

Cristina Hanganu-Bresch and Carol Berkenkotter, “Narrative Survival: Personal and Institutional Accounts of Asylum Confinement.” *Literature and Medicine* 30.1 (2012): 12-41.

In the 1980s and 1990s, scholars of the nineteenth century with an interest in incarceration and its literary or cultural representation – often inspired by Michel Foucault’s influential studies of the historical rise of penal and medical discourse – tended to focus on how institutions construct identities for those confined within them. More recently, we have seen a growing concern with what Foucault called “the insurrection of subjugated knowledges,” that is “historical contents that have been buried or masked in functional coherences or formal systematizations” (“*Society Must Be Defended*”: *Lectures at the Collège de France, 1975-76* 7). Cristina Hanganu-Bresch and Carol Berkenkotter’s article usefully combines both of these critical agendas, reading the institutional case histories of two men simultaneously incarcerated at Ticehurst House Asylum in Sussex, England, in the 1870s against the former patients’ “‘survivors’ narratives” (12).

Drawing on archival research at the Wellcome Institute for the History of Medicine in London, and a theoretical framework involving the history of psychiatry, genre, narrative and speech act theory, Hanganu-Bresch and Berkenkotter analyse accounts of incarceration around Herman Charles Merivale, “a barrister with literary ambitions” (15) and Walter Marshall, “a gentleman of no declared profession” engaged in election politics (17). The article compares and contrasts institutional documents with Merivale’s anonymously published memoir *My Experiences in a Lunatic Asylum by a Sane Patient* (1879) and Marshall’s testimony to the Parliament’s Select Committee on Lunacy Law in 1877. Using the concepts of emplotment, causality and narrative time, the authors read these two accounts as “counter-narratives” that “function rhetorically as oppositional to the linear institutional chronicle of a patient’s confinement” (19). Hanganu-Bresch and Berkenkotter show that the former patients’ narratives reverse causality by challenging the idea that the men had been incarcerated because they were insane and arguing instead that it was confinement in itself that almost drove them mad. Readings of memoir and testimony suggest that while the “‘insanity’ master plot governing asylum psychiatry typifies the madman as an insalubrious influence and a danger to civilised society” (21), the two men refuted the definitions of behaviour emerging from their case notes and offered alternative explanations for their conduct. Literary scholars in particular will enjoy Hanganu-Bresch and Berkenkotter’s discussion of Merivale’s intertextual references, including William Shakespeare, Charles Dickens and Charles Reade, and his use of Menippean satire to make sense of his asylum experience.

As the article remarks – perhaps somewhat obviously in the wake of the ‘narrative turn’ – the clinical notes “are by no means ‘just the facts,’ or even the raw materials of observation” (18); asylum staff in charge of these accounts “background[ed] certain details and foreground[ed] others” (18). However, Hanganu-Bresch and Berkenkotter are careful not to glorify the patient narratives as an uncomplicated truth either, demonstrating that they, too, were subject to omission and selection by their authors. According to the article, “counter-narratives” by patients, which developed in the second half of the nineteenth century alongside “the decline of

asylums for psychiatric treatment,” intrigued the Victorian reading public and “along with journalistic exposés and novels, shaped public opinion as well as English law” (12). While a detailed discussion of this larger context is arguably beyond the scope of the article, some brief cross-references might have been useful here, for instance to the highly publicised Georgina Weldon case in 1878 – when Weldon’s husband unsuccessfully tried to commit her to a lunatic asylum with the help of psychiatrist F. Forbes Winslow – which coincided with the publication of Merivale’s memoir in serial form. As the authors rightly note in passing, Ticehurst offered psychiatric care for the rich only, resulting in “close supervision and extensive documentation” impossible in public asylums (37). This raises questions for future research regarding how the treatment of and case notes on the wealthy might have differed from “common” patients and how class – alongside other factors such as gender – impacted on Merivale’s and Marshall’s ability to obtain a discharge and make their voices heard.

Merivale’s memoir and the record of Marshall’s oral testimony provide compelling examples of how creative writing and self-expression can empower (former) patients. The power of creative writing (and reading) is increasingly recognised in current approaches to mental illness, but such “bibliotherapy” does not necessarily encourage the patient’s questioning of contemporary institutional discourse. It is here that Hanganu-Bresch and Berkenkotter’s analysis of two nineteenth-century “counter-narratives” offers potentially intriguing lessons not only for historians of medicine and scholars of life-writing, but also for present-day psychiatric practice. What Hanganu-Bresch and Berkenkotter’s article implicitly conveys is that all narratives of mental illness are historically contingent.

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