance as a profession (see Abbott, 1988). Obviously, a host of other factors, such as asylum reform movements leading to the 1844 lunacy laws in England and the first professional affiliations and disciplinary forums were synergistic, spreading the communication of new ideas and approaches to the care of the mentally ill among those to whom that care was entrusted. In the sections that follow I take a retrospective look at what –for me– were the most interesting findings of my research into the textual and discursive side of psychiatry's growth into a mature discipline.

Narrative functions of the case history over two centuries

In the eighteenth century, epistolary case reports of patients with psychiatric problems, like other medical case reports of patients with physical problems,

were based on the Baconian view that scientific (and hence, medical) knowledge grew out of the gradual accumulation of observations of nature and natural phenomena. Although scientists' observations were written up in the eighteenth century as epistolary accounts of experiments, physicians' observations of their patients' illnesses, the treatment regimen, and its success or failure, can also be seen as "natural histories" of diseases. The interest of these narratives to physician-readers lay in their "news value" (Berkenkotter & Huckin, 1995), as did the early scientific article in the seventeenth and eighteenth centuries. News value in psychiatry consisted of case histories of patients with heretofore undiagnosed maladies, the successful use of a new treatment, and occasionally, histories of cases in which a patient's physical and mental symptoms were interwoven in such a way that the physical problem was deemed to be the cause of the mental disturbance. An example of this genre would be a case in which the author linked a female patient's mania to a diseased uterus or ovaries. Mental illness, or "insanity" (as mental illness was called in the eighteenth and nineteenth centuries), was filtered through a materialist lens.[4] Mental symptoms were thus seen as epiphenomena of somatic disorder –and were treated as such with emetics, purgatives, and narcotics.

It was not until the end of the nineteenth century that two physicians –one an Austrian (Sigmund Freud), the other a German (Emil Kraepelin), both born in 1846– were to develop two competing "thought styles" about mental illness. Although ignored in the first half of the twentieth century, Kraepelin's (1902) classification system of mental disorders *Clinical Psychiatry: A Textbook for Students and Physicians*, became the basis of the "counterrevolution" in psychiatry that occurred in the 1970s and 1980s. By the 1980s in the United States, the rise of a new, research-based diagnostic classification system was mainly directed against the psychoanalytic school with its "metaphysics" of the unconscious and its mechanisms. This new classification system was, in fact, none other than an updated version of Kraepelin's approach to classifying psychopathology, reincarnated in the American Psychiatric Association's (1980) *Diagnostic and Statistical Manual of Mental Disorders, 3rd edition*. The *DSM-III's* classifications were based on empirical studies of large numbers of patients, individuals who had been placed into separate diagnostic groups based on their presenting symptoms. In this newest iteration of a nosological system, some of Kraeplinian classifications re-appeared as "research diagnostic categories" (see Feighner et al., 1972).

Although Kraepelin's empiricist approach was more consistent and congenial with the materialist epistemology of nineteenth century psychiatrists in England and America, it was Sigmund Freud's influence on psychiatry in Europe, England, and subsequently the United States that was more instrumental to the profession's coming of age. Indeed, it was Freud who brought psychiatrists out of the asylum and into the clinic, and provided them with a set of techniques for patients' treatment and cure, rather than simply administering to their most egregious physical symptoms and disturbing behaviors. As well, it was Freud who provided both the theoretical scaffolding and the set of practices that constituted what was, arguably, the first full paradigm formation in psychiatry. As generic innovations, Freud's case histories were hybrid forms borrowing conventions from literary as well scientific texts. In particular, he appears to have drawn on the techniques of realist authors of fictional works who were concerned not only with the origins of their fictional characters' personalities, but also with their inner lives.

In the context of Freud's psychoanalytic method, his primary concern was learning the etiology of his patients' neuroses, and he enlisted his patients in aiding him to unravel their personal histories as a means for reaching down to the roots of their neuroses –or in a few cases– psychoses. Although I limited my analysis to Freud's first of his five major case histories, *Fragments of an Analysis of a Case of Hysteria* (1905), each case history is a rich, multi-layered narrative that crosses the line demarcating the scientism of his time from hermeneutical (humanistic) inquiry. The multiple techniques that Freud used to represent the speech of his patient, "Dora" (a pseudonym), and the care he took to report his efforts to provide a putatively verbatim account of what she reported, established the foundation for the modern case narrative in psychodynamic therapy. The patient's account of his or her life-world, reported verbatim, is still the *sine quo non* of the psychoanalytic case history. Moreover, Freud's attentiveness to the patient's speech in varying degrees of fidelity highlighted the emphasis that he put upon –for the first time in the history of the psychiatric case history– the idea of *talk* as the phenomenon that both reveals and conceals meanings that the psychoanalyst works with his patient to uncover, and I should add, recover.

For the first six decades of the twentieth century, many of Freud's followers on the continent and in England and America continued to develop and modify his approach, and young psychiatrists were routinely trained during their residencies to use the psychoanalytic approach. Despite the supremacy

of the psychoanalytic thought-style for over 60 years, several forces converged during the 1970s and 1980s in the United States that led to the decline of the psychoanalytic approach. These forces included the ascendance of the research-based "biomedical approach," the rise of a third party payer system, the rapid growth of psychopharmacology, and finally, deinstitutionalization resulting in increasing number of outpatients showing up in emergency rooms and community mental health clinics. These were individuals who required medication and psychotherapy. Last but not least in this convergence of forces was the arrival of managed care, or "diagnosing for dollars" (Wylie, 1995).

The near extinction of published case histories in psychiatry and medicine is an important part of this chapter in American psychiatry. By documenting the changes appearing in articles between 1968 and 2002 in the "Clinical and Research Reports" section of the *American Journal of Psychiatry* (AJP), I sought (in one of the later chapters of the book) to show that case history narratives were replaced by large *n* statistical studies of clinical trials, inter-rater reliability studies of new diagnostic classifications, and experiments with patients to test hypotheses. The narrative genre of the individual case history nearly vanished from the pages of the *AJP* after 1984, when the journal's Editorial Board decided to stop publishing case reports in the "Clinical and Research Reports" section, relegating them to the briefer and considerably more modest "Letters to the Editor" section. Until 1996, when a new editor took over the journal, the clinical case history languished in the Letters section of *AJP*, its status greatly reduced as was its word count: from 2,200 words to a mere 600.

The swing from the preeminence of psychoanalyst's preoccupation with patients' narratives to the research psychiatrist's use of diagnostic criteria to classify mental disorders constituted a sea change in perspective. This new "way of seeing" was textually instantiated in the categories of mental disorder appearing in American Psychiatric Association's (1980) *Diagnostic and Statistical Manual of Mental Disorder, 3rd edition*. The *DSM-III* brought with it a new "thought-style" (see Fleck, [1935] 1979) that was to be the basis of a new biomedical orthodoxy that exists today.

Conclusion

The context-based, rhetorically-oriented, "wide-angle" approach I have described over the last several pages is something that applied linguists might

well be reluctant to engage in, given their predilection for text-based, highly focused, systematic studies of disciplinary and professional genres. The fine-grained studies that appear in *Ibérica* and other ESP and LSP journals have been invaluable in the sense that they have been cumulative since the early 1980s, resulting in a robust body of research that can be translated into instructional practices. As a genre analyst with roots in the rhetorical tradition, I am also influenced by the research conducted in rhetoric of science (e.g. Bazerman, 1988; Gross, 1996; Gross, Harmon & Reidy, 2002). I chose to use a mixed-method approach in *Patient Tales* drawing upon a variety of techniques ranging from textual, discourse, and rhetorical analyses of archival documents, to reading extensively in the history of nineteenth and twentieth century medicine and psychiatry. This kind of text/context approach is needed, I would contend, to capture the complex interactions between socio-historical, technological, economic, and epistemological factors, especially in disciplines such as psychiatry, a profession that traverses the boundaries between the natural and human sciences.

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NOTES

[1] Earlier versions of some of the material in this essay appear in the first and last chapters of *Patient Tales: Case Histories and the Uses of Narrative in Psychiatry* (2008a). I discuss the notion of generic evolution of the case history in a chapter in the collection, *Advances in Discourse Studies* (2008b), V.K. Bhatia, J. Flowerdew and R.H. Jones (eds). London: Routledge. For a recent description and analysis of the evolutionary nature of the medical research article, see Li-Jaun Li and Guang Chun Ge (2009).

[2] Certainly there are professional scientists not affiliated with universities; however, academic scientists were the subjects of the research we conducted during the late 1980s and early 1990s.

[3] Little did I realize what an enormous project I had undertaken or how long it would take to complete it.

[4] Concepts of "mind" or "the psyche" were regarded with suspicion as being too close to the clergy's jurisdiction.