

Chapter 1: Voices in the History of Madness: An Introduction to Patient and Practitioner Perspectives, Rob Ellis, Sarah Kendal and Steven J. Taylor

An invitation to Berrywood Asylum

If you want to earn your living in a humble useless way,
Just drop in at 'Berrywood', they're sure to let you stay,
But before you gain admission you first must qualify,
And my parish Duston, in the twinkling of an eye,
Will put you through your paces, swear you're right clean 'up the pole',
'Square' a nice obliging magistrate, charge a guinea for the whole,
Now when once you've passed the portals, whether you're well or ill,
You can stop and live for ever, they'll never send the bill,
And if you are not noisy and disturb the watchman's rest,
Or upset some kind Attendant who waits upon each guest,
You can live just like an Alderman, all labour you can think,
Badging 'bacca and such luxuries from the barmy blokes that work.

Poem written by John Hobbs, a patient at the Berrywood Asylum, Northampton, 1906.

On his admission to the English Northamptonshire County Lunatic Asylum, known locally as 'Berrywood', John Hobbs, aged 61, was described as 'incoherent', 'dull', and 'downcast'.¹ When inspected by the asylum's Medical Superintendent he was said to be 'rambling from religion and heresy to Shakespeare and has many hallucinations of hearing'. Further notes contained in his surviving case file are unremarkable, with the attendant who observed him commenting 'made himself quite at home' two days after his arrival. Had it not been for the poem that he penned while resident inside the asylum, or its survival in the medical record, Hobbs would most likely be lost in the crowd of statistics gleaned from the leather bound medical casebooks that have been a rich source of detail for scholars in the history of psychiatry. We would be blinded to his nefarious behaviour in securing free meals and lodging and would not have glimpsed the 'kind' attendants or the 'luxuries' he received while confined.² However, it seems that Hobbs was determined to defy his description of 'dull' and 'downcast' and from his poetry we are able to directly access the 'voice' of the 'insane' patient. We learn that Hobbs was lucid and with a good understanding of the welfare system and its operation. The serendipitous survival of this poem poignantly reminds us that we very rarely hear the voices of those described, diagnosed, or certified as 'mad'. As Sally Swartz has pointed out, the

¹ Northamptonshire County Record Office, St Crispin Hospital Casefiles, Male Patient Casebook 12, NCLA/6/2/2/12, pp.59-60.

² Historians have debated the nature of life in the asylum in comparison to the poor law workhouse, see: Smith, C. 2006 'Family, Community and the Victorian Asylum: A Case Study of Northampton General Lunatic Asylum and its Pauper Lunatics', *Family and Community History*, 9:2, pp.109-124.

recording of people's lives in case notes are framed by clinical theories and techniques, which recreate clinical subjects.³ From its very existence Hobbs' poem emphasises the absences of voice, the silences and the 'epistemic violence'⁴ imposed on the broader sweep of people, including those outside of institutions, with lived experience of mental health difficulties.

With this in mind, the aim of this interdisciplinary volume is to bring together new research that broadens our understanding of the multiplicity of voices in the histories of mental ill-health. In the chapters that follow we hear from people who have experienced mental health difficulties and were on the receiving end of regimens and treatments. Alongside medical notes we find records of decisions made by hospital administrators and parish councils with financial and political agendas. Correspondence with families reminds us that people living in asylums were not ciphers; they had their histories, their people, preferences, hopes and losses. The contributions utilise a range of archival materials, oral history, history of art, and literary methodologies and provide novel insights into the voices of individuals, institutions, and communities in an international context.

While each chapter adopts its own approach to define, record and examine 'voices of madness', they are bound together by key overlapping themes that divide the volume into four sections, these are: Shifting Perspectives in the Industry of Madness; Reconstructing Patient Perspectives; The Visual and the Material; and Mad Studies and Activism. An important element within this is the language of mental ill-health. In the introduction, for example, we have tended to refer to 'patients' which reflects our own backgrounds and training. As discussed within the following pages, however, the language of psychiatry and mental health vacillates over time, somewhat aligned with shifting societal sensibilities. Perspectives matter: a 'mental health survivor' may consider that they survived the treatment foisted upon them, and the stigma they faced, rather than any medical condition. Terms including 'patient', 'client', 'service user', 'sufferer', 'survivor', and 'person with lived experience' have fallen in or out of favour in different contexts.⁵ Therefore, we have not required our authors to adhere to any list of acceptable terms; they have chosen the phrases and terminology that best suit their own contribution.

Shifting Perspectives in The Industry of Madness

For a long time, the most dominant voices in the field were medical ones and, in the early histories of madness, they were largely positive about their impact on the treatment of the insane. The records, written mainly by medical men, tended to present a longitudinal history of psychiatry as one of shared endeavour in frequently frustrating circumstances. Daniel Hack Tuke is a good example of someone who made a virtue of his ancestors' distrust of the medical profession to, nonetheless, demonstrate their role in the progressive history of psychiatry.⁶ In this respect, it is possible to draw a line from the medical journals and treatises of the nineteenth century to the histories written by psychiatrists in the twentieth. Alexander Walk, Honorary Librarian of the Royal College of Psychiatrists and editor of the *Journal of Mental Science*, and German Berrios, Psychiatrist and University Lecturer, as well as the

³ Swartz, Sally. Can the Clinical Subject Speak? Some thoughts on Subaltern Psychology, 2005 *Theory and Psychology*, 15:4, 505-525. 507-8.

⁴ Swartz, Sally. Can the Clinical Subject Speak? Some thoughts on Subaltern Psychology, 2005 *Theory and Psychology*, 15:4, 505-525. 507-8.

⁵ See, for example, Basset, Thurstine and Theo Stickley. 2010. *Voices of Experience: Narratives of Mental Health Survivors*. Chichester: Wiley-Blackwell; Nelson, Geoffrey, Joanna Ochocka, Rich Janzen, John Trainor, Paula Goering, and Jonathan Lomotey. 2007. "A Longitudinal Study of Mental Health consumer/survivor Initiatives: Part V—Outcomes at 3-year follow-up." *Journal of Community Psychology* 35 (5): 655-665.

⁶ Hack Tuke, Daniel. 1882. *Chapters in History of the Insane in the British Isles*. London: Kegan Paul, Trench and Company

mother and son team of Ida Macalpine and Richard Hunter, all published and collaborated more widely in the production of historical outputs.⁷ Walk, for example, was responsible for ‘a detailed and valuable revision’ of Kathleen Jones’s *Mental Health and Social Policy* in its final stages.⁸

Although not all of those early histories had stressed the progressive nature of the histories of mental health care or were straightforwardly ‘Whiggish’ in tone,⁹ Michel Foucault’s *Madness and Civilisation* came to represent a significant, and oft-cited step in what would be a revisionist critique of the previously benign interpretations of psychiatry’s longer-term history. To this, we can add David Rothman’s *The Discovery of the Asylum* (1971), Andrew Scull’s *Museums of Madness* (1979), described as ‘arguably the most influential monograph on the History of Psychiatry in Britain’, and Klaus Doerner’s *Madness and the Bourgeoisie* (1981).¹⁰ Rothman had been influenced by Erving Goffman’s *Asylums* (1961) which introduced the idea of the mental hospital as a highly regulated ‘total institution’ which denied its patients any semblance of personality.¹¹ These revisionist critiques focused on sociological, structural and economic reasons for the rise of psychiatry and its institutions in France, Germany, the United States and the United Kingdom. The shift in tone led to rancorous disagreements about the nature of madness, its histories, definitions and treatments. Sometimes, those in the psychiatric profession rankled at the claims being made by historians, sociologists and philosophers¹² but the battle lines were not drawn on the simple distinctions between ‘insiders’ and ‘outsiders’. David Cooper, a psychiatrist who worked with R.D. Laing and was a key figure in the anti-psychiatry movement, and in 1967 he provided the foreword to the English translation of Foucault’s *Madness and Civilisation* (1961).¹³ Similarly, Thomas Szasz’s *Myth of Mental Illness* (1961) and his later *Manufacture of Madness* (1970) were framed by his work as a practising psychiatrist. As their titles indicated, these works proposed that mental illnesses were contingent on factors outside the patient, such as prevailing social values and socio-economics.

Despite the ongoing and crossovers between historical analysis and practitioner perspective, interest in the histories of madness remained a niche subject for a long time. Roy Porter wrote of the ‘general indifference’ of the majority of those within the British psychiatric community, while Scull described

⁷ Walk A. 1990. Medico-psychologists, Maudsley and The Maudsley, in Murray RM and Turner T (eds), *Lectures on the History of Psychiatry, The Squibb Series*, London: Royal College of Psychiatrists, 12-27. Hunter, Richard and Macalpine, Ida. 1963. *Three Hundred Years of Psychiatry*. Oxford University Press. Hunter, Richard and Macalpine, Ida. 1969. *George III and the Mad Business*. London: Allen Lane. Hunter, Richard and Macalpine, Ida. 1974. *Psychiatry for the Poor. Colney Hatch Asylum—Friern Hospital 1851-1973*. London: Wm Dawson.

⁸ Jones, Kathleen. 1960, *Mental Health and Social Policy 1845-1959*, London: Routledge and Kegan Paul: vii.

⁹ Porter suggests that, in hindsight, Macalpine and Hunter ‘come off well’ when faced with accusations of having committed ‘the sin of Whiggery’. Porter R. 1994. Ida Macalpine and Richard Hunter: history between psychoanalysis and psychiatry. In: Micale M and Porter R (eds) *Discovering the History of Psychiatry*. Oxford: Oxford University Press, 83–94

¹⁰ Doerner’s book had been first published in German in 1969. Doerner, K. 1981. *Madmen and the Bourgeoisie: A Social History of Insanity and Psychiatry*. Oxford: Basil Blackwell. Bartlett, P. and Wright, D. 1999. Community Care and its antecedents. In *Outside the Walls of the Asylum. The History of care in the Community 1750-2000*, eds Peter Bartlett and David Wright, 1-18 London: The Athlone Press.

¹¹ Scull, Andrew. 1989. Social Order/mental disorder: Anglo-American Psychiatry in Historical Perspective. Berkeley: university of California Press: 96-7.

¹² Hare, Edward. 1983. ‘Was Insanity on the Increase?’ *British Journal of Psychiatry*, 143: 439-55. Scull, Andrew. 1984. Was Insanity Increasing. A response to Edward Hare. *British Journal of Psychiatry*, 144: 432-6.

¹³ Foucault, M. 1967, *Madness and civilization: A history of insanity in the Age of Reason*, London: Tavistock Publications; originally *Historie de la Folie à l’âge Classique*, Paris: Plon 1962.

the whole field as 'impoverished'.¹⁴ The mushrooming of interest since that time has been facilitated by what Scull called an 'invasion of the history of psychiatry by social historians'.¹⁵ *The Anatomy of Madness* volumes, the Squibb Series of *Lectures in the History of Psychiatry* and the establishment of the *History of Psychiatry* journal in 1990 were all vehicles for academic and practitioner voices to be heard in a public, if somewhat limited, academic sphere. With an increasing breadth of studies, we are now more likely to recognise the dissonant voices within psychiatry. Across the period covered by this collection, we might point to other, similar, intra-professional and internecine disputes such as the one between John Monro of the Bethlem Hospital and William Battie of the newer and supposedly more innovative St Luke's, London, which was founded in 1751.¹⁶ In (old) York, in the second decade of the nineteenth century, a public battle between representatives of the York Lunatic Asylum and the Quaker-run Retreat took place in the pages of the local newspaper, the *York Courant*.¹⁷ Similarly, national press coverage of Edward Wakefield's 'discovery' of James Norris and other 'naked and chained' male patients illuminated the darkest recesses of the notorious Bethlem Asylum in London, UK.¹⁸ Later in the nineteenth century, there were professional spats about the use or otherwise of mechanical 'restraint', which by the 1870s had descended into an 'often acrimonious' debate between English and American alienists.¹⁹ In the same period, a scientific understanding of the apparently soft bones of the insane was being used to try to rescue the reputation of allegedly brutish asylum regimes.²⁰ These are by no means the only examples of disagreement but they are indicative of the professional disputes that spilled out into the public consciousness, via treatises, newspaper articles and, later, television documentaries. The voices we hear in these places emphasise that fact that psychiatry can be controversial.

Building on this, the chapters in this first section add to our understanding of the voices of professionals in care and treatment regimens across the nineteenth and twentieth centuries. In doing so, they emphasise the shifts and changes that were taking place, but the analysis is not limited to medical voices alone. In each case the contributions draw on a wider constituency as they seek to uncover the roles of others, who were frequently claiming to advocate on behalf of vulnerable individuals they had some responsibility for. As Melling *et al* observed, 'there is now much more scepticism about the ideological power of psychiatric physicians'²¹ and our authors consider wider medical and administrative encounters. Indeed, one may question whether sufficient attention has

¹⁴ Porter, R. 1994. Ida Macalpine and Richard Hunter: History between Psychoanalysis and Psychiatry. In *Discovering the History of Psychiatry*, eds Mark Micale and Roy Porter, 83-94 Oxford University Press: 84. Scull, A. 2006. *The Insanity of Place/The Place of Insanity*, London: Routledge: 4

¹⁵ Scull, Andrew. 2006. *The insanity of place/the place of insanity: essays on the history of psychiatry*. London: Routledge.

¹⁶ Andrews, Jonathan, Briggs, Asa, Porter, Roy, Tucker Penny, and Waddington, Keir. 2013. *The History of Bethlem*. London: Routledge.

¹⁷ Digby, A. 1983. Changes in the Asylum: The Case of York, 1777-1815. *The Economic History Review*, 36:2, 218-239.

¹⁸ Scull, Andrew. MacKenzie, Charlotte and Hervey, Nicholas. 1996. *Masters of Bedlam: the Transformation of the Mad-doctoring Trade*. Princeton: Princeton University Press: 30-32.

¹⁹ Scull, Andrew. MacKenzie, Charlotte and Hervey, Nicholas. 1996. *Masters of Bedlam: the Transformation of the Mad-doctoring Trade*. Princeton: Princeton University Press. Suzuki, Akihito. 1995. The Politics and Ideology of Non-restraint: The Case of the Hanwell Asylum. *Medical History* 39: 1-17. Tomes, Nancy. 1988. The great restraint controversy: a comparative perspective on Anglo-American psychiatry in the nineteenth century. In *The Anatomy of Madness, Vol III, The Asylum and its Psychiatry*, eds W.F. Bynum, Roy Porter and Michael Shepherd, 191-225 London: Routledge.

²⁰ Wallis, J. 2015. *Investigating the body in the Victorian Asylum*. London: Palgrave. 113-20

²¹ Melling Joseph, Adair Richard and Forsyth Bill. 1997. "A Proper Lunatic for Two Years": Pauper Lunatic Children in Victorian and Edwardian England. *Child Admissions to the Devon County Asylum, 1845-1914. Journal of Social History*, 31: 2, 371-405: 393.

been paid to the supporting structures of the madness industry, despite some of the more recent contributions examining, for example, the political context of asylums²² and how this directly affects the treatment of those admitted,²³ and the fact that the construct of locus of control has substantial purchase in the theoretical underpinning of mental health therapies.²⁴

Iain Hutchison, in Chapter 2, explores the processes of admission of children to the Scottish National Institute [SNI], drawing out from the archives a clear story of financially-driven decision-making on the part of the relevant authorities. In central Scotland, the voices of children and families on the matter of institutional care for children during the 19th century are all but silent: Hutchison highlights a familiar problem of recovering children's voices, and instead concentrates on the role of administrators and philanthropists in the admissions process. He emphasises the voices of clergymen and parents as well as local doctors. Surprisingly, given narratives about forced incarceration in asylums, it seems that demand for institutional care could be high, as one philanthropic mental hospital board was persuaded to set up a competition in order to manage the large numbers of requests for places.

Conflicting ideas about the treatment of the insane were also present in medical discourse of British occupied India in the nineteenth century. As has been shown in Ernst's and Mills' treatments of colonial psychiatry during the Raj, this history is inextricably bound with the story of power relations.²⁵ Power as a theme inevitably emerges from any examination of mental health history; but in the context of a foreign occupation it is, arguably, the overarching construct. Pradipto Roy develops this theme further in Chapter 3 with an account of how, during the Raj, the voice of the press was instrumental, and subtly subversive, in communicating and shaping ideas about madness. Roy argues that during this period of India's history, ancient ayurvedic medicine and values were at odds with westernised treatments preferred by the foreign ruling class, and the Bengali press was able to circulate material that publicised the debate and concerns of indigenous doctors.

In Chapter 4, Jane Freebody offers an important analysis of patient work in inter-war French asylums. Work as a (moral) therapy is a well-covered path in the histories of institutions but Freebody makes a substantial contribution to knowledge on this topic. Her analysis uncovers tensions between professionals who advocated a more purist approach to therapy, and those who, influenced by both a shift in understanding about the aetiologies of mental illness and also the requirements imposed by post-war re-building, actively encouraged the contributions that patients made to asylum finances. In this respect, her account of the 'More Active Therapy' adds to our understanding of some of the wider changes that occurred as a result of the First World War, including the rather prosaic, day-to-day demands arising pertaining to the management of in-patient populations.

²² Ellis, R. 2013. 'A constant irritation to the townspeople'? Local, Regional and National Politics and London's County Asylums at Epsom *Social History of Medicine*, Volume 26, Issue 4, November 2013, Pages 653–671, <https://doi.org/10.1093/shm/hkt002>

²³ Taylor, Steven J. "'All his ways are those of an idiot": The admission, treatment of and social reaction to two 'idiot' children of the Northampton Pauper Lunatic Asylum, 1877-1883', *Family and Community History*, vol. 15/1, (2012), pp. 34-43.

²⁴ Galvin, Benjamin M., Amy E. Randel, Brian J. Collins, and Russell E. Johnson. 2018. "Changing the Focus of Locus (of Control): A Targeted Review of the Locus of Control Literature and Agenda for Future Research." *Journal of Organizational Behavior* 39 (7): 820-833.

²⁵ Ernst, Waltraud. 1991. *Mad Tales of the Raj: The European Insane in British India 1800–1858*, London: Routledge; Mills, James H. *Madness, Cannabis, and Colonialism: The "Native-Only" Lunatic Asylums of British India, 1857-1900*. New York: St. Martin's Press

Children are again the focus of Chapter 5. Jennie Sehr Junghans draws on an extensive archive of medical records that describes slowly shifting attitudes to the care of mentally ill children. Where such children could not be looked after at home, it had been the practice to admit them to mental hospitals designed for adults, and not adapted to the needs of young people. However, by the 1930s a more enlightened understanding of children's mental health needs resulted in new models of care, including a children's outpatient clinic at the Copenhagen University Hospital which opened in 1935 and operated until 1976. The move toward community models of treatment is a developing theme of the historiography.²⁶ In the US, the Kennedy administration in the 1960s stimulated a programme of deinstitutionalisation that ultimately led to a widely accepted view that meeting the mental health needs of children required a more holistic approach than could be derived from medicine alone.²⁷ Similar developments were occurring elsewhere by the 20th century, with the growing realisation that a child's outward behaviour (a primary concern of adults) reflected their external and their internal worlds, both of which should therefore be of interest.²⁸ Junghans also finds a greater appetite in children's care settings for trying relatively new therapies of psychoanalysis and psychology, compared with the regimens in adult care settings. Therefore, across the broad cultural and medical landscape we can detect a shift, albeit slow, inconsistent and patchy, towards trying to value, understand and work with the patient perspective.

Reconstructing Patient Perspectives

In this section the contributions turn to what people had to say about their treatment, bringing a range of methodologies to the task. As editor Sarah Kendal recalls, 'Many of us who worked in the old psychiatric hospitals in the 1980s remember sitting with elderly patients who had been admitted to an asylum as a teenager, and had spent their lives within its walls. If we got a chance to look at patient notes we might find scrawled comments like 'FLK' (funny looking kid) in the margins. Some women had been locked up with a condition called 'moral insanity' and very few of these long-stay patients had visitors'. Seminal texts such as Plath's 'The Bell Jar',²⁹ and Gilman's 'The Yellow Wallpaper'³⁰ come into sharp relief when one meets and talks with a living person who could have been the protagonist in such literature.

²⁶ See, for example, Bartlett P and Wright D (eds) (1999) *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000*. London: The Athlone Press. Baur N (2013) Family influence and psychiatric care: Physical treatments in Devon Mental Hospitals c. 1920 to the 1970s. *Endeavour* 37(3): 172-183. Long V (2011) Often there is a Good Deal to be Done, But Socially Rather Than Medically': The Psychiatric Social Worker as Social Therapist, 1945-70. *Medical History*, 223-239. Pickstone J (1992) Psychiatry in district general hospitals: History, contingency and local innovations in the early years of the National Health Service. In Pickstone J (ed.) *Medical Innovations in Historical Perspective*. Hampshire: Palgrave, 185-199.

²⁷ Levine, M., 2015. Children come first? A brief history of children's mental health services. *American Journal of Orthopsychiatry*, 85(5), pp. S22-S28.

²⁸ Shuttleworth, Sally. 2010;2011;2013;. *The Mind of the Child: Child Development in Literature, Science and Medicine, 1840-1900*. Oxford: Oxford University Press; Sinha, Vinod, Nishant Goyal, and Joyita Sinha. 2018. "History of Child and Adolescent Psychiatry at Central Institute of Psychiatry: Journey of Erna Hoch Centre for Child and Adolescent Psychiatry." *Indian Journal of Psychiatry* 60 (6): 264-269; Nelleke Bakker (2010) Before Ritalin: children and neurasthenia in the Netherlands, *Paedagogica Historica*, 46:3,383-401; Taylor, Steven J. 2020 'Planning for the Future: State Education and the Shaping of 'Healthy' Minds' in Taylor and Brumby (eds.), *Healthy Minds in the Twentieth Century: In and Beyond the Asylum*, Basingstoke: Palgrave Macmillan, 73-93.

²⁹ Plath, S. 1963. *The Bell Jar*. Heinemann: New Hampshire

³⁰ Gilman, Charlotte Perkins. "The Yellow Wallpaper." *The Charlotte Perkins Gilman Reader*. Ed & Intro. Ann J. Lane. New York: Pantheon, 1980. 3-20.

Despite this, it is apparent that patients were never really absent from the thoughts of their contemporaries. Indeed, many of the intra-professional disagreements about the nature or direction of care utilised patient voices in the sense that protagonists co-opted them to support a particular professional or political narrative.³¹ Inevitably, the shadow of Roy Porter's call for scholars to think more carefully about the lived experience of mental ill-health looms large over all of the contributions in this volume.³² With an interest in 'history from below' and the will to understand the impact on, mediation by, and agency of the people on the receiving end of treatment, our understanding of the many voices in the histories of madness has been extended since Porter's call. Space precludes an in-depth literature review here; but summing up, we could reasonably suggest that historians are now much more aware of the range of actors in the care (or otherwise) of vulnerable individuals, including family,³³ local communities,³⁴ funding bodies and administrators,³⁵ attendants, nurses and doctors,³⁶ as well as patients themselves.³⁷ Then, there were those who were prepared to go on record to tell their own stories and effectively speak for themselves.³⁸ This has always been easier for those with the financial wherewithal to be able to self-publish, but the extension of historiographical analyses into the fields of class, gender and ethnicity means that these are no longer episodes necessarily consigned to the past. The danger here, of course, is that we present a somewhat generous interpretation of History's ability to shine, what might be called, a democratic light on the past. For Foucault, the introduction of patient autobiography in the first half of the nineteenth century became a key factor in psychiatry's control of patients and in its ability to discipline them.³⁹ Similarly, as Porter pointed out, there were plenty of examples in the twentieth century and beyond that spoke to and speak of journalist Nellie Bly's experience of being told to 'shut up' while undercover in the Blackwell Asylum in New York in 1887.⁴⁰ This 'disinclination to listen to the voices of madness', can also be seen in William Sargent's opposition to psychoanalysis, sometimes referred to as a 'talking cure', as well as

³¹ Ellis, R. 2020. *London and its Asylums, 1888-1914*. Politics and Madness. London: Palgrave Macmillan.

³² Porter, Roy. 1985, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14:2, 175-198. Porter R. 1987. *Mind forg'd manacles: a history of madness in England from the restoration to the regency*. London: Athlone. Porter R. 1992. The patient in England, c1660–1880. In: Wear A, ed. *Medicine in society: historical essays*. Cambridge: Cambridge University Press. 91–118. Porter R. 1996 *Social history of madness: stories of the insane*. London: Weidenfeld and Nicolson.

³³ van Rosmalen, L., van der Veer, R., & C. P. van der Horst, F. 2020. The nature of love: Harlow, Bowlby and Bettelheim on affectionless mothers. *History of Psychiatry*; Akihito. 2006. *Madness at Home: The Psychiatrist, the Patient, and the Family in England, 1820-1860*. 1st ed. Vol. 13.;13. Berkeley: University of California Press; Taylor, Steven J. 2017 "'She was Frightened while Pregnant by a Monkey at the Zoo": Constructing the Mentally Imperfect Child in Nineteenth-Century England', *Social History of Medicine*, 30:4, 748-766; Kumar, R. 1994. "Postnatal Mental Illness: A Transcultural Perspective." *Social Psychiatry and Psychiatric Epidemiology* 29 (6): 250-264.

³⁴ Minas, Harry and Milton Lewis. 2017. *Mental Health in Asia and the Pacific: Historical and Cultural Perspectives*. 1st 2017. ed. New York, NY: Springer US.

³⁵ Rogers, Anne. 2014. *A Sociology of Mental Health and Illness*. 5th ed. Maidenhead: Open University Press

³⁶ McCrae, Niall and Peter Nolan. 2016. *The Story of Nursing in British Mental Hospitals: Echoes from the Corridors*. London & New York: Routledge, Taylor & Francis Group.

³⁷ Thiher, Allen. 1999. *Revels in Madness: Insanity in Medicine and Literature*. Ann Arbor: University of Michigan Press. See also: The Madness and Literature Network, available at: <http://www.madnessandliterature.org/index.php>

³⁸ Philanthropos. 1861. *A Voice from the Wilderness: Being a Plea for a Lunatic Asylum for the Middle Classes, on Self-supporting Principles*. London: John Churchill. Lowe, Louisa. 1883. *The Bastilles of England: Or the Lunacy Laws at Work*. London: Crockenden & Co.

³⁹ Foucault, Michel. 2008. *Psychiatric Power. Lectures at the Collège de France, 1973-1974*. Basingtoke: Palgrave Macmillian: 158.

⁴⁰ Roy Porter's Foreword in Ingram A. 1997. *Voices of Madness*, Stroud: Sutton Publishing, vii. See also Porter, Roy. 2002. *Madness a Brief History*, Oxford: Oxford University Press. Bly, Nellie. 1887. *Ten Days in a Mad House*. New York: Norman L. Munro

Hunter and Macalpine's exhortation to reorient psychiatry from 'listening to looking'.⁴¹ As 'perhaps Britain's 'most celebrated' mid twentieth-century psychiatrist and 'distinguished psychiatrists and historians of psychiatry' respectively, they, once again, demonstrate the inherent power of those in charge of vulnerable individuals.⁴²

With these things in mind, the authors in this section seek to recover the subaltern voices of the patients. Leonard Smith, in Chapter 6, explores the treatment of the mentally-ill in London during the late seventeenth and eighteenth centuries. He draws on individual testimonies from published and unpublished texts, articles and letters to describe why, and how, an individual arrived at a madhouse, and what treatments they experienced. This illuminates the power politics inherent to the madness industry, and illustrates some of the more entrenched attitudes concurrent with more enlightened thinking that was developing during this period.⁴³ An epistolary approach is also taken by Rory du Plessis (Chapter 7) who brings insights into the history of madness in South Africa from 1890-1910. Although few first-hand accounts of experience were found, du Plessis discovers rich stories in correspondence and casebooks that chime with the life of John Hobbs who opened this chapter. The stories explain how the diagnosis of 'delusional' could be completely revised on hearing patients' own accounts of their experiences. On the other hand, for some patients, permission to leave the asylum was a matter of agreeing with their diagnosis. Hence, we find that some patients may have been permitted more of a voice than others.

Similarly, Tomas Vaiseta's work (Chapter 8) on Soviet Lithuania explores the lives of mental hospital patients in the twentieth century at a time when the institutional sector was growing in the USSR. Using the letters of patients, he frames their exposés of violence and the threats of violence within the context of medical discourses. In this respect, parallels can be drawn with the west but his research showcases not only opposition to the brutalising aspects of 'care' but also the ongoing battle faced by patients in defining themselves as individuals. In Chapter 9, Beckman, Nelson and Labode use a patient produced publication from the Indiana Central State Hospital to explore the lived experience of employment and patient independence within a psychiatric institution at the end of the twentieth century. We have seen that magazines can be used as a vehicle for radical therapists but also as a tool for patients to share ideas on self-help and therapy.⁴⁴ At Indiana Central State Hospital the analysis begins at a time when the institution shifted from offering patients employment in external sheltered workshops to supported work inside of the hospital. The chapter concentrates on patient and supervisor voices, drawing out their contrasting expectations of the new employment arrangements.

Further institutional experiences of care are examined by Verusca Calabria, Di Bailey, and Graham Bowpitt (Chapter 10) who explore the complexity of staff/patient relationships using an oral history methodology in twentieth-century Nottinghamshire. In the histories of mental ill-health, the positive representations of former staff, seen earlier in this chapter, can be contrasted with stories of ill-treatment, abuse and neglect. Bly's *Ten Day's in a Mad House* (1887), Barbara Robb's *Sans Everything* (1967) and scandals at Ely Mental Hospital (1967), and Winterbourne View (2011) are just some of the more well-known examples of the darker side of institutions for vulnerable individuals. By contrast,

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ingram A. 1997. *Voices of Madness*, Stroud: Sutton Publishing, vii. See also Porter, Roy. 2002. *Madness a Brief History*, Oxford: Oxford University Press.

⁴⁴ Dunst, Alexander. 2016. All the fits that's news to print. De-institutionalisation and the Anti-Psychiatric movement in the United States, 1970-86. In *De-institutionalisation and After. Post-Was Psychiatry in the Western World*. 57-74.

Calabria *et al* build on work⁴⁵ to consider the safe spaces lost to the processes of de-institutionalization. The chapter presents the generally positive interactions that occurred between patients and staff in the communities that were situated in close proximity to mental hospitals. Calabria, Bailey, and Bowpitt reveal how communities of patients developed their own techniques to manage mental health based on experience and fed these into wider discussions about running wards and the hospital more generally.

The Visual and The Material

The penultimate section of the volume moves away from written records and oral testimonies to consider voices in art, material culture, and architecture. Cultural sources have, for a long time, been important considerations of historians of mental ill-health and disability, more generally. Sander Gilman wrote of their importance, not only in reflecting treatment regimens but also in shaping public understandings of them.⁴⁶ A good example of this is the upheaval of World War I which transformed many widely-held ideas (especially in England) about the interconnectivity of mental health and social class, masculinity, patriotism, and religion.⁴⁷ The immediate impact of the War in changing attitudes has been challenged recently⁴⁸ but for many, including generations of school children, the poetry of Siegfried Sassoon, Wilfrid Owen and others, remains an enduring and readily accessible insight into its impact.⁴⁹

As Tracey Loughran points out in her overview of Andrew Motion's 'An Equal Voice' 2009 Remembrance Day poem, poetry, in this case, does not necessarily give voice to the voiceless. Motion had drawn heavily on the voices within *War of Nerves* and its author, Ben Shephard, had questioned just how 'new' the poem was. As Loughran points out, however, it offered an opportunity to bring patient perspectives to a new audiences and this is a theme considered by Cheryl McGeachan.⁵⁰ Her exploration of the Art Extraordinary Collections held at Glasgow Museums Resource Centre, Scotland, (Chapter 12) illustrates what can be found when we think about the depth of material, and the meanings they contain, from art produced in psychiatric institutions. Nowhere is this more apparent than in art with artists such as Richard Dadd made famous by their institutionalisation, while the anonymity of other 'outsider artists' was emphasised by the collections named after the people responsible for bringing them together.⁵¹ As McGeachan puts it: individuals 'paint, sculpt or draw due

⁴⁵ Davies, K. 2007. 'A small corner that's for myself'. Space, Place, and patients' experience of mental health care, 1948-98.. In *Madness, Architecture and the Built Environment*, eds Leslie Topp, James E. Moran and Jonathan Andrews, 305-20. London: Routledge.

⁴⁶ Gilman, S. 1988. *Disease and Representation*. Gilman, S. 1996. *Seeing the Insane*.

⁴⁷ Church, Johanna. 2016. "Literary Representations of Shell Shock as a Result of World War I in the Works of Virginia Woolf and Ernest Hemingway." *Peace & Change* 41 (1): 52-63. Jones, Edgar and Simon Wessely. 2005;2006;. *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*. Vol. no. 47;no. 47; Hove;New York: Psychology Press.

⁴⁸ Loughran, Tracey. 2017. *Shell-shock and Medical Culture in First World War Britain*, Cambridge University Press.

⁴⁹ Imperial War Museum staff . 2018. 9 Poets of the First World War. Available at:

<https://www.iwm.org.uk/history/9-poets-of-the-first-world-war>. Norgate, Paul. 1987. "Shell-Shock and Poetry: Wilfred Owen at Craiglockhart Hospital." *English (Leicester)* 36 (154): 1-35; For a fictionalised account of the role of Craiglockhart in the treatment of shell shock, see also: Barker, Pat. 2008. *Regeneration*. London: Penguin.

⁵⁰ Loughran, Tracey. 2012. **Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories.** *Journal of the History of Medicine and Allied Sciences*, **67:1. 94–119.**

⁵¹ Andrews, Jonathan, Briggs, Asa, Porter, Roy, Tucker Penny, and Waddington, Keir. 2013. *The History of Bethlem*. London: Routledge. Belinda Robson, A History of the Cunningham Dax Collection of 'Psychiatric Art': From Art Therapy to Public Education, *Health and History*, 1:4 (Dec., 1999), pp. 330-346. Anna Ostrowska, The

to a compulsion to express an intense personal vision.’ Self-expression occurs through non-verbal or written forms. Friendships, growing up, feuds, enemies, trickery, romance, education, industry, domestic politics, perhaps some family business that relied on the absence of a key individual, were part of the patchwork of life in an institution but little, if any, of this would appear in formal records. As historians, we may find a material and emotional connection between the voices of mental health contained in creative forms and our sense of the people who have lived within the walls of an institution. Art moves beyond ‘traditional bounded walls of the archive’. It promises a new route for listening to their voices and understanding their lives. Reflecting on her student nursing days, editor Sarah Kendal recalls a gentle elderly lady from a large and wealthy family. She had been accommodated in a suite of rooms within an old mental hospital, and she spent her adult life there. During that time, she had occasionally taken a cruise, accompanied by some hospital staff; now she was in a dormitory with the other women (her real family), unvisited, unprivileged, and as far as the staff could tell, forgotten by the outside world. She died on the hospital ward, and many of us went to see her in the hospital mortuary. Did that woman, born into wealth and advantage, ever have a voice?

Trying to answer some of these questions Katherine Rawling (Chapter 11) builds on a growing interest in photography in the history of medicine. Studies like that of Jane Hamlett and Mark Jackson have revealed how photography has been used as a medium to understand the material culture and diagnostic practices of institutions.⁵² Yet, as historians of pauper lunatic asylums often discover, and the experience of John Hobbs above highlighted, the patient casefiles, or medical notes in modern parlance, could be surprisingly sparse of detail, even for long stay patients. While this is reflective of overcrowding and the curative failure of the institutions, archivists and scholars relying on medical casefiles to understand the lives of the people kept inside these institutions might rue the lost details that would illustrate and illuminate the lives of their subjects. In some asylums, as the nineteenth century progressed, the accessibility of photographic equipment meant that patient photographs were included with casefiles records with increasing regularity. Rawling recognises the limitation of written records and seeks the ‘elusive patient voice’ through scrutiny of photographs of patients, noting that images contradict the text and can provide competing narratives of lived experience.

Likewise, it is possible to learn about the experience of psychiatric patients through an understanding of their lived surroundings.⁵³ Perhaps the longest enduring image of mental health in the popular psyche is that of the institutions of madness, most notably pauper lunatic asylums. These were often gothic structures, located at the peripheries of urban areas, that modern day culture often tells us restrained and cruelly treated their helpless residents. Tying into Calabria’s earlier chapter, the architecture of madness had its own presence and the impact of asylums on two local communities in the North-West of England is explored by Gibbeson and Beattie in Chapter 12. This contribution focuses on the interactions between former asylum sites and localities, particularly concentrating on their cultural legacies in collective memory.

Adamson Collection: illustrations of mental illness or a testament to spontaneous artistic expression?’ *Journal of Visual Communication in Medicine*, 2015.

⁵² Hamlett, J. 2015 *At Home in the Institution: Material Life in Asylums, Lodging Houses and Schools in Victorian and Edwardian England*, Basingstoke: Palgrave Macmillan; Jackson, M. 1995, ‘Images of Deviance: Visual Representations of Mental Defectives in Early Twentieth-Century Medical Texts’, *The British Journal for the History of Science*, 28:3, 319-337.

⁵³ Andrews, J.; Moran, J. and Topp, L.E. (eds), 2007 *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context*, New York: Routledge.

Mad Studies And Activism

From the late twentieth century, paradigmatic shifts sought to place (some) service users at the heart of decision-making processes,⁵⁴ driven in part by the shift from institutionalisation to community-based treatment models and partly by a neoliberal remodelling of individuals from inmates to service users, clients, and consumers.⁵⁵ There is a danger here of seeing the rise of community care and the development of service user groups as ameliorating this situation, without acknowledging the complexities of illness, dependence, funding, stigma, self-efficacy, and all the other layers of human activity that impact on an individual's right to self-determination and happiness. The chapters that follow offer critical perspectives on the uncertain rise and impact of the mental health service user movement.

There are differing views on where to draw the boundaries between safety, represented by a physical institution that can exert a great deal of control and therefore minimise certain risks, and autonomy, represented by community arrangements where people are free to make judgements about risk. The line is drawn differently in different contexts. For instance, well-funded mental health services may favour a proactive approach, intervening perhaps at the stage when a problem is developing or anticipated, but not yet obvious.⁵⁶ Elsewhere, a lack of funding combined with strong views on personal liberty may support a system in which mental health services might not see a patient until after a significant problem has occurred. This might be, for example, because they have caused a disturbance in the community and been brought to a facility against their will by the police or a social work. Then there are those affected by a move from one environment where culturally coded behaviour is acceptable to one where it is not. The obvious groups here are migrants⁵⁷ but it could equally be something as prosaic as moving from a noisy and spontaneous community into a quiet and ordered one, such as an in-patient facility. Either way, judgements about appropriate risk, autonomy and safety will be different.⁵⁸

The apparent simplicity of the autonomy vs safety dichotomy is misleading but it is so familiar in contemporary mental health discourse that it can seem extraordinary that the debate continues.⁵⁹ Perhaps, however, we should not believe that the 'truth' of patient experience can be implied, or interpreted, from third party archives; as when we listen directly to patient voices, we hear new and different ideas. For instance, the chapters in this volume that are authored by people who have used mental health services, suggest that they are used to grappling with the slippery concept of 'help without "control"'. Many of the chapters discussed above raise the same themes of ambivalence about mental health care, i.e. a tension between needing some support, at times, but not wishing to surrender voice, agency or human rights. This point is hardly difficult to grasp in the abstract, and

⁵⁴ Wallcraft J, Schrank B, Amering M, Wallcraft J, Nettle M. 2009. History, context and language.

In: Wallcraft J, Schrank B, Amering M, eds. *Handbook of service user involvement in mental health research*. Oxford: Wiley-Blackwell: 1–12

⁵⁵ Coleborne, Catharine. 2020. *Why Talk About Madness? Bringing History into the Conversation*. London: Palgrave Macmillan: 53-56.

⁵⁶ Ontario Hospital Association. 2016. *A Practical Guide to Mental Health and the Law in Ontario*. Ontario Hospital Association

⁵⁷ See, for example, McCarthy, Angela and Coleborne, Catharine. 2012. *1 Migration, Ethnicity and Mental Health, International Perspectives 1840-2010*, eds 73-90. New York: Routledge.

⁵⁸ *Handbook of Identity Theory and Research*, edited by Seth J. Schwartz, et al., Springer, 2011. ProQuest Ebook Central, <https://ebookcentral.proquest.com/lib/HUD/detail.action?docID=763293>.

⁵⁹ Al-Azzawi Y. (2016) *Safety and autonomy in the Australian mental health services sector: recommendations based on a review of the international literature*, Melbourne: University of Melbourne

would seem strange in the world of physical medicine, yet appears to have baffled certain parts of the establishment for centuries.⁶⁰

Returning to the subject of agency, in Chapter 14, Elena Demke offers a biographical account of the German activist, author, psychiatric patient, and holocaust survivor Dorothea Buck. Living through that turbulent century, Buck documented her experiences in and out of institutions and made sense of her psychosis within that context, throughout her life she demonstrated what could be achieved through her own agency, with little social status or power. Demke explains Buck's methods of inserting herself into discourse through her writing and activism, through collaborations, conflicts and analysis of narrative structures. The chapter takes in Buck's reflections on her experiences of the Nazi regime and observations of how post-war Germany responded to its recent history, while developing ideas around madness during the second half of the twentieth century.

The development of networks of survivor groups has been explored in national and international contexts.⁶¹ Geoffrey Reaume (Chapter 15) describes the development of the 'mad movement' in North America during the 1970s against a background of wider developments, also known as 'new social movements'. He explores the difficulties and tensions in the relationship between 'mad' activists and the left in late-twentieth century Ontario and examines the importance of ethnicity and gender in this dialogue. A central focus of this chapter is how former mental health service users strived to find a place in the established discourse of the Left and establish political legitimacy. Alison Faulkner's chapter (16) shares synergies with Reaume in that it explores the importance of the survivor voice and how it can be ignored and, to an extent, belittled by the medical establishment and academic communities. Her chapter offers an important insight into how the voices of service users become heard and accepted, and the ongoing challenges facing survivors.

In Chapter 17, Megan Alikhanizadeh proposes a similar argument, and offers a nuanced reflection on some of the more intangible constructs of madness from her perspective as a young service user in the UK. These accounts necessarily address the issue of power, which Foucault had noted to be central to understanding the phenomenon of how madness is understood in society.⁶² This chapter presents issues relating to youth mental health from the point of view of young people with personal experience of mental illness, and professionals who support them to have a voice. Issues relating to youth mental health are presented and discussed, with the intention of encouraging readers to consider the journey from historical treatments of madness, considered elsewhere in this volume, to the present day predicaments and opportunities faced by young people with mental health difficulties.

Mark Gallagher, in Chapter 18, explores the formation of two groups in the 21st century. The 'Survivors History Group' and 'Oor Mad History' were formed in London and Edinburgh respectively, with a view to creating the histories of 'collective action by psychiatric patients'. As a former mental health practitioner and service user, Gallagher places himself at the heart of his analysis of both the historiography of 'voice' and his involvement in the projects. He

⁶⁰ Covello, Vincent & Mumpower, Jeryl. (1985). Risk Analysis and Risk Management: An Historical Perspective. *Risk Analysis*. 5. 103 – 120; Callaly, Tom, Dinesh Arya, and Harry Minas. 2005. "Quality, Risk Management and Governance in Mental Health: An Overview." *Australasian Psychiatry* 13 (1): 16-20.

⁶¹ Crossley, Nick. 2006. *Contesting Psychiatry. Social Movement s in mental Health*. London: Routledge

⁶² Foucault, Michel and Colin Gordon. 1980. *Power/knowledge: Selected Interviews and Other Writings, 1972-1977*. Brighton, Sussex: Harvester Press.

notes that some patients employed the term 'survivor' because it emphasised their criticisms of systems of care. Others, however, eschewed the term as being too confrontational. Gallacher provides a history of 'mad studies', through the lens of the two projects which "have presented a challenge to professional historians and others conducting research in the history of psychiatry, including academics and medics based at universities, because they have opened the field of inquiry up to a range of sources and discourses about which most interested scholars had previously been unaware", thus making the case that people wishing to understand mental health histories should actively be seeking out the voices of those who can speak for themselves.

In this final section, the issue of agency is addressed head-on and it reminds us that it does not appear as an automatic right. Giving voice to people does not necessarily give them power. We see that the 'horror' in gothic novels about madness often occurs when the protagonist attains agency- when in Bronte's classic novel, the madwoman in the attic finally influences events to make things happen to other people. And yet even then, she barely speaks; she does not have a literal voice. It was Jean Rhys' 1966 novel over a hundred years later that gave this protagonist a voice and a story of her own.⁶³ Much of the vast literature around madness in the 19th, 20th and 21st centuries contains treatments of the same themes: absence of voice and agency.⁶⁴ Many works, such as Kafka's novels from the early 20th century,⁶⁵ or Sylvia Plath's accounts of mental illness,⁶⁶ combine this with strong currents of anxiety and oppression. In the literary world of mid-20th century New York, Dorothy Parker's biting verse reflected that in sex as in madness, voice is an unreliable asset for a woman.⁶⁷ If there seems to be a gender bias here, one may heed the social structures that have long directed women to look inwards rather than outwards. It is self-evident that the internal madness depicted by great writers such as Dostoyevsky,⁶⁸ Kafka⁶⁹ or Camus⁷⁰ reflect the same dreary, stultifying, aimlessness that is familiar to human beings whose circumstances have robbed them of agency. However, the gloom is not unremitting. In a recent treatment of dementia, notably Emma Healey's 'Elizabeth is Missing', the author sets her lively heroine off on a path glittering with moments of humour.⁷¹ We may take from this, that despite the harrowing historiography contained within these pages, the human spirit is alive and well.

⁶³ Rhys, Jean and Angela Smith. 1997. *Wide Sargasso Sea*. London: Penguin.

⁶⁴ The Madness and Literature Network, available at: <http://www.madnessandliterature.org/index.php>

⁶⁵ See for instance Kafka, Franz. 2009. *The Trial*. London: Vintage.

⁶⁶ Plath, Sylvia. 1977. *Johnny Panic and the Bible of Dreams*. London: Faber and Faber

⁶⁷ Parker, Dorothy. "The Lady's Reward". In *The Portable Dorothy Parker*. 1944. New York: The Viking Press.

⁶⁸ Dostoyevsky, Fyodor (transl. Magarshack, David). 1951. Harmondsworth: Penguin

⁶⁹ Ibid.

⁷⁰ Camus, Albert. 1942. *L'Etranger*. Paris: Gallimard

⁷¹ Emma Healey (2014) *Elizabeth is Missing*. Harper Collins: New York